Do we care enough about care workers?

An exploration of Human Resource Development in Adult Social Care.

Elizabeth Ann Lewis

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Abstract

This thesis contributes to the growing literature surrounding the application of Human Resource (HR) practices for Adult Social Care (ASC) in England. The need to recruit and retain staff within ASC will become more urgent within the next few decades, given that an exponential rise in older adults is predicted (Age UK 2014), and many of these adults will need support to remain autonomous. Skills for Care (2016a) have emphasized that ASC has a substantially higher vacancy rate than the national average, at 6.5%, with a turnover rate of 26% as of 2015. This calls into question the ASC employment environment and whether current recruitment and retention are acceptable and efficient. The lack of care workers also suggests a need to understand why turnover is high, and how we can enable retention in this sector.

Aims for the thesis were to enhance our understanding of the current contributions of Human Resource Management (HRM), and particularly Human Resource Development (HRD), through a mixed methods design. This was in order to gain knowledge of the ways in which recruitment and retention in the sector can be improved, through making the management of ASC more efficient and productive. Following this, a conceptual framework was developed, which led to aims for the quantitative phase, developing and analyzing a model of HR practices; hourly pay and highest level of qualification, together with demographics of the workers (such as age, gender and contract type), and of the organization (such as size, sector and care type), investigating the link between these variables with the outcome worker turnover. The qualitative phase then explored care worker and manager opinions of the usefulness of HR in ASC, methods of improving current management, the required skills for ASC, beneficial areas of HRD and reasons why care workers may leave. This further refined the conceptual framework, as detailed in the discussion.

In order to achieve these aims, a two phase mixed methods research design was undertaken, considering both national statistical data (NMDS-SC, Skills for Care 2014) and small scale interviews. Statistical data investigated the ways in which the sector may vary in providing HRD nationally, and allowed for analysis of how these variables may relate to one another. Interviews allowed for theorizing and documented ASC worker opinions to

establish further knowledge regarding improvements that can be made, skills that are required, and the most beneficial HR practices in ASC. These methods in combination established particular areas of management need, as well as areas for change in the future. The research investigates current uses of HRM and particularly HRD in ASC, and there was a specific interest in whether HRD use differs in relation to organizational and individual demographics of the workforce.

The thesis has established that variations in organization size appear to effect the retention rate and qualification level of employees most significantly, compared with other demographics. Findings contradict previous work regarding organisation size (Hussein & Manthorpe 2011), and suggest that size of the firm is the largest moderator of the worker outcome 'turnover', when mediated by highest qualification of the worker and the predictor, 'hourly pay'. Qualitative findings imply that contrary to the belief that care workers require training to enhance motivation and engagement (Philpott 2014), some care workers and managers suggest it may be more helpful to offer enhanced communication, support and shadowing in order to retain staff. This contributes to HR theory in terms of the usefulness of more informal methods of HRD, when formal methods are currently emphasised in the literature. This highlights informal methods of training alongside formal qualifications, which may create a cost effective alternative. Retention was also linked by managers to the benefits and hourly pay offered to employees, supporting the quantitative phase of research, which contributes to the literature through emphasizing specific ways in which turnover could be reduced, particularly how HRD input relates to worker turnover.

Dedications

Dedicated to Matthew.

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List of acronyms and abbreviations

ASC	Adult Social Care
CQC	Care Quality Commission
DoH	Department of Health
HIWS	High Involvement Work System
HPWS	High Performance Work System
HRD	Human Resource Development
HRM	Human Resource Management
NLW	National Living Wage
NMDS-SC	National Minimum Dataset for Social Care
QCF	Qualifications Credit Framework
RQF	Regulated Qualifications Framework
SfC	Skills for Care
SHRM	Strategic Human Resource Management

1. Introduction

1.1 Motivation and scope of the thesis

We all hope to live until we're at least 60, and 20 million of us will be 60 or over in the UK by 2030 (Age UK 2014). This exponential increase has large ramifications for the way that we provide care for older people in England. As much as we all rely on family to care for one another, there will always be circumstances where paid care workers are needed through Adult Social Care (ASC). This can be from a private company, charity or the local authority, with companies ranging from 1 or 2 employees to over 500 (SfC 2016b).

ASC is a central focus of this thesis, and is defined by Skills for Care as a role which provides; "personal and practical support to help people live their lives. It's about supporting them to maintain their independence, dignity and control" (SfC website 2016). Roles in ASC can be complex and broad-reaching, although the main focus of this work is the paid frontline care worker role in ASC. Care work duties vary depending on the needs of each individual they care for, and their chosen area of residential, day or domiciliary care, in the home (SfC 2016b).

This thesis considers the contributions that Human Resource Development (HRD) may make to ASC, and aims to establish any areas where management, support or training could be improved. HRM can be defined broadly as; "comprising a wide range of practices covering all main aspects of the management of people in organisations" (Peccei et al (2013: 17), which will be explored in more depth during the literature review. There is evidence that the use of HRM in ASC can improve the quality of care (Atkinson et al 2013), however, there is a need to know more regarding the specific details of what is effective and why. This thesis thoroughly explores the relationship between HR practices, individual and organisational factors to establish how these aspects relate to Human Resource Development (HRD) input and the outcome, worker turnover. This is followed by valuable care worker and manager opinions regarding HR and ASC, including the positive aspects of management and training, issues faced and reasons why turnover is high in ASC.

Care workers often take on a high level of responsibility for the older people that they care for (Tadd et al 2011). Sometimes they only have 15 minutes to visit a service user's house and care for them (Taggart 2015), they often do not get paid to travel there and pay at the time of research was commonly around minimum wage, although it can be lower (Hussein & Manthorpe 2011). Some people believe that better training could improve the status of care workers (Rainbird et al 2011), although, those that currently receive training have suggested it is not always helpful and is difficult to fit in around work (Grugulis 2003; Rubery et al 2015). Providing training and support which is useful will empower care workers to do their job effectively and also save money, and further knowledge regarding the effectiveness of HRD is a major theoretical contribution of the thesis.

If we managed care better we would save money on hospital admissions and care homes, because people would be able to stay in their own homes for longer, and this is something that most people want (Buckley 2014). It could be argued that we currently do not provide the right care for older people, because we do not have enough money dedicated to ASC (Donovan 2014; CQC 2015). This is something which is revisited throughout the thesis, and has such a large impact upon the care that we can provide. Currently, care workers for older people are not paid enough, trained enough, or managed well (Rubery et al 2015; Gospel 2015; The Law Commission 2012), and the thesis aims to establish effective uses of HRD in ASC in order to identify areas which require particular attention in the future, in order to ultimately raise the status of care work.

1.2 Aims, objectives and research questions

This thesis specifically aims to investigate the kinds of HR practices currently used in ASC, and how the use of HR relates to demographics of the worker and firm, hourly pay, qualifications and turnover. Regarding HRD input, highest qualification achieved will be explored in relation to demographics, pay and turnover, as well as completed induction and an organization's interest in continuous development. There is also a specific interest in training and support that care workers currently receive, and if certain types of organisation are more or less likely to support and train their care workers. It is of interest whether different genders, ages and contract types are given less management support

and training, or that certain types of care, organisation or the size of a firm may impact on management.

It is argued that if we are unaware of the relationships between organisations and care workers and the quality of care delivered, this will only increase the fragmentation in social care. Not knowing how to recruit and retain workers effectively may lead to the implementation of costly, under researched HR practices and unrealistic policy which creates further confusion within the sector. Further knowledge of how turnover is related to both organisational and individual demographics will help to better inform policy related to recruitment and retention. This knowledge will also contribute to theory surrounding HR use in ASC and other sectors considered to be 'low skill'. Furthermore, providing a comprehensive picture of current management in ASC, will also create additional understanding regarding the usefulness of qualifications in ASC and HRD use in different ASC firms. Therefore, aims of the thesis are as follows;

1.2.1 Aims

1. To investigate the prevalence and type of HRD practices within ASC.
2. To investigate the relationship of HRD practices with pay, individual and organisational demographics and worker turnover.
3. To explore the uses of HRD in different ASC contexts, what HRD practices are considered the most useful for a care worker role, and opinions of skill use in the sector.
4. To explore the influences of pay on turnover in ASC organisations.

These aims will be achieved through a two phase mixed methods research design, using a large national dataset (NMDS-SC) containing a highly representative sample of the ASC workforce in England. This will be considered along with interviews in order to gain opinions on HR, management support, the HRD and skills required for care work, and finally reasons why care workers may leave their role.

1.2.3 Objectives

Objectives were created in order to satisfy the aforementioned aims. Methods were employed depending upon the research questions and the type of data required. Objectives were as follows;

1. To investigate the prevalence and type of HRD practices within ASC through use of descriptive statistics.
2. To investigate the relationship between HRD practices, pay, individual and organisational demographics and turnover using complex statistical modelling.
3. To establish and categorise reasons for worker turnover using factor analysis.
4. To understand the opinions of care workers and managers regarding skill use in ASC through qualitative interviews.
5. To explore the uses of HRD, and what HRD practices are considered the most useful for a care worker role in different ASC contexts through qualitative interviews.

1.2.4 Quantitative research questions

The following questions will be considered in the statistical analysis, and are fully investigated during chapter 5, and were developed in relation to the literature review.

RQ1: Do the amount and type of development practices (IiP status; Induction status; highest achieved qualification) significantly differ for temporary workers compared with other permanent workers?
RQ2: What levels of qualifications (i.e. NVQ; QCF qualifications) do temporary care workers have in comparison with permanent care workers?
RQ3: Does contract type (i.e. permanent; temporary; bank or pool; agency) predict level of qualifications when gender and age are controlled for?
RQ4a: Does the level to which staff are qualified change related to organisation size?
RQ4b: Does organisation size effect amount of turnover?

RQ5: Do different ASC care types (i.e. residential; day; domiciliary care) differ in amount of temporary staff, the level they are qualified, and turnover?
RQ6: Do organisation types (i.e. LEA; private; charity) differ in amount of temporary staff and the level to which they are qualified?
RQ7: Is HR a significant predictor of work outcomes (i.e. turnover) moderated by demographics (individual; organisational) and mediated by HRD practices (i.e. highest levels of qualification).
RQ8: Do reasons for leaving as a care worker differ across different ASC contexts? How best can these reasons be summarized?

1.2.5 Qualitative research questions

The qualitative phase of research as described fully in chapter 6 considers the following questions, which were developed in relation to the quantitative findings and the literature review.

RQ9: To what extent is there a need for a certain 'disposition' or personality type for care work?
RQ10: Why does organisation size appear to predict care worker qualifications; pay and amount of turnover?
RQ11: Why is turnover high for care workers in ASC, and what are the common reasons for leaving?
RQ12: How do care workers and managers differ in their opinions of important skills for care work and the usefulness of training?

To summarise, aims were to enhance our understanding of the contributions that HRD may make to ASC, and establish how ASC firms may provide HRD in relation to pay individual demographics and different organisational contexts. This contributes to current practice through creating a more realistic, better informed policy which takes the opinions of front line care workers into account, and most importantly; better quality, fundamental care for older people. The following section will summarise the structure of the thesis and the ways in which these aims were addressed through a concise review of each chapter, along with the contributions made.

1.3 Structure of the thesis

The thesis consists of two phases of research related to the use of HRD in ASC. The second chapter provides a further context and background to ASC, with chapter three concentrating on HRD, and how the use of HR may be linked to the ASC context. The literature review consists of purely HRD related research; practical, worker targeted articles and journals, along with those who have conducted research into the specific area of HR in ASC. There were an abundance of news articles regarding ASC at the time of writing this thesis, with negative connotations regarding the current management of ASC. The inclusion of these articles is considered particularly important, as they demonstrate the extent to which the system may require various reforms. They also stress the zeitgeist of current ASC, in line with a critical realist approach. The literature includes strong opinions of changes that must be made in the area, which should have a voice when considering the whole picture of what is useful in the management of ASC.

The research design and methodology are discussed in chapter four, which details the two phases of research, how they complement each other and how each aspect contributes to the initial aims and findings of the thesis. The chosen philosophical paradigm of critical realism is also considered in terms of the current research. Chapter five and six detail the analyses conducted, with quantitative research in chapter five followed by qualitative research in chapter six. Chapter seven gives a thorough discussion of the findings in reference to both phases and their respective aims. Finally, the conclusion emphasizes the contributions made to the areas of both ASC and HRD. Limitations and future research are also included.

1.3.1 Contribution to knowledge

Aims for the quantitative phase are to investigate current HRD practices for the ASC workforce, along with how organisational factors and individual demographics may effect management input and turnover. This will identify areas with the least HR practices in the current ASC workforce in England, and how this may relate to outcomes, such as worker turnover. Gaining further understanding of how to reduce turnover could potentially increase quality of care through better continuity of care, as well as saving money in recruitment, induction and training. This will also contribute to HRD theory, given that a thorough regression model and conceptual framework have been created, which will give a further insight into the uses of HRD in ASC, an area which is generally considered as a 'low skill' sector, and thus rarely conflated with HR (Hoque 2008).

The thesis also details the usefulness of HRD in ASC, with an emphasis on informal methods of training alongside formal methods, which are often a primary focus in the literature. Qualitative contributions include practical awareness of how changes can be made to social care (i.e. management; training; delivery of care) in order to understand how we may create more positive working environments, maximise efficiency and increase quality of care simultaneously, not at the expense of one another. This thesis further explores the skills that care workers and managers need for high quality ASC, and areas which should be recognised by policy in the future. This has the potential to raise the status of social care, and amend organisational cultures. On a theoretical level, there is importance in understanding what kinds of HRD are considered useful by both managers and care workers, as this increases our knowledge of the application of HRD in the domain of ASC, and other similar sectors.

Further understanding of skills in ASC has the potential to increase efficiency, amending the delivery of HRD, and increasing our understanding of why care workers may leave their role. The research will build upon a recent finding by Grimshaw et al (2015) that commissioning and HRM quality are mediated by organisation size and private versus not-for-profit organisations. The current work will expand on this through a series of regression analyses, with the inclusion of care type, as well as individual demographics.

1.4 Chapter Summary

Although there is an abundance of theory regarding the usefulness of HRM and HRD, and research which suggests that the implementation of HRM increases the quality of care provided (Atkinson et al 2013), there appears to be no research considering detailed models of specific benefits of certain HR practices, as well as how the use of HRD may differ across certain demographics and how this may affect work outcomes such as turnover. There is also difficulty in applying HR techniques in a climate which is so chronically underfunded, and therefore any recommendations of using HR in this area should aim to provide economic and realistic solutions for the current ASC context.

To conclude this chapter, the thesis aims to consider both broad national data and individual interview methods of research in order to gain further knowledge of the ways in which HRD is currently delivered in ASC and opinions of how this may impact upon worker outcomes, improvements to management, and the development of carers working in ASC. Without a provisional awareness of what is currently offered by the workforce through a large national sample it is difficult to base care worker and management opinions in their true context. Yet, without care worker opinions it would have been difficult to suggest accompanying theory and reasoning for the results obtained in the quantitative analyses. It is argued that the two research phases considered in combination provide a nuanced picture of current HRD use in ASC, and provide a good grounding for understanding and further discussing the usefulness of HRD in ASC. In terms of HRD more generally, the thesis establishes some ways in which HR can be economically used in 'low skill' sectors, such as ASC (The Law Commission 2012).

2. PhD Context & Background

2.1 What will be discussed?

There is an increasing demand for care workers in adult social care (ASC), with predictions of a rising elderly population, and greater numbers of older adults requiring extra support to remain independent (Rubery & Urwin 2011; SfC 2008). The roles of care workers are integral to both efficient social care practice and high standards of quality in caring for the elderly, with an estimated 1.55 million adult social care jobs in England as of 2015, which Skills for Care (SfC 2015) estimate will rise to approximately 1.83 million jobs by 2025. There are currently no compulsory registrations for care workers in England (Gray & Birrell 2013), and despite the need for care workers in society, public knowledge of care work is low (SfC 2007). Media coverage often focuses on major negative events related to ASC, such as the recent Hillcroft Nursing scandal (BBC 2014).

The ASC sector is not aided by the chronic lack of funding in light of current austerity (Brindle 2015; Townson 2016), and recent cuts together with a rise in what could be considered 'reactive' social care, suggests a growing need to establish what is effective management of ASC. Some authors suggest that ASC is on the cusp of a crisis, given the predicted increases in older people and diminished funds (Mitchell 2015; Samuel 2014). Therefore, this thesis will be exploring the uses of HRD and particular management techniques in current ASC, with a more comprehensive discussion of HRD in the following chapter. There is an additional need to focus on how we may provide high quality care to an increasing amount of older people with a disproportionately small budget (Green 2015). Thus, the thesis will investigate how management practice may impact upon increased quality of care and support for care workers. If these issues are not addressed, there will be further problems related to staffing, as the current recruitment and retention issues will intensify (SfC 2015) resulting in extreme workloads, work intensification and burnout.

The thesis aims to examine whether social care would benefit from the implementation of HRD and more sophisticated people management practices in terms of comprehensive training and support strategies. Recent research suggests that those organisations who invest in training and support will have more informed and equipped care workers (Torrington et al 2011; Rubery & Urwin 2011; Philpott 2014), that can better cope with an increased number of clients, and therefore are less likely to leave the sector. However, HR practices are often associated with 'high skill areas' (Hoque 2008), and although it is argued here that care work is not necessarily a 'low skill' area, there are limited funds which can be allocated to people management, and it is important to understand what is effective in order to make ASC firms as efficient as possible in the current context of austerity. The thesis will investigate whether HRD may be effective and if it may be implemented despite these constraints (Donovan 2014).

The chapter acts as an introduction to the topic, focusing on the ASC workforce in this particularly diverse and fragmented sector. Aims are to explore the ASC context, and more specifically the workforce, in terms of definitions of ASC, demographics of employees, organisations and current issues that have arisen in care work for older people. Worker demographics consider the gendered nature of care work (Hussein & Christensen 2016), dominant age groups and contract types commonly held in the sector. Organisational aspects, such as firm size, the type of organisation and the type of care provided, will be considered in further detail. This will give a good grounding to the current ASC context, through summarising the current issues experienced by organisations and carers working in ASC. Following this, the uses of HRD in ASC will be explored, although a more thorough consideration of HRD will be undertaken in the following chapter, the literature review.

2.2 Adult Social Care

This section will discuss definitions of ASC, along with relevant policy. This will be followed by discussion regarding the relevance of HRD, and more specific consideration of the thesis, with reference to the underpinning philosophy, critical realism, and finally contributions that the thesis makes to current literature.

2.2.1 Definitions & Theories

Lyon (2006: 209) broadly defines care as: “the activity of looking after people who are not able to look after themselves, it has been understood as labor and as love, as duty and as obligation, and as a moral orientation, a way of being in the world”. Lyon also considers the complexity of defining care work, given that; “Care is not a straightforward term to pin down, and the characteristics of caring have been variously explored in feminist scholarship, welfare states research, and public and social policy”.

This thesis will consider different types of adult social care in order to establish areas with the highest need in terms of working conditions and management. Types of care can be categorised as; residential; domiciliary (or home) care; and day care. Residential care can be defined as care home facilities, often providing more advanced care (Hussein & Manthorpe 2011). Domiciliary care is the care delivered in one’s own home, assisting individuals and family carers (Fleming & Taylor 2006). Day care services provide socialising services for older people, arrange events or activities, and provide caregivers with respite (Care givers library 2016).

More broadly, social care is seen as an area where people work in partnership with individuals who experience marginalisation or disadvantage, planning and delivering care and support for these individuals (McElwee 2004). Although, this could be what is aspired to in social care rather than current practice, and therefore potentially unrealistic. Defining the role of care worker has also been considered increasingly complex (Raleigh 2012), which is encapsulated well by Bates (1991: 239); “in recent years with growing privatisation of homes for the elderly, there is increased emphasis on efficiency at the expense of caring”. In fact, Bates (1991: 239) considers how the role of caring has changed over time through detachment; “The term 'caring' is associated with the Old English 'cam' meaning grief and lament but over time the connotation of grieving appears to have been fading; at least in the context of paid employment…the skill here was not to grieve. It was a technicized, truncated version of caring tending towards detachment from rather than identification with the sufferings of the elderly”.

The highlighted discord between descriptions of care work and real life practices, as mentioned by Bates, has led Baines to question the reality of paid social care (Baines 2004: 268). She considers that although social service provision may be motivated “by

notions of social and/or individual caring", the non-profit sector strips out the caring content, replacing it with "flexible, routinized, and standardized models of work organization". It is of interest whether this is also relevant to for-profit and local authority areas of care, and given that Baines's research was conducted within Canadian social services, there are undoubtedly similarities to the UK (Herklots 2014). More recent findings in the UK by Rubery et al (2015) particularly support Baines's findings in terms of a reliance on altruism.

In terms of Adult Social Care (ASC) in England specifically, this can be defined as; "the care and support provided by local social services authorities pursuant to their responsibilities towards adults who need extra support…Adult social care services include the provision by local authorities and others of traditional services such as care homes, day centres, equipment and adaptations, meals and home care… Adult social care also includes services that are provided to carers – such as help with travel expenses, respite care, and career advice. Finally, adult social care also includes the mechanisms for delivering services, such as assessment, personal budgets and direct payments" (The Law Commission, 2012: 2).

ASC workers are increasingly likely to be on a temporary contract (Preston 2014), and more likely to be women (Hussein & Christensen 2016), ASC is also characterised by low pay, particularly within the private sector (Cameron & Moss 2007). However, other countries such as Denmark have been suggested to provide better training, employment benefits (such as fully paid maternity and parental leave and occupational pensions) and pay for care workers, still experiencing a shortage of workers in line with the UK despite these benefits. This suggests that retaining workers and providing an improved and more comprehensive standard of care is not simply remedied by HR practices, and more research is needed to ascertain what more favourable working conditions are for care workers. Therefore the thesis will consider the opinions of both care workers and managers in order to gain valuable further knowledge on ways to enhance both quality of care and retention of workers. Cameron & Moss (2007: 50) have explored various European countries, investigating the strategies undertaken to increase the amount of available care workers, suggesting that policies; "…seek to promote more informal care, reducing the demand for paid (and non-family) carers". Considering individual demographics of workers, younger care workers are documented as having far less in

terms of amount and scope of qualifications compared with older women in ASC (SfC 2011). This thesis aims to provide further insight regarding age and gender, in order to establish areas which need enhanced focus, such as younger females, who have been identified by Skills for Care as lacking in both training and qualifications (SfC 2011).

English strategy has aimed to employ more men and ethnic minorities within care. For Europe, some countries have attempted to improve labour conditions through increasing the level of professionalization within social care, "as part of a process to re-value the work", in terms of "improving levels of education and professionalism (e.g. Denmark, Sweden); improving recruitment strategies, in particular from under-represented groups (e.g. the Netherlands, UK); extending the working lives of the existing workforce (e.g. the Netherlands, Sweden); improving employment conditions (e.g. Sweden), job enrichment (Germany. Cf. Christopherson 1997) and career enhancement (Anxo et al 2001)" (Cameron & Moss 2007: 50).

There are, however, inconsistencies with the two policy approaches, and there is a real contradiction regarding a move towards this informal, unpaid, individualist, person centred idea of care, which may make it more difficult for women to remain in the workplace (Cameron & Moss 2007: 51), and the drive for a collective comprehensive, integrated social care system. The initiative for informal care "offers no answer to a growing group of people who need care but lack family members able or willing to care for them". Similarly, current paid care measures cannot be simply erased in lieu of untested alternatives. It poses the question; does society naturally believe that care related professions are devoid of any real skill? England (2005) highlights that women undertake a large proportion of paid and unpaid care work which goes largely unrewarded, impacting upon gender inequality. Cameron & Moss (2007: 51) rather poignantly ask; "Will Europe be prepared to pay the real cost of care, once that cost is no longer subsidised by women"? It seems integral that working conditions are seen as favourable to paid care workers in order to successfully recruit and retain the necessary workforce to provide good quality care in ASC.

2.2.2 Current ASC Policy

ASC policy has the potential to improve standards of ASC through providing realistic guidelines and targeting fragmentation in the sector, while addressing the needs of a variety of different ASC organisations. To consider the current policy in more detail, Cameron & Moss (2012) argue that a 'cash for care' scheme, may aim to both empower the service user, and further shift care work into the informal domain, with an added monetary incentive. It is of interest whether this could be the future of care work, where more responsibility is taken on by family. Although it seems logical that there will always be a need for formal care, particularly amongst the most challenging and violent groups of people, or where people do not have the family to care for them. This family oriented philosophy is referred to as a 'living at home' ideology (Cameron & Moss, 2012: 31), and a deinstitutionalisation process. However, some suggest that this has had detrimental effects on care for older people;

"It is clearly shown in the elder care sector where for example fewer people are getting support from the home help sector than before….Today, elder care is almost on the same quantitative level as it was back in 1960, according to the number of people receiving home help. Mossberg Sand (2000) writes in her dissertation that the idea of decreasing the number of institutions for people with various needs, the so-called living at home ideology, has created much more burden for the relatives. That, together with the decreasing number of people getting support from home helps is one way of trying to position more responsibility with family and friends." (Johansson & Noren, 2001; c.f. Cameron & Moss, 2012: 31).

Policy implies that we need to up-skill the workforce using National Vocational Qualifications (NVQs) or the new Qualifications & Credit Framework (QCF) and a mandatory induction (National Minimum Standards (NMS), Department of Health, 2006). Although, it is unclear if this is the best way of 'skilling' up the ASC workforce given the practical nature of tasks conducted in these roles. There is debate over how useful NVQs are for social care work; if anything new is learnt when undertaking these qualifications, or if they merely confirm what a carer already knows (Gospel & Lewis 2011). It seems that we are still widely unsure of which specific 'skills' are needed for ASC work, and this may be due to the largely intangible nature of care work tasks, or the gender related

stereotypes, which have been present historically for care work and nursing (Rubery & Urwin 2011). However, nursing is now seen more as a profession, and the current research will consider which types of skills make nursing so different to social care, which is thought of as a low skill job.

Thus, it seems that large scale policy changes are required in order to bring about alterations for front line care workers. It could be that policy is currently thought of as something to be 'resisted' where it fails to address the issues faced by care workers on a daily basis;

"There is not complete association between policy and conceptual framework on the one hand and understandings of practice on the other. There were examples of resistance to the task-oriented approach to English care work with older people; and English childcare practitioners admired and wished to emulate the more spontaneous Danish approach to work than they were able to offer" (Cameron & Moss, 2012: 79).

This also implies that we should be drawing on the management styles of care workers employed within children's care services, given that this domain has been seen as more 'inspiring' work (Cameron & Moss 2007), and also in order to consider how care workers have been empowered and environments have been modified to bring about changes in care. Maroukis & Carmel (2015) additionally argue that temporary agency work creates "insecurity rather than flexibility" for care workers (see the figure below: 1), which along with changeable policy aims, results in mixed messages from the government and care organisations.

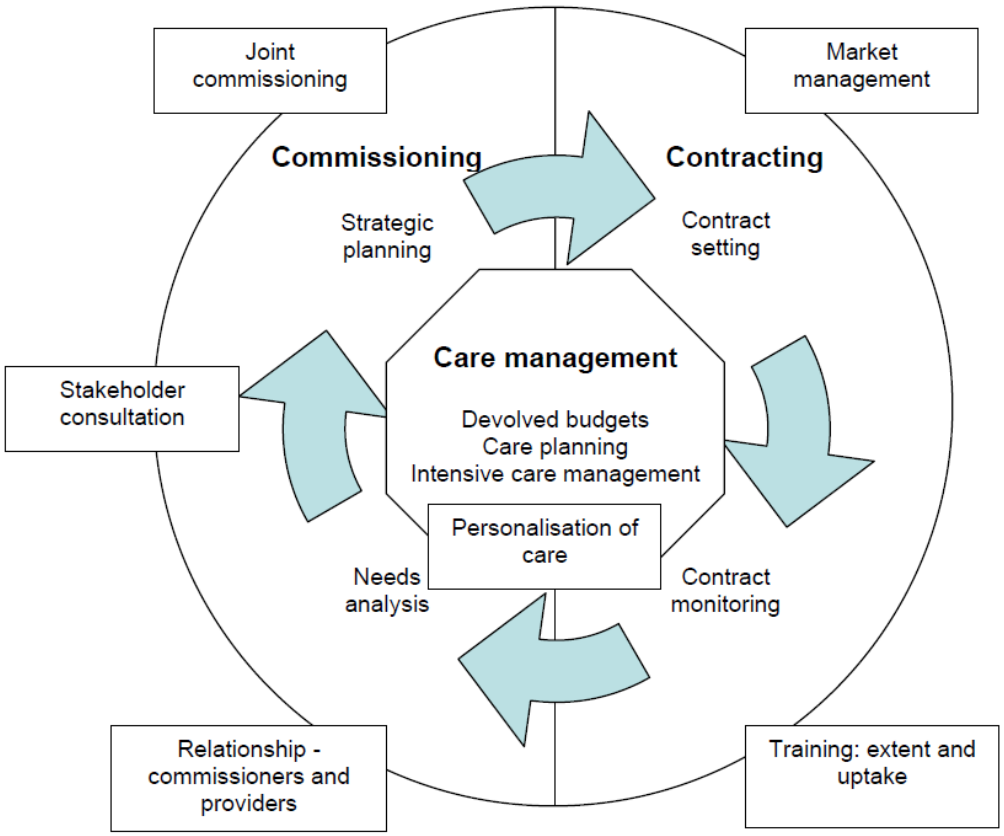


Figure 1: The commissioning and contracting process

Source: Hughes et al (2009).

The rhetoric for individualised, person centred and reablement strategies will always be at odds with the more collective, institutionalised care which may always be necessary for those requiring assistance for dementia, respite or palliative care. Thus, it is of interest how this may be adjusted both within policy and at the level of the individual organisation. Regardless of attempts to upskill the ASC workforce, care work is considered a low paid, low trained and low skilled role (The Law Commission 2012). There are major constraints in terms of funding the sector which has led to high turnover (Hussein & Manthorpe 2011), and reduced terms and conditions for those working in ASC (Cunningham 2016).

Interestingly, Preston (2014) claims that temporary and agency work are the future for the health and social care sector, in line with the rejection of traditional work models. Indeed, the NHS spent an increased 20% on agency staff from 2012 to 2013, with a trend of increasingly employing social workers through agency contracts (SfC 2014). Although,

given the differences in training received by agency and temporary workers, this could have negatively impacted upon the skill level of the workforce, which could in turn impact on the quality of care. Preston, however argues that this is due to the chronic mismanagement of agency/temp staff which has driven this perspective. There is a call for preventative and predictive management of temporary and agency workers, rather than reactive management, in order to provide a more flexible and responsive social care system. This would involve acknowledging when there will be spikes in care demand in line with the older adult population.

2.2.3 Fragmentation in the workforce

Aims are for the thesis to consider whether HRD input and HR practices within ASC differ in relation to both individual and organisational characteristics. This section will consider the individual demographics of interest in this thesis, particularly during the quantitative phase. These are: gender, age and specific contract types, such as permanent, temporary, agency, bank or pool workers.

2.2.3.1 Gender in ASC

The gendered nature of ASC has previously been established (SfC 2008; 2014) with a large amount of female workers in current care work. This has recently been reiterated by Hussein & Christensen (2016), who suggest that ASC is highly gendered, as well as low paid and low status work. Considering that there are a large amount of female workers in ASC (SfC 2014), Cameron & Moss (2007: 123) suggest that; “More work is needed on the ‘gender mix’ at different levels of employment, to assess whether the relatively few men in care work are more concentrated in higher level jobs, or whether there is gender equality in job progression.” They argue that underrepresentation of women in these management roles may be because they require more than full time hours, which is not possible when combining work with a family life with young children. This was similarly considered by Hussein (2011: 4), who found that overall; “Men are over-represented in managerial/supervisory roles and constitute the majority of traditionally masculine job roles, such as technical and advisory/support job roles”. Interestingly, the 2014 NMDS-SC

suggests that there is not much variation in the qualifications held by both men and women.

Although men are not as well represented within social care, they have similar percentages at each level of qualification (please see table 1 below). Men appear to be slightly more likely to have other relevant and non-relevant qualifications, although this is only an extra 2 per cent compared with women. Men are also slightly more likely to have no qualifications (34%) compared to women (31%).

Table 1: Qualification levels by gender

	Men **Frequency (% within gender)**	**Women** **Frequency (% within gender)**
No qualifications held	41,675 (34.2%)	175,121 (30.8%)
Entry or level 1	667 (0.5%)	2,781 (0.5%)
Level 2	15,715 (12.9%)	102,526 (18.0%)
Level 3	11,167 (9.2%)	64,509 (11.3%)
Level 4 or above	11,372 (9.3%)	52,886 (9.3%)
Other relevant qualification	7,288 (6.0%)	28,048 (4.9%)
Any other qualifications	3,610 (3.0%)	10,949 (1.9%)
Total	121,740 (100%)	569,057 (100%)

Source: SfC 2014 data, adapted by author.

Caring for older people with disabilities is traditionally believed to be female work (Hussein 2011). Hussein considers how social norms and gender ideology ascribe different spheres of employment for men and women. Korczynski (2011) also concedes that care work is highly gendered, with many of the key service occupations being held primarily by women. The social processes defining and rewarding skills are also often highly gendered, meaning that soft skills are generally associated with demeaning connotations (Korczynski 2011).

Hussein (2011) found that significantly more men working in care were from an ethnic minority group, and more men than women appear to be recruited from outside the sector, including the health sector. A larger proportion of men hold non-relevant qualifications for social care or started working as volunteers. Men were also over-

represented within managerial or supervisory roles, also being more likely to be over represented with certain service user groups (such as adults detained under the Mental Health Act (MHA). Therefore, these gender differences require further exploration, with particular reference to qualifications, pay and turnover. It may be due to the increased status of male workers in care that led Atkinson & Lucas (2013a) to question the effectiveness of current social care policy. They mention policy's disregard for gender in care work, and therefore a disconnect with those working in ASC. They argue how the proposed ideas of professionalization seem to lack an awareness that the presentation of care work is often procedural, low skilled and low status.

Therefore, it could be considered that there are innate difficulties in making ASC comprehensive in its management and training, due to the diversity in organisations, different sectors and contract types held in ASC, along with a lack of clarity regarding working arrangements when contracting out care workers (Carter 2015).

2.2.3.2 Age of the ASC workforce

Forty-five to forty-nine year olds are the most common age group in direct care work as of 2014 (SfC 2014). The table below (2) displays the amount and percentage of direct care workers in terms of age, and highlights the highest proportions of worker ages as twenties, forties and fifties. Considering age, a lack of qualifications and training within all members of the workforce could have implications for the future of ASC and its already modest status for skills and training. Skills for Care (2011) also stress the issues related to an aging care workforce, which could result in a struggling, oversubscribed sector in the future. It is still unclear why care workers are more likely to be older; this may be linked to the poor rewards associated with the care sector (Brown et al 2001; Korczynski 2005) which are possibly not desirable to the younger population.

Table 2: Percentages of direct care workers by age

Age group	Frequency (%)
Under 18	573 (0%)
18-19	6,735 (2%)
20-24	49,506 (12%)
25-29	48,701 (12%)
30-34	41,754 (10%)
35-39	37,931 (9%)
40-44	43,357 (11%)
45-49	50,339 (12%)
50-54	49,787 (12%)
55-59	39,439 (10%)
60-64	23,590 (6%)
65-69	8,717 (2%)
Over 70	3,323 (1%)
Not recorded	6,792 (2%)
Total	410,544 (100%)

Please note, the total is 101 per cent due to rounding.

Aims for the thesis are to explore whether HRD offerings and HR practices change across different individual characteristics, namely; age, gender, or contract type. This may highlight specific areas of need for development within the ASC workforce. The use of HRD may also be more useful to certain groups within the ASC workforce, which is of particular interest given the diversity in the sector (SfC 2014).

2.2.3.3 Contract types in ASC

Another individual characteristic which will be considered is an employee's contract type. The NMDS-SC details direct care workers as having five main contract types, namely; permanent; temporary; agency; and, bank or pool workers. Permanent workers can be separated from all other contracts, as a long term and permanent position. All four other roles are characterized as different versions of temporary or casual work, which may involve holding a zero-hours contract and may lead to decreased terms and conditions (Maroukis & Carmel 2015). Temporary workers make up a much smaller amount than

permanent workers in ASC (as shown in the table below: 3), although, temporary, bank, pool and agency workers together account for 12 per cent of the workforce, or 86,254 workers. Given the responsibility undertaken in care roles, it is argued that all kinds of temporary workers should be considered as an important asset, ensuring flexibility and the ability for organisations to meet last minute care needs.

Table 3: Size of the workforce by contract type

	Frequency	**Percent**
Permanent	588,035	83.7
Temporary	25,583	3.6
Bank or Pool	47,518	6.8
Agency	13,153	1.9
Total for Temporary, Agency, Bank or Pool worker	*86,254*	*12.3*

Source: SfC 2014 data, adapted by the author.

Maroukis & Carmel (2015) give particular focus to the lack of regulation for the labour supply chains within healthcare, such as hospitals, care homes and home care providers. It is argued that due to large amounts of informal direct employment and high costs in providing agency workers, businesses are more often using zero hours contracts instead of permanent contracts, which could be detrimental in creating a relational care environment. The following table (4) demonstrates how bank or pool workers are most likely to have a zero hours contracts.

Table 4: Amount of care workers by contact type and zero hours contracts

	Zero Hours Contract	**Percent within worker status**
Permanent	95,865	16
Temporary	9,016	35
Bank or Pool	32,611	69
Agency	8,673	66

Source: SfC 2014 data, adapted by the author.

The amount of temporary workers peaked during the financial crisis (Forde & Slater 2014) and Maroukis & Carmel (2015) have suggested that companies may use legal loopholes and exemptions to evade regulatory protection for temporary workers. Rainbird et al (2011: 5) additionally argue that the use of temporary staff and agency workers has largely led to a lack in providing an adequately skilled workforce; "The diversity of the sector, the large numbers of small businesses and the extensive use of agency workers means that capacity to provide competence assessment, underpinning knowledge and wider/continuing professional development is limited". This deskilling of the workforce may have in part contributed to lowering the status of care work.

Rubery & Urwin (2011) also provide support for the claim that increases in temporary workers have had negative effects on care, emphasising the exploitation of workers within home care particularly. They have suggested there is a lack of focus on how best to support the workforce and the organisations that they work for within ASC. Here, support may encompass the particular ways in which HR practices could be used in order to enhance the skill set of care workers, to protect the workforce from potential exploitation, or through using regular supervisions and reflective practice.

Interestingly, Cameron & Moss (2007) suggest that care workers are more likely to have temporary employment compared to the overall UK workforce, with similar results across Denmark, Spain and Sweden. Hughes et al (2009) comment that although most companies investigated had specified induction and training as well as development and appraisal, less than a third specified provision of sick pay and payment for staff attending training. Less than half specified travel pay in domiciliary care. Hughes et al also provide support for the thesis that there is fragmentation in receiving the appropriate care due to constraining factors (Francis & Netten 2004), and that this is particularly the case within domiciliary care (Fleming & Taylor 2007). This again seems at odds with the highly independent nature of home care, where workers take on a high level of responsibility, traveling to see vulnerable adults in their own homes.

Cunningham & James (2009: 13) suggest that outsourcing, redistribution of staff, cutbacks and a failure to replace many roles within social care has had a largely negative impact upon the ASC workforce. Outcomes of outsourcing work are largely negative, with authors finding support for the claim that outsourcing of public services has a "tendency to intensify work and drive down terms and conditions, while engaging workers in tightly

prescribed tasks". A recent ADASS (Association of Directors of Adult Social Services 2016) survey also found that less than 5% of councils are confident that their independent home care providers pay the workforce a living wage (Schraer 2014). Furthermore, 20% of councils are unaware of if the partnering independent providers pay their staff National Minimum Wage (NMW). This has some serious implications for a large proportion of workers, who may be exploited by low wages as well as experiencing a serious lack of training for care of vulnerable adults.

Thus, it is worth emphasizing that having a temporary contract within ASC may drastically effect working experience compared with the permanent workforce. It has, for instance, been argued that access to training is limited for temporary workers (Finegold et al 2005), with managers and professionals or those with a degree being up to five times more likely to receive work based training compared to those with no qualification or 'unskilled' jobs (Westwood 2001). A rise in outsourcing care work and the use of agency staff, which has been supported by the government increasingly since the election of the Blair government (Cunningham & James 2009), may have also led to a lack of 'up-skilling' for the workforce, reducing status and working conditions (Cunningham 2016), and in some cases exploiting workers (Rubery & Urwin 2011; Hughes 2014). Therefore it is of interest whether workers with temporary contracts receive less managerial support and training, and how this may impact upon the workforce as a whole.

2.2.4 Variations within current social care

The following subsections will focus on current variations within ASC in terms of the organisation, these variations will be further explored in order to establish potential areas of need for enhanced management and training provisions within ASC. This will be beneficial in understanding the diverse requirements of the ASC workforce as a whole, which will be considered in depth during the following chapters. The specific characteristics of focus will be; firm size, type of organisation, and type of care provided. These areas will be investigated in order to establish if certain characteristics are associated with areas of need, for example in terms of high turnover, a lack of induction, low qualifications or low pay.

2.2.4.1 Organisation size

Approximately 86% of all social care establishments are either micro or small firms with less than 50 staff (Table 5, NMDS-SC SfC 2013; Eborall & Griffiths 2008). The prevalence of small and micro social care providers in the UK makes any kind of blanket reform of social care difficult. It is also worth considering that smaller organisations lack resources to implement changes regarding management, HRM and newly imposed policies (Rubery & Urwin 2011; Gray & Birrell 2013). More recent findings suggest great volatility in commissioning arrangements for care work partnership agreements (Rubery et al 2012) which could provoke additional disruption for ASC organisations. The private sector is significantly the largest employer in ASC, making up approximately two thirds of all ASC workers (Skills for Care 2015).

Table 5: ASC Organisation Sizes

Establishment	Amount of Employees	Proportion of the workforce
Micro organisation	1-9	49%
Small organisation	10-49	37%
Medium organisation	50-249	12%
Large organisation	250+	2%

(Source: SfC 2013 data)

In terms of organisation size, it is worth reiterating that smaller businesses may not feel they need or can afford HR managers (Torrington et al 2011). Although it could be suggested that little is known about HRM uptake in smaller businesses, despite the likelihood that; “small businesses operate in ways that are distinct from large organisations (Wilkinson, 1999)” (Townsend et al, 2016: 2). However, the focus of this thesis is to identify areas of need and establish what skills are required in these settings, in order to then gain knowledge of distinct ways in which HR may be delivered for small and micro organisations. Indeed, Storey et al (2008 c.f. Torrington et al, 2011) have mentioned that there is no reason to implement HR activity unless it can be proven to add value. It may be that HR adds value in complex ways; Qureshi & McNay (2011) suggest that those agencies who reimburse travel expenses have some links to improved quality of care.

Hussein & Manthorpe (2011) conducted longitudinal research using the NMDS-SC, finding that care worker turnover rate was significantly lower in larger organisations, although they note that the sample size of larger organisations was small (n=15-18), and therefore may not be representative of the complete population of large social care organisations. Conversely, smaller social care establishments with fewer care workers may have higher turnover rates as their total amount of staff is much lower. Differences between firm sizes related to HR input will be considered in this thesis in order to highlight any potential areas which may be improved.

Needham et al (2015) recently conducted research into the uses of micro organisations within adult social care, suggesting that “people using micro-enterprises were more likely than people using larger organisations to report that their provider helped them to do the things they value and enjoy with their time”. This suggests some marked differences in quality between large and small organisations in this sector. However, they also concluded that there were no statistically significant differences between different sized organisations. Although they mention that their survey tool may not have taken into account the more relational aspects that micro organisations can deliver, such as the level of continuity and flexibility. Larger organisations were considered to deliver more choice and give service users more control. Although, it is unclear if the management of staff differs across organisation sizes.

As previously mentioned, there may be great discrepancies between different organisation sizes and available resources or practices (Rubery & Urwin 2011; Gray & Birrell 2013). Rainbird et al (2011: 3732) also consider the difficulties faced by small firms in contributing to the fragmented nature of social care when providing training. "One of the challenges for building capacity in skill development lies in creating resources for smaller organisations which have neither the internal resources of large organisations nor access to external resources through engagement in wider social networks". Qureshi & McNay (2011: i) also highlight the differences between organisations within social care, particularly in terms of pay, and turnover. “There is evidence of differences in terms and conditions by employment sector. Pay is lowest in the private sector, slightly higher in the voluntary sector, and highest in Council in-house services. Similarly, turnover among care workers is higher in the private than the voluntary sector, and lowest (but extremely variable) among Council workforces.”

2.2.4.2 Organisation sector (private; not-for-profit or voluntary; LEA)

Hussein & Manthorpe (2011) have highlighted that the majority of care services in England are provided by the private sector, which is characterised by significantly lower pay and more difficult working conditions compared with other organisations. They call for further research considering the contributions of HR staff and management within social care, something which the current research aims to conduct using a national database NMDS-SC (SfC 2014). Voluntary sector providers generally had better HR practices than for-profit organisations, as well as a lower turnover of staff (Qureshi & McNay 2011). The authors conclude; "Limited evidence suggests that quality as perceived by service users, and by the regulator, is on average lower in the private sector than the voluntary sector, and highest for Council in-house services, although costs for the latter are greater" (Qureshi & McNay 2011: i). It is important to understand how different types and sizes of organisation are managed and how HR may be used in these environments, as there is a need to establish what kind of ASC environments are at risk of providing the lowest quality care. Understanding this better and focusing upon these areas in order to improve is integral in building up a picture of if HR can contribute in making care more comprehensively effective throughout England. This will also contribute to our knowledge of HRM and how HRD may apply to areas which are considered as 'low skill' sectors.

Baines & Cunningham (2011: 761) conducted research into the voluntary social care sector for highly excluded service users, finding that current working conditions are both dangerous and unsustainable. The article points to better management, better training and an increased emphasis on individual workers' rights. These agencies are generally seen as 'preferred providers', having evidence of good employment practices, being progressive with regards to management of violence against staff and as having accreditation in various quality standards, such as Investors in People (IiP) status. They consider how;

"workers' orientations to work, the intrinsic rewards from working in a non-profit context and their coping mechanisms interact with the organization of work and managerially constructed workplace norms and cultures (Burawoy, 1979) to offset the tensions of

caring in an environment with scarce resources and poor working conditions so that high levels of violence against staff are tolerated".

It is of interest here how the type of care organisation may greatly affect staff engagement, motivation and psychological contract due to the overall culture of the firm. Thus, the type of organisation will be considered during the quantitative work, in order to establish differences in turnover rate. Townsend et al (2016) also call for more research related to HRM practices such as flexibility arrangements and how these may relate to a broader suite of HR strategy, particularly in not-for-profit organisations and SMEs, as there is currently very little research in these areas. Recent research by Cunningham (2016: 16) emphasises the importance of strategic roles in voluntary organisations, although more research is required regarding the various nuances between the voluntary, private and public sector within ASC. It is of interest if more emphasis was put on recruitment and skills development whether this would lead to increased retention and indeed better services, although he claims that; "the analysis reveals a range of policy interventions that can guide HR functionaries, whether in the private, public or voluntary sectors, when facing pressure to re-orientate practices and workforce attitudes towards greater customer focus on social services".

2.2.4.3 Differences in service type

As of December 2014, residential care made up 54 per cent of the workforce, as shown by the table below (6). As of 2015, domiciliary care had become slightly larger in terms of proportion of ASC, with approximately half of the workforce employed in residential settings, and 38 per cent employed in domiciliary care settings, with again much fewer care workers in day centres (Skills for Care 2015).

Table 6: Amount of care workers by type of care

Type of care	Frequency	Percent
Adult residential care	376,124	53.5
Adult day care	20,124	2.9
Adult domiciliary care	203,679	29.0
Other	102,940	14.7
Total	702,867	100

Source: SfC 2014 data, adapted by the author.

Bates (1991) distinguished residential care workers from different types of social care and found that there were constraints related to care home environments. Bates argues that care workers for residential homes rejected the level of quality expected of them as the constraints within these ASC organisations prevented care workers from achieving this. Similarly, Bessa et al (2013) have argued that the domiciliary care sector were generally paid at or below the National Minimum Wage (NMW) using 2012 NMDS-SC data, suggesting increased pressure on employees, with increased volatility, changes to commissioning and budgetary pressures. This implies that domiciliary, residential and day care services may vary widely in terms of working environment, and highlights the issues present in both of the dominant areas of ASC; residential and domiciliary care.

Furthermore, Hussein & Manthorpe's (2011) longitudinal research also established that although domiciliary care may be attractive due to flexibility in hours, adult domiciliary care settings along with adult residential care settings were the sectors with the highest turnover. In contrast, care worker turnover rates were considerably lower among those providing health care services, such as home nursing as part of social care. Highest vacancies were highlighted in adult domiciliary and community care settings in comparison to lowest care vacancies in adult day care and health services. The quantitative phase of research aims to explore this in further detail, and the qualitative research aims to establish what differs in these environments through interviews in a variety of different ASC settings.

Qureshi & McNay (2011: ii) emphasize differences between ASC care types in terms of pay and working conditions, given that;
"…on average, domiciliary care providers have more difficulties in recruiting and retaining staff than care homes. Both vacancy and turnover rates are higher in domiciliary care than in care homes, and care homes and nursing homes have more success in retaining new recruits than domiciliary care providers".

Thus, it is of interest to establish what aspects of domiciliary care environments lead to higher turnover rates; could it be working conditions or lack of appropriate management? Qureshi & McNay suggest there are; "slightly more opportunities for pay progression in care homes than in domiciliary care, presumably because there is a higher proportion of senior posts in the workforce". It is also of interest here what skills are required for a higher position within domiciliary care, given that all workers are often required to work independently, and therefore little would differ in a care worker or senior care worker approach. It is also worth emphasizing that domiciliary care is characterised by its flexibility (Qureshi & McNay 2011), however reimbursement for travel time is variable, and the inherent flexibility can mean that carers are working from 7am until 10pm with long gaps in the middle of the day.

In terms of HR input, Castle & Engberg (2006) also considered the organisational characteristics of nursing homes, which could be considered as closely linked to residential homes in the context of this thesis. They aimed to better understand staff turnover, finding that for all caregivers, lower staffing levels; lower quality; private organisations, and higher bed size were associated with higher turnover. High staff turnover contributes to increased organisation costs, lower job satisfaction and a general lower quality of social care received (Hussein & Manthorpe 2011; Castle & Engberg 2006).

Baines & Cunningham (2011: 766) highlight how labour process theory suggests tensions in the work-effort bargain, causing a breakdown in the "structures of control and consent in any set of work relations, leading to varied types of conflict (Burawoy, 1979; Thompson 1983)". They consider how the benefits of this role could be the degree of discretion which enables the care worker to decide the order of tasks and how they should be undertaken. This less prescriptive approach has the potential to reduce turnover and worker dissatisfaction to a degree, also increasing performance. Others have previously

suggested that High Performance Work Systems (HPWS) are in some cases more effective with 'low-skilled' rather than 'high-skilled' workers (Harley et al 2007), particularly in reference to the service sector. It seems logical however to argue that carers are granted a certain degree of autonomy within an area where they are given a high degree of responsibility and little thanks for working in such a difficult role.

Research therefore suggests that management, organisation size, sector and type are all important contributors in ensuring appropriate and correctly implemented support and development practices for ASC, along with individual characteristics of ASC workers, which appear to predict ASC role and the sector worked in (Hussein & Manthorpe 2011). Furthermore, research has already established that management expectations in the care sector are effected by gendered notions of women as natural care givers, where skills are perceived as innate, commonplace, even invisible, and therefore unrewarded (Atkinson & Lucas 2013a; Baines & Cunningham 2011; Baines et al 1998). Thus, it is of vital importance that these skills are not only highlighted as important and highly difficult aspects involved in the carer's role, but also assessed within each environment in the care sector, in order to establish how improvements can be made in different contexts. This could impact upon the status of care workers on a broader scale and lead to appropriate remuneration.

All of the aforementioned individual and organisational characteristics feed into current ASC and have been implicated in effecting HR input, a lack of appropriate employees and worker turnover. It is however, unclear how these aspects may be related, and it is an aim of this thesis to identify any major areas of need in terms of effective ASC management, as well as the usefulness of HRD in the varied ASC context. The following section will provide a thorough justification of why this area requires further research, and the unique issues experienced within the ASC workforce.

2.3 Why is this important?

This section justifies the need for further research in this area, considering issues that need to be overcome in order to provide an adequate workforce for the future, as well as specific areas which will be explored in more detail and related research.

It is difficult to deny the increasing need for care workers in the adult sector. The supply of care workers is already reaching its limits in terms of demand (Donovan 2014), with the additional problem of funding cuts (Hardy 2015) and a lack of investment into preventative care. There will be 20 million adults over 60 in the UK by 2030 (Age UK 2014). The number of people aged 80 years or older is predicted to increase by 181 percent from 2005 to 2050 (European Commission 2005), with those suffering a cognitive impairment such as dementia estimated to increase from 461,000 in 1998 to 765,000 in 2031 in England (Department for Education and Skills DfES/Department of Health DoH 2006). These increases could result in a lack of resources to satisfy demand (Cameron & Moss 2007).

In terms of ASC, an estimated 18,000 organisations, and 39,500 establishments were involved in providing or organising adult social care in England as of 2014 (SfC 2015). The Skills for Care National Minimum Dataset for Social Care (NMDS-SC, SfC 2014), provides information on 22,805 establishments, and 410,544 workers as of December 2014. As of 2016, the NMDS-SC documents 544,146 social care workers (Hussein & Christensen 2016), and is continually increasing the amount of data held for ASC provided in England. There were around 1.4 million frontline care roles in the UK as of 2015 (Gardiner & Hussein 2015). In addition to this, pay and opportunities to progress through the pay scale are limited, with offerings for training described as infrequent and basic (Gardiner & Hussein 2015).

This at least partly explains why some consider social care to be fragmented, costly and convoluted (The Law Commission 2012). The prevalence of small and micro social care providers in the UK explains a lack of comprehensive operations across ASC, as smaller organisations may lack the resources to implement changes regarding management, HRM and newly imposed policies (Rubery & Urwin 2011; Gray & Birrell 2013). Care organisations within England are regulated by the Care Quality Commission (CQC) which is an independent regulator of health and social care, tasked with ensuring that services are meeting the government standards of quality and safety (Elderly Accommodation Council 2016). For social care, this includes all care related services delivered in residential settings, hospitals and in a service users' home (CQC 2015). Interestingly, although literature emphasizes the lack of resources which smaller and micro firms have (Rubery & Urwin 2011), recent findings suggest that smaller organisations are actually more compliant with Care Quality Commission regulations meeting 92% of quality

standards for safeguarding and safety versus 80% of large homes respectively (CQC, Annual Report 2014 c.f. Hardy 2014).

In addition to this, the abuse of older people who live in institutions is considered potentially widespread and systematic (Glendenning 1999, c.f. Penhale & Manthorpe 2004), with some authors suggesting this may be related to "the nature and impact of ageism and ambivalence concerning the care afforded to older people" (Penhale & Manthorpe 2004: 255; Phillipson 2013). Penhale & Manthorpe similarly claim that the limited attention in enhancing quality of residential care or making lasting improvements is most likely due to ageism or the marginalisation of older people in society. Therefore, there is a great need to provide more efficient, high quality services for a future with an increasing number of older people. This thesis will attempt to further understand areas of need which may be linked to retention of employees and good practice, with the aim of reducing turnover through better terms and conditions in ASC and increasing the quality of care through the use of HRD practices.

The scope and variability in turnover across different organisation types within ASC has been highlighted as an issue (Qureshi & McNay (2011), along with large differences in pay across ASC organisations, particularly within the private sector (Hussein & Manthorpe 2011). Recent findings also suggest great volatility in commissioning arrangements for future care work partnership agreements (Rubery et al 2012) which could provoke additional disruption for ASC firms if they are required to change practices in line with this. There is debate over whether social care needs can be met using different types of flexible contracts where work hours fluctuate in line with the demand for care, such as zero hours contracts. Although, it is a highly contentious issue, with many differing opinions related to the exploitation of both workers and older people (Preston 2014). It appears that the need for high quality, continuous, nurturing care seems to be at odds with allowing care workers to have flexible hours, a professional status and adequate pay (Atkinson & Lucas 2013b). Therefore, innovation and considerations for the future of ASC management will be further discussed in the second phase of research through interviews with managers and care workers.

2.4 Better management; better care

Gray & Birrell (2013) highlight the transient nature of policy and regulation within ASC, which fails to consider the complex nature of social care and practicalities of developing the workforce within a social care domain. This may be because few organisations have combined training with broader HR practice, which limits further skill development (Gospel & Lewis 2011; Atkinson et al 2013). Rainbird et al (2011) also describe how offerings for training and development differ both regionally and nationally, adding to fragmentation in the ASC sector. A trend for outsourcing has been highlighted (Cunningham & James 2009), along with a discord between the drive for skills and the reality of the ASC sector (Atkinson et al 2013). These skill drives align with a government philosophy suggesting that positive treatment of care workers will increase positive outcomes, although fail to take into consideration a lack in complimentary HR practices with only the most basic terms and conditions of employment addressed (Philpott 2014; DoH 2009; Atkinson et al 2013). It is of interest in the current thesis to identify the reality of these policies and whether they help or hinder care workers in day to day working, particularly in terms of working conditions.

Recurrent negative stories in the media are likely to be demoralising for the care workforce. Although, of those surveyed in 2007, only 5% of care workers believed that negative media gives the wrong impression of care work (SfC 2007). It is as yet unclear whether carers considered that the media was generally not promoting a negative perception of care work, of if care workers themselves actually believed these negative observations to be accurate. In light of this, there appears to be a fundamental need to raise the status of care (Cameron & Moss 2007), and also provide adequate terms and conditions (Cunningham & James 2009). Whether HRD may contribute is something that will be considered in this thesis, exploring whether professionalisation, care registers and increases to qualifications may have an impact upon a care worker's status.

Previous research has also emphasized the exhaustion and violence experienced by care workers on a daily basis (Bates 1991; Cunningham & James 2009), and this emphasizes the importance of gaining knowledge on working conditions for care workers in ASC. A lack of training in this context could mean a lack of safety. A general lack in progression of work-based protection for these workers has been linked to the feminization of care work

(Bates 1991; Baines & Cunningham 2011) and the perception that care workers have an 'altruistic predisposition', which has been historically linked to care work (Baines 2004). It is argued here that this low status, yet high responsibility and risk profession should be further explored, in order to consider ways of increasing status; raising public awareness of our need for social care; and equipping those carers with the skills and confidence to provide good quality care. This will be investigated through consideration of what (if at all) HRD may offer the ASC workforce, and if training, which is often targeted at high skill sectors (Hoque 2008) may be implemented in a 'low skilled' ASC workforce which is largely made up of 'vulnerable workers' (Piasna et al 2013). Specific areas of interest for this thesis will now be further considered in the next section.

2.5 Specific areas which will be explored

Cameron & Moss (2007: 1) researched front line care workers in Europe, emphasizing the importance of carers who work "on a regular (often daily) basis in direct contact with people needing care". With this in mind they excluded supervisors and managers in care services from the research, although it could be argued that managers and supervisors provide a valuable perspective regarding ASC, given that improvements to the management of care work may lead to higher quality of care (Philpott 2014; Tadd et al 2011; Rainbird Leeson & Munro 2011). Both managers and care workers opinions will be considered in this thesis in order to gain the most realistic knowledge possible for the effective running of ASC organisations. Major issues that have emerged from ASC focus on policy, regulation and a lack of appropriate funding (Cunningham & James 2011; Rainbird et al 2011; Gray & Birrell 2013), and these issues must be considered if we are to mobilize improvements in the quality of our care. Current offerings seem to solely focus upon improvements for carer's skills rather than the infrastructure of ASC more holistically (Rainbird et al 2011), and understanding the required improvements related to key characteristics within ASC is a focus of this thesis.

Previous research has suggested that contract type effects training, development and support (Grugulis & Vincent 2009; Rainbird et al 2011), that smaller organisations may lack resources to provide comprehensive HR strategies (Rubery & Urwin 2011), and voluntary sector organisations may provide different training practices compared with local authority or private organisations (Baines & Cunningham 2011). Although we do not

know how other individual factors, such as age and gender interact with contract type and other organisational factors, such as care type in ASC, firm size and firm type. These areas can be explored with ease using the NMDS-SC, considering the large amount of data and variables documented (Hussein & Christensen 2016). Therefore aims of the research are to gain further knowledge of current development practices and HRD support related practices (such as, for example Investors in People status (IiP). Specifically, it is of interest what effects the training and support care workers receive within ASC, considering both organisational and individual factors. Qualitative work will focus on gaining further understanding of the skills required for high quality social care.

2.6 Chapter Summary

Gray & Birrell (2013) suggest that current policy fails to encompass the complex nature of social care, and similarly, the complex skills needed for care work are rendered invisible (Korczynski, 2011; Atkinson & Lucas 2013). There is a great need to improve the relevance of current ASC policy, given the suggestion that the current 'masculine' policy aims for professionalisation have been considered at odds with a largely feminine workforce, lacking awareness of the duties and required skills in ASC (Atkinson & Lucas 2013). General public awareness of a carer's role and status may also have important implications for the workforce, both in terms of the future uptake of care work and turnover rates of those already working in the sector. Enhancing public understanding of the duties involved in social care is likely to result in increased public support of the workforce and better awareness of if the role is suitable for potential new employees. This has implications related to both quality of care and the sustainability of the care workforce, which have increasing poignancy given the lack of appropriate funding and predictions of a care crisis (Brindle 2015). Aims are to address the predicted crisis for care workers, through investigating the current management of ASC and its large national variation, particularly targeting areas of specific need, in order to consider ways in which employees may be retained, and younger individuals may be attracted to care work.

It is as yet unclear to what extent HRD may be useful for the workforce in ASC, and if the usefulness of HR provisions depend on organisational factors, such as size, sector and care type. These areas have been explored in previous ASC research (Hussein &

Manthorpe 2011), although other work has not identified specifically how demographics may contribute specifically to the management in ASC, particularly in terms of how HRD provisions may be potentially beneficial in raising the status of care workers, and worker outcomes such as turnover. It is also of interest if organisational factors are more or less important than individual factors, such as gender, age and contract type, considering the effectiveness of HRD within adult social care. These areas will be of interest in the current thesis. The next chapter will describe the contributions of HRD and how HR may be linked to the ASC workforce.

2. Literature Review

3.1 Introduction

A great need has been identified to improve the quality of Adult Social Care (ASC) (Gospel & Lewis 2011), and the last chapter described the potential for crisis, with the amount of over 60 year olds predicted to reach more than 20 million by 2030 (Age UK 2014), and many care worker roles remaining unfilled (SfC 2014). It seems inevitable that there will be an increased need for social care in the coming decades, and this chapter aims to explore the ways in which Human Resource Development (HRD) may contribute to the sector, through providing instrumental methods of upskilling and professionalising the ASC workforce.

Implementation of HRD practices has the potential to improve retention of care workers, as a mechanism whereby the provision of progressive approaches to training, support and career progression can be implemented. Care workers experiencing improved terms and conditions could also indirectly lead to improved quality of care, as theorised by Eborall & Griffiths (2008), through improvements to relational care, which can be defined as enduring relations between two individuals (Atkinson & Lucas 2013a). Quality of care has also been strongly linked to an employee's competence (Cameron & Moss 2007), which could be directly targeted by HRD and will be discussed further in this chapter.

HRD is situated within the broader area of Human Resource Management (HRM), which is defined by Boxall et al (2007: 1) as; 'the management of work and people towards desired ends" which is; "a fundamental activity in any organization in which human beings are employed". Peccei et al (2013: 17) also provide a broad definition of HRM systems as "comprising a wide range of practices covering all main aspects of the management of people in organizations". Interestingly, Atkinson & Lucas (2013) highlight that there is currently no consensus regarding the usefulness of what specific HR bundles relate to heightened performance, although more recent findings suggest that there is a link between HR bundles and performance regarding quality of ASC (Atkinson et al 2013).

Aims for the thesis are to investigate the uses of HRD, within the ASC context, which is heavily influenced by low pay and austerity (Rubery & Urwin 2011). There will be particular consideration of the relationship between HRD and pay, individual and organisational demographics and worker turnover. This chapter will position the thesis within the current literature surrounding the standard employment relationship debate, and consider the relevance of HRD in this sector, including the use of SHRM as a theoretical grounding.

The contributions of this thesis sit within the debate surrounding the standard employment relationship. Regarding this debate, Rubery & Urwin (2011) argue that high quality ASC and a high quality workforce is established through good quality employment relationships and strong HR practices. They suggest that policy does not promote these aspects of the employment relationship, instead they argue that even standard employment guarantees may not be available, particularly in domiciliary care. This, they argue, is made worse by outsourcing agreements in care work which are driving terms and conditions down. In fact, Rubery & Urwin go further to identify that continuing direct employment is not necessarily suggestive of the presence of basic protections, given that outsourcing is confused with the end of standard employment, while it actually continues with the subcontractor as employer.

Cunningham & James (2014) emphasise that this context of austerity is only intensifying, with an employment model which is increasingly based upon low pay and more limited access to sickness pay, pensions and benefits. Indeed, this has been supported more recently by Cunningham (2016b), who suggests that state reforms driving the personalization of social care agenda within the current conditions of austerity, has negatively transformed working conditions. They highlight how this focus on increased flexibility for customers has led to degradations for care workers in terms of employment conditions, pay, job security, skills and has led to work intensification.

Atkinson & Lucas (2013b: 307) similarly emphasise how the employment relationship in ASC was effected by formal regulation, along with: “labour market pressures, funding constraints and the close and personalised nature of the employment relationship”. Although they found some evidence of HR practice, they highlight how it was not sophisticated, but showed evidence of being progressive; “We argue that context and

social norms are central to understanding this: the practices described may not be progressive in many sectors but this group of poorly educated, low-skilled (mainly female) workers valued the security, flexibility, progression, performance review and training and qualifications offered. Their positive responses to enacted practices appeared to offset more problematic features of (some) income insecurity, work intensification and low pay."

However, Atkinson & Lucas (2013) argue that their findings regarding strong organisational commitment, sharing of organisational values, and pride in one's employer suggest a positive psychological contract, which is at odds with Rubery and Urwin's (2011) assertion that non-standard ASC employment relationships make this infeasible.

This thesis takes the debate further, by establishing how this employment contract may differ in relation to specific organisational (size; care type; organisation type) and individual demographics (age; gender; contract type), with consideration of the uses of HRD and the impacts of HRD on HR practices (i.e. pay) and indirect measures of performance (i.e. worker turnover). This will establish how employment conditions differ within different types of ASC organisation, and for different employees. This will be taken forwards with interviews, aimed at understanding what is considered progressive practice within ASC, something which is called for by both Rubery & Urwin and Atkinson & Lucas.

3.2 HRD

Given that HRD has been established as a central focus of this thesis, the inclusion of HRD in this context should be defended. HRD is an important aspect of the employment relationship given that it has been defined as an integral dimension of the standard internal employment relationship, and a basic responsibility of employers (Rubery & Urwin 2011). Rubery & Urwin suggest that training in social care is inadequate, and demonstrates a disconnect with ASC policy (DH, 2007, 2008). Thus, there is a great need to establish what HRD provisions are currently used in ASC across different contexts, in order to learn more about the employment relationship in this unique sector and to further understand what are the most useful, progressive HRD practices within ASC.

3.2.1 Definitions

HRD is defined by Slotte et al (2004 c.f. McGuire 2010: 5) as a broad area encompassing functions related to training, career development, organisational development and learning and development, in addition to other organisational HR functions, which aim to; "foster learning capacity at all levels of the organization, to integrate its learning culture into its overall business strategy and to promote the organization's efforts to achieve high quality performance".

Ensour & Kharabsheh (2015) consider how HRD may be viewed as both a means of creating organisational success, and as a more humanistic approach for employees, championing justice, fairness and equity in the workplace (Fenwick 2005 c.f. Ensour & Kharabsheh 2015). Two purposes of HRD are debated, which are targeted at either performance improvement or learning and personal growth.

Ensour & Kharabsheh (2015: 2) distinguish training and development as follows;
"The terms 'training' and 'development' often appear together, and are sometimes used interchangeably…Training refers to the activities that aim to equip the person with specific skills and knowledge targeted to adequately perform a particular job (Armstrong, 2006; Fairfield & James, 1987; Hackett, 1997), whereas development refers to a broader landscape. It relates to future and longer term development of people throughout their career (Armstrong, 2006; Currie, 2006; Fairfield & James, 1987; Garavan *et al*., 1995; Hackett, 1997; Nadler, 1974). T&D, on the other hand, refers to a planned process that aims to maintain and improve employees' current and future performance by enhancing their ability to perform, changing their attitudes or increasing their skills and knowledge to improve the employees' and organization's overall effectiveness (Belhaj, 2000; Buckley & Caple, 1990; United States General Accounting Office, 2004)".

In line with these definitions, the thesis will concentrate on training as a specific activity and development as a more holistic, long term method of increasing an employee's skills. It is also important to emphasise the influences on training and development practice, as this differs significantly in relation to the industry of focus, related to level of competition, amount of investment and type of service provided (Ensour & Kharabsheh 2015). Secondly Ensour & Kharabsheh suggest that internal context influences training and development practices through a companies' aspiration and strategic goals, recognition of

initiatives, decision making style and performance system and job security. They suggest that a distinction between HRD and Strategic Human Resource Development (SHRD) may not be useful, with some considering that SHRD is a more strategically mature version of HRD on a spectrum ranging from training to HRD to SHRD (McCracken & Wallace 2000). Although this research was conducted in Jordan, there are some valuable findings which could relate to HRD implementation in the UK and the ASC workforce.

Learning and development (L&D) strategy can be defined somewhat similarly by the Chartered Institute of Personnel and Development (CIPD, 2014) as "an organisational strategy that articulates the workforce capabilities, skills or competencies required, and how these can be developed, to ensure a sustainable successful organisation". The CIPD suggest that skills development is a critical aspect of L&D, however there has been neglect of this type of learning, which is a major failing of policy in recent years. Enriching the learning experiences of employees has the potential to add to knowledge management in a company, which can be described as; "using the ideas and experience of employees, customers and suppliers to improve the organisation's performance." (Skapinker, 2002). Although it may depend upon the extent to which the firm is a 'learning organisation', as linked to Peter Senge's (1990) work, which can be defined as awareness of five key areas, namely: shared vision; personal mastery; teamworking; mental models and systems thinking (c.f. McHale 1999).

The various nuances between a learning organisation and knowledge management should also be distinguished, as Torrington et al (2011) suggest that knowledge management focuses more practically on management, whereas learning organisation is a kind of ideal aspiration. The authors highlight that although specialist skills are at the heart of government policy, the CIPD (2009) have reported that 81 per cent of respondents thought they lacked specialist skills as of 2009. Along with the importance of context, Guest et al (2013: 197) highlight how we should be including employees as partners in learning, and that; "there is a risk of neglecting the importance of motivating and developing people at work". Thus, HRD, and specifically learning and development should be always be considered in partnership with those who are expected to 'learn' and 'develop'. This thesis addresses this through focus on care worker opinions, which develop our understanding of the most beneficial HRD practices for the ASC sector. The next

section will now detail the focus on SHRM within this thesis, as a method of implementing progressive HRD practices.

3.2.2 Relevance of SHRM

This section considers Strategic Human Resource Management (SHRM), and the uses of SHRM in a 'low skilled' context such as ASC. Atkinson et al (2013) have previously argued that SHRM could be instrumental in implementing progressive HR practices in ASC which may in turn improve the quality of care. Therefore, this section will further define SHRM, justify its inclusion and consider the specific relevance within a 'low skill' context. Torrington et al (2011: 58) suggest that HR strategy is "an incremental process, affected by political influences and generating learning". Although, they stress we should be clear that HR strategy does not need to be explicit as mentioned in Tyson's (1995: 169) definition that it is "both explicit and covert", given that HR strategies can also be iterative, piecemeal and incomplete. Torrington et al emphasise strategic HR as learning in both process and content, with built in evaluation of usefulness and changes in the environment. The implementation of HR strategy can lead to initiatives which focus upon improving the working environment for employees. Thus, strategic HRM has the potential to contribute in making large scale improvements to working contexts within areas such as social care, affecting worker turnover rates, and enhancing quality of services. It should be noted that within the context of this thesis, the performance outcome that will be considered is labour turnover.

Bartram et al (2014) detail the positive relationship between SHRM and performance within the similar domain of healthcare, although they argue that the mechanisms through which SHRM practices shape work outcomes are unclear, and require further research. In terms of ASC specifically, Atkinson & Lucas (2013b) suggest that care related policy has encouraged a strategic approach to HR in ASC, with bundles of progressive HR practices, in order to increase morale and better quality care. They argue that there is limited research regarding ASC and the benefits of SHRM, particularly given that SHRM bundles may overlook the unique context of the 'low skill' ASC sector. However, recent findings have indicated that HR bundles have the potential to create positive working environments when context is considered and improve the quality of ASC (Atkinson & Lucas 2013b; Atkinson et al 2013).

Human capital is also argued to be generated through strategic HRM, although, Scarborough notes; “human capital is not owned by the organization, but secured through the employment relationship” (Scarborough 2003: 2). Lepak & Snell (1999) developed a human resource architecture, which aims to develop human capital within a business in four major employment modes, namely; internal development, acquisition, contracting and alliance. Enhanced consideration of various forms of human capital within social care may be of benefit, particularly in relation to the increasing number of temporary workers in the sector (Maroukis & Carmel 2015).

Other HR systems relate more to organisational level strategies, such as High Performance Work Systems (HPWS), and it is commonly considered that HR practices grouped into ‘bundles’ can be referred to as a HPWS (Torrington et al 2011; Boxall & Macky 2009). Torrington et al (2011) explain how HPWSs also build upon progressive HR practices in order to develop the skills and competencies of employees, supporting the use of their knowledge and skills.

Paauwe & Boselie (2005) mention that there are four important practices to be included, namely: training and development; contingent pay and reward schemes; performance management (including appraisal) and sophisticated recruitment and selection. Boxall et al (2014) also suggest that there are both direct and indirect effects of high-involvement work processes, which make work more motivating, with increased opportunities to be involved in decision making. Although research has demonstrated a causal link between HRM and higher performance recently, with Atkinson et al (2013) finding that HRM bundles are beneficial in improving quality of care. Thus, as Peccei et al (2013: 41) argue, there is a need for more research considering “the effect that HRM systems have on working conditions and employee experiences at work”. In line with this, the unique contributions of this thesis are the exploration of the relationships between HRD, specific HR practices and worker turnover, taking into account both individual and organisational demographic factors, as well as employee and manager opinions.

Seeck & M-R Diehl (2016: 15) explored the nuances between HPWS and high commitment alternatives, such as High Involvement Work Systems (HIWS);
“As crisply put by Boxall and Purcell (2011), focusing on high-commitment work practices takes us away from extensive and contentious selection of ‘best practices’ and, unlike HPWS, high-commitment work practices do not assume, unless demonstrated by the

specific context, that 'the particular configuration of management practices is necessarily performance-enhancing', (Boxall & Macky, 2009: 7–8 ; Bryson et al, 2005: 460)". Interestingly, recent findings regarding HIWSs indicate that the "adoption of HIWS leads to positive employee outcomes (such as commitment and satisfaction) as employees feel more valued, are more involved, and able to make work-related decisions (Peccei et al Van de Voorde, & Van Veldhoven, 2013; Vandenberg et al., 1999; Wood & de Menezes, 2011)." (Oppenauer & Van De Voorde (2016: 2). Although Oppenauer & Van De Voorde (2016) highlight the participatory nature of HIWSs, which are said to improve commitment and worker satisfaction, it should be noted that HIWSs are also associated with some negative outcomes, such as work intensification (Jensen et al, 2013).

Low road strategies could also be implemented in order to drive performance, and can be defined as; "the 'bleak house' form of work organization in which low pay, low job security, work intensification are the main characteristics (Sisson 1993)" (c.f. Cooke 2001: 323). There has been much debate regarding the use of low road strategies to enhance performance, particularly in relation to the HRM and performance link (Cooke 2001). Although there has been general agreement that high road strategies may lead to better organisational performance, it has been suggested that these strategies may not be opted for given the historical, social and institutional context of the employment relationships within Britain.

Focusing more specifically on ASC; Atkinson et al (2013) consider how recent policy (DoH 2009) has concentrated on SHRM principles, which encompasses the delivery of progressive HR as being central to improved performance, such as care quality. They argue that while this is premised on a mutual gains scenario, there are many critiques that the use of SHRM in ASC can lead to work intensification instead of mutual gains. Indeed, a difficulty in creating a positive working culture arises in the broader context of ASC, which relies on outsourcing and social care contracting, leading to an emphasis on lowering the costs of the care delivered. Furthermore, Atkinson et al (2013) argue there is a need for more progressive HR practices in the sector, with policy broadening their focus from just skill development to larger HR bundles. This thesis adopts a SHRM paradigm through focus on HRD practices (i.e. qualifications; Investors in People status; pay), alongside specific HR practices (i.e. pay) and the impact of these practices alongside individual and organisational demographics on labour turnover. The findings obtained

within the first phase are progressed through the qualitative phase, which explores concepts surrounding HRD and aspects of HR in more detail.

3.3 Approaching skills differently in ASC

This section will now explore current approaches to upskilling and professionalisation within the ASC context, exploring how policy and management have attempted to drive up standard in the sector, and why these initiatives may have been unsuccessful.

3.3.1 Upskilling

There are many policies which have attempted to 'up-skill' the ASC workforce (National Minimum Standards (NMS), Department of Health, 2006; Qualifications and Credit Framework, 2011; Skills for Care Continuing Professional Development (CPD) Framework, 2011; Regulated Qualifications Framework 2016-2017 (Ofqual 2015), and yet there is still a widespread debate over what kind of skills should be developed in order to benefit care workers (Rubery & Urwin 2011; Gospel & Lewis 2011; Korczynski 2005).

It has been stressed that;

"In order to sustain the workforce, considerable investment in training and continuing professional development will be required but will not be sufficient while care work is so undervalued and underpaid" (Gray & Birrell 2013: 156).

Gospel & Lewis (2011) claim there are limitations to skill development in the current social care environment, with a lack in company uptake of broader HR practices. Some authors have also emphasised that 'soft' or intangible skills within this sector are often considered to be used in a pejorative and demeaning way (Grugulis & Vincent, 2009; Korczynski, 2005).

It should be noted that there are difficulties related to liaison with the local authority, and the current austerity measures that are in place (Cunningham 2016: 15), which is suggestive that the implementation of HR in order to ‘up-skill’ the ASC workforce may have inherent structural difficulties. Cunningham (2016: 15) suggests that local authority perceptions of ‘personalisation’ were often limited to individual budgets and hours of

service, while disregarding wider customer choice and more qualitative lifestyle related outcomes. Cunningham highlights that in these cases;

“HR’s role of strategic intervention through building human capital was undermined. Furthermore, there was little it could do in terms of dealing with workers who felt the rhetoric of personalisation did not match its reality in terms of promises for enhanced skills and greater discretion“.

It may be that a lack of responsibilities through tightly prescribed tasks in the area of ASC where work overload is common, is likely to have negative effects on workers. Oppenauer & Van De Voorde (2016) found that job responsibility reduces emotional exhaustion, although work overload appears to increase emotional exhaustion. Thus, ASC workers may be significantly more likely to experience this given their high workload when paired with institutionally managed care work. Reinders (2010) concluded that a high quality relationship between professionals and their clients is crucial for high quality care. This provides a strong case for a different kind of learning and a step away from prescriptive tasks and time based care activities, and again highlights inconsistency between current inflexible care work systems and the drive for high quality care, a contradiction recently highlighted in the voluntary sector of social care (Cunningham 2016). Cameron & Moss (2007) would argue that this is at the expense of care workers in the UK, who may have developed a relationship with their clients outside of their working hours, and also outside of their paid work.

Interestingly, the different domain of intellectual disability research assumes that those delivering care are ‘professionals’. Reinders suggests that care work involves the use of soft or intangible skills related to practical knowledge. Although the research was conducted in relation to intellectual disabilities, the author argues that this does not limit the findings to this field. It is argued that this tacit knowledge enables professionals to gain the level of insight required relative to the client’s needs. This argument is at odds with current investigations into quality of care, which, Reinders argues, assess quality of care in objective terms, thus assuming that quality of care is distinct and separate from the person who generates it.

Further information is therefore needed regarding the use of HRD, and other HR systems, and whether they can enhance trust in management, and improve an organization’s

'social capital' in ASC, as mentioned by Boxall (2013). He recently emphasized the link between HR practices and positive effects to human capital. Although, there is a danger related to the use of training such as NVQs in ASC, as they have been argued to merely 'rubber-stamp' competence (Torrington et al 2011), and this has been argued in the past related to ASC (Gospel & Lewis 2011). Gospel & Lewis suggest that undertaking an NVQ may involve very little information that is new to a care worker, particularly in relation to underpinning knowledge. They emphasize the danger in focusing upon certification of existing competences rather than learning new skills, which could hinder improvements to service quality. This thesis explores care worker and management opinions of 'up-skilling' and whether this is a necessary requirement of the ASC workforce or a more comprehensive support and mentoring system is required.

3.3.2 Professionalisation

There is also increasing consideration of the development of social care into a profession, to achieve increased quality and further integrate services (Sambrook & Stewart 2007);

"It is my belief that social care will soon come to be regarded as a profession (no longer a discipline) that is a genuine and valued part of a larger field, direct care human services across the life span and across practice settings" (McElwee 2004: 52).

Although, Parton (2003: 19) suggests;
"More broadly the feminist 'ethics of care' recognise that 'care work' is usually devalued as a social activity or practice, and is also devalued conceptually through its assumed connection with privacy, with emotion and with the 'needy'. Because our society treats public accomplishment, rationality, and autonomy as worthy qualities, care is devalued as it embodies their opposites (Tronto, 1993)".

Parton argues that care workers work outside the 'rules of the system' in order to provide a valuable kind of care for their clients. Parton also emphasises the need for flexibility in frontline care worker roles, as well as responding appropriately to clients as individuals.

Qureshi & McNay (2011: V) support the idea of professionalizing social care, as they highlight; "the importance of shared collective learning in creating knowledgeable

workers and shaping new roles in integrated settings". The consideration of responsive, flexible care mentioned by Parton (2003) do not easily fit into the prescriptive and task based management approach in current care work. Qureshi & McNay also suggest that we should be supporting the participatory learning process for carers, also enabling workers to feel involved and motivated to learn. Parton (2003) considers how one account of professionalism (Davies 1995a);

"retains far too much of a masculine notion of the self and the distant, emotionally controlled and controlling instrumental actor which fails to give sufficient recognition to the moral and interpersonal aspects of professional caregiving (Davies, 1995a)".

Although, given that training may be so influential to working culture, it may be possible to use training in order to reconstruct a completely new kind of profession for care work which focuses upon moral and interpersonal skills.

It has been discussed in this chapter that organisations may need to employ the correct type of person for care work, who has a complimentary disposition (Bates 1991). However, whilst it is acknowledged as important to have natural abilities which lend themselves to professional caring, it is argued here that regardless of this predisposition, fundamental tasks and organisational goals need to be learnt in order to undertake care both safely and effectively in a professional manner. It is as yet unclear if training may indeed impact upon the status of care work. Nursing involves some similar tasks and contexts, and yet nurses are perceived as much higher status, and it should be explored if this is due to the need for higher education to obtain the knowledge required to perform healthcare related tasks.

Professionalization may therefore be achievable through emphasis and focus upon the difficult and dangerous work undertaken and different specialisations that care workers may have within dementia care, long term support, palliative care and many other areas. As is suggested by the new QCF (and RQF), there is not just a need for basic training, equipping the carer with confidence to carry out tasks efficiently, as much as this is integral. It seems there is also a major need for professionalization of the workforce, raising the status of care workers by recognising the specialist knowledge they have of how to care in complex and often dangerous environments.

Now that upskilling and professionalisation have been discussed within the context of ASC, and the various positive ramifications for this have been established, the next section will focus on how HRD may contribute in upskilling and professionalising the ASC workforce.

3.4 Relevance of HRD in ASC

Guest et al (2012: 203) argue that; “With an ageing population, more people are going to require health and social care, and the quality of the service provided by staff is already a major and increasing concern. In such contexts, the contribution of effective HRM is going to be crucial”. One way of increasing the quality of services is through HRD practices such as training and development. Eversole et al (2012) suggest that HRD is a remedy to high turnover, low retention workforces such as ASC. However, the effective uses of HRD within this sector are as yet unclear, with large variation across England in organisation size, sector and type of ASC related offerings (SfC 2011).

The lack of evidence based research in the field of HRD and health and social care, has also been emphasised by Sambrook & Stewart (2007), particularly in terms of the delivery of HRD in different contexts, as is considered in this thesis. The usefulness of vocational training in ASC has also been debated (Gospel & Lewis 2011; Rubery & Urwin 2011), with authors suggesting that experience in the role, specific skills and related knowledge can be more important when caring for older adults (Nursing Times, 2011, Tadd et al 2011). Others believe that better training and a more comprehensive career pathway may raise the profile of care workers (Burstow 2014), promoting care work to a ‘profession’, rather than a low status occupation. Although, it has been stressed that "In order to sustain the workforce, considerable investment in training and continuing professional development will be required but will not be sufficient while care work is so undervalued and underpaid" (Gray & Birrell 2013:156). Similarly, Gospel & Lewis (2011) claim that there are limitations to skill development in the current social care environment, with a lack in company uptake of broader HRM practices. Therefore, it is important to establish what kinds of training within ASC are effective and useful for instilling care values and supporting carers to deliver a high workload efficiently. Although Atkinson & Lucas (2013) emphasise the importance of asking care workers what is effective management, given that many social care tasks could be classed as ‘soft’ intangible skills (Korczynski 2005) and

therefore may be invisible to management staff. Parton (2003) similarly believes that there is a general lack in recognition surrounding skills and care related tasks.

Similar research which focused on care homes exhibiting good and best practice within ASC in England was undertaken by Rainbird et al (2011: 3727). They consider that voluntary training investment has resulted in a widespread lack of uptake, emphasising instead that; “These observations on training must be set within the wider framework of regulation and its relationship to human resources management (HRM) practices in the UK”. They explored triggers for innovation of skill development practices in care organisations, and conclude that often the Care Standards Act (CSA 2000), which aimed to increase regulation of care services, did not always affect the companies who are classified as exemplary in ASC. Commonly organisations were already progressing the right direction. Tadd et al (2011: 14) similarly considered how development within ASC often involves non-managerial supervision and requires more than reflective practice which is a ‘tick box’ approach to the “acquisition of skills and knowledge”.

Hughes et al (2009) also considered training in different ASC contexts, and promoted the use of training provisions through each local authority. Although, they note that training is still most likely to be received by the local authority’s in house staff rather than care workers from private companies. Rainbird et al (2011) similarly conclude that we should make better use of medium and large care firms who have the resources to provide better training for other sized organisations, which may also make the process more lucrative.

ASC has a large temporary workforce, and it is also of interest how we may provide this transient role with the adequate induction and training for the role. Finegold et al (2005) considered the individual characteristic, contract type and have suggested that less than 25 per cent of temporary workers receive training, with previously educated or experienced workers being more likely to be given the opportunity. Torrington et al (2011) similarly stress that training is more likely to be given to higher paid employees, who already have qualifications. Apart from the lack of training for those classed as lower paid workers, Torrington et al argue that we also provide the wrong kinds of training, with limited duration or which is not useful (Westwood 2001). The authors identify a need for training within smaller organisations, given that the highest levels of training are commonly in the public sector or large organisations. Interestingly, Hussein & Manthorpe (2011) found that turnover rate for care workers in ASC was in fact lower for larger

organisations. Although it is unclear whether this relates to the much smaller sample size for larger companies within the NMDS-SC at that time, and therefore this will be further investigated in the current research.

3.4.1 Aims of Training

Despite workforce training and development costs totalling approximately £30 billion every year (Torrington et al 2011), there is still great difficulty in demonstrating specifically how training may enhance a worker's performance. However, Cunningham (2009) guards against being too prescriptive in this sense, given that evaluating the usefulness of the chosen approach is more integral than being too focused on proving the return on investment that development brings. Torrington et al stress the need to be proactive in terms of identifying learning objectives from the outset and revisiting these objectives during development activities rather than in the form of an evaluation questionnaire.

They argue that training is an integral factor in upward social mobility, as;

"…it has been argued that without such investment we will be trapped in a low wage, low-skills economy (Rainbird 1994; Keep and Mayhew 1999), with emphasis on competing on price rather than quality".

This reflects a similar philosophy held by Cameron & Moss (2007) who argue there is a need for the creation of more, and higher quality jobs. These views suggest that we may need to reassess the importance of strategy related to skills within UK organisations. It could be argued that the issue is not with government initiatives and measures to encourage training, development and learning, but how skills are construed within specific jobs (Torrington et al) which is supported by Lloyd (2002) who argued that it is critical to not merely develop skills, but also change the structure of jobs in line with the required skills.

There are in fact various national training schemes which aim to increase the skillset of the UK as a whole, partly initiated in response to the Leitch review (2004). With key training schemes such as national apprenticeships and Investors in People (IiP) status that could be central in equipping workers with important skills for the future. IiP status focuses on gaining a "full picture of how the business is managing its people and where improvements can be made" (Torrington et al 2011: 384). It has also been linked to

improvements in training and development processes within an organisation, although there is debate over whether this also leads to equality in training, with unskilled positions being given less training opportunities. This implies that formal training may not always be the best course of action. These findings align with Rainbird et al (2011) who considered that enhanced legislation or regulation may lead to emphasis on providing the minimum requirements rather than considering a widespread reform of training in ASC. The author concludes that often organisations who were most effective leaders in ASC made holistic changes to management and HRM, often of their own volition.

Torrington et al (2011) suggest that the limits of training and qualifications have been made clear, as there may be other, more appropriate methods of imparting [soft] skills, such as mentoring. Indeed, it is of interest whether qualifications are considered the most effective way of imparting soft skills, and this thesis will explore care worker and manager opinions of formal and informal training. Interestingly, Seeck & M-R Diehl (2016) suggest that some independently implemented HR practices such as material incentives or other measures for control and appraisal may have negative effects, although this can be compensated when training is included, which they argue is a reason to implement bundles of HR practices rather than single practices. This also emphasises the importance of training in a workplace environment when considering employee commitment, an area which may be lacking within current ASC, given the high levels of turnover (SfC 2016).

As discussed in the previous chapter, within adult social care there are limited training, development opportunities and career prospects, work is prescriptive and task based, and jobs are often temporary or fixed term (Gardner & Hussein 2015). Hussein & Manthorpe (2011: 42) also highlight the affect that care worker turnover can have on service users and the quality of care received. They consider how; “Financing long-term care is a major policy concern (Dilnot Commission 2011) and it is workforce costs that form an estimated 80 to 85 percent of the costs (Curtis 2010)”.

Although, training and employment progression are considered integral in social care and far more complex regarding human capital (Philpott 2014: 3). In fact, Philpott suggests that training is far more critical in creating a pathway out of “in-work poverty”, thus increasing quality of working life. Rainbird (2007: 555) similarly guards against pitching training alone as a cure for low pay, given that this fails to acknowledge the structural problems facing these workers regarding “their lack of resources and entitlements to

learning". Therefore, creating an effective way of enhancing employment progression could have potentially broad implications for ASC workers, beyond the qualifications themselves.

3.4.2 Methods of Learning & Development

It could be suggested that the most valuable kind of 'off job' courses, are those which "concentrate on specific skills or knowledge, such as developing time management" (Torrington et al 2011: 403). This kind of learning may facilitate the transfer of learning into the workplace, through identifying goals for implementing new skills (Longenecker & Ariss, 2002). Although, different types of job based learning, such as shadowing and mentoring may provide more direct alternatives to formal training, for example, NVQs and diplomas, and provide a more practical basis for knowledge. Line management coaching along with e-learning is becoming increasingly popular, known as 'blended learning'. Although, this may be difficult within social care given the time constraints that all staff are under (Torrington et al, 2011), and there is little research evidence considering the nuances between formal and informal training in relation to worker outcomes, such as turnover. The qualitative phase of this thesis will consider care worker and manager opinions of training in particular, and preferences for formal and informal delivery.

Learning through peers, such as shadowing, can also be considered a robust method of learning and development, although it should be noted that formal peer relationship schemes are usually reserved for specific groups, such as new graduate entrants. More informal peer relationships are common among all employees, and there is some difficulty in investigating these more informal training methods through use of the national dataset (NMDS-SC), given that this is secondary data, and only involves the more formal aspects of ASC training. Therefore, the qualitative phase will also focus on care worker and manager opinions of the informal approaches through interviews, with a view to combine these findings with the statistical findings during the discussion, building up a more nuanced picture of HRD use in ASC.

Induction training is another common requirement for current ASC, and is thoroughly explored in the quantitative phase of research. It has been argued that an induction that is timely and effective has been considered to lower turnover of staff (CIPD 2009; Torrington et al 2011). Torrington et al discuss the various purposes for providing an

induction, because it is useful in imparting information regarding ones specific position, similarly, it is useful in providing information regarding the organisation. An induction also has the potential to impart knowledge regarding the expectations of both the employee and the organisation, thus effectively establishing the psychological contract. Furthermore, CIPD (2009) research has found that induction can positively impact upon employee commitment, increased productivity and time savings for managers, given that they do not need to explain as much information to new starters.

A distinction should be made here between organisational induction, where all new workers are given an induction, and a job based induction, which is more often arranged by a line manager and can involve shadowing colleagues for better awareness of the job. Shadowing may be more common in the ASC sector, where it is less likely for firms to have an HR department, given their average size (SfC 2014). This thesis will be considering the latter (i.e. a job based induction), and qualitative interviews will aim to establish more specific detail of what this entails. Torrington et al present two dichotomous arguments regarding why training is useful in preventing turnover. They suggest that it may be the opportunity to undertake training which enhances commitment, or possibly that when given training, employees are more employable and thus more likely to leave. Green et al (2000) considered that turnover was dependent on the type of training and the source of sponsorship, as firm specific training in particular was linked to lower turnover. Indeed, the Chartered Institute of Personnel and Development (CIPD 2014) consider a lack of training, development and career opportunities as key reasons why employees leave.

Workers in ASC who lack an induction, or indeed any kind of formal training may be missing out on integral information, and this may act as a push factor for turnover. This may be particularly the case for staff who are temporary, and therefore do not have the same rights to training and benefits. Currently 38% of care workers in ASC do not receive an induction or are in the process of completing one (NMDS-SC SfC 2014a). This may be a potential contributor to turnover, and so will be considered in more detail through quantitative research.

Further training and development have been considered just as integral as an induction, being described as “essential for organisational operation, and organisational advancement” (Acton & Golden 2003: 137). Acton & Golden suggest that training employees enhances employee satisfaction, facilitates the updating of skills, and can

increase employee commitment. Furthermore, Samuel & Chipunza (2009) suggest that retention rates in South African firms are not only affected by training and development, but also where there is challenging and interesting work; freedom for innovative thinking and job security. It is evident that ASC may in some circumstances fail to offer these elements to workers (Rubery & Urwin 2011; Gospell & Lewis 2011) except for the presence of challenging work. Therefore, training and induction will be a focus of the first phase of research in order to gain further knowledge regarding the relationship between HRD, individual and organisational demographics, pay and labour turnover.

3.4.3 Skills

The previous chapter has highlighted how the concept of skills as mentioned by ASC policy shows a complete discord with the reality of the ASC sector (Atkinson et al 2013). Furthermore, the concept of 'skills' within ASC is complex, particularly concerning soft skills (Atkinson & Lucas 2013a).

In order to understand manager and care worker opinions regarding skills in further depth, as is considered in this thesis during the second phase of research, we must first explore how the literature defines these terms. Hampson & Junor (2015) define 'skills' considering that; "At the micro-social level, 'skill' features in debates about the organisation of work processes in firms and in debates about individual worker capabilities. At the macro-social level, it is a foundation for defining the status and pay levels of occupations and is central to policy discourses on workforce development and regional and national productive capacity" (Hampson & Junor 2015: 450-451). They highlight the social construction of the skill and highlight gender differences experienced by work in certain areas, suggesting that "'objectively' skilled jobs performed by women were often denied skills recognition because of the job incumbent's gender, while 'male' jobs, typically in the manufacturing sector, were more likely to enjoy skills recognition in qualifications and pay". They reason that this is because skills are simultaneously 'embodied' and 'embedded' in people or tasks, with the perception of these skills developing over time through learning.

For decades, skills have been associated with gender, as Wood (1987: 7) suggests that they relate to 'socially defined occupational status' (c.f. Hampson & Junor 2015: 453). This may provide a reason why; "Phillips and Taylor (1980:79) thus describe skill definitions as 'saturated with sexual bias', bearing 'little relation to the actual amount of training or ability required …' (see also Cockburn, 1985)". Hampson & Junor (2015) emphasise how; "Grugulis and Lloyd (2010: 101) argue that simply recognising skills, without the power to revalue them, may heighten managers' performance expectations without improving rewards, thus 'bringing more aspects of work under management control' (Grugulis and Lloyd, 2010: 100)**".** Although they argue that recognising skills is the first step towards changing a working environment, and call for industrial relations, regulatory or arbitral processes where unions or professional organisations can act, with the goal of adequate remuneration for this work.

Hampson & Junor (2015: 460) also highlight how service work can be considered 'emotional labour', in line with Labour Process Theory (LPT, Braverman 1974), which suggests that employer power has created a range of personal attributes that are not specifically considered skills, such as compliance, discipline and conformity. LPT however, does have its detractors (Storey 1985; Lash & Urry 1994). Hampson & Junor describe potential reasons why service skills may be particularly tacit or 'invisible' (Star 1991), suggesting that firstly these skills may be within work processes which are internalised or embodied and difficult to verbalise. Secondly, their naming lacks social or managerial authorisation, or maybe because they are elusive and dynamic. It is also argued that dynamic skills are needed to sustain work processes over time. They have named these reasons with a view that; "By naming the elements of the main skill sets and their components in a language of learning and skill, it avoids conceding them to employer-dominated terminology, or naturalising them as aspects of personality or gendered characteristics". ASC has also been considered a role with intangible or potentially invisible skills and tasks (Atkinson & Lucas 2013a), and it is an aim of this thesis to gain further knowledge regarding the integral skills needed to be a care worker, and explore nuances between the opinions of ASC managers and care workers.

Skills used more generally in the workplace have also changed dramatically in recent years, given changes in the workforce and adapted management techniques, as well as

appropriately placing individuals with the correct skills, attributes and experiences for the role (Torrington et al 2011). The authors highlight an overemphasis on skills in the modern workplace, with a need for specialised skills, attributes or traits which will give a company some kind of competitive advantage. Hampson & Junor (2015) consider that skill content may be manual, technical, cognitive and interactional, defining job complexity and autonomy as critical dimensions of a skill, as argued by Spenner (1990). Hampson & Junor contribute to this by distinguishing that autonomy could include having the ability to execute a work task or being allowed to exercise that ability in the workplace. Spenner's work also described three constituent elements for complexity, which are level, scope and integration (c.f. Hampson & Junor 2015: 452);

"…skill level as a measure of difficulty, embracing knowledge content, accumulated learning, required aptitudes, experience and responsibility, and capacity to handle unpredictability. Scope refers to task range – not simply a multiplication of tasks, which is work intensification. Task integration refers to the coordination of diverse activities to help accomplish a work goal: it may be overlooked in itemised task lists (Fraser, 2009: 60–69)."

This explanation provides a specific framework for assessing this complex and tacit knowledge, although it is unclear whether in ASC skills are so tacit and invisible that there would be difficulty in applying them to a framework such as this. In line with this argument, the qualitative phase will consider these skills through in-depth interviews, which focus on the opinions of both managers and care workers in order to establish the skills required as clearly as possible.

3.4.4 Competence in ASC

As discussed in the context and background chapter, competence has been highlighted as an issue within ASC, given the increasing amounts of agency workers in the sector, along with limited development opportunities (Rainbird et al 2011). Cameron & Moss (2007: 82) describe how use of the word 'competence' in care work suggests the work is devoid of striving for excellence;

"To be competent is to have 'sufficient skill, knowledge and ability or qualifications' to do something, or to be 'adequately qualified'. In this definition, the term implies permission, or ability, to act, with ability judged through skills, knowledge or qualifications.

Furthermore, use of terms such as sufficient and adequate implies that the level of prerequisite knowledge is 'satisfactory'. It does not imply reaching beyond the minimum."

Although, they comment that competence may be a useful mediator leading to enhanced professionalism of care work, as competence can be considered as a mediator when assessing education and professionalism, implying an ability to meet performance targets. They consider that; "…when focusing on formal, paid care work, parallels with informal care have often been made at the level of conceptualisation, both being regarded as work that women are naturally suited to undertake and therefore not requiring much in the way of initial or ongoing education to support it" (Cameron & Moss 2007: 81).

This is supported by Atkinson & Lucas's (2013a) belief that certain tasks within ASC are deemed invisible to managers. Cameron & Moss suggest that this is a "recurring perception that can still be seen in current policies", and therefore requires change on a much broader scale, starting with policy makers. They consider Barnett's (1994) research, which states that prescriptive competences often did not acknowledge the responsive and evaluation related component of professionalism. Furthermore, Barnett argued that a "competency-based approach is concerned primarily with observable skills and less with knowledge, while understanding is virtually absent" (cf. Cameron & Moss 2007: 83). This debate is very similar to that regarding NVQs (Gospel & Lewis 2011), and again considers the issues of externalised versus inherent (or 'tacit') knowledge, in an area that is known for its use of soft skills, in pursuit of relational care, which is typically believed to be feminine (Atkinson & Lucas 2013a).

The current management needs for care work are also unclear in terms of what is useful in different contexts and the specific ways in which management may foster higher quality of care, as HR bundles have been established as useful more generally (Atkinson et al 2013). The opinions of care workers are particularly of interest in this thesis, regarding the kinds of management support and training that are useful in different settings.

Recently Silman (2015: online) highlighted the need for a more comprehensive and widespread career pathway in the care sector, given that; "A lack of career structure is preventing the care sector from attracting much needed younger staff according to a report from the UK Commission of Employment and Skills". The mentioned UKCES report estimated an approximate 27% growth in care services, highlighting a need for younger

care workers, given that the average age for workers was 50-65 at the time of writing. The report concluded that;

“along with low pay, the limited time spent with service users, zero-hours contracts, a negative image of social care jobs (due to scandals such as Southern Cross) and outdated ideas that they are ‘low-skilled’ were given as reasons for young people not being attracted to roles and staff leaving the sector.” (c.f. Silman 2015).

Tadd et al (2011) support this argument for a recognised career structure along with additional structures for pay, and again this thesis aims to establish the ways in which this may be potentially viable in different care contexts, through interviews with managers and care workers.

Issues related to status have also been mentioned when care workers were integrated with NHS staff, given that healthcare staff were considered to receive better pay, benefits and progression opportunities for carrying out similar tasks. Howat et al (2015) highlighted that although care workers are often required to specialise for example, in dementia specific or learning disability specific environments, investment in specialist training was less formalised, and given that “It occurs in a more ad hoc fashion and is arguably less a career choice for the individual than elsewhere in health and social care.” The authors call for growth in merged teams to be seized as an opportunity to deliver shared training and maximise transferable skills, as well as deliver services in a more joined up way. They suggest that more qualifications for new entrants, progression opportunities and flexible career paths that allow staff to move between health and social care could stave off a potential staffing crisis. Given that more in-depth knowledge is required regarding the professionalisation of ASC and potential career pathways, this will be explored during interviews in the second phase of research.

3.4.4.1 Experience versus training

This section has so far emphasised the importance of training, particularly in an area which requires a standard of competence and responsibility, such as ASC (Cameron & Moss 2007). However, an individual worker’s experience has been considered more important than off-job training for social care. Colley et al (2003: 474) stress the significance of being involved for the learning process to be effective;

“Lave & Wenger’s (1991) work has been influential in advancing the concept of learning not as acquisition, but as *participation*. They offer a complex understanding of how learning for specific occupations occurs in the workplace itself… They argue that it is social participation, rather than cognitive acquisition, which enables newcomers to learn from more experienced practitioners”.

This is supported by previous findings suggesting ASC workers find experience more helpful in comparison to NVQs (Tadd et al 2011). In line with this, learning through training in the form of NVQs has been undermined as they are considered to ‘rubber-stamp’ a level of competence “already achieved, rather than stimulating further development.” (Torrington et al 2011: 388). The importance of managing one’s emotions and appropriate levels of involvement for effective care work has also been highlighted in the learning process (Colley et al, 2003: 484);

“The students’ capacity to walk the emotional tightrope of appropriately combined involvement and detachment in caring for others is an important boundary of inclusion and exclusion in both these learning cultures”.

Tadd et al (2011: 45) suggest that the variety of available training for social care can be substantial, making it difficult to choose the most suitable training;

“It can be seen from the results of these searches that there is a plethora of available training courses for care home staff. Some of these courses are necessary for reaching national standards and others extended beyond that. The providers vary from private organisations to recognised charities, such as the Alzheimer’s Society. The costs vary widely, as does the content of the courses. Some of the qualifications are nationally recognised (NVQs), whilst others are certificated relating to the specific course. Such variability in available training potentially creates difficulties for care home managers and training organisers in identifying and selecting the most appropriate training to meet the needs of the care home and/or those of the residents being cared for”.

Although, as previously established, large scale regulations are not always as effective as holistic company initiatives related to development (Rainbird et al, 2011). Bates (1991: 239) mediates these viewpoints, by suggesting that although training is of importance for care work, there are other important factors involved; “In the context of this paper I cannot deal adequately with the ethics of care. I am simply attempting to point to the fact

that the issues involved are deeply problematic and, more particularly, to note the role which training itself plays in the formation of the occupational culture. It by no means determines this culture. There is a wealth of literature in the sociology of professions which explores the variety of ways in which occupations are constructed and controlled and which suggests that training is one among a number of factors involved (see e.g. Dingwall & Lewis, 1983)".

Bates seems to be suggesting that training is beneficial both for effective working practices and in terms of raising the profile of care work. Although there are issues related to the appropriateness of training, qualifications and regulations surrounding social care as previously mentioned. It is also of interest if and how social care could be regulated in the future. Would for example a 'Negative care register' (McGregor, 2014) send out the correct message when care work already has negative connotations through the media (Calland 2014)? It should be remembered that negative stories are in the minority of social care settings regardless of media attention.

Bates (1991: 235-236) emphasises that it is much more difficult to train a well-established workforce with experience, as;
"The control over an employed work-force is potentially a much more close-fought battle. Strategies for "human resource management' and 'staff development' can slide off a relatively secure, established, organized work-force which has achieved a measure of control over the definition of appropriate work (see e.g. Fox, 1985; Batstone, 1988). In contrast, vocational training is inserted into the labour process at a critical moment in management - worker-to-be relations, a point of minimal bargaining power, where there is much to be gained from conformity to employers' expectations and everything to be lost. Present trends in vocational training appear to harness this latent potential more fully than traditional systems."

This suggests that we should be mindful of both individual demographics and organisational context when considering our specific approach to implementing novel HRD strategies, which will be explored in this thesis.

3.4.4.2 Developing a knowledgeable workforce

Following discussion of the ways in which care workers may learn, the next section considers ASC more specifically in terms of developing an ASC workforce which is confident and competent in their role. This is particularly important, given that care work for older people requires specific skills and knowledge to empower those you are caring for and provide high quality care (Jerram 2011). However, current ASC appears to focus upon increasing efficiency and work intensification (Cunningham & James 2009) rather than increasing care worker skills to enhance quality (Broadbent 2014: 713); “home care workers are under greater pressure to deliver client care in a shorter period of time (Aronson and Neysmith, 1996, 1997; Denton et al., 2002) and only deliver the care tasks covered by the insurance system. Yet home care workers are increasingly ‘filling the gap’ as clients expect the same level of care while the work is becoming increasingly fragmented, with working conditions becoming more insecure and marked by poor pay”. Although this research was conducted in Japan, there are many similarities within the UK in terms of the ‘leaning out’ of services (Baines & Cunningham 2011), wide variations in care standards (McNicoll 2014) and suggestions that the ‘paperwork industry’ of social care damages the quality of care (Samuel 2014).

Munro & Rainbird (2002) identify a common trend regarding the tasks undertaken by health and social care workers, which are defined as "low-wage, low-trust, low-skill" (Milkman 1998: 38) by many US firms. This is the antithesis of the high standard in care quality that is expected from these workers. They emphasize that "job enlargement does not necessarily equate to upskilling" (Munro & Rainbird 2002: 234), as with the example of integrating IT more into routine low skilled jobs, it could be seen as coercing younger people to take on extra work for the same role. Similarly, care assistants could be thought of as "low paid substitutes for nurses".

Research is beginning to focus on best practice in management and HR use within ASC (Atkinson et al 2013; Rainbird et al 2011). There are, however, a great deal of issues to be resolved; Hussein & Manthorpe (2011) call for more research to identify the relative contributions of managers and HR staff, how they might affect turnover and the ways in which organisational cultures may be fostered or changed. Rainbird suggests that training can enhance the status and pay of workers in adult social care (Rainbird 2007), and recent initiatives have focused on providing trainees with the correct guidance to promote care

work as a ‘profession’ (Burstow 2014). Rainbird et al (2011) suggest that increased training and employee support is currently an area of management prerogative with few incentives for employers to provide holistic development programmes. However, it is currently unclear if regulation surrounding this area would increase training and support or have the impact of making it difficult for small and micro organisations to progress in their care offerings due to meagre resources (Rubery & Urwin 2011).

Additionally, Rubery et al (2013) stress the difficulty in implementing HR related practices aimed at producing a higher quality of care for service users, when there are competing companies who provide ASC services for less money. They consider the problem to be routed within a complex range of actors: multiple public commissioning agencies; Service User involvement in commissioning; Multiple levels of control between central state, local state and the private sector, as well as between individual branches and corporate levels. Consequently, there is great importance in reforming ASC in the correct ways, given the implications of these work efficiency drives having led to; “worse employment outcomes and increased work intensification” (Broadbent 2014: 714). In light of this, the thesis will focus on what HRD practices may be required to produce a knowledgeable workforce within this context of austerity.

Rainbird et al (2011) explored award winning social care companies who provide ‘innovative training’ that affects quality of care, along with the potential contribution of regulations as a mechanism for change in delivering exemplary practice. These examples of ASC management are considered in terms of triggers for employing this training and how this may impact on the wider scope of regional and national social care training and support. Findings suggest that although regulatory requirements trigger demand for training and assessment across all organisations affected by them, they were not the only factor leading to the adoption of more expansive or holistic approaches for skill development. In fact, the regulations may result in compliance rather than development of expansive approaches. The thesis will conduct interviews with a range of different social care companies who may or may not have current HR staff in place in order to identify successful practices and areas which may be improved, thus providing useful and pragmatic findings for ASC organisations.

It is also of interest what care workers think about current HRD offerings. Qureshi & McNay (2011: V) suggest that training and learning opportunities are thought of as

valuable to workers if training focuses on practical skills which can better assist those they are working with, and preferably delivered on-site, as; “Some care workers are motivated to enter the sector by opportunities for training, and the chance to obtain qualifications, despite the low additional rewards that are on offer for those who succeed”. Qureshi & McNay also emphasise the importance of a mixture of learning opportunities, in terms of formal and informal learning, which act as integral sources of skill development associated with relational care. They suggest that organisations vary in the learning environments they offer, and the degree to which firms are innovatory and proactive. This, it is argued, can impact upon the resources and skill development available to workers.

Therefore, Qureshi & McNay provide support for the claim that there is a large amount of variation across organisations in the ASC sector, highlighting how there is no comprehensive drive for training and support. It poses many questions regarding the appropriate quantity, type and even the value of training in this environment. It has been argued that the newly implemented Qualifications and Credit Framework (QCF OfQual, 2011), and the Skills for Care Continuing Professional Development (CPD) Framework (Soon to be the Regulated Qualifications Framework 2016-2017 (Ofqual 2015) may provide a more practical and supportive environment for the workforce.

Gray & Birrell (2013) suggest that this could drive skills and qualifications; however there is currently no directly relevant research evidence. It is integral to know the most effective ways of enabling care workers to feel supported and develop the appropriate skills, confidence and knowledge in line with their responsibilities and demands in order to drive up quality of care, the value of care work, increase pay and drive down turnover. This will also ensure that both the safety and dignity of vulnerable adults in care is maintained (Tadd et al 2012). A lack of training within ASC has the potential to deskill the workforce, even possibly leading to a lack of safety and bad practice within ASC (Cunningham & Baines 2011). Thus, there is a great need to understand what training should be provided for care workers within ASC and what kind of support is appropriate, an aim of this thesis.

It is of interest whether training is a dominant factor in career mobility for ASC, in terms of whether care workers who are more qualified are better paid, and whether there are appropriate ways of progressing through a career and pay structure. Statistics from Skills for Care (SfC 2015) appear to demonstrate that training does not necessarily equate to

better working conditions, particularly in terms of pay. This calls into question whether training is a necessary driver for increasing the status of care work to a profession. Training is not currently delivered in a uniform way across the North West of England, and is even more variable nationally, as demonstrated through a summary brief released by SfC in July 2015. This brief gave details of specific areas of the North West, which will be the area of focus during the research for the second phase of qualitative interviews. The table below (7) compares four areas in terms of direct care worker average turnover, average pay, and average amount of staff holding a relevant qualification in ASC.

These statistics suggest that those in Manchester are more qualified, yet earn less than those in Cumbria. The North West average for annual pay was £13,700, with the average in England being £14,200. The North West averaged 66% for a relevant qualification, and the average North West care worker turnover was 22.4%. The percentage of those qualified appears to negatively relate to pay. Therefore further training in ASC does not seem to hold many benefits, particularly in areas like Manchester, Blackburn and Darwen, where care workers are more qualified and yet earn less money.

Table 7: Care workers in the North West of England 2015

Area of the North West of England	Average turnover in percentage (direct carers)	Average yearly pay	Average hourly pay	Average percentage of staff with relevant qualifications (direct carers with level 2 or above)
Manchester	19.4 (20.9)	£13,900	£7.20	62 (55)
Cumbria	17.9 (20.0)	£14,400	£7.50	56 (47)
Stockport	23.4 (26.2)	£14,200	-	54 (47)
Blackburn & Darwen	18.8 (22.2)	£13,500	£7.00	67 (66)

Source: Created by author, data from SfC (2015).

3.5 The current research

This section will provide further detail of the specific ways in which this thesis will contribute to the debate surrounding job quality and the standard employment relationship. Aspects of HRD will be considered in the first phase of research alongside hourly pay, worker and firm demographics along with worker turnover. This provides a unique and more nuanced understanding of how these variables interact and contributes to our knowledge regarding the impact of HRD uptake on individual and organisational demographics, pay and worker turnover. These findings will contribute to the second phase of qualitative research, which will establish opinions regarding HRD in different ASC contexts and a more intricate understanding of why care workers leave.

This section will now discuss the specific variables of focus for both phases of research, the contributions that this thesis makes to theory, and finally an initial conceptual framework, developed through consideration of the literature.

3.5.1 Relevant HRD variables

In line with the aforementioned aims, and as discussed during this chapter, this thesis will focus on the uses and effectiveness of HRD in different ASC contexts. Both phases of research will ascertain how these HRD practices relate to pay and turnover. The aspects of HRD that will be considered are; Investors in People (IiP) status, induction status and the highest qualification achieved. These variables have been described in detail during the previous and current chapters, although this section provides a brief summary of these variables to clarify the areas considered for the thesis.

This chapter has established that IiP status focuses on gaining a complete picture of a firm's management, and where improvements can be made including training and development processes (Torrington et al 2011). The WERS (2011: 18) defines Investors in People (IiP) as; "an accreditation scheme that provides one indication of management attempting to engage employees", with a primary emphasis on training and development. The importance of an induction in ASC has also been established, with induction levels relating to improved retention, productivity and commitment (CIPD 2009; Torrington et al 2011). Given that 38% of ASC care workers currently do not receive an induction, it is of interest how this relates to turnover, individual factors and organisational demographics.

Finally, training has been considered integral for both operation and advancement for an organisation (Acton & Golden 2003), and will be focused on in terms of highest level of qualification. The qualitative phase will then focus on further understanding the uses and effectiveness of training in ASC.

3.5.2 Relevant HR variables (recruitment; retention; pay; benefits)

The thesis also considers HR practices in order to further understand the relationship between HRD, demographics and turnover. The variables of focus are recruitment, retention and pay or benefits, which have been considered in previous literature as issues faced within the ASC workforce, as mentioned in the previous chapters.

3.5.2.1 Recruitment

Recruitment was mentioned in the previous chapter, given that it will become of increasing importance in the coming years due to the predicted rise in older people (Age UK 2015), and high vacancy rates in ASC (SfC 2016). Therefore, recruitment will be defined in the following paragraph in order to understand how it applies to the ASC workforce, and how it will be considered in the thesis. The high amount of ASC vacancies raise questions over the effectiveness of current recruitment practices, if the correct people are selected for care work, and if this is even viable when demand surpasses provisions.

Breaugh & Starke (2000: 45) define the purpose of recruitment as "identifying and attracting potential employees". Torrington et al also highlight the importance of 'selling' a job, although they emphasise difficulty in recruiting for some roles (Tadd et al 2011). This certainly seems to be the case in ASC, with both a high turnover rate and the ability to gain care work "off the street" with no relevant qualifications or training as in ASC (Tadd et al 2011: 134).

Cunningham (2016: 6) comments that;
"there is little knowledge about how staff traditionally recruited because of their altruism and community service ideals in the voluntary sector (Baines, 2004) react to the commodification of care through IBs [Individual Budgets]. In addition, workers who have been hired and socialised because of their strong empathetic relations and enjoy 'experiencing the satisfactions of assisting others' (Korczynski, 2002, p. 77) can become

disillusioned when rationalisation and cost cutting undermine service quality (Baines, 2004)".

This suggests that current organisational practices could undermine the quality of care services regardless of effective recruitment strategies. Cameron & Moss (2007) conducted an investigation into European management of ASC, documenting the strategies used by different countries to increase the amount of employees working in social care, as well as retaining them, documented in the following table (8).

Table 8: HRM Strategies for tackling shortages of social care workers (this list is by no means exhaustive, adapted from Cameron & Moss 2007: 50)

Strategy	**Where has this been implemented?**
Improving levels of education and professionalism	Denmark; Sweden
Improved recruitment strategies, particularly with under-represented groups	The Netherlands; UK
Extending working lives of existing workforce	The Netherlands; Sweden
Improving employment conditions	Sweden
Improving job enrichment & career enhancement	Germany

Source: Cameron & Moss (2007), adapted by author.

Consideration of other countries demonstrates that there are many other methods which have not as yet been attempted in the UK. It is also worth further investigating what has been the most successful. Although, it should be noted that these countries have a very different infrastructure and population to the UK, and so it should not be taken for granted that a successful approach in one European country will easily translate to another.

The recruitment of graduates is also increasing in popularity, with many organisations currently viewing graduate recruitment and retention as logical in terms of a talent management strategy (McCracken et al, 2015). The 'competency-based' approach in recruitment has previously been suggested to prevent organisations in meeting equality and diversity objectives (Kirton & Healy 2009). Although it is worth reiterating that Cameron & Moss (2007) argue being 'competent' with work suggests merely being adequate at a job, therefore disregarding that the work should be associated with

excellence. This concept will therefore be revisited, particularly during the qualitative phase when considering the development of professionalisation and career pathways in ASC.

3.5.2.2 Retention

In terms of the retention of staff, Torrington et al (2011: 207) note that high staff turnover may have a particularly damaging impact upon professional services organisations, where "personal relationships established between employees and clients are central to ongoing success". In these contexts, a turnover rate over 10 per cent could be incredibly damaging (Torrington et al 2011), although ASC turnover reached 26% as of 2014 (SfC), with high figures for the last few decades (Castle & Engberg 2006). However it is of interest whether turnover rates are lower following appropriate induction and training, and additional research needs to be undertaken regarding the relationship between training and labour turnover. There is a need to build up a comprehensive picture of the value of induction and training in ASC related to retention and human capital, as previously mentioned. The quantitative phase of research aims to establish this relationship in a more nuanced way and gain valuable information regarding what is effective induction and ongoing training in relation to worker turnover.

Recruitment and retention are a large part of HR practice (Torrington et al 2011), and it is of interest to what extent organisations within ASC currently use these practices in order to reduce turnover and selecting the right kind of employees to apply. Other organisational demographics will be explored in the current research, such as size of the organisation, the type of organisation (i.e. private; voluntary; local authority) and whether the ASC sector (i.e. residential care; domiciliary or home care; day care) makes a difference to these provisions. Regarding turnover, Castle & Engberg (2006) suggest that within a nursing home lower staffing levels were commonly equated with lower quality, higher turnover, private ownership and interestingly, larger organisations, mentioned as 'higher bed size'. This seems counter-intuitive, given that larger organisations are less common in the ASC sector, and have the potential for increased resources. Therefore this will be investigated further, in consideration of previous findings.

Furthermore, research by Taylor (2002) suggests that turnover is most effected by dissatisfaction with work conditions and the perception that they were not given adequate career development opportunities. Similarly, Samuel & Chipunza (2009)

highlighted training and development; challenging and interesting work; freedom for innovative thinking; and job security are important areas impacting on retention. Both authors consider the conditions of working, either in terms of relationship with management or in terms of security and training opportunities, and the importance of these variables will be considered through factor analysis in the first phase of research, to establish some specific reasons why care workers leave.

In light of the current literature, it could be argued that high turnover rates are symptomatic of poorly managed organisations (Torrington et al 2011), and therefore further understanding is required to establish specific reasons when turnover is high in a company (Torrington et al). Within the Adult Social Care context, we are fortunate to have a large amount of data documenting various reasons for leaving (NMDS-SC, SfC 2014), which will be explored during the current research in order to establish areas where we may require change due to high worker turnover. Skills for Care (2014) highlight how there are many complex factors linked to turnover, although suggest that hourly pay rates appear to have a link, with higher pay rates correlating with reduced turnover. They also consider that zero hours contracts are related to turnover, partly affected by recent increases to the amount of ASC staff on zero hours contracts from around one quarter of workers in 2011 to one third of workers in 2014.

Similarly, Tadd et al (2011: 123) highlight the difficulties experienced in social care related to recruitment and retention; "…Care work has been described as emotionally and physically challenging and poorly paid (Stone et al., 2003) and this no doubt is part of the reason for difficulties in recruitment". Here Tadd et al suggest that it is the difficulty inherent in care work that creates a deficit of workers, although it is unclear if hard work and a lack of adequate pay are the only reasons for low retention levels, another aspect that will be considered in the second qualitative phase of the research. Hussein & Manthorpe (2011: 37) consider how vacancy rates during the recession may be explained at least partially by the 'Vacancy-chain theory' (White 1970), which suggests that "mobility is a function of available positions and that the emptying and filling of positions are closely related to one another (Rosenfield 1992)" (c.f. Hussein & Manthorpe 2011). However, they conclude from their analysis of the NMDS-SC that a constantly high turnover rate may indicate that the terms and conditions of care work may have been substantially changed, through recruitment of workers who do not suit care work.

3.5.2.3 Pay & Benefits

The lack of adequate pay and conditions within ASC appears to be a recurring theme in the literature, and therefore this section will consider the importance of pay and benefits. Cameron & Moss (2007) examined cross-national studies, noting that care work was often associated with low wages, particularly in the private sector. The authors consider this to be associated with lower levels of training as noted by Christopherson (1997), when compared to training levels in Denmark, Spain and Sweden. Pay is of additional interest given the link between pay and high levels of turnover observed within ASC (SfC 2014), particularly when acknowledging that generally the better paid an individual is, the less likely a person is to leave their job (Torrington et al 2011: 207). Torrington et al emphasise that for professional services firms; "personal relationships established between employees and clients are central to ongoing success". This may be the case in social care, however, it should be taken into account that pay is not the only influential factor in retaining employees (Sturges & Guest 1999), particularly when work is boring or unstimulating, which could be applied to ASC settings with a prescriptive and institutionalised style of care management.

Bessa et al (2013) recently researched domiciliary care, finding that the majority of care workers are paid less than National Minimum Wage (NMW), and of these carers 68% were employed on a zero hours contract during 2011-2012. It seems then that workers with these contracts appear to be more at risk of exploitation, particularly within the home care sector, and this is an area of focus in the first phase of research using the NMDS-SC. Given that outsourcing staff is considered to lower the skill set of the workforce and thus the quality of care delivered (Rubery & Urwin 2011; Grugulis & Vincent 2009; Cunningham & James 2009), the current research focuses on whether there is a documented high temporary workforce, and whether they are qualified in a similar way to the permanent workforce. It could be argued that a skilled workforce can only ever be as skilled and effective as its least qualified staff member, and therefore if the proportion of temporary workers is high, then the workforce may be largely unskilled and potentially ineffective.

Similarly to pay, it has been suggested that more success in retaining employees can be gained in providing more attractive benefits packages, particularly given that these packages are more difficult to be matched by competitors (Torrington et al 2011). Indeed,

Philpott (2014) suggests that increases to funding in ASC need to be made in order to reassess current contracting models, thus driving up standards of quality, pay and conditions, including benefits. Philpott highlights the lack of research relating to fringe benefits within low paid sectors such as care work, and whether these would be more attractive than increases in pay. Pay and benefits will be a particular focus when interviewing ASC management, given the highlighted links between pay, benefits, HRD practices and worker turnover.

3.5.3 Contribution to theory

In line with these aims, the theoretical contribution of this thesis centres on our understanding the usefulness of HRD in the 'low skill' setting of ASC, and if progressive HRD practices may be usefully implemented in to ASC, whether this would be delivered through management or peers, and whether there are potential alternatives to the formalised training often in place. Additionally, this thesis identifies how HRD input differs in relation to specific contexts and different worker characteristics, which can aid the development of future ASC management, through awareness of where HRD input may be most needed.

Policy has focused upon training in social care for decades, with the general consensus being that more training relates to better care (DoH 2009). It is suggested in the current work that training is possibly not the only answer. Rather that different strategies, for example peer delivery of training, and the value of informal training, and ongoing support are prized above more formal training, such as NVQs within this domain, as well as being more cost effective. Phillipson (2013) argues that there is evidence of resistance to further training, particularly when acquiring new skills is unnecessary or will be unrewarded. It could be argued that a workforce is only as qualified as it's least qualified member of staff, and this is highlighted as an issue by Phillipson (2013), who suggests that over time the increased prevalence of part time and temporary employees will lead to an increase in people who are denied access to appropriate training, thus reducing the general skillset of the workforce.

The qualitative phase aims to understand care worker and manager opinions regarding skills in ASC; how do skills link to prescriptive tasks within social care, and how does perception of skills differ between managers and care workers? Furthermore, does

acknowledgement of these skills enhance engagement of care workers? The use of the NMDS-SC will be incredibly valuable in terms of scoping HRD use thoroughly and how this links to organisational and individual demographics. However, there is a limit to the use of these variables and the conclusions that can be drawn from secondary statistical data.

Therefore, interviews in the second phase of the research will focus on the opinions of managers and care workers regarding HRD, particularly training and the delivery of training and support, skill requirements, working conditions and reasons for leaving. Further understanding of these areas has the potential to produce better informed policies regarding ASC workers, more specialised HR practices in the sector and better management of ASC. This thesis advances theory through enhanced understanding of the employment relationship within the low skill sector of ASC, awareness of the effectiveness of specific HRD practices, how this differs across certain individual and organisational demographics, and the merit in delivering these practices informally.

3.5.4 Conceptual framework

Cameron & Moss (2007) concluded that those who work with older people hold a widely accepted view that more and better education or qualifications are required for the role. This thesis aims to understand more specifically the ways in which HRD practices might be delivered, for different individuals and organisations within ASC.

Social care has been linked to the oppression of women through a gender division of labour (Daly & Lewis 2000; Connell 1990 cf. Cameron & Moss 2007). Therefore, we need to establish how care workers classify the skills required for care work, and if they see care work as valuable and 'skilful'. Finally, it is of interest how this may be reflected in management views of care work, and aims are to identify how this can be improved in the future.

The below conceptual framework has been developed as a result of relevant ASC literature considering the usefulness of HRD in the ASC context. It is proposed that the variables detailed in the following conceptual framework will be considered throughout this thesis, in order to gain awareness of if and how HRD may or may not be useful within an ASC context, as well as gaining further understanding how HRD relates to wider HR practices, and specific individual and organisational demographics. It is important to note that although this thesis does not consider quality of care, the consideration of retention

demonstrates an indirect link to quality of care through arguments surrounding relational and continuity of care (Eborall & Griffiths 2008).

It should also be emphasized that there are strong external influences on the ASC sector, such as policy and regulation, which were mentioned in detail during the context and background chapter of this thesis. The lack of funding and impact of policy and regulation are major considerations for the management of all ASC organisations which should not be understated. Amendments to funding, policy and regulation are however, beyond the scope of this thesis, and therefore not included in the conceptual framework regarding each individual ASC organisation. This conceptual framework considers the various elements of the organisation that impact on both care workers and the outcome worker turnover, to provide a clear way of understanding the areas of focus, and a framework to build upon our understanding of the firm and how it relates to both the care worker and turnover. The arrows demonstrate the impacts of the organisation on both the care worker and the outcome.

The figure below (1) displays the considerations of the current work which were obtained through a review of the literature, and emphasise areas which require further awareness, that will be considered in one or both phases of the thesis research. Aspects of HRD will be considered, including professionalisation and training (Gospel & Lewis 2011); in terms of level and type during the first phase of research, followed by the kinds of HRD practice currently used, and as called for by various researchers (Hussein & Manthorpe 2011; Philpott 2014). Specific areas of management (Rainbird et al 2011) related to type of firm, size, and type of care provided (Hussein & Manthorpe 2011) will be considered, along with recruitment and retention. The first phase of research will focus on how these practices relate to individual and organisational factors, and the outcome worker turnover (Hughes et al 2009). Training and management support will then be considered in more depth during the qualitative phase.

Areas considered in the current research regarding the care worker include qualifications, which will be established through both phases of research, along with accountability and competence (Cameron & Moss 2007), and care worker and management opinions of skills (Grugulis and Lloyd, 2010) will be explored.

Finally, the outcome worker turnover will be investigated. Turnover rates and methods of retention used in current ASC will be explored along with manager and care worker opinions of these methods and their usefulness. While some research has been undertaken regarding specific areas of ASC using the NMDS-SC (Hussein & Manthorpe 2011; 2012; Hussein et al 2012; Hussein & Christensen 2016), use of the dataset has so far been used to explain singular issues, such as the aforementioned publications by Hussein regarding migrant workers, dementia care workers, and turnover rate longitudinally. The current work examines the relationships between organisational and individual worker characteristics, alongside HRD practices, pay and the worker outcome, turnover through use of a mixed methods sequential design. The quantitative phase is complemented by interview data related to quality of care, the scope of care worker roles and areas which are beneficial or detrimental to recruitment and retention of the workforce.

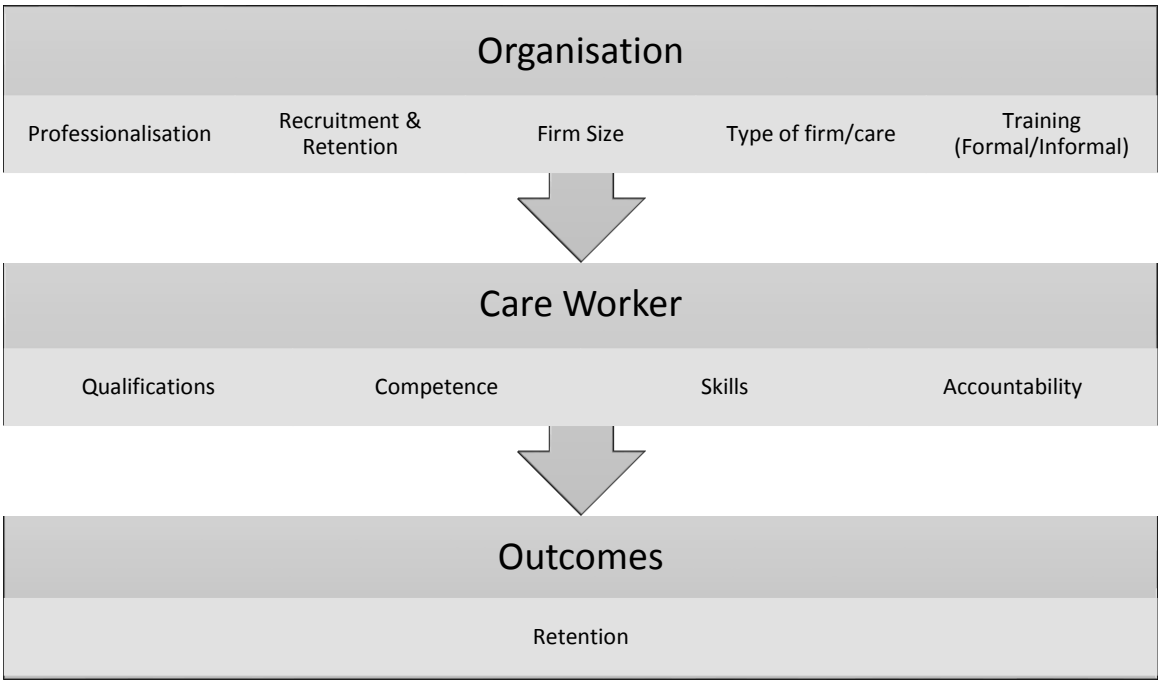


Figure 2: Conceptual Framework developed by author

3.6 Chapter Summary

To conclude the chapter, this thesis is considering the uses of HRD practices in ASC within a context of austerity, limited terms and conditions and in some cases, a lack in the basic protections for care workers (Baines & Cunningham 2011). It is important to consider the uses of HRD, because upskilling and professionalisation could provide a potential solution for the current issues surrounding working conditions. This thesis contributes to the debate surrounding the standard employment relationship in ASC, through consideration of the impacts of HRD on the employment relationship, how this may relate to specific organisation and individual demographics, HR practices, such as pay, recruitment and retention, along with worker turnover.

The literature suggests there is a great need to establish the current uses of HRD within ASC, and how it contributes to progressive practice in ASC. Understanding the usefulness of specific HRD approaches to skill development in care work has the potential to increase awareness of where management may fall down at providing this, and areas which may need improvement. Similarly, the thesis aims to gain awareness of what is effective support in ASC, to further understand the effective management of workers, with the ultimate aim of reducing turnover and making standards of care as high as possible.

The need for further research has previously been highlighted by Hussein & Manthorpe (2011), who called for exploration of general management and HR practices within ASC using the NMDS-SC. Although we are aware that HR practices can have positive affects in this sector (Rainbird et al 2011; Atkinson et al 2013), we are unsure of which specific development and support practices are most useful to care workers. It is important to explore if there are specific benefits to the use of HRD in ASC given the large scale investments that would be required for this typically 'low skilled' sector. Awareness of what is effective could contribute to the improved efficiency of implementing HR generally within ASC, and particularly within smaller organisations, which may not be able to afford large scale changes. This will be further considered in both the quantitative and qualitative phases, in order to understand the implementation of HRD practices, and how this may affect turnover.

It is worth considering whether management of ASC is currently reactive to society and previous major failings. There is a need for comprehensive and preventative social care, which takes the strain from burgeoning NHS services (Webster & James, 2015). It is also of

interest whether training is an effective strategy for equipping care workers with the correct knowledge, or there are more fundamental changes needed regarding management and support. The interviews will additionally consider whether there are additional methods to training which improve the status of care workers, through career pathways or professionalisation.

This chapter has established that there is some debate over whether training can enhance the status of low paid work such as social care (Rainbird 2007: 555), and Rainbird stresses that it may be reductionist to merely focus upon improvements to training for this sector; "As a solution to the problem of low pay, the discourse of individual self -improvement underestimates the structural problems facing low-paid workers, their lack of resources and entitlements to learning. Moreover, it ignores the fact that many low-paid workers in the public sector value their work as socially useful. This public service ethos should not be a justification for low basic pay".

It seems that a more holistic revision of services is required involving management (Rainbird et al 2011; Philpott, 2014), in order to provide realistic and useful support and training to the ASC workforce. A licence to practice has been recommended by The Demos Commission (IDS 2014) who suggest that the introduction of a registration system for care workers would maintain standards of care and ensure that all care workers have received a minimum level of training before they work independently. Thus, it is of interest whether the regulation of social care with additional training opportunities may also lead to professionalization of the care workforce as a whole, and care worker and manager opinions regarding this will be considered in the second phase of research.

Providing effective social care, and ensuring that health needs are treated promptly may prevent hospital admissions (Mitchell 2015). Although, research conducted by the Association of Directors of Adult Social Services (ADASS) in 2014 suggested that a lack in local authority funding has led to council cuts of 26% for social care budgets since 2010, when taking inflation into account. Spending cuts have influenced access to preventative care, which in turn may have led to more hospital visits and more delays in discharging patients.

Therefore, funding along with appropriate training and support are required in order to provide good quality, preventative care. This may have large economic implications, reducing burden upon NHS services, and there is a great need for a more preventative

care infrastructure, particularly given that the amount of adults over 65 is set to vastly increase in the coming years (Age UK 2014). The projections suggest a need to gain more knowledge regarding ASC, in order to produce a more effective service, empowering care workers, and providing better quality of care to service users, something which this thesis aims to do.

To summarise this chapter, we have considered the current definitions, uses and theories surrounding HRD and the concept of skills within ASC. The chapter then considered the potential uses of HRD within ASC, and current management related issues in this context. The research that will be undertaken in the thesis was then examined in more detail, followed by the presentation and explanation of the conceptual framework. The next chapter will now move on to consider the design and methods in more detail for both phases of research, and explain the underpinning philosophy; critical realism.

4. Research Design & Methods

4.1 Introduction

This chapter will discuss the specific uses of both quantitative and qualitative methods within the current thesis, along with a detailed justification of each research question. Information regarding the sample will be presented, along with how individual research questions were specifically investigated and how this relates to the overall aims and objectives. Aims for the chapter are to give an accurate and clear description of the analyses in order to demonstrate the research in a transparent way and justify the uses of particular methods of analysis.

The underpinning philosophical perspective of critical realism will also be discussed, with particular exploration of how this links with the conceptual framework developed in the previous chapter, and the design of the data collection and analysis. There is a mixed methods design, which was deemed the most pragmatic in answering the proposed research questions (Danermark et al 2002). This is given that the research questions aimed to establish the relationships between specific HR variables and the ASC workforce, as well as gaining a more in-depth understanding of opinions of those interviewed and methods which may increase the effectiveness of services in ASC organisations.

The critical realist perspective employed in the thesis rejects methodological individualism and universal claims to truth, supporting the positivist view of an observable world, independent of human consciousness (Denzin & Lincoln 2011). Although, critical realism differs from positivism, through the belief that individual perspectives regarding the world should be studied, implying a more qualitative approach. This is particularly well matched to a mixed methods design, given that the epistemological and ontological background of critical realism supports both quantitative and qualitative methods. Bhaskar suggests that “one may switch, if uneasily, between different world-views, and have no difficulty in *understanding* the one that one is currently *not* in” (Collier 1994: 92). Critical realism underpins the thesis, as the author

argues that scientific work must surpass 'statements of regularity' (Denzin & Lincoln 2011: 11), uncovering mechanisms, processes and structures, which the thesis aims to achieve through the development of a conceptual framework related to HRD use in ASC. The appropriateness of the use of a critical realist paradigm for mixed methods research has previously been argued for by Modell (2009: 209), who claimed that critical realism; "has recently been advocated as a potential way of bridging the polarized positions of the functionalist and interpretive paradigms in organization and management studies". Modell argues further that critical realism unlike other forms of empirical realism, accepts the existence of a reasonably stable independent reality, while rejecting the possibility of verifying findings in any objective sense.

There is a strong need to investigate the extent and scope of current HRD practices in the ASC sector. This could contribute to our current knowledge-base through identifying areas which may need improvement. At the same time, it is also greatly important to explore and understand the opinions of management and care workers regarding the appropriate management of ASC and routes for making ASC more effective, thus retaining workers. The qualitative research also aims to understand any disparities between managers and care worker opinions of current practice, and take these opinions into consideration when recommending future management strategies related to HR. The use of mixed methods is therefore justified as integral in broadly identifying current problems and also in gaining an insight into how these issues may be overcome, through interviews with those who are experts in the area of ASC, namely; managers and care workers. It is however acknowledged that research cannot claim an objective and definitive reality, and the use of different methods aims to produce findings which are as robust as possible.

4.2 Philosophy

It is important to note that; "Understandings of care work are dynamic and shift over time." (Cameron & Moss 2007: 52), as acknowledged by the thesis philosophical underpinning of critical realism. This is considered relevant, as care work in adult social care is viewed as greatly transient in relation to both policy and turnover (Gray & Birrell 2013), and it is the belief of the author that the workforce will continue to evolve along with society. Although, it seems integral that social care increases in importance during the coming years, in line with the required level of support and quality of care services. It could be argued that quality is considered at odds with delivering services under a

strained system with not enough care workers (Cunningham 2016; Cameron & Moss 2007). Recent research within HRM and ASC has supported the use of critical realism, suggesting that the social world is 'real' in nature and is made up of structures and generative mechanisms which have explanatory properties (Atkinson & Lucas 2013a; Bhaskar 2008). Similarly, researchers have been highlighting the benefits of using critical realism as a solid base for social work for over a decade (Houston 2001).

This thesis will focus on abduction, fallibilism, and the use of practice to inform theory (and vice versa). Abduction can be defined as a pragmatic approach to reasoning which moves between both induction and deduction, and complements mixed methods research through interconnecting theory and data and also practice and theory (Morgan 2007; Oliver 2011). Faillibilism can be defined as an awareness that all knowledge is tentative and fallible, which seems logical given that research data and theory is very rarely static over time. It is also worth noting that critical realists suggest reality is also filtered through language, meaning-making and social context, which is open to bias (Oliver 2011).

It is suggested that this type of reasoning will focus on the social care context in order to highlight the variety of different perspectives relating to support and training of the ASC workforce, and how this differs depending on organisation characteristics, such as size, care type and organisation type. Indeed, 'Explanatory critique' (Bhaskar 1986) is one method derived from critical realism which relates to social care. This highlights the disparities in belief, for example, regarding what leads social care workers to provide a low quality of care for service users. Cunningham (2016: 4) more recently provided support for the use of critical realism as a position within HRM research, given the fluidity of roles in an organisation; “roles can exist at the same time in one organisation and are undertaken by HR and other managers (Lemmergaard, 2009)…the role of HR departments is fluid and transforms over time (Schuler, 1994)”.

In line with the critical realist perspective, objective reality can never be completely captured. Critical realists argue that knowledge of the world is socially constructed (Denzin & Lincoln 2011), with arranged levels of reality, meaning that an objective reality can never be truly reached due to the filter through which we all construct it. We know something only through its representations. Critical realists reject local positivist, relativist, and antifoundational epistemologies, arguing that there are world events that

are observable and independent of human consciousness (Denzin & Lincoln 2011). They emphasize that; "Scientific work must go beyond statements of regularity to the analysis of the mechanisms, processes, and structures that account for the patterns that are observed" (Denzin & Lincoln 2011: 11). This advances beyond relativist and positivist perspectives given that Bhaskar claims that both quantitative and qualitative methods of enquiry are valid in understanding open systems (Collier 1994). Bhaskar's critical realism also particularly considers areas of research where experiments are rare or inconclusive (Collier 1994: 40), providing support for the involvement of qualitative work in order to establish opinions of managers and care workers.

Critical realism has also been popular within the related fields of both sociology (Archer 1995) and management studies (Atkinson & Lucas 2013a; Fleetwood 2005; Sayer 2000). Although, Chalmers (1999: 228) notes that extreme realist approaches fail to acknowledge that no positioning can be privileged in terms of characterisation of the world, "because we lack the kind of access to the world that would serve to justify this". Indeed, it is considered to be a largely "ongoing programme" (Al-Amoudi & Willmott, 2011), the fundamental aims of critical realism are to establish and sustain "a clear concept of the reality of being" (Bhaskar 1998: x; Al-Amoudi & Willmott 2011).

In relation to care work, Reinders (2010: 28) argues within the domain of intellectual disability, that personal knowledge or expertise, and a high quality relationship between professionals and their clients is "crucial for quality of care". Thus it could be considered that person centred care is the opposite of standardised, formulaic care. While Reinders identifies the moral implications of building a relationship with clients, the author emphasises that research which considers relationship building between professionals and clients has epistemological implications, as; "Without being connected in this way, they will not gain the same level of intensity of insight, which lowers their ability of making the right judgement in quite complex situations" (Reinders 2010: 31). Similarly, the importance of relational care to care workers and managers will be explored in the qualitative research, as valuable opinions are required from those who work in the sector (Atkinson & Lucas 2013b). Furthermore, without communication between policy makers and frontline workers the reality of care work will bear no resemblance to policy.

It may be that we need to look to other countries in order to gain a good awareness of what works well in social care to expand the limits of our knowledge on the topic.

Cameron & Moss (2007) emphasised the difference in care approaches between Sweden and England, as Swedish care workers believed that it was their role to provide emotional support and friendship to the older people they cared for. Fewer English care workers agreed that they were largely responsible for emotional support and friendship. The authors argue that the social and emotional aspects of care were the main intrinsic benefits of care work and an element which made the work more meaningful to them.

Given that recent austerity measures have made flexibility in the care sector ever more improbable (Cunningham 2016), it is of interest what HRD practices are currently used in different ASC contexts and what factors effect work outcomes such as turnover in ASC. Additionally, the research aims to gain a better understanding of the benefits in using HRD in ASC and how it can be improved. Also how skills are perceived by both managers and care workers, and if these opinions differ. Finally, the most beneficial methods of delivering training and support given a lack of funding, a large amount of small and medium businesses (SMEs) and a great number of temporary workers in ASC. Gaining knowledge of these areas, it is hoped, could pragmatically contribute to future management, create more realistic policies and impact on working conditions, with the fundamental aim of improving the quality of care provided, which will be further discussed in this section.

Considering critical realism and more applied aspects of research, Zachariadis et al (2010:4) detail the values of using a critical realist approach within a mixed methods design as follows;

"The value of mixed methods is that they mutually inform one another highlighting relationships between local practices and change that are occurring at another level of analysis. This can be useful throughout the research process (Kaplan and Duchon 1988; Tashakkori and Teddlie 1998): providing grounds to link research questions in multi-level analysis; systematically cross-reference findings in-depth; and provide substantive cases to ground proposals for change at the level of policy or practice."

Critical realism has also pragmatically informed this thesis, in terms of the author's awareness of the value of interviews involving both knowledge created by a specific interaction, as well as gaining understanding of the social world beyond the interview (Miller & Glassner 2011; Ritchie et al 2014). Interviews therefore focused on not only the content of the interviews in terms of what was being said, but also the nature of the

'cultural frame' (Miller & Glassner 2011) which extends to a reality beyond the setting of the interview (Holstein & Gubrium 2011; McLachlan & Garcia 2015).

Along with consideration of the relationships between different research questions, the critical realist approach allows for multiple levels of analysis (Mutch 1999), which align closely with this thesis, particularly in terms of the conceptual framework which identifies individual and organisational level outcomes, with the quantitative analysis further considering the nuances between individual, demographic and organisational level findings, as well as implications for policy and practice.

A fundamental issue associated with Bhaskar's (1978) later writings of critical realism, is that they appear to be in contention with his initial works. They detract from some of the core ideas presented within the original philosophy, making aspects of critical realism contradictory and therefore unclear (Potter 2006). Some suggest that critical realism texts generally use inaccessible language, which appear to be disconnected from daily practices such as care work (Pratt 1995). Critical realism is also claimed to neglect agency and epistemological relativism (Atkinson & Lucas 2013a; Al-Amoudi & Willmott 2011). However, relativist perpectivism has been highlighted by Porter & Shortall (2008) as easier to overcome with a realist research methodology, owing to its unique capacity to maintain epistemological robustness, while simultaneously taking account of the perspectives of stakeholders. Although, Braun & Clarke (2006) emphasise the importance of research epistemology, as it guides what you say about your data, and informs how a researcher theorises meaning. They suggest that realist approaches enable a researcher to theorise motivations, experience and meaning in a direct way, due to the assumed relationship between meaning, experience and language.

Therefore, realism will be the chosen area of philosophy for this thesis, which is defined by Chalmers (1999: 231) as follows;
"A realist will typically claim that science aims at theories that are true of the world, both observable and unobservable, where truth is interpreted as the commonsense notion of correspondence to the facts".

Critical realism aligns closely with the thesis aims, giving emphasis to the most pragmatic method of answering research questions (Danermark et al 2002). Similarly, Guba and Lincoln (2005) suggest that the research methods should be determined by the research

questions, which Morgan (2007) considers when suggesting that finding relevant data should be more important than operating within only one paradigm;
"if it is the research question that is supposed to determine the actual procedures in any given project, then how is that advice related to the requirement to work within one and only one of the paradigms on the list supplied by the metaphysical paradigm?"(Morgan 2007: 64).

4.3 Mixed methods research

This thesis undertakes a two phase mixed methods design, which considers quantitative followed by qualitative research. The use of mixed methods have been advocated by Modell (2009), who claims that critical realism bridges the functionalist and interpretive paradigms in management studies, which complements the considerations of this thesis.

A mixed methods design can be defined as (Ivankova & Stick (2007: 96-97);
“a procedure for collecting, analyzing and mixing or integrating both quantitative and qualitative data at some stage of the research process within a single study (Creswell, 2005). The rationale for mixing both types of data is that neither quantitative nor qualitative methods are sufficient by themselves to capture the trends and details of situations…When used in combination, quantitative and qualitative methods complement each other and provide a more complete picture of the research problem”

It should be noted that the use of mixed methods has been met with criticism, due to incommensurability between metaphysical paradigms (Guba and Licoln, 2005). Within philosophy, paradigms are domains of thinking which also often contain distinct theories, and considerations of epistemology and ontology, as well as methods of analysis (Denzin & Lincoln 2011). Denzin & Lincoln (2011: 6) define paradigms as “narratives or stories scientists tell are accounts couched and framed within specific storytelling traditions”. Incommensurability is defined as a lack of ability to communicate across distinct paradigms (Kuhn 1996), given that ideas within paradigms were so distinct. It is however argued that this is an inescapable part of any social interaction, which should be made explicit in any effective research, thus making the author more reflexive (Morgan 2007). Collier (1994: 92) also argues that it is often possible to understand various different

points of view at once, and argues that this is not an issue in line with the works of Bhaskar; “far from being impossible, this is quite common”.

Incommensurate paradigms can be defined as; “conflict between Qualitative and Quantitative Research [which] is so fundamental that it is impossible to combine them” (Morgan 2007: 52). Although, on the contrary to treating incommensurability as a barrier to understanding, the author supports the idea that this is an inescapable aspect of social interaction, and something to be aware of in order to make research more reflexive (Morgan 2007). Some authors consider that the use of mixed methods research leads to a more holistic research project, which captures both a broad and specific insight into the chosen topic (Classen et al, 2007). Classen et al suggest that mixed methods research is a viable way of combining the values and principles inherent in a population while also examining determinants on a societal level. Used in combination, they argue that mixed methods research creates a more complete analysis.

Gorard (2013) has also emphasized the need for various methods, and indeed the usefulness of a mixed methods design as previously argued by Morgan (2007). He argues for the use of mixed methods as a way of gaining answers, disregarding the argument related to incommensurate or incompatible paradigms. The current research attempts to gain answers and clarify the uses of HRD in ASC, along with reasons why or why it may not be effective in this context. Although the use of mixed methods has its detractors (Guba & Lincoln 2005), it is argued that finding relevant data is of higher importance than operating within only one paradigm, as suggested by Morgan (2007). It is accepted that the perspectives of social care will not remain static over time, yet it is acknowledged that valuable findings could be achieved through researching the current ASC context. Therefore, this research is approached from a critical realist position, which aligns well with the commonly held belief that working conditions within ASC organisations are transient (Rubery et al, 2015), and that the fundamental understanding of care for older adults is considered to be dynamic and shifting over time (Cameron & Moss 2007).

This thesis is made up of a mixed methods sequential explanatory design and has two distinct phases; the quantitative secondary data was analysed first, followed by the qualitative data collection and analysis, which helps to elaborate on the quantitative findings (Ivankova & Stick 2007). The structure of this mixed methods, two phase design

provides a unique contribution to knowledge regarding methodology and the sequential application of quantitative followed by qualitative research (Ivankova & Stick 2007) when considering HRD use in ASC. The phases were carried out in this sequence, in order to gain evidence based knowledge of theory related to the broad quantitative findings. This resulted in initially obtaining more general findings, with the qualitative data refining and explaining the statistical results in more detail (Ivankova & Stick 2007; Ivankova et al 2006).

4.4 Conceptual framework

The current work specifically aims to contribute though identifying the uses of HRD in the ASC workforce in England, and how this may be improved comprehensively. Opinions of the skills required to work in ASC are of interest, particularly related to nuances between managers and care workers. Aims are to explore whether amendments to current HRD are both viable and useful in this sector. There is also a consideration of other HR practices and how they relate to HRD and worker turnover.

The previous chapter highlights inequalities in the HRD received within ASC, particularly in terms of age and gender (Hussein & Manthorpe 2011), and suggests a need for further awareness of care worker opinions (Atkinson & Lucas 2013b). Atkinson & Lucas (2013b) advocated dialectical relationships between policy, managers, care workers in order to ultimately establish truth within the social care and HRM context. Previous research has outlined the difficulties in providing HR for ASC, focusing on issues associated with implementing HRM, such as a lack of resources in smaller companies (Rubery & Urwin 2011) and difficulties in providing flexi-time, particularly for domiciliary care workers (Rubery et al, 2015).

The current work seeks to identify demographics associated with low levels of HRD input within ASC, through consideration of the December 2014 version of the NMDS-SC (SfC 2014). Below is the provisional conceptual framework, which aims to emphasise the causal chain that management may have on care outcomes, in line with previous literature, which may or may not be related to HRD input. Aims for this conceptual framework are for the themes to change over the course of research, given the obtained findings, and in line with the critical realist philosophy.

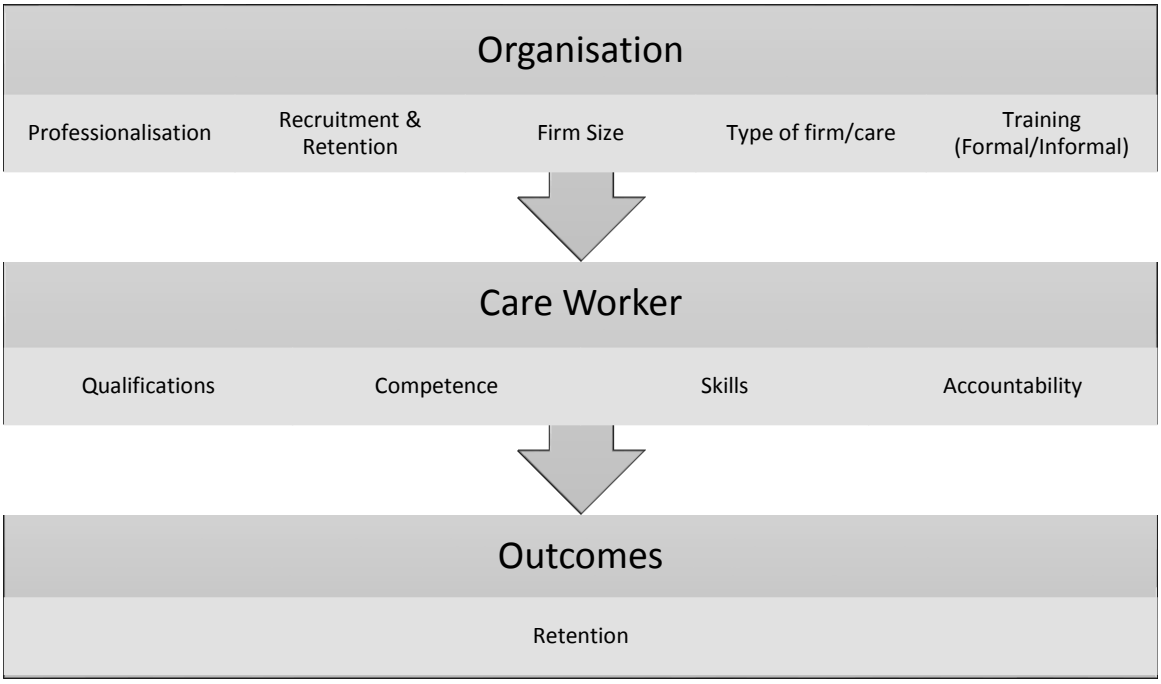


Figure 3: Conceptual framework for the research

Source: Developed by the author

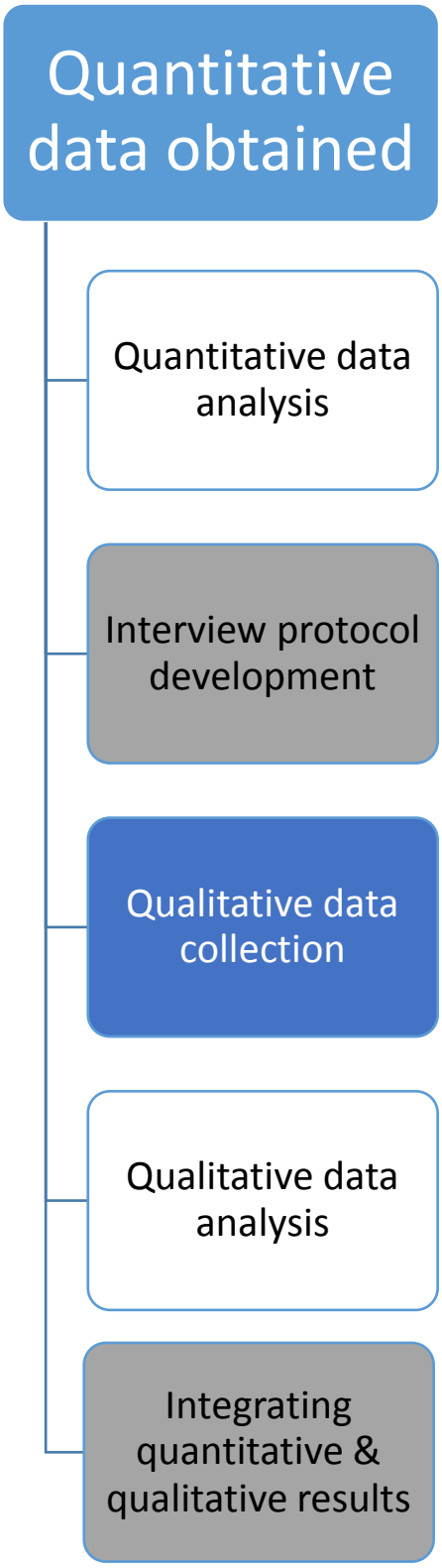
The following table displays both the quantitative and qualitative research questions considered, how they related to objectives, elements of the conceptual framework and specific methods. The research questions were formed through identifying overarching aims and objectives, established through exploration of current literature and policy in ASC. A lack of comprehensive management strategies were identified in ASC (Rainbird et al 2011), and therefore organisational and individual demographics will be analysed in order to understand the variables most commonly associated with low HRD input, and how this relates to worker turnover. Age and gender have been previously established as significant, for example (Hussein & Manthorpe 2011). The below table also details the specific variables in the quantitative phase which link to HRD, namely; Induction, highest level of qualification and IiP status. These variables are considered from research question 1 – 6, with the exception of research question 4b.

Table 9: Summary of the research

Objectives	Research Question	Quantitative method	Qualitative method	Elements of conceptual framework
1: Prevalence and type of HRD practices through descriptive statistics	Research Question 1: Do the amount and type of HRD practices (IIP status; Induction status; highest achieved qualification) significantly differ for temporary workers compared with other permanent workers?	Descriptive statistics and crosstabs		Training; Qualifications; Competence
1: Prevalence and type of HRD practices through descriptive statistics	Research Question 2: What levels of qualifications (i.e. NVQ; QCF qualifications) do temporary carers have in comparison with permanent carers?	Descriptive statistics - percentages of contract type to obtain proportions and compare correctly.		Training; Competence
1: Prevalence and type of HRD practices through descriptive statistics 2: Relationships between HRD and variables using complex modelling.	Research Question 3: Does contract type (i.e. permanent; temporary; bank or pool; agency) predict level of qualifications when gender and age are controlled for?	Hierarchical regressions were then undertaken.		Training; Competence
1: Prevalence and type of HRD practices through descriptive statistics	Research Question 4a: Does the level to which staff are qualified change related to organisation size?	Crosstabs. Mean levels of qualification were compared by contract type and organisation size.		Training; Type of firm/care; Competence
1: Prevalence and type of HRD practices through descriptive statistics	Research Question 4b: Does organisation size effect amount of turnover?	Correlation		Type of firm/care; Retention
1: Prevalence and type of HRD practices through descriptive statistics	Research Question 5: Do different ASC care types (i.e. residential; day; domiciliary care) differ in amount of temporary staff, the level they are qualified, and turnover?	Crosstabs		Type of firm/care; Training; Competence; Retention
1: Prevalence and type of HRD practices through descriptive statistics	Research Question 6: Do organisation types (i.e. LEA; private; charity) differ in amount of temporary staff and the level to which they are qualified?	Crosstabs. One ANOVA was left in with clearly stated violations to be taken into account.		Type of firm/care; Training; Competence
2: Relationships between HRD and variables using complex modelling.	Research Question 7: Is HRM a significant predictor of work outcomes (i.e. turnover; amount of care work vacancies) moderated by demographics (individual;	Hierarchical provisional analyses, Moderated Mediated Regression analyses.		Type of firm/care; Training; Competence; Retention

	organisational) and mediated by HRD practices (i.e. highest levels of qualification).			
3: Categorise reasons for worker turnover.	Research Question 8: What are the major reasons for leaving and how may these reasons be summarised?	Factor analysis -PCA was used to establish this.		Retention
4: Understand opinions of skill use in ASC.	Research Question 9: Is there a need for a certain 'disposition' or personality type for care work?		Thematic analysis	Skills; Competence
5: Uses of HRD and links to other variables.	Research Question 10: Why does organisation size appear to predict carer qualifications; pay and amount of turnover?		Thematic analysis	Type of firm/care; Training; Retention
5: Uses of HRD and links to other variables.	Research Question 11: What are the most common reasons for leaving work in ASC and why is this?		Thematic analysis	Retention
4: Understand opinions of skill use in ASC.	Research Question 12: Do carers and managers differ in their opinions of important skills for care work and the usefulness of training?		Thematic analysis	Training; Skills; Competence

The figure below (4) further details the process by which the mixed methods design was carried out, in terms of the specific phases, procedures and what was produced at each stage. This process is formally named a 'mixed-methods sequential explanatory design' (Ivankova et al 2006).



	Procedure	Product
Quantitative data obtained	Cross-sectional national survey obtained through Skills for Care (2014) n=702,867 workers and n=22,805 ASC providers.	Statistical data.
Quantitative data analysis	Data management and provisional analyses (univariate, multivariate); ANOVA; Hierarchical Regression; Moderated Mediated Regression; principle components analysis. IBM SPSS V21.	Descriptive statistics; Percentages; Coefficients; 3 Major Factors; Missing data; Issues with ANOVA and certain types of Regression analysis.
Interview protocol development	Developing interview questions in light of quantitative findings and still unknown areas such as reasons for leaving.	Separate interview protocol for care workers and managers.
Qualitative data collection	In-depth interviews face-to-face (8) via email (1) and via the telephone (3).	12 interviews (Text data from transcripts).
Qualitative data analysis	Coding & thematic analysis (Braun & Clarke 2006). NVivo V10.	Visual model of codes and overarching themes. With description and explanation.
Integrating quantitative & qualitative results	Interpretation and explanation of quantitative and qualitative results.	Discussion; Contributions; Implications; Future research.

Figure 4: Visual Model for mixed methods phases and procedures (adapted from Ivankova & Stick 2007)

A table in the appendices (Appendix A) details how the current research aims to develop the quantitative results through qualitative interviews, with further in-depth justification of each question in the relevant qualitative section.

4.5 Quantitative research

This section will give an overview of the first phase of the research, which was the quantitative analysis. There will be a justification for the chosen approach to statistical analysis, and further information regarding the National Minimum Dataset for Social Care (NMDS-SC). Details will be given on how this dataset was obtained and the amendments that were made in order to complete the analyses. This will be followed by the specific analyses undertaken for each research question in more detail.

Aims for the first phase of research were to further investigate current HRD practices within ASC and how this relates to individual and organisational variables (contract type; age; gender; organisation size; sector of care; and organisation type), as well as identifying areas for improvement.

4.5.1 Sample

For the quantitative data analysis, a secondary dataset, the NMDS-SC, was obtained from Skills for Care, dated December 2014. A meeting took place with a representative from Skills for Care, giving guidance on how to use the NMDS-SC for research, and following this meeting an anonymised copy of the dataset was given to the researcher on disk.

Skills for Care describe themselves as the leading source of workforce intelligence for the social care sector, with care organisations entering their data online, meaning that the dataset collated information from 22,805 establishments and around 410,544 workers in England as of December 2014 (SfC 2014). As of 2016, the figure for care worker records is 544,146 (Hussein & Christensen 2016). All 152 local authority areas for England are represented within the data, allowing for more precise figures (SfC 2015). The table below (11) shows a breakdown of the dataset by sector (cited from SfC 2014). Skills for Care also imply issues surrounding retention and recruitment as the NMDS-SC indicates there are

approximately 1.52 million jobs in ASC which are performed by roughly 1.45 million people, although it could also be that some workers have more than one job role. The scope of the NMDS-SC is currently unparalleled in terms of documentation of the social care workforce, and provides 'big data' regarding current management practices in the sector. Therefore the NMDS-SC was considered as perfectly suited to the broad scoping detailed within the current quantitative research questions, aligning well with aims to investigate current support practices and how this relates to both organisational and individual demographics. The individual demographics are an under explored area of the NMDS-SC, as is more detailed consideration of HR practices using the dataset, and something which the thesis will contribute to current research.

Table 10: Sectors in the NMDS-SC as of September 2014

Sector	Number (Percentage)
Base (all establishments)	25,312 (100%)
Local authority	8,273 (33%)
Private sector	11,679 (46%)
Voluntary or third sector	4,201 (17%)
Other	1,159 (5%)

Source: Skills for Care 2014

4.5.2 Materials

The NMDS-SC (SfC) provides a large amount of data from ASC organisations across England. As of 2011 completion rates equated to around 50% of providers nationally (CFWI, 2011), and it is estimated that the 2014 dataset completion rates were approximately 46% of the care workers in England as calculated by the author (using the figure of 702,867 as the total number of workers in the NMDS-SC as of December 2014, and the estimated 1.52 million care jobs in England as estimated by Skills for Care 2014). In terms of establishments in 2014, the NMDS-SC completion rates were approximately 59% (as calculated by the author using the figure of 22,805 from the NMDS-SC as of December 2014, and the estimated 38,900 establishments in England as estimated by Skills for Care 2014).

For the current research, a worker and provision copy of the NMDS-SC was obtained from December 2014, which subsequently merged individual and organisation level data together into one document using an identifier variable. Although research using the NMDS-SC is steadily increasing (Hussein & Christensen 2016; SfC 2014), there is still a large amount of potential for this information, with numerous different analyses still to be explored, along with longitudinal research exploring how the workforce may have changed over time. Criteria for data inclusion in the current research were 'Care Workers' as a job role in Adult Social Care (ASC), with all other job roles discounted. Various data quality filters were also used as documented in the methods of data analysis section, which were implemented in order to make results as valid as possible. The NMDS-SC as of December 2014 documented 410,544 care workers, compared with 14,573 in other job roles. Care workers accounted for 58 per cent of the workers in this version of the NMDS-SC.

The current analyses were undertaken using SPSS version 21. Two programmes for advanced statistical analysis were downloaded; Process (Hayes 2013) and Monte Carlo PCA (Watkins 2000).

4.5.3 Variables of the NMDS-SC

The table in Appendix B displays variables of the dataset which were used for each research question and if they were modified before analysis, in order to give a thorough account of the data management process in this phase of research, and to create a transparent process by which the analysis could be replicated.

4.5.4 Methods of data analysis

The first phase of research was a quantitative analysis of secondary data obtained from the National Minimum Data Set (NMDS-SC, Skills for Care, December 2014). The use of statistical methods has been informed by both the type of data and the proposed research questions, including both univariate and multivariate statistical procedures, such as Multiple Regression, Moderated Mediated Regression, ANOVA and Principle Components Analysis.

The following section documents all statistical techniques that were used by research question, and why they were deemed most appropriate.

4.5.4.1 Research Question 1

Once the amendments were made to variables within the NMDS-SC, as documented in Appendix B, descriptive statistics were considered via crosstabs, in order to consider the amount and type of HRD practices by contract type in more detail. The practices of interest were whether the organisation had Investors in People status (in terms of Recognised; Committed or Neither), Induction status (in terms of Complete; In Progress or Not Applicable), and finally the highest qualification level obtained (from Entry or Level 1 to Level 4, also including Other qualifications and No qualification). A Multiple Analysis of Variance (MANOVA) was then used to consider the relationship between contract type and development practices, although it was noted that this method has its detractors when used with categorical data as in the current instance. It is however argued that the large sample size may ensure robustness (Pallant 2005).

MANOVA was used to investigate if contract type (Independent Variable) effected the development practices received (3 Dependent Variables), namely; categorical induction status & categorical IiP status and categorical highest qualification achieved. MANOVA is not the best statistical method given that the data is categorical, although the only one identified to measure differences between groups with one IV and three DVs. Given the large sample size (702,867), some of the assumption testing may not be deemed necessary (Pallant 2005). An example of this could be 'Normality', where having at least 20 per cell has been suggested to ensure 'robustness' (Tabachnick & Fidell 2001). It has also been established that the dataset does not have a normal distribution.

4.5.4.2 Research Question 2

After the aforementioned variable amendments were made, the relationship between contract types and level of qualification in Adult Social Care was then considered. This was undertaken using crosstabs, in order to obtain both figures and percentages. This was followed by a similar crosstabs analysis regarding zero hours contract workers, exploring if

there were more or less popular qualifications for carers on a zero hours contract in line with the research question.

4.5.4.3 Research Question 3

Following variable amendments, hierarchical regression analyses were undertaken to explore the relationship between contract type and qualifications when age and gender were controlled for, in line with recent literature (Skills for Care 2014; Cameron & Moss 2007). Dummy variables were not used in the regression (Field 2013), as the NMDS-SC data used had missing data for temporary bank and pool workers leading to no meaningful results. One hierarchical regression analysis was run regarding contract type and highest qualification obtained, and a second hierarchical regression considered contract type and induction status.

Hierarchical regression was chosen over stepwise methods, as stepwise methods select predictors based on purely mathematical criterion, and should be avoided due to issues surrounding the methodological ramifications of this (Field 2013). Specifically; the researcher is argued to have more autonomy over the selection or order of variables, given that some predictors may be considered a poor fit falsely due to the order that stepwise regression has entered these variables rather than whether they are good predictors of the outcome otherwise known as 'suppressor effects', and Type II error, false negative effect (Field 2013). Thus, stepwise methods are considered more useful in exploratory work and not in the current work.

4.5.4.4 Research Question 4a & 4b

When data management amendments had taken place, research question 4a considered organisational size in terms of highest level of qualification. A One-way ANOVA was undertaken, however there were violations related to homogeneity of variances. This was presented with clearly stated violations, as the findings were considered highly relevant to the research question despite violations. This was followed by a crosstabs displaying the percentages of highest qualifications by organisation size.

In terms of research question 4b, the proportion of turnover and organisation size were explored through a cross tabulation. This method was deemed the most effective given the data for this question. Subsidiary organisations were then considered through use of crosstabs.

4.5.4.5 Research Question 5

After variable amendments, care type, such as residential, day or domiciliary care were investigated in terms of their relationship with the amount of temporary staff, the level to which they are qualified and turnover. Organisational demographic descriptive statistics were considered in order to gain an awareness of how large each care type is relative to others. This established that both residential (376,124) and domiciliary care (203,679) made up a dominant proportion of ASC. This was followed by a One-way ANOVA, where again the homogeneity of variances assumption was again violated.

4.5.4.6 Research Question 6

Variable amendments were undertaken, followed by descriptive statistics through a cross tabulation, regarding organisation types, such as local authority, not-for-profit and private companies, and the level to which staff were qualified. Descriptive statistics were run through a crosstab.

4.5.4.7 Research Question 7

Variable amendments and provisional analyses were carried out, specifically in terms of a series of hierarchical regression analyses. As discussed in the description for research question 3, hierarchical analysis was considered the most useful over other stepwise methods, as the researcher could be more instrumental in the selection and order of variables, in line with the conceptual framework. The provisional analyses were deemed necessary and important for inclusion due to the significance of one finding regarding organisation size. Firstly, descriptive statistics regarding individual and organisational demographics were run, followed by a moderated regression, using organisation size as a moderator in the relationship between hourly pay and worker turnover. Following this, a

moderated regression was undertaken using the individual demographic age, with hourly pay and worker turnover as x and y variables. A simple mediated regression was then run, considering the relationship between hourly pay and worker turnover with highest qualification as a mediator. Following this, hierarchical analyses explored whether care type, organisation type and organisation size were significant predictors of hourly pay and worker turnover.

These provisional analyses have been previously encouraged by Hayes (2013) when using the Process add-on. Process, a downloadable add on for SPSS, developed by Andrew Hayes (2013) was used for the moderated mediated regression and some provisional analyses for research question 7. Two moderated mediated regression analyses were then undertaken in line with the limits of the process programme for SPSS. Although, this allowed for more in-depth consideration of the chosen demographics. The first moderated mediated regression tested the moderators organisation sector and size using highest qualification as a mediator with hourly pay and worker turnover as the x and y variables. Secondly the same variables were joined by the different moderators of organisation size and care type. Finally one moderated mediated regression was completed considering the individual demographics age and gender as moderators with highest level of qualification as a mediator, and again hourly pay and worker turnover as the x and y variables.

4.5.4.7.1 Importance of dummy coding in Multiple Regression

It was first considered that Investors in People status and induction status should be discounted, as they are dichotomous variables; the NMDS-SC coded these variables with three values, including yes; no; and 'unknown'. Dichotomous or binary variables are argued to limit the proportion of the effect mediated by the indirect path, although the Sobel test can account for dichotomous outcomes (Hayes 2013), and therefore these variables were kept in the analysis due to the Sobel test which is operational within the Process add on for SPSS.

4.5.4.7.2 Use of Moderated Mediation & Bootstrapping

Bootstrapping was performed in every moderated regression and moderated mediated regression through the Process add-on for SPSS. Preacher et al (2007) discuss the Baron & Kenny (1986: 193) method of assessing mediated moderation as an alternative to bootstrapping, concluding that due to mediated moderation failing to probe the; "conditional indirect effects, we do not further consider mediated moderation, but focus instead on moderated mediation". They argue further that; "Moderated mediation models attempt to explain both how and when a given effect occurs (Frone, 1999)." with moderated mediated regression occurring "when mediation relations are contingent on the level of a moderator." (Baron & Kenny 1986: 193). Below is a diagram of how the moderated mediated regression was investigated, and the related equations, adapted from Edwards & Lambert (2007).

4.5.4.7.3 Total effect moderated mediation model (Process model 76)

Process (Hayes 2013) was used for the moderated mediated regression analyses undertaken, which is a newer iteration of the previous Sobel test, and also includes this test among many others related to moderated and mediated regression analysis. The specific moderated mediated regression model which was used in research question 7 is drawn below. This has been adapted from Edwards and Lambert (2007), and was carried out through Process for SPSS, which is model 76 on the dropdown menu.

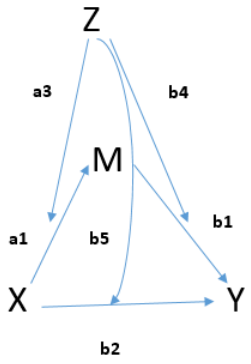


Figure 5: A model of the equation used in Research Question 7

Source: Adapted by author to represent current work, based on similar model by Edwards & Lambert (2007)

Equations for the model:

$M = a_0 + a_1X + a_2Z + a_3XZ + e_M$

$Y = b_0 + b_1M + b_2X + b_3Z + b_4MZ + b_5XZ + e_y$

It is also argued that while the significance of Baron & Kenny's (1986) proposed research methods regarding mediation are noted, as is the theory surrounding the Sobel test (Sobel 1982), current work will calculate the confidence intervals for indirect effects in each moderated mediated regression through bootstrapping (Field 2013; Edwards & Lambert 2007). The large sample size of the NMDS-SC lends itself well to these types of advanced moderated mediation analyses, and may contribute to more reliable confidence intervals (Field 2013).

4.5.4.8 Research Question 8

No variable amendments were necessary for this research question, and so the author proceeded with a Principle Components Analysis (PCA). First descriptive statistics were considered in terms of the most popular reasons for leaving from the 15 mentioned within the questionnaire of the NMDS-SC (December 2014) in terms of the sum, mean and standard deviation of those documented in the dataset. This was suggestive that reasons for leaving were most commonly 'unknown'. These reasons for leaving were then explored in terms of organisation type and care type. The PCA was then undertaken, first assessing the suitability of the data for running a factor analysis. Inspection of the correlation matrix revealed the presence of many coefficients of .3 and above, the KMO value was .76 exceeding the recommended value of .6 and the Bartlett's Test of Sphericity reached statistical significance (P=<.005), supporting the factorability of the correlation matrix. The PCA revealed the presence of 5 components with eigenvalues exceeding 1, the screeplot suggested a break after the third component. Using Catell's (1966) scree test, it was decided to retain three components, although the Parallel Analysis supported the use of four components. Varimax factor rotation was carried out twice, first with 4 components, but many cross loadings meant that it was carried out again with 3 components. Direct Oblimin was carried out with low results and therefore Varimax results for 3 components were reported. Finally, a separate programme was downloaded, named the Monte Carlo PCA for Parallel Analysis test (Watkins 2000).

4.6 Qualitative research

This section will give an overview of the qualitative research, along with a justification for the chosen approach to coding. The following part of this section will display tables with a description of the interviewee demographics. There is an accompanying justification in the Appendices (C, D, E, F) concerning the creation of questions from the first phase of research, interview questions chosen for carers and managers, and comparisons between care worker and manager responses.

4.6.1 Aims

Aims are to expand on the first phase of quantitative data analysis through use of qualitative interviews in order to further explore and understand how HRD currently supports the ASC workforce in terms of development and other supportive practices (i.e. mentoring; reflective practice; supervisions), and how this may be improved. Also to further understand opinions regarding the importance of soft skills in ASC; are they thought less important than prescriptive tasks within social care, and how does perception of this differ between managers and care workers? In this context, soft skills are defined as skills which are not task based or prescriptive, and are often tacit; relating to social, emotional or relational aspects of care work (Grugulis & Vincent 2009).

4.6.2 Sample

There were a total of 12 participants who were interviewed, face to face, over the phone and in one instance via email, and recruitment for interviews concluded when there was evidence of recurring themes and there were an equal amount of carers and managers. The equal amount of carers and managers was of importance following from the comparisons between the two in interview protocols, following on from the quantitative findings. The email interaction could be in some ways considered an open ended questionnaire (Knight 2002) and therefore the benefits and limitations of both will be discussed within the Method of Data Analysis section (4.6.5). It should also be noted that there are limitations associated with a small, homogenous qualitative sample of 12 who were all obtained from the North West of England, as argued by Marshall et al (2013). Marshall et al suggest that rigour is compromised, particularly when no justification is

given for the chosen sample size. It is argued for this thesis that the reasons for choosing 12 participants have been made transparent, as has the homogeneity of the sample. Futhermore, Boddy (2016) has recently argued that small sample sizes in qualitative research can provide highly informative and meaningful data, with as little as one case. Indeed, Boddy highlights that samples of 12 are adequate for data saturation among a relatively homogenous population.

The participants were recruited through convenience sampling, mainly through phone calls and emails to care organisations in the North West of England. Emails and phone calls were directed at the manager of each organisation, where they were asked if they would be willing to take part, and if they had any direct care staff that would be interested in taking part in an interview. Managers and care workers were sent a copy or given a copy of the information sheet and the consent form. Three participants were recruited through ADASS North West branch (P9; P11; P12) through a series of meetings with the team. Following this, they sent the details of a care worker and managers that were interested in taking part in an interview via email. This resulted in two phone interviews via skype and one face-to-face interview, and again these participants were emailed a copy of the information sheet and consent form, giving verbal consent over the phone.

This sampling was used in order to gain participants from a broad range of ASC environments, and an equal number of managers and care workers. It is argued that convenience sampling was the most pragmatic approach given the time and funding constraints of a PhD. Those who volunteered to take part were happy to do so, and therefore were less guarded when interviewed.

Considering those interviewed, there was only one participant under 25 and only one interviewee was male. No micro or small firms took part, with all of those interviewed being part of a medium or large enterprise. The sample was also a small one, although the purpose of the interviews was not to obtain a comprehensive breadth of the ASC sector, nor to create a stratified sample. Instead, aims were to gain an understanding of both managers and carers equally, hence the purposefully selected equal amount of carers and managers. A hierarchy between managers was also identified in the sample, which succeeded in gaining opinions of deputy or assistant managers, registered

managers and company or service directors. This highlighted the many different perspectives between job roles, even in the area of management.

The table below (12) documents the participant demographics concisely for the second qualitative phase. Following this, the second table (13) displays a more in-depth detail of the specific job role, gender, age group, background, care type and sector of each participant, which may be beneficial in providing a richer context for the qualitative chapter.

Table 11: Demographics of the sample

Participant Demographics			
Sector		Job Role	
Residential Care	4	**Director**	2
Domiciliary Care	6	**Manager**	2
Day Centre	2	**Assistant/Deputy Manager**	2
Private	6	**Care worker**	6
Not-for-profit	3		
Local Authority	3		

Table 12: Specific participant demographics

Participant Number	Job Role	Gender	Age Category	Career Background	Care Type	Sector
1	Assistant manager	Female	25-45	Worked as manager in other care company	Sheltered housing domiciliary care	Not-for-profit
2	Care worker	Female	25-45	Been a care worker for a few months	Sheltered housing domiciliary care	Not-for-profit
3	Care worker	Female	Over 45	Worked as a care worker for around 30 years	Sheltered housing	Not-for-profit

					domiciliary care	
4	Company director	Female	25-45	Background in the NHS, learning disabilities	Domiciliary care	Private
5	Deputy manager	Female	25-45	Previously a care worker, has worked in the sector for 15 years	Residential home	Private
6	Care worker	Female	25-45	Worked as a care worker for around 10 years but left and came back to care in-between	Residential home	Private
7	Manager	Female	Over 45	Did not disclose	Residential home	Private
8	Care worker	Female	Under 25	Been a care worker for a few months	Residential home	Private
9	Director of service	Female	Over 45	Previously a care worker, has worked in adult and children's services, home and day care	Two day centres and sheltered housing	Local authority
10	Care worker	Female	25-45	Previously worked as care worker for the local authority	Domiciliary care	Private
11	Care worker	Female	25-45	Has just also taken on the role of advising about money alongside role of care worker	Domiciliary care	Local authority
12	Organisational development & workforce manager	Male	Over 45	Career of just under 30 years in social work and education	All types of care	Local authority

4.6.3 Materials

A Dictaphone and Prettymay Skype recorder and Skype were used to record interviews, interviews were fully transcribed by the author in Microsoft Word, and NVivo 10 was used to code the transcripts. There are numerous benefits to the use of NVivo software over a manual method, being simple to use and allowing for the visualisation of coding via the coding stripes option. It is also possible to write memos in relation to particular text, linking to other relevant pieces of text or media (Welsh 2002). There are several content analysis related tools, which were not used in the current data analysis, and the usefulness and simplicity of creating a diagram of themes, named a node tree should not be overlooked, and these were created for themes and subthemes in this thesis.

Overall, the many useful tools and the ability to import all transcripts into one comprehensive document was considered highly beneficial in terms of both the coding process and in terms of building a broader picture of the data. Potential drawbacks of NVivo could be that it is a software in development, and not always intuitive regarding the formation of the diagrams, although it is a very useful resource. The Braun & Clarke (2006) method of thematic analysis was used when coding. There are numerous benefits to this method, including that it is more flexible than other approaches, such as Grounded Theory (Glaser & Strauss 1967). The Braun & Clarke (2006: 4) method of thematic analysis is described by the authors as accessible and theoretically-flexible as an approach. They state that thematic analysis should be seen as a “foundational method for qualitative analysis”, and it is considered a distinct method in its own right, away from analytic traditions, such as Grounded Theory (Glaser & Strauss 1967).

4.6.4 Research questions with justification

Appendix C is a table which displays each research question along with a justification of why the question was included and which broad aims the question relates to. This follows from the table in the introduction, which documented objectives and links with the conceptual framework, providing a more in-depth insight into links with the overall research aims. The need for a care disposition related to skills, differences in opinions of care workers and managers, good practice and reasons for leaving. Explaining the quantitative phase linked to aims surrounding uses of HRD in ASC, good practice, and why

care workers leave. Finally, exploring the differences in opinions between managers and care workers related to aims regarding skills needed for care work and good practice.

4.6.5 Method of data analysis

Interview questions were developed from the initial quantitative findings in the first phase, as previously mentioned. Interviews can be defined as an organised verbal exchange (Ritchie & Lewis 2003; Gillham 2000), which are highly useful in providing rich in-depth data and specific language use. Interviews can also be considered a flexible way of obtaining information (Robson 2002), and allow the researcher to explore areas in greater detail than statistical methods. Semi structured interviews allow for flexibility of the interview and open discussion of the topic while still allowing the researcher to compare interviews with one another during analysis (Newton 2010). From a critical realist perspective, it is believed that interviews allow for the possibility to recognise the the research process while maintaining the belief in the data's validity in revealing knowledge beyond itself regarding the social world (Banfield 2004; c.f. Newton 2010). Questionnaires are also considered flexible in terms of required responses, and gaining the perspective of the participant, with the email interaction including a series of open ended questions in a semi structured fashion (Knight 2002).

Appendix D and E give a comprehensive account of the questions for care workers and, in the second table, managers, justifying why each question was included in the interview. A third table discusses which qualitative questions specifically link to the quantitative findings, and if managers and/or carers were asked the question. Appendix F is a table in the appendices which documents the research questions that were specifically compared in terms of care worker and manager responses. Here it was of interest if these opinions may differ, and in what ways this may influence the management of ASC organisations.

4.6.5.1 Thematic Analysis Procedure

The thematic analysis aims to provide a broad scoping of the entire data set, in order to give the reader a sense of the important, stand-out themes in the research (Braun & Clarke 2006: 5). The idea of identifying the many different "perspectives, points of views,

angles of vision." is of importance particularly for this research, given that a major focus will be on the disparities between manager and care worker views regarding HRD.

The chosen method of thematic analysis (Braun & Clarke 2006) can be described as a way of identifying, analysing and reporting patterns within the data, as opposed to methods such as thematic discourse analysis, thematic decomposition analysis, IPA and grounded theory, which seek to describe patterns across the data. This could potentially involve reduced objectivity, given the level of researcher involvement during analysis. Braun & Clarke (2006: 9) consider thematic analysis as a flexible approach, which can be used within a realist method, giving the scope to; "acknowledge the ways individuals make meaning of their experience, and, in turn, the ways the broader social context impinges on those meanings, while retaining focus on the material and other limits of 'reality'. Therefore, thematic analysis can be a method which works both to reflect reality, and to unpick or unravel the surface of 'reality'". Inductive coding has been selected for the current research, owing to its flexible nature, and with the aims of limiting the amount of inferences imposed by the researcher, prompting a data-driven approach (Braun & Clarke 2006). The current qualitative analysis has taken on a latent approach (Braun & Clarke 2006), as the thematic analysis has involved a degree of interpretation with theories emerging regarding the specific contexts in Adult Social Care and potential reasons for certain opinions from care workers and managers.

Braun & Clarke (2006: 16) emphasize the need to search across a data set in order to identify repeated patterns of meaning, with the analysis not being; "a *linear* process where you simply move from one phase to the next. Instead, it is more *recursive* process, where you move back and forth as needed, throughout the phases. It is also a process that develops over time (Ely et al., 1997), and should not be rushed". The current interviews were transcribed as a verbatim account (Braun & Clarke 2006) which allowed for immersion in and familiarisation with the data (Riessman, 1993, c.f. Braun and Clarke 2006).

The analysis was conducted in order to make sense of the data and add to understanding of what HRD might mean (Braun & Clarke 2006: 18) for care worker and managers. Once the transcription of each interview was completed, initial codes were produced, where codes identify a feature of the data, in a latent approach. Following this, themes were

generated through organising coded data into meaningful groups. “Your themes, which you start to develop in the next phase, are where the interpretative analysis of the data occurs, and in relation to which arguments about the phenomenon being examined are made (Boyatzis, 1998)”.

During the coding process it was also noted that the researcher should not ‘smooth out’ any inconsistencies, as this is integral to the analysis, particularly given the differences between opinions of care workers and managers. Finally, as described in Braun & Clarke’s (2006) guide to a thematic analysis, the codes were sorted into different overarching themes and sub themes. Then themes were reviewed in order to refine them and add to rigour, checking through the data in order to identify whether themes are justified.

The next phase included two levels of reviewing and refining themes, with the first level involving a review of the coded data extracts, making sure that all extracts are relevant and looking for any patterns. It was also considered whether some coded extracts may benefit from being included in a different theme. Secondly, the validity of individual themes were considered in relation to the entire data set. Braun & Clarke (2006: 20) emphasized the importance of assessing the validity of individual themes in relation to the data set and whether these themes accurately represent meanings evident in the data, and they suggest; “The need for recoding from the data set is to be expected as coding is an ongoing organic process”. Additionally, they recommend having an understanding of how themes fit together and the overall story told by the data. Here, aims were to make an argument in relation to the research questions.

Again, in line with Braun & Clarke’s guidance (2006: 24), the end stages involved the following questions regarding the data; “what does this theme mean?” “What are the assumptions underpinning it?“; What are the implications of this theme?”; “What conditions are likely to have given rise to it?“; “Why do people talk about this thing in this particular way (as opposed to other ways)?“ and “What is the overall story the different themes reveal about the topic?”.

The qualitative analysis was concluded by emphasizing the theoretical assumptions and a clarification of why the research was undertaken. The resulting categories of coding established through the thematic analysis are shown in the figure below (6). They give a concise feel for the content of the data collected. The wording of themes were formed

through use of the data where possible, in order to formulate themes which was linked to the data. The four major themes were based on care worker and management responses regarding the management of ASC, and from the four primary themes, many subthemes were created based on the content of the data. The care worker specific theme had the largest amount of subthemes, with six, management and perceptions had four, and assessment and regulations had three. Perhaps unsurprisingly, the care worker theme had the most mentions, at 70, followed by perceptions of care (40), management of care (39), and assessment and regulations (26).

<table>
<tr><td colspan="2">Perceptions of care
• Care as a profession
• Culture of blame
• Relational care work
• Importance in society</td></tr>
<tr><td>Assessment & Regulations
• Care Register
• Qualifications
• Policy</td><td>Management of care
• Management issues
• HRD
• Ideas for the future
• Organisational characteristics</td></tr>
<tr><td colspan="2">Care worker Specific
• Skills
• Accountability
• Care personality</td></tr>
</table>

Figure 6: Coding themes emerging from the thematic analysis

Source: Adapted by the author

4.7 Research ethics

Ethical approval was sought and obtained as of 13th March 2015, and the first phase of the research commenced in June 2015. The second qualitative phase finished in December 2015. Ethical considerations regarding the use of the NMDS-SC were important to consider, in terms of maintaining its integrity as a large national dataset, as well as being aware of reductionism and maintaining awareness of the context within which the data was collected when selecting and using variables. Although, owing to the data already being anonymised when a copy was obtained, there were less ethical considerations to consider. However, the copy was still securely stored on a password protected computer.

There were further issues of confidentiality and anonymity concerning the qualitative work. Participants were informed through information sheets regarding the confidentiality of the research and made fully aware of their right to withdraw at any time, as well as contact details for both the researcher and the Director of Studies. A consent form was then signed if participants were willing to take part, and they were given a copy of both the consent form and information sheet for reference. Semi-structured interviews also present an ethical issue due to their nature as methods through which interviewees disclose personal thoughts and feelings (Newton 2010), which was taken into account when developing protocols, prior to the interviews taking place. The recorded interview data was transcribed as anonymous data, with only the participant number as identification. All identifying information was stored in a locked draw, and the only spreadsheet containing names, email addresses and phone numbers was password protected.

4.8 Research evaluation

Numerous authors suggest that mixed methods research allows for a more robust analysis, through taking advantage of the strengths in each analysis (Ivankova et al (2006); Green et al (1989); Miles and Huberman (1994); Green and Caracelli 1997; Tashakkori and Teddlie (1998). Within this research, quantitative methods were developed in line with the research questions, with consideration of the data type of each variable when selecting methods of analysis. The addition of qualitative analysis allows for more flexibility in gaining further understanding of the quantitative findings, with rigour being

displayed through triangulation of different sources of information. Concepts were clarified with interviewees, as well as making detailed field notes during each face-to-face visit and asking more questions about the environment when interviews were taken over the phone or via email.

The logic behind choosing the mixed methods design is related to the ability to explain or elaborate on the previous quantitative data, as suggested by Ivankova et al (2006). Unexpected results were found, particularly in reference to the relationship between organization size, qualifications and staff turnover (Research question 4a and b), which were explored in the qualitative analyses (Research question 10).

The use of both quantitative and qualitative approaches in this way is argued to be 'abductive' (Morgan 2007: 5) in that it uses an iterative process to gain the most useful and information rich data. The exploration of multiple standpoints has the fundamental aim of adding rigour and implementing 'triangulation' given that; "…the use of multiple methods, or triangulation, reflects an attempt to secure an in-depth understanding of the phenomenon in question. Triangulation is not a tool or a strategy of validation but an alternative to validation (Flick, 2002, p. 227; 2007). The combination of multiple methodological practices, empirical materials, perspectives, and observers in a single study is best understood, then, as a strategy that adds rigor, breadth complexity, richness, and depth to any inquiry (see Flick, 2002, p. 229; 2007, pp. 102–104)". In terms of the qualitative analysis, aims were to make the process by which research questions were formed, themes were developed, and data presented as transparent as possible (Moravcsik 2014). The thesis has also aimed to emphasize how the second phase of data related to and complimented the first.

Considering the delivery of data collection; analysis took place from the quantitative phase first followed by data collection and analysis for the qualitative phase, as mentioned in the previous flow chart. This was in line with the research questions, meaning that qualitative research questions could relate directly to findings in the first phase, and that the findings in the first phase could be considered in more detail during the second phase. Quantitative and qualitative research was integrated during an intermediary point between the two phases (Hanson et al 2005 c.f. Ivankova et al 2006), in order to guide the qualitative data collection. The qualitative interview protocols were

also developed in line with the quantitative findings, in order to expand on some of the quantitative findings. The quantitative findings were evaluated depending on the specific research question, and method used, with ways of assessing suitability including the number of cases involved (Cohen 2000) and the correct types of data to be used for the method of analysis (Pallant 2005).

4.9 Limitations

Although the mixed methods design can be considered straightforward and a comprehensive design for exploration, it could be argued that this is overly time consuming, which may be unfeasible in certain circumstances (Ivankova et al 2006).
In terms of the quantitative analysis; although the NMDS-SC provides a large and very detailed dataset for the ASC sector, it is by no means a comprehensive scoping of the entire ASC workforce. There is no mention of whether there is an overrepresentation of certain groups, which may be the case given that all 152 local authorities are involved, yet there is not a complete picture of private and voluntary sector organisations, with an estimated 870,000 private sector jobs in ASC (SfC 2014), versus 428,880 in the December 2014 version of the NMDS-SC.

The voluntary sector was also estimated to have approximately 290,000 workers, whereas the NMDS-SC from December 2014 had 118,969 documented roles. There are also difficulties in knowing specifically when employees may have obtained their qualifications, and if, for example, they were obtained before employment in ASC. Further knowledge of this could realistically establish what development practices are currently delivered for both the temporary workers and the wider workforce in ASC.

While there are limitations with using secondary large datasets, it is argued that this data is greatly valuable in understanding the multitude of current HR practices in such a diverse area (Atkinson et al 2013). However, the limitations of using secondary data should also be considered, given that a much smaller amount of temporary employees have been recorded compared with permanent staff, and it is unclear whether data input favours permanent employees due to their enhanced availability when filling in this data. The availability of permanent staff when completing information for the NMDS-SC may provide a skewed estimate of the current amount of temporary workers within the ASC

sector. There was missing data in the December 2014 version of the NMDS-SC, meaning that certain analyses could not be undertaken (for example, simple regression analyses for research question 7).

It could also be argued that only making use of the chosen variables to analyse this dataset is reductionist with such a large dataset. The inevitable difficulties of posing research questions with a secondary dataset are also noted as a challenge of working with this kind of data, which was collected for different reasons to the current research. The quantitative method of data analysis also has difficulty in identifying the more intangible aspects of development and support practices which are being considered in the current work. It was therefore deemed necessary to conduct qualitative research in order to build knowledge around the quantitative findings, particularly those findings that were not expected.

Considering the qualitative analysis, the sample size of interviewees was small (12), which could be considered as a limitation, along with the lack of male participants and those from an HR related job role. Although, it could be argued that these areas would be of great interest, creating additional perspectives to the research, it is argued that the primary focus was to gain the opinions of care workers and managers and explore the various nuances of opinions in detail. It is suggested that this primary aim was met through a dominant focus on these job roles.

There are also limitations associated with the use of mixed methods as previously mentioned in this chapter. Here, it is argued that this is an entirely acceptable framework when endeavouring to answer the research questions (Gorard 2013; Morgan 2007) and in the pursuit of a better understanding in terms of the ASC workforce. The 'interviewer effect' is also a limitation to consider (Denscombe 2007), which relates to how those interviewed perceive the interviewer and their appearance. Indeed, this research had a major focus on positive and negative management practices, which could have made it difficult for care workers to be completely honest when being interviewed in their workplace. Although, in the current research the interviewer sought to make the research objectives and purpose clear in order to put the interviewees at ease, in line with 'demand characteristics' (Gomm 2004 c.f. Newton 2010).

4.10 Chapter Summary

To summarise this chapter, a justification and description was given for each research question of the analysis, linking questions to the objectives and conceptual framework, which was established in the literature review. The philosophical perspective was described along with how critical realism has informed the current research, and how this linked to the conceptual framework. A mixed methods design was chosen in order to gain both a broad understanding and a specific awareness of if HR is effective when managing ASC and if so, how exactly is it seen as helpful. This was followed by a justification and description of both phases of analysis, with discussion of each research question and how these questions related to the broad aims, and how care worker and manager questions could be compared. The importance of gaining care worker and managers opinions was emphasized, as was the interest in different areas of care and organisation types. It was stressed that the organisation sizes of those interviewed were only medium or large, and quantitative analyses were undertaken with secondary data which may have limitations. These limitations were considered during the qualitative aspect of the research, which enabled the unanswered aspects of statistical analyses to be explored in further detail. The next chapter will now discuss the first phase of research, the quantitative analysis.

Chapter Five

5. Quantitative Results

5.1 Introduction

There is a great need to explore research evidence of current practices in Adult Social Care in order to enhance the effectiveness of ASC management (Centre for Ageing Better, Foot 2015). This chapter aims to contribute through considering specifically what HRD practices care managers currently provide for their care workers. In an area where funding is inadequate (Webster & James 2015), we have a great need to ascertain whether the provision of better working conditions may lead to better outcomes, thus saving money and retaining very valuable resources; our care workers.

This chapter details the quantitative phase of research, which aims to give a broad scoping representation of national care practices, using the NMDS-SC (SfC 2014). This is by no means the complete population of care workers but provides a generous and representative sample. The research considers the management of care work using a wide range of variables, relevant to individual care workers and the organisations that they work for. Aims are additionally to highlight whether there are any obvious areas of need in this highly variable sector with questionable effectiveness in terms of regulations. This will expand our knowledge of what, if any, are effective HRD practices within ASC, particularly in terms of how these practices affect the worker outcome, turnover.

Individual and organisational demographics will be a dominant focus in ascertaining levels of qualifications, turnover and reasons for leaving, expanding on previous work such as Rainbird et al (2011), Hussein & Manthorpe (2011), and Grimshaw et al (2015). Individual demographics include different contract types, such as temporary workers, along with gender and age. Contract type, and more specifically the expanding numbers of temporary workers have previously been suggested by Rainbird et al (2011) to reduce the skillset of the workforce. Organisational factors include organisation size, ASC sector and organisation type, focusing on; private, local authority and not for profit or voluntary firms. These demographics will also act as mediators in a moderated regression which

explores the relationship between hourly pay (as an element of HRM practice) and yearly turnover (as an important and costly work outcome). The significance of a care worker's highest level of qualification (used here to demonstrate an impact of HRD) will also be considered as a mediator in this relationship.

Therefore, in this chapter, the following research aims will be explored;

1. To investigate the prevalence and type of HRD practices within ASC.
2. To investigate the relationship of HRD practices with pay, individual and organisational demographics and worker turnover.

The chapter begins with the proposed eight research questions for this phase, followed by a detailed description of the findings by research question, each concluded by a summary of what this might mean for care workers and ASC organisations. The first four research questions will focus more upon individual factors, particularly contract type and how this may affect HRD input, qualification level and how this interacts with gender, age and the size of organisation one is employed at. The latter part of research question four, question five and six move onto considering organisational demographics, with emphasis on organisation size, ASC care type, and the sector of the organisation. Research question seven attempts to bring all of the aforementioned aspects together through moderated mediated regression and a series of provisional analyses. Finally, research question eight considers reasons for leaving through a principle components analysis, which attempts to statistically clarify reasons for leaving in the NMDS-SC in terms of specific components or themes. The chapter is concluded with a synopsis of the findings, with mention of specific areas that need further attention through the second phase of qualitative research.

5.2 Hypotheses

Research Question 1: Do the amount and type of HRD practices (IIP status; Induction status; highest achieved qualification) significantly differ for temporary workers compared with permanent workers?

H0: There will be no difference between contract types for amount and type of development practices.

H1 (two tailed): There will be a significant difference between contract types for the amount and type of development practices.

Research Question 2: What levels of qualifications (i.e. NVQ; QCF qualifications) do temporary care workers have in comparison with permanent care workers?

H0: There will be no differences between contract types for levels of qualifications obtained.

H1 (two tailed): There will be significant differences between contract types for levels of qualifications obtained.

Research Question 3: Does contract type (permanent; temporary; bank or pool; agency) predict level of qualifications when gender and age are controlled for?

H0: There will be no significant relationship between contract type and level of qualification when gender and age are controlled for.

H1 (two tailed): Contract type will significantly predict level of qualification when gender and age are controlled for.

Research Question 4a: Does the level to which staff are qualified change related to organisation size?

H0: The level to which staff are qualified will have no significant relationship with organisation size.

H1 (two tailed): The level to which staff are qualified will have a significant relationship with organisation size.

Research Question 4b: Does organisation size affect amount of worker turnover?

H0: Organisation size will have no significant relationship with amount of turnover.

H1 (two tailed): Organisation size will have a significant relationship with amount of turnover.

Research Question 5: Do different ASC care types (i.e. residential; day; domiciliary care) differ in amount of temporary staff, the level they are qualified, and turnover?

H0: Types of care will have no significant differences in the amount of temporary staff employed, the level of qualifications and turnover.

H1 (two tailed): Types of care will have significant differences in amount of temporary staff employed, the level of qualifications and turnover.

Research Question 6: Do different organisation types (i.e. LEA; private; charity) differ in amount of temporary staff and the level to which they are qualified?

H0: Organisation types will have no significant differences in amount of temporary staff of the level to which they are qualified.

H1 (two tailed): Organisation types will significantly differ in amount of temporary staff and the level to which they are qualified.

Research Question 7: Is pay a significant predictor of work outcomes (i.e. turnover; amount of care work vacancies) moderated by demographics (individual; organisational) and mediated by highest levels of qualification?

H0: Pay will not predict worker turnover, nor be significantly mediated by highest level of qualification. Individual and organisational demographics will also not successfully moderate the relationship.

H1 (two tailed): Pay will significantly predict worker turnover, as mediated by highest level of qualification, and moderated by both organisational and individual demographics.

Research Question 8: Do reasons for leaving as a care worker differ across different ASC contexts? How best can these reasons be summarised?

H0: There are no major distinctions between reasons for leaving social care.

H1: There are significant and distinct categories of reasons for leaving social care.

5.3 General Demographics

The table below (14) documents the number of adult social care jobs in England by sector and service type as of December 2014 captured by the NMDS-SC (SfC 2014). This demonstrates how large the ASC sector is, with a great proportion of direct carers working within either residential care or domiciliary care.

Table 13: Total number of adult social care jobs by sector and service type. Source: Skills for Care 2014

Job role group	**Service Type**	**All sectors**	**Local Authority**	**All Independent**
All job roles	Residential	362,800	31,495	331,305
	Domiciliary	199,481	18,532	180,949
	Day	19,581	13,523	6,058
	Community	53,934	43,185	10,749
	Total workforce jobs	**635,796**	**106,735**	**529,061**
Direct care	Residential	352,855	31,130	321,725
	Domiciliary	197,838	18,453	179,385
	Day	19,164	13,310	5,854
	Community	52,652	42,086	10,566
	All direct care	**622,509**	**104,979**	**517,530**

5.4 Research Question 1: Do the amount and type of HRD practices (IIP status; Induction status; highest achieved qualification) significantly differ for temporary workers compared with permanent workers?

The following section will document the amount and type of development related practices across different contract types in order to gain further understanding the use of these practices in ASC. This will be followed by analysis of variance in order to establish if the amount of these practices significantly differs across contract types. The research question is in line with the first and second aims that consider how HRD relates to individual factors, and will help to build up a picture relating to contract type as an individual worker related demographic.

5.4.1 IiP Status

The WERS (2011: 18) defines Investors in People (IiP) as; "an accreditation scheme that provides one indication of management attempting to engage employees", with a primary emphasis on training and development. They suggest that 28% of workplaces had IiP accreditation as of 2011, and this statistic gives us a good awareness of how IiP is represented on average across Britain. Encouragingly, 51% of organisations in the NMDS-SC as of December 2014 were either recognised or committed to IiP.

The table below (15 and following chart, 7) detail differences in IiP status in terms of worker contract types. A much smaller amount of employees work for organisations who are classed as 'committed' to IiP, regardless of contract type. Proportionally, the contract type with the largest percentage of workers who have a committed firm surprisingly are agency workers. Similarly, of those with a 'recognised' IiP status, there are a great deal more permanent workers, in terms of percentage of the contract type, temporary workers are slightly more likely to work somewhere that IiP is recognised (52%) compared to permanent workers (45%). This appears to contradict contemporary research which suggests these groups do not receive similar training and development opportunities compared with permanent workers. However, it should be stressed that this does not provide a complete and comprehensive picture, given that here we have used IiP as a variable to consider organisation interest in training and development, and there are other qualitative ways of expanding on this, which will be revisited in the next chapter. It

is also unclear to what extent organisations with an IiP accreditation may implement this with temporary workers. This is a restraint of secondary data, and will also be further explored in the following qualitative analysis.

Table 14: Investors in People (IiP) status depending on contract type

IiP Status	**Permanent**	**Temporary**	**Bank/Pool**	**Agency**	**Student**	**Volunteer**
Recognised **(% within employee's status in main job)**	255,051 (44.7%)	12,212 (52.1%)	19,934 (43.9%)	4,807 (39.3%)	83 (30.1%)	1,527 (65.6%)
Committed **(% within employee's status in main job)**	47,058 (8.2%)	2,760 (11.8%)	3,951 (8.7%)	2,792 (22.8%)	40 (14.5%)	218 (9.4%)
Neither **(% within employee's status in main job)**	268,487 (47.1%)	8,470 (36.1%)	21,472 (47.3%)	4,639 (37.9%)	153 (55.4%)	582 (25.0%)
Total	570,596 (100 %)	23,442 (100 %)	45,357 (100 %)	12,238 (100 %)	276 (100 %)	2,327 (100 %)

Source: SfC 2014 adapted by author

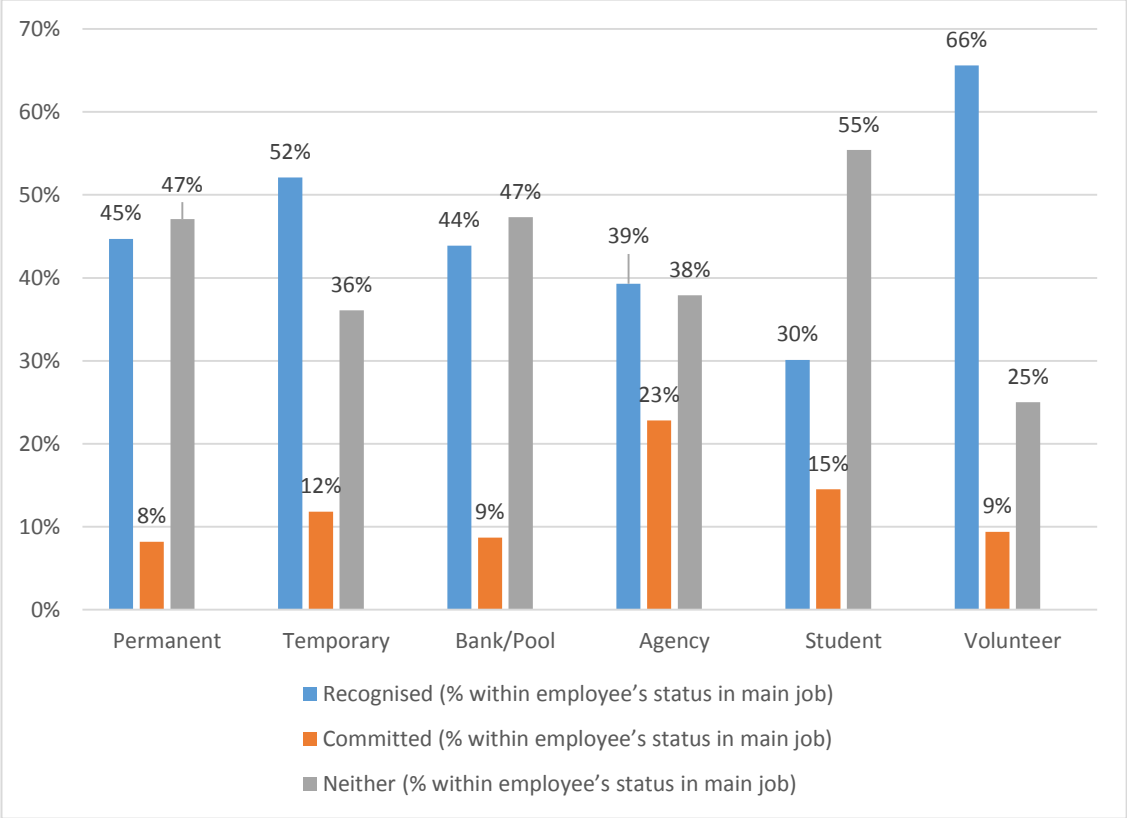


Figure 7: Percentage & Frequency of organisations who have IiP status by contract type

5.4.2 Induction status

ASC could be considered as behind in terms of induction related to the WERS UK workforce survey, who described the percentage of workplaces who provide induction training as 83% as of 2011. Considering the December 2014 NMDS-SC, 72% of care workers have completed or are currently completing an induction.

Interestingly, all groups except volunteers were likely to have completed an induction, with the three highest groups being agency workers (70%), permanent staff (64%) and bank or pool workers (60%) respectively considering the proportion of each contract type (please see the table and chart below for further detail: Table 16 and Figure 8 respectively). These figures have improved from the 41% displayed in 2009 (SfC 2010). However, it should be noted here that current guidance states all care workers should be given an induction (SfC 2015), and thus viewed in this way, there is still much progress to be made in reaching 100%. As mentioned in the literature review, it seems there is a large gap between policy aims and the reality of how many carers are in fact receiving an induction.

Table 15: Induction status depending on contract type

Induction Status	**Permanent**	**Temporary**	**Bank/Pool**	**Agency**	**Student**	**Volunteer**
Complete **(% within employee's status in main job)**	374,785 (67.8%)	14,511 (64.7%)	28,410 (62.5%)	9,157 (77.4%)	176 (65.7%)	633 (27.8%)
In Progress **(% within employee's status in main job)**	57,084 (10.3%)	3,911 (17.4%)	8,133 (17.9%)	1371 (11.6%)	62 (23.1%)	259 (11.4%)
Not applicable **(% within employee's status in main job)**	120,646 (21.8%)	4,003 (17.9%)	8,914 (19.6%)	1309 (11.1%)	30 (11.2%)	1,387 (60.9%)
Total	552,515 (100%)	22,425 (100%)	45,457 (100%)	11,837 (100%)	268 (100%)	2,279 (100%)

Source: SfC 2014 adapted by author

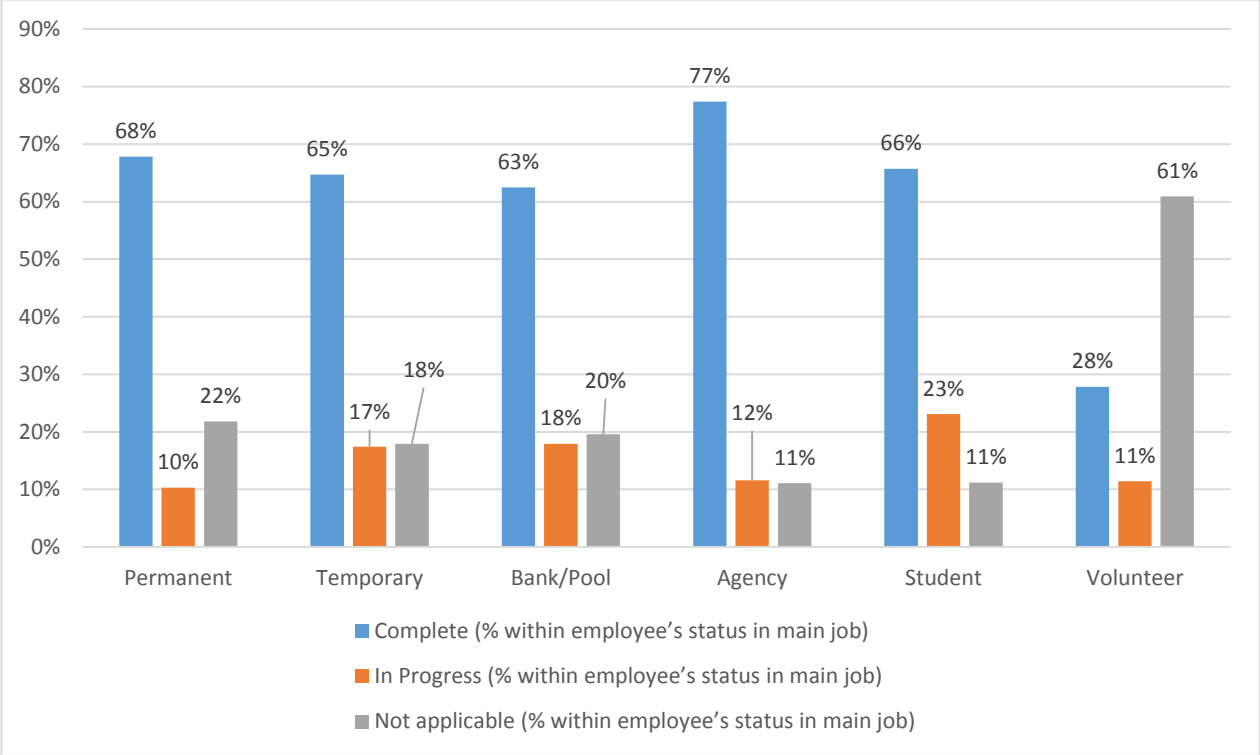


Figure 8: Percentages & Figures of induction status by contract type

5.4.3 Were there any particularly popular years for completing an induction?

The table below (17) describes the year an induction was completed for those care workers documented within the NMDS-SC 2014. It is worth noting the increase around 2005, when the Common Induction Standards became compulsory (SfC, formerly Topss England 2005). It is also of interest that this figure has in fact fallen slightly for 2014. 22,360 direct care workers were recorded as starting within the last 12 months on the NMDS-SC as of December 2014, which suggests that workers who had been at the firm longer than a year were also receiving an induction.

Table 16: Frequency & Percentage of year induction was completed

Year	Frequency	Percentage of the NMDS-SC 2014
2000	3,878	.6
2001	4,518	.6
2002	5,384	.8
2003	7,225	1
2004	9,024	1.3
2005	10,810	1.5
2006	12,211	1.7
2007	14,629	2.1
2008	20,555	2.9
2009	25,449	3.6
2010	31,894	4.5
2011	36,470	5.2
2012	49,157	7
2013	61,375	8.7
2014	50,931	7.2

[Please note: a data missing figure reported by SPSS for direct care worker new starters of 19,952 clarifies the disparity in figures here.]

5.4.4 Qualification levels by contract type

The most common qualification for all contract types is no qualification. The highest proportion of workers to have no relevant qualifications are bank or pool staff (44%), followed by permanent workers (31%) (Please see the figure below (9) and table in Appendix G). These are worrying statistics given the Skills for Care and Care Quality Commission's drive for more qualified workers in ASC. The amount of permanent workers who have no relevant qualifications total just under 184,000. Agency workers were also most likely to have other relevant qualifications which were not specifically recorded by the dataset (9% of agency workers).

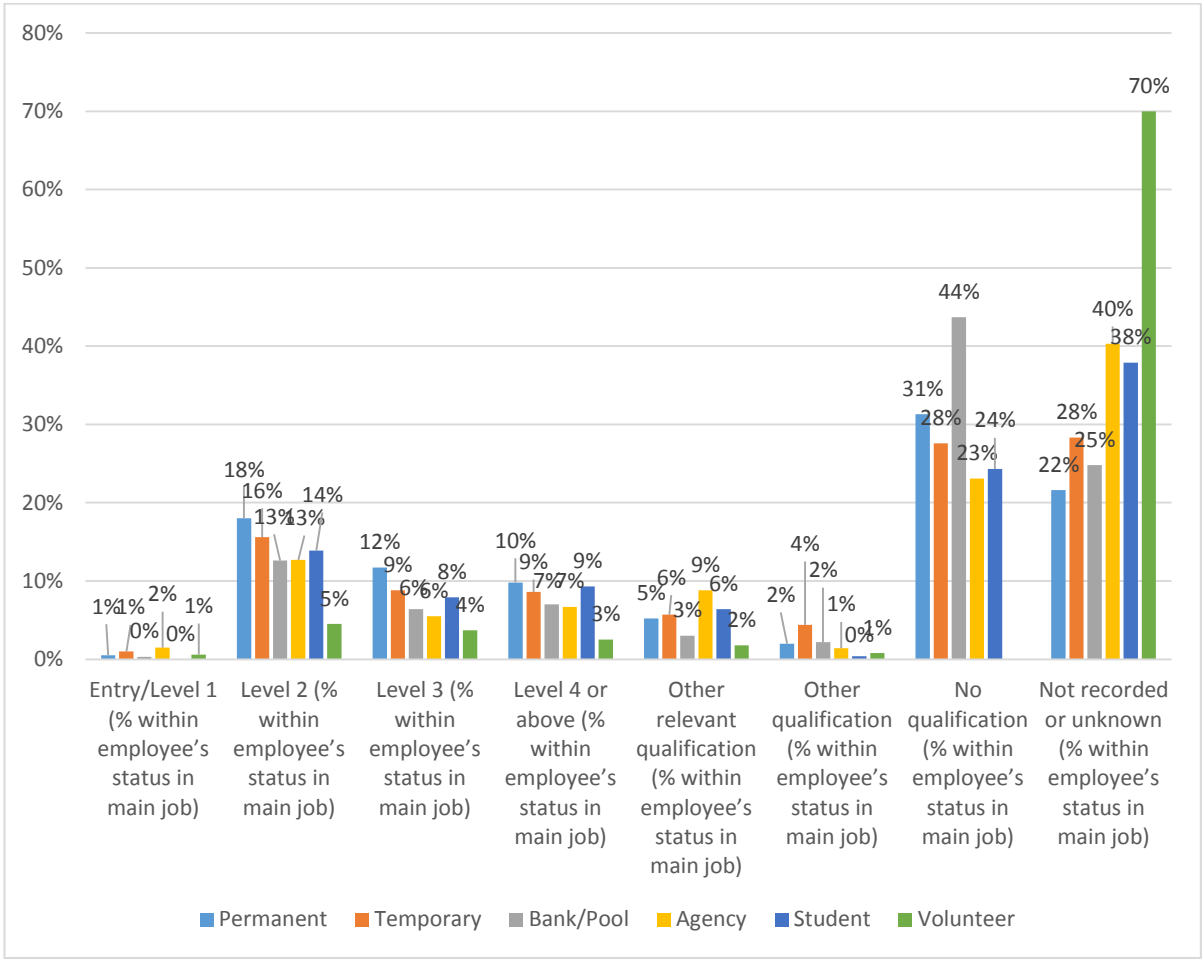


Figure 9: Percentage of qualification level by contract type

Following these initial descriptive statistics, a one-way between-groups multivariate analysis of variance (MANOVA) was performed to investigate whether contract type can affect the amount and type of development practices received. Therefore, the assumptions needed to be assessed in suitability, which is as follows. The Mahalanobis distance maximum= 13.9. Using the number of dependent variables as degrees of freedom (3) and an alpha level of .001, the critical value is 16.27 (Pallant 2005). As the obtained value of 13.9 is smaller than the critical value of 16.3, it is concluded that there are no substantial multivariate outliers in the dataset. Consideration of the extreme values has identified no examples over 13.9 and therefore no cases were deleted. Given that these variables are also categorical, they also do not satisfy the linearity assumption. A bivariate correlation was run on the dependent variables in order to identify potential multicolinearity, however only modest correlations were found (-.3, .5 and .3), therefore this assumption is satisfied.

Three dependent variables were used in the MANOVA: highest qualification level; induction status and investors in people (IiP) status. The independent variable was contract type. Preliminary assumption testing was conducted to check for normality, linearity, univariate and multivariate outliers, homogeneity of variance-covariance matrices, and multicollinearity, with issues relating to equality of variance and equality of error variances. Specifically, there was a range of 68 for the smallest cell, to 581,470 which was the largest cell, suggesting that violations to normality may not be an issue (Pallant 2005). Box's Test of Equality of Covariance Matrices has been violated as it is highly significant (p<.001). However, it has been previously suggested that Box's M may be too strict when applied to a large sample size such as the NMDS-SC (Tabachnick & Fidell (2001). Similarly Levene's Test of Equality of Error Variances is highly significant (p<.001), thus a more conservative alpha was applied (.025).

The analyses yielded a significant result (IDRE 2016); F (9, 693,327) = 2034.79, P=<.001); Pillai's Trace: Value= .077; Partial eta squared=.026. As the significance level is less than the value, there is a difference between the dependent variables. Thus, we can conclude that there is a statistically significant difference between contract types in terms of their development input. Pillai's Trace was reported due to its robust nature (Tabachnick & Fidell 2001) given the aforementioned assumptions being violated. In terms of how contract types differ, this was explored with considering the Bonferroni adjustment, dividing our original alpha (.05) by three in line with the three dependent variables. Therefore, only significant results with a probability (sig.) value of .017 will be considered (Pallant 2005). Here, all three dependent variables (highest qualification; investors in people status and completed induction) were highly significant (P<.001). Although considering the partial eta squared, there are only small effects, with .026, .010 and .041 being yielded. Induction status represented the most variance in terms of contract type, explaining 4.1%, followed by highest qualification level, at 2.6% (Pallant 2005; Cohen 1988). Looking at the estimated marginal means in further detail, permanent workers ($\bar{x}$ =1.28, SD=2.00) differed the most compared to bank or pool workers ($\bar{x}$=.77, SD=1.87). This suggests that permanent workers are more likely to have higher levels of qualification, although the analysis highlights only a small difference between permanent and bank or pool workers.

5.4.5 Does contract type affect whether the worker has achieved any of the qualifications listed?

The table below (18) progresses to consider if workers have completed any of the listed training categorised by contract type. This suggests that bank or pool workers were approximately 10 per cent less likely to have achieved qualifications compared to permanent workers.

Table 17: Contract type and whether any qualifications were achieved

	Permanent	**Temporary**	**Bank or Pool**	**Agency**	**Student**	**Volunteer**
No (% within employee's status)	250,877 (42.7%)	11,158 (43.6%)	26,927 (56.7%)	6,432 (48.9%)	155 (55.4%)	745 (31.7%)
Yes (% within employee's status)	277,288 (47.2%)	11,278 (44.1%)	14,963 (31.5%)	4,813 (36.6%)	106 (37.9%)	331 (14.1%)
Unknown	59,870 (10.2%)	3,147 (12.3%)	5,628 (11.8%)	1,908 (14.5%)	19 (6.8%)	1,277 (54.3%)
Total	588,035 (100%)	25,583 (100%)	47,518 (100%)	13,153 (100%)	280 (100%)	2,353 (100%)

To summarise these findings, an organisation's recognised or committed Investors in People status is unlikely to differ depending on contract type, with similar levels of completed induction between different contract types. Bank or pool workers were least likely to have completed an induction (63%) compared to temporary workers (65%) permanent (68%), and agency staff (77%). However, the literature suggests that temporary workforces may be less privileged in the respects of induction and qualifications (Rainbird et al 2011). The results here suggest it may be more nuanced than that, with agency workers being most likely to have completed an induction in terms of proportion within contract type. NMDS-SC data suggests that the overall frequency of

completed inductions has in fact fallen as of 2014. 'No qualification' was the most common level regardless of contract type, with highest percentages from bank or pool workers (44%) and permanent workers (31%), which highlights required improvements to this sector in terms of qualifications, in line with the recently proposed Care Certificate (Skills for Care, Skills for Health, Health Education England 2015). Other relevant qualifications were not specifically recorded by the NMDS-SC, therefore it is difficult to know why agency workers are more likely to have gained these qualifications. This is something which will be considered in more detail during the next chapter.

5.5 Research Question 2: What levels of qualifications (i.e. NVQ; QCF qualifications) do temporary care workers have in comparison with permanent care workers?

5.5.1 Comparing Contract Types

This question also relates to the first aim as well as the second aim, given that it investigates how HRD input may be different depending on contract type. In line with the literature regarding temporary workers in ASC, the figure below (10) indicates that bank and pool workers are the most likely to have no social care qualifications, with 44% of bank and pool workers having no relevant qualifications compared to 31% of permanent workers. Interestingly for temporary workers, 28% had no qualifications and 23% of agency workers respectively. Perhaps unsurprisingly, the qualifications of agency workers were much more likely to be unknown or not recorded, which is more common in all contract types compared with permanent workers.

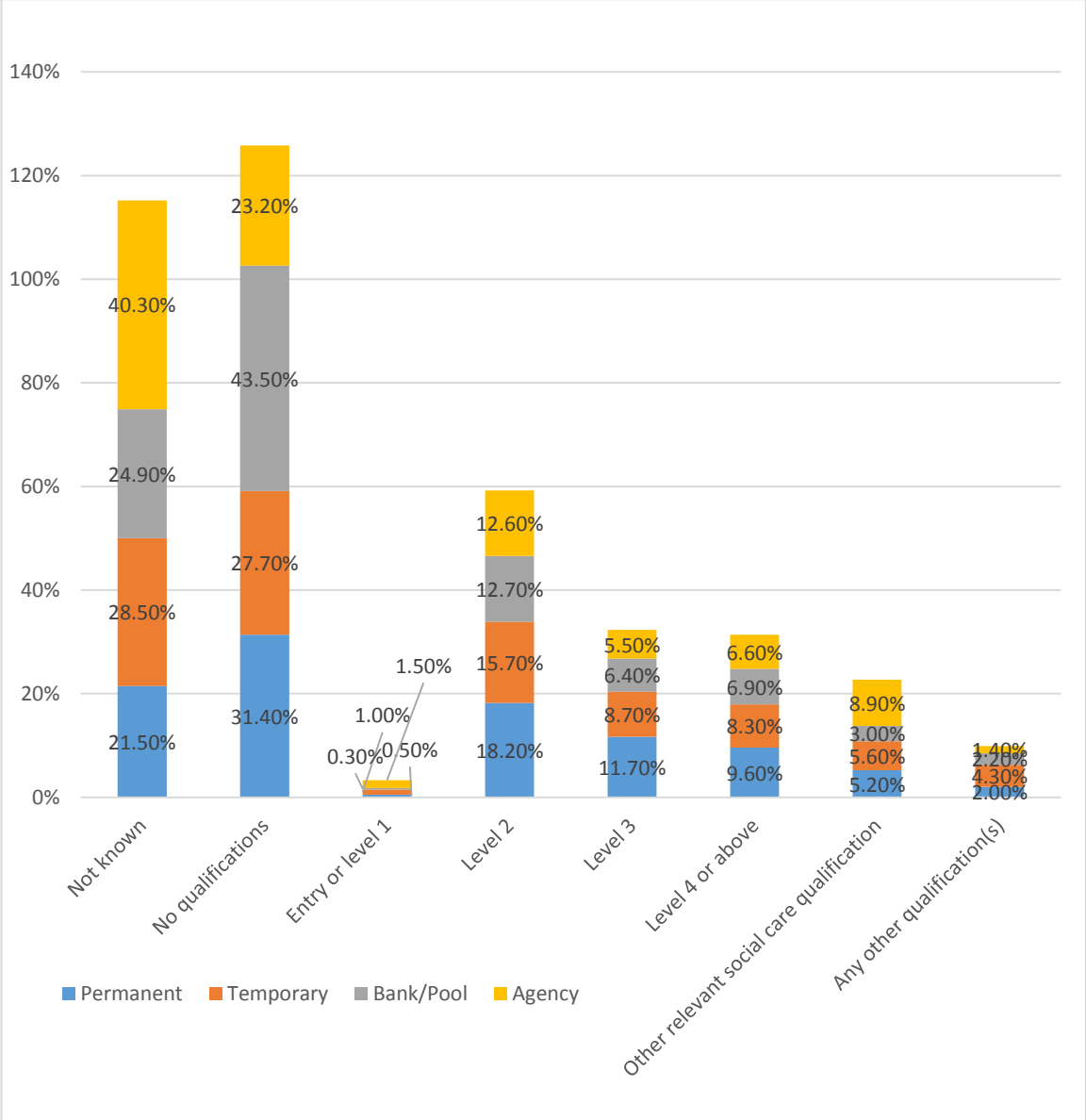


Figure 10: Percentage of contract type with specific qualification

The table below (19) demonstrates both the amount of care workers who have achieved each level of qualification, along with the percentage of each contract type who has achieved the qualification, in order to clearly display a proportion of care workers given that there is a much larger amount of permanent workers. In terms of NVQs, vast differences can be observed between permanent and all other types of temporary contract care workers, with higher NVQ qualifications, such as Level 2 and 3, showing the largest differences between these groups. Permanent workers are most likely to hold these qualifications.

Table 18: Level of qualifications by contract type

NVQs achieved	Permanent	Temporary	Bank/Pool	Agency
Not recorded or unknown (% within employee's status in main job)	123,806 (21.5%)	7,184 (28.5%)	11,703 (24.9%)	5,259 (40.3%)
No qualifications held **(% within employee's status in main job)**	180,248 (31.4%)	6,966 (27.7%)	20,439 (43.5%)	3,022 (23.2%)
Entry or Level 1 **(% within employee's status in main job)**	2,774 (0.5%)	262 (1.0%)	123 (0.3%)	196 (1.5%)
Level 2 **(% within employee's status in main job)**	104,413 (18.2%)	3,956 (15.7%)	5,987 (12.7%)	1,649 (12.6%)
Level 3 **(% within employee's status in main job)**	67,143 (11.7%)	2,201 (8.7%)	3,008 (6.4%)	714 (5.5%)
Level 4 or above (% within employee's status in main job)	54,991 (9.6%)	2,100 (8.3%)	3,265 (6.9%)	861 (6.6%)
Other relevant social care qualification *(% within employee's status in main job)*	29,977 (5.2%)	1,410 (5.6%)	1,422 (3.0%)	1,159 (8.9%)
Any other qualification(s) (% within employee's status in main job)	11,597 (2.0%)	1,086 (4.3%)	1,053 (2.2%)	185 (1.4%)
Total	574,949 (100%)	25,165 (100%)	47,000 (100%)	13,045 (100%)

A table and figure in the appendices (Appendix H) documents the figures and percentages within contract type displayed for specific NVQ qualifications, followed by awards, certificates and diplomas. Specific differences between permanent and agency staff appear to be the most pronounced, highlighting the increased likelihood of permanent workers to gain these qualifications. Following the consideration of NVQS by contract type, Awards, Diplomas and Certificates were then explored. Here, permanent workers were again the dominant achievers of these qualifications. Temporary workers were much less likely to obtain a Level 2 Diploma in Health and social care (dementia pathway),

than any other qualification, although this is still a much smaller percentage compared with levels of permanent workers for these qualifications. This is displayed in the following graph (11), where percentages per contract type are given.

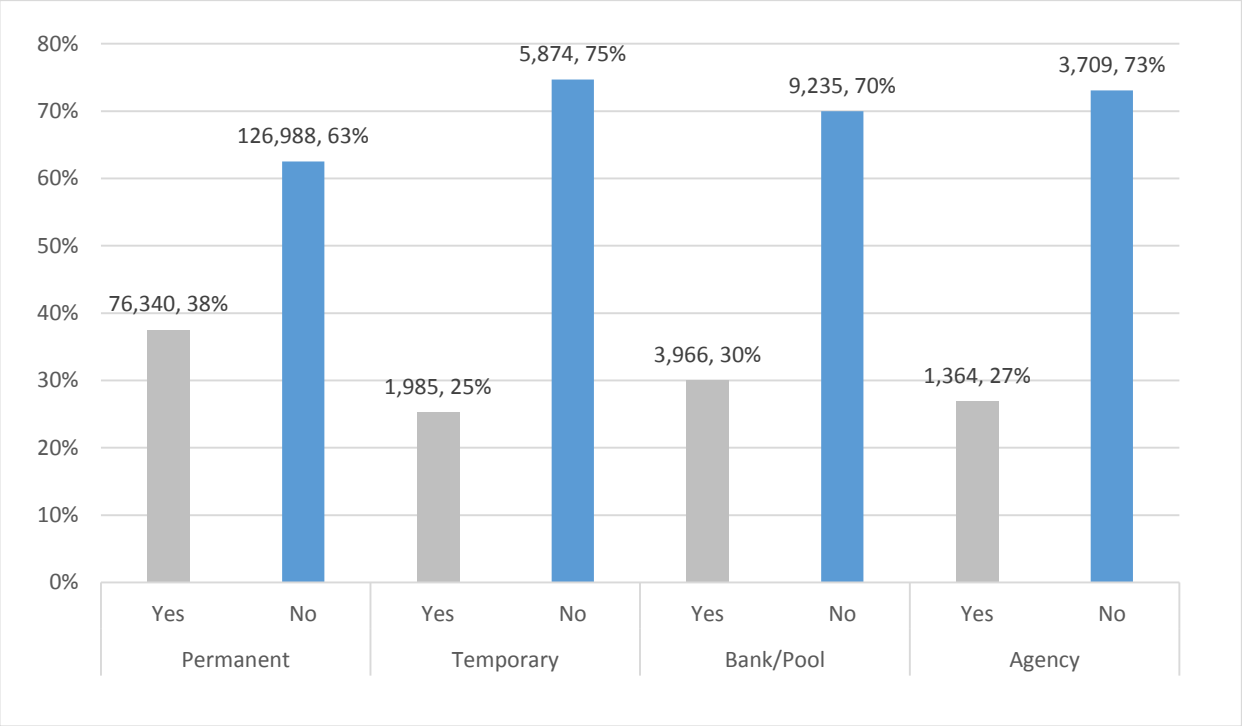


Figure 11: Frequency & Percentage by contract type of those receiving dementia training

The following figures (12, 13) show the proportion of workers who obtained two kinds of integral care work training in terms of their contract type. The figures again display a much higher amount of permanent workers in line with the workforce demographics, and often similar proportions of carers across contract types. Higher proportions of permanent care workers had received standard care related training, such as moving and handling, or safeguarding training. Although interestingly, permanent workers were less likely than temporary or agency staff to have been trained in medication handling, this raises some questions regarding the appropriateness of training, and whether carers are receiving a useful and holistic amount of training in order to complete their work competently. Some training was highlighted as less popular across all contract types, including permanent workers, specifically; positive behaviour & support and palliative care.

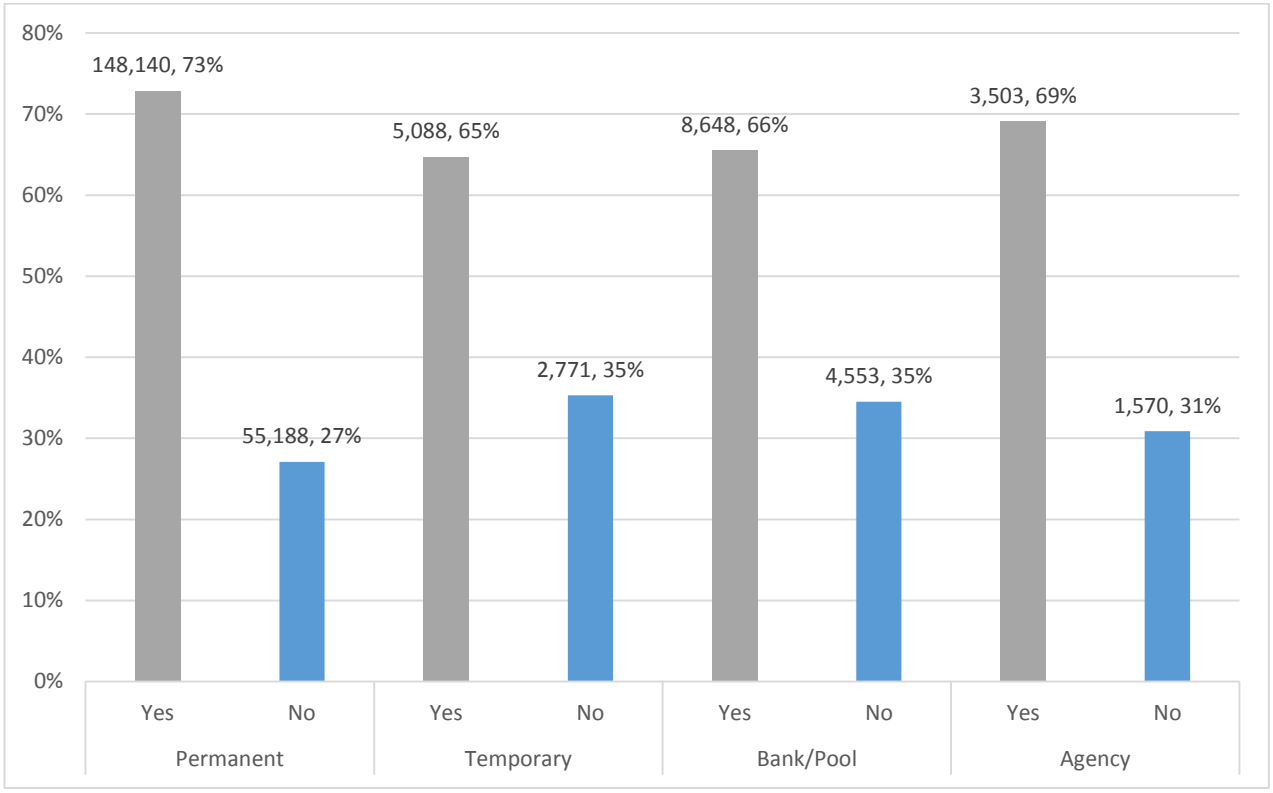


Figure 12: Moving & handling training by contract type

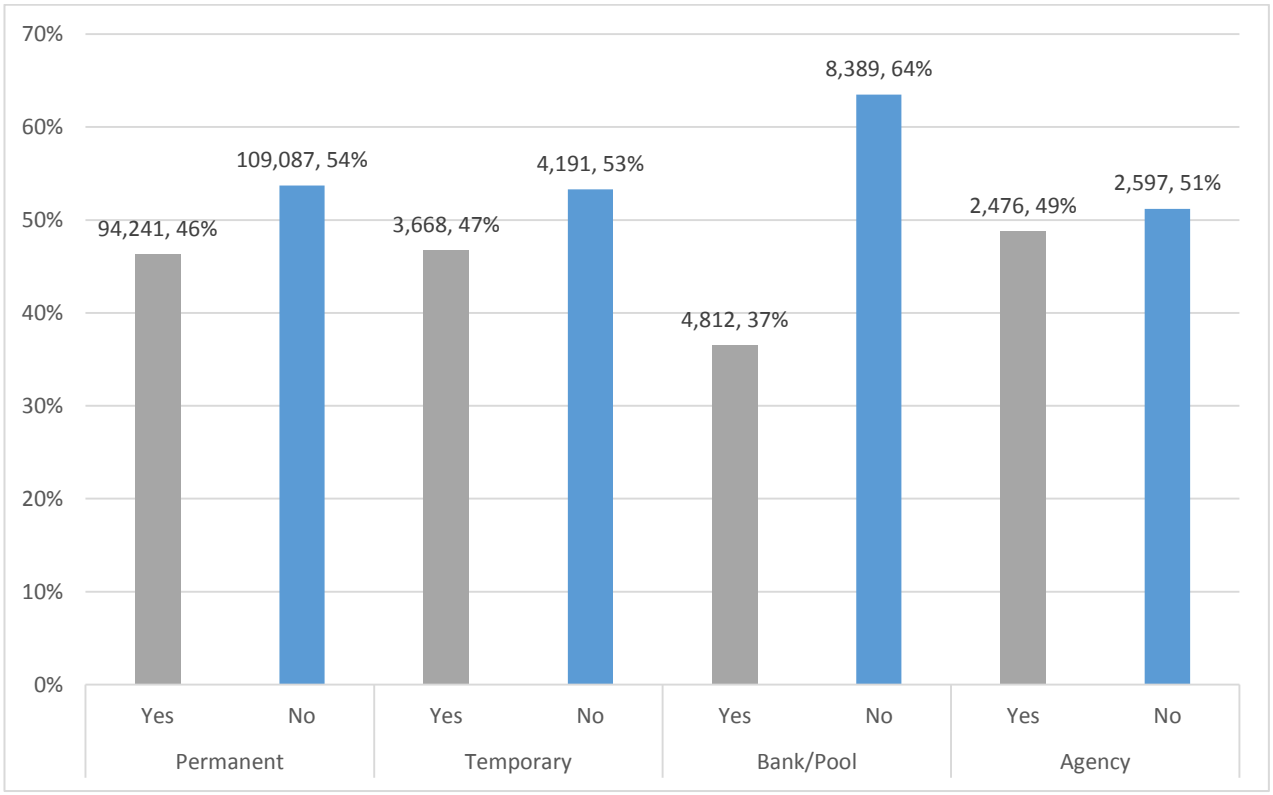


Figure 13: Medication handling & awareness training by contract type

A table in the appendices (Appendix I) documents the specific proportions of care workers within contract types for each qualification related to current training for NVQs, Awards, Certificates and Diplomas. These results imply that policy surrounding specialisms may be more unrealistic than previously thought, given that care workers do not currently appear to receive some basic areas of training, regardless of contract type.

5.5.2 Zero Hours Contract Workers

It was also of interest to explore which kinds of qualifications were most prevalent for those workers on zero hours contracts. Although the percentages are low, it should be noted that given the size of the dataset, 24% still equates to around 23,157 care workers. The most popular NVQ qualification for zero-hours staff was the NVQ 2 in Health and Social Care. The least popular qualification was the more advanced NVQ 4 in Care, although 101 carers were documented as completing this. 90% of those who had undertaken the NVQ 2 in Health and Social care had a permanent contract compared to 24% of carers with a zero hours contract. Similarly, 95% of those who had undertaken the NVQ 4 in care were permanent workers compared to just 4% of those on zero hour contracts. This is of importance given that the amount of care workers on zero hours contracts are increasing, and considering these figures, an increase in the proportion of zero hours contract workers may limit the qualification levels of the workforce.

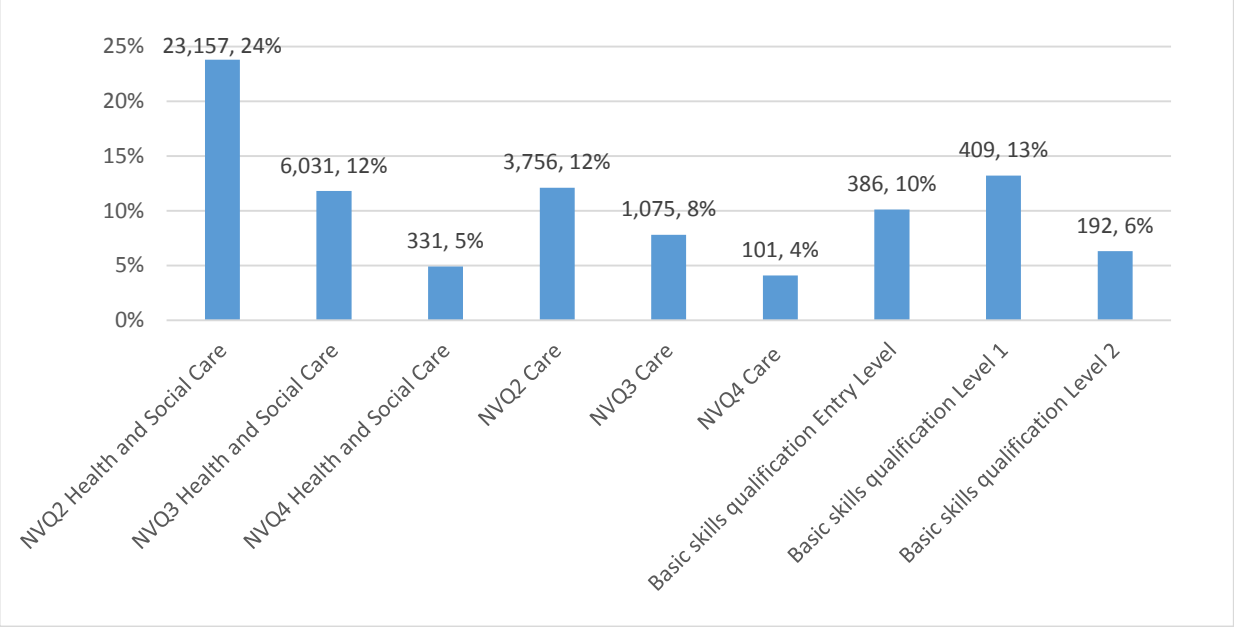


Figure 14: Levels of qualification for zero hours workers

For zero hours workers, the most commonly taken qualification was the Level 2 diploma in health and social care (26%, 2,173), with the least likely qualification being the level 3 certificate in dementia care (9%, 58). This suggests that zero hours workers are less likely to specialise in certain areas such as dementia, although this requires further investigation, and could be explored in further research. The level 3 certificate in preparing to work in adult social care was the most popular course (22%) for zero hours workers. The least popular course for zero hours workers was the Certificate in delivering chair based exercise with older adults (1%).

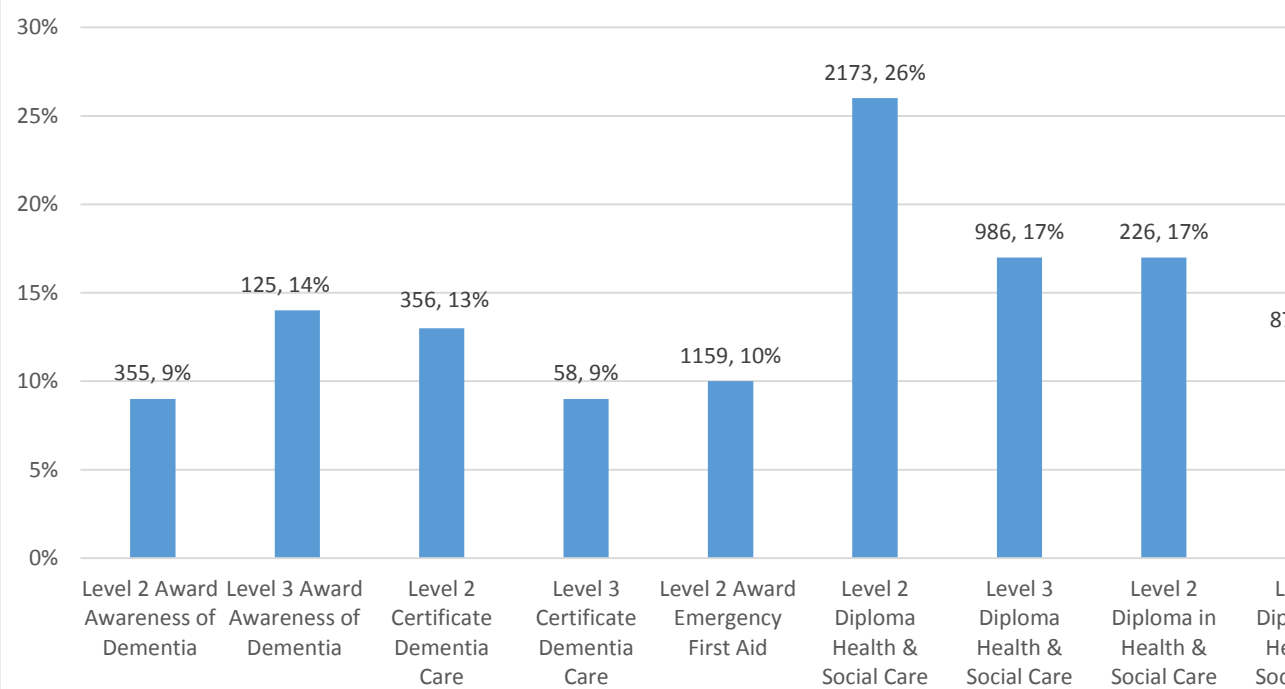


Figure 15: Awards, Certificates & Diplomas for zero hours contracts

To summarise research question 2, the nuances between contract types and qualification levels were explored, establishing that bank and pool workers were the least likely to have a social care qualification (44% with no relevant qualifications), compared to permanent workers (31%). Large differences are observed between permanent workers and other contract types in terms of NVQs, diplomas and certificates. The finding that higher proportions of permanent carers received standard care related training such as moving and handling or safeguarding, yet less training than temporary or agency staff for medication training suggests a general lack in holistic training regardless of contract type.

Finally, in terms of zero hours contract workers, a smaller amount (24%) were qualified with an NVQ 2 in Health and Social Care, versus a majority of those with a permanent contract. Given the increasing numbers of zero hours contracts and reduced levels of qualifications for this group, it seems increasingly important that temporary workers are qualified and competent to work in ASC.

5.6 Research Question 3: Does contract type (permanent; temporary; bank or pool; agency) predict level of qualifications when gender and age are controlled for?

This research question is focusing upon the first aim, and the second aim through a broader range of individual demographics; contract type, age and gender. A hierarchical multiple regression was conducted, to explore how well the predictor variable, contract type could explain the level of qualifications achieved when the demographics age and gender were controlled for. This allowed contract type and level of qualifications to be investigated while disregarding age and gender. Hierarchical regression was selected given that age and gender have been previously considered as known predictors for qualification levels (Skills for Care 2014; Cameron & Moss 2007).

The R^2 value for model 1 = .022, explaining 2.2 per cent of the variance. The R^2 value for model 2 = .039, explaining 3.9 per cent of the variance. The R^2 change = .017 for model 2, suggesting that contract type explains an additional 1.7 per cent of the variance in qualification levels, when the effects of age and gender are statistically controlled for. The ANOVA states that this is significant [F (3, 594,486)= 9354.19, p<.0001]. In terms of the coefficients table, all variables were considered statistically significant (P<.0001). Considering the beta values, age of the worker had the biggest contribution (beta=.14), followed by contract type (beta=.13) and then the worker's gender (.01). This suggests that age is more of a predictor for qualification level than contract type and gender.

Table 19: Hierarchical Regression considering all types of ASC contract

		b	SE b	β
Step 1	Constant	-0.07	0.01	
	Age of worker	0.02	0	.15***
	Gender of worker	0.16	0.01	.04***
Step 2	Constant	-1.42	0.02	
	Age of worker	0.02	0.00	.14***
	Gender of worker	0.06	0.01	.01***
	Contract type	0.01	0.00	.13***

Note. R^2 = .02 for Step 1: ΔR^2 = .04 for Step 2 (*ps* <.05). ***p< .001.

It should be noted that dummy variables were not used in the above hierarchical regression for the categorical variable contract type, as is recommended (Field 2014). This is because use of dummy variables for this analysis yields only results for agency workers, as temporary contract worker and bank or pool worker results were constants and had missing correlations. Due to this issue, the variable was recoded as a dichotomous permanent versus non-permanent workforce variable, which will be described later in this section (Hierarchical analyses). The results for the agency workers as mentioned above are as follows.

The R^2 value for model 1 = .022, explaining 2.2 per cent of the variance. The R^2 value for model 2 = .023, explaining 2.3 per cent of the variance. The R^2 change = .001 for model 2, suggesting that the agency contract type explains a small, additional 0.1 per cent of the variance in qualification levels, when the effects of age and gender are statistically controlled for. The ANOVA states that this is significant [F (3, 512,910)= 4692.52, p<.0001]. In terms of the coefficients table, all variables were considered statistically significant (P<.0001). Considering the beta values, again, age of the worker had the biggest contribution (beta=.14), followed by the worker's gender (.04) and then whether the care worker was an agency worker (-.03). Therefore, although contract type was the second biggest contribution in the last analysis, when considering specifically agency workers, this was a less important factor in predicting qualification level.

Table 20: Hierarchical Regression considering agency workers

		b	SE b	β
Step 1	Constant	-0.07	0.01	
	Age of worker	0.02	0.00	.15***
	Gender of worker	0.16	0.01	.04***
Step 2	Constant	-0.04	0.01	
	Age of worker	0.02	0.00	.14***
	Gender of worker	0.16	0.01	.04***
	Agency worker	-0.38	0.02	-.03***

Note. R^2 = .02 for Step 1: ΔR^2 = .02 for Step 2 (*ps* <.05). ***p< .001.

5.6.1 Hierarchical regression Permanent worker versus all Temporary workers – highest qualification

The R^2 value for model 1 = .022 explaining 2.2 per cent of the variance, and the R^2 value for model 2 = .025 explains 2.5 per cent of the variance. The R^2 change = .003 for model 2, suggesting that contract type explains an additional 0.3 per cent of the variance in qualification levels, when the effects of age and gender are statistically controlled for. The ANOVA states that this is significant [F (3, 594,486)= 5707.66, p<.0001]. In terms of the coefficients table, all variables were considered statistically significant (P<.0001). Considering the beta values, again age of the worker had the biggest contribution (beta=.14), followed by contract type (beta=.05) and then the worker's gender (.04). Therefore although the results show a highly significant difference between permanent and all temporary workers, contract type only explains an additional 0.3 per cent of the variance in the highest qualification variable. Age appears to have the largest impact, of the individual demographics, on highest qualification level.

Table 21: Hierarchical Regression considering contract type and highest qualification

		b	SE b	β
Step 1	Constant	-0.07	0.01	
	Age of worker	0.02	0	.15***
	Gender of worker	0.16	0.01	.04***
Step 2	Constant	-0.61	0.02	
	Age of worker	0.02	0	.14***
	Gender of worker	0.16	0.01	.04***
	Contract type	0.31	0.01	.05***

Note. R^2 = .02 for Step 1: ΔR^2 = .03 for Step 2 (*ps* <.05). ***p< .001.

5.6.2 Hierarchical regression Permanent worker versus all Temporary workers – induction

The R^2 value for model 1 = .013 explaining 1.3 per cent of the variance, and the R^2 value for model 2 = .013, explaining no extra variance. The R square change is thus = 0 for model 2, suggesting that contract type explains no additional variance in obtained induction levels, when the effects of age and gender are statistically controlled for. The ANOVA states that this is still significant, however [F (3, 594,486)= 3008.50, p<.0001]. In terms of the coefficients table, all variables except contract type (P=.164) were considered statistically significant (P<.0001). Considering the beta values, here gender of the worker had the biggest contribution (beta=.09), followed by age of the worker (beta= -.07). This implies that age and gender of a worker are more dominant predictors of achieved induction than contract type. Less variance in induction was explained by contract type compared to highest qualification, with no significant relationship between the two variables. For induction, gender of the worker had the largest impact on induction status, followed by age of the worker.

Table 22: Hierarchical Regression considering contract type and achieved induction

		b	SE b	β
Step 1	Constant	0.91	0.01	
	Age of worker	-0.01	0	-.07***
	Gender of worker	0.26	0	.09***
Step 2	Constant	0.92	0.01	
	Age of worker	-0.01	0	-.07***
	Gender of worker	0.26	0	.09***
	Contract type	-0.01	0.01	0

Note. R^2 = .01 for Step 1: ΔR^2 = .01 for Step 2 (*ps* <.05). ***p< .001.

Therefore, to summarise research question 3, it appears that contract type is more of a predictor of highest qualification achieved than whether an induction has been completed. It should be noted that in terms of the individual demographics considered, age appears to be the most significant predictor of both qualification level and induction status.

5.7 Research Question 4a: Does the level to which staff are qualified change related to organisation size?

For the following two research questions, organisational demographics (i.e. size) will be considered in terms of worker outcomes (i.e. turnover) and HRD input (i.e. highest level of qualification), exploring both quantitative research aims. The figure below (16) demonstrates the differences between small and large organisations in terms of qualification level. It was of interest whether the level to which staff are qualified changes related to organisation size. One way ANOVA was undertaken, although displayed violations in terms of homogeneity of variances (Levene's Test for Equality of Variances =<.001). It was, however, deemed appropriate to include in the research question, given the high level of significance and the distinction highlighted between organisation sizes,

which requires further investigation. Please note the y axis below refers to the mean total number of employees, and therefore has an irregular range of 70-120 employees.

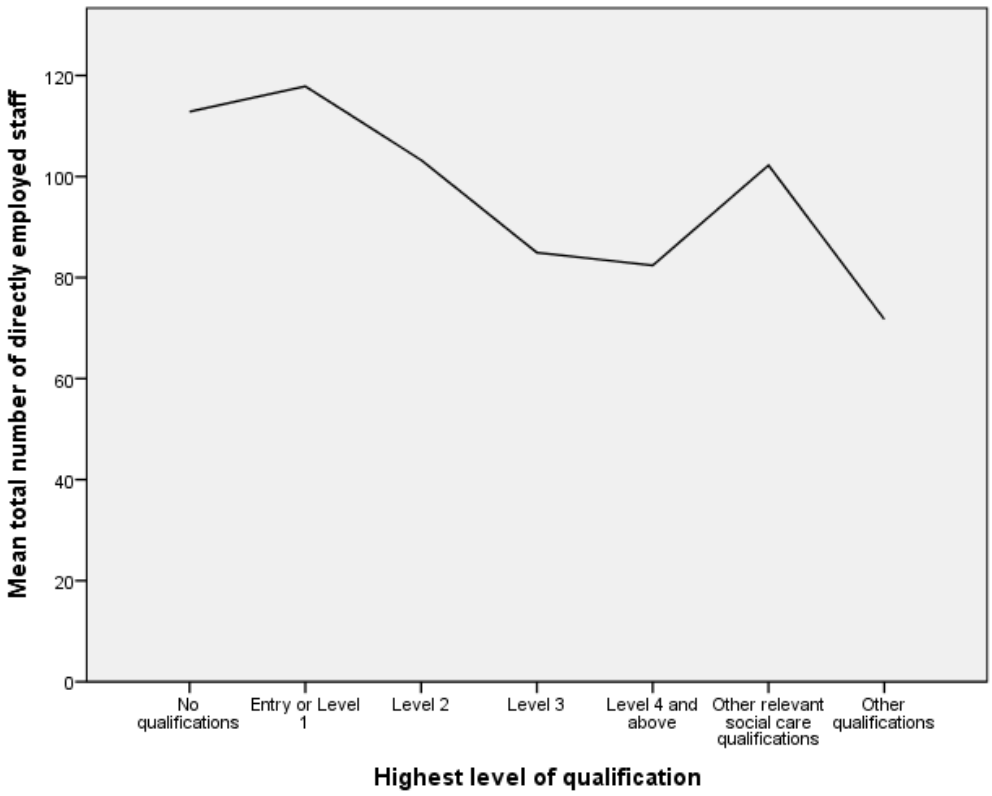


Figure 16: Organisation sizes and mean qualification level

5.7.1 Does level of qualification depend upon organisation size and contract type?

The figure below (17) explores whether organisation size relates to contract type and mean level of qualification. Here a value of 1 equates to entry level or level 1 qualifications and 2 represents level 2 qualifications, with 0 being no qualifications and -1 meaning it was not recorded. Interestingly, as the company size increases, the mean level of highest qualification generally reduces, suggesting that micro organisations have more qualified workers. Qualification levels are particularly low for agency workers, a mean across all organisation sizes was calculated ($\bar{x}$ =0.5) as well as for bank or pool workers ($\bar{x}$=0.8). Permanent and temporary worker means demonstrated higher qualifications respectively ($\bar{x} = 1.4\ and\ \bar{x} = 1.3$).

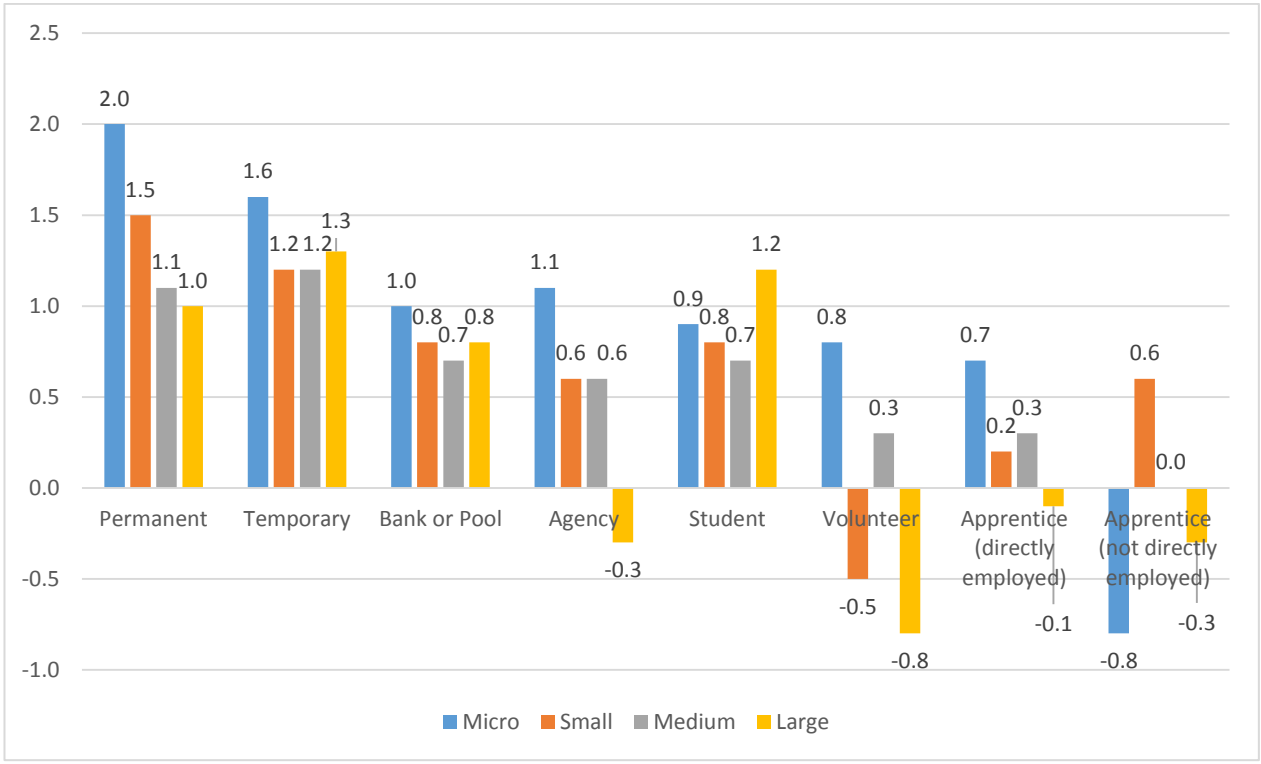


Figure 17: Organisation size by mean highest qualification and contract type

The following figure (18) conversely demonstrates percentages of highest qualifications by organisation size (Please find in table form as Appendix J). Again, care workers in larger and medium firms appear to be least qualified. This is something which will be further explored in the qualitative work, as it appears to oppose the literature, which suggests micro and small firms may provide less ongoing training as they lack the resources to provide this for staff (Rubery & Urwin 2011).

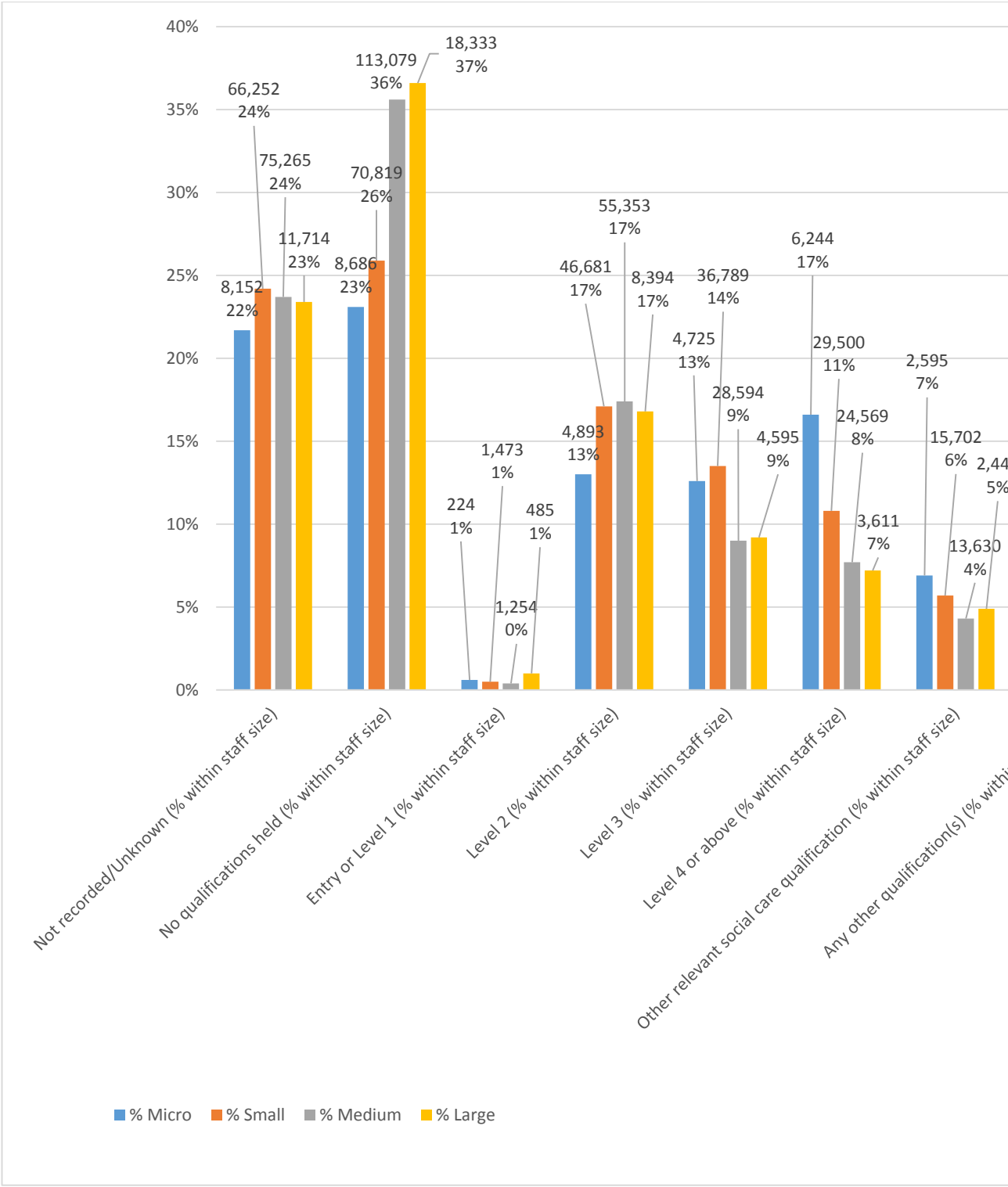


Figure 18: Qualifications by organisation size

In summary of research question 4a, as firm size increases, the level of qualification appears to reduce, suggesting that micro and small organisations have the most qualified workers, despite having less resources and less flexibility for training. Qualification levels are also generally rather low for agency workers and bank or pool workers. This idea that

care workers in larger organisations are less qualified will be further explored in the qualitative work, as it appears to be contradictory to previous research (Rubery & Urwin 2011).

5.8 Research Question 4b: Does organisation size affect amount of worker turnover?

As explored by Hussein & Manthorpe (2011), it is of interest whether organisation size affects turnover in ASC. Although this has previously been considered with the finding that turnover was significantly lower for larger organisations, they noted that the sample size for larger organisations was much smaller within the NMDS-SC than the other documented organisation sizes, making the validity questionable.

A cross tabulation was undertaken in order to establish more information about the relationship between organisation size and amount of turnover in the last 12 months for direct care workers. The table and figure below (24 and 19 respectively) consider the proportion of turnover, controlling for the size of each organisation (i.e. micro, small, medium and large). This suggests that regardless of firm size, small and medium organisations have the highest proportion of turnover, regardless of the number of employees. The nuances between firm sizes may link to the recent finding that high amounts of vacancies related to lower quality of care in terms of CQC inspection ratings (SfC 2016).

Table 23: Proportion and amount of care worker turnover by organisation size

	Organisation Size				
	Micro	Small	Medium	Large	Total
Total care workers	20,307	160,380	216,527	38,671	435,885
Total care worker turnover	3,538	36,194	52,161	6,738	98,631
Care worker turnover rate (%)	17.42	22.57	24.09	17.42	22.63

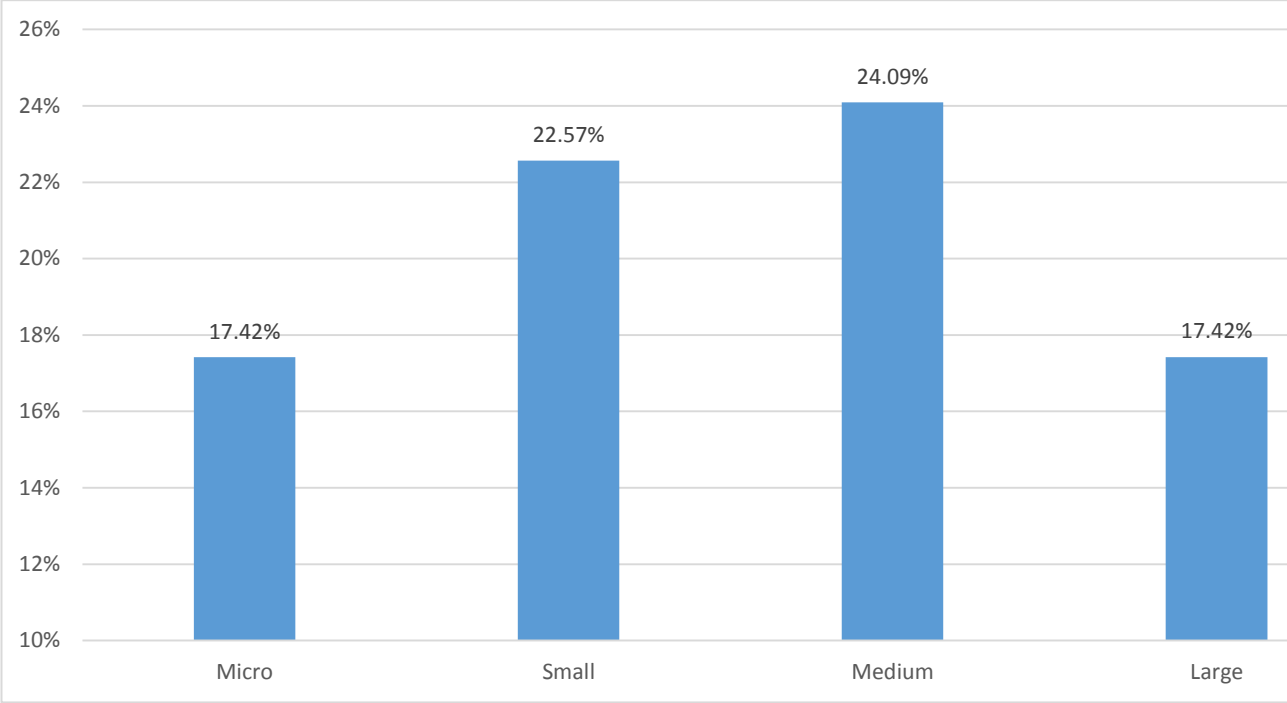


Figure 19: Care worker turnover rate

5.8.1 Subsidiary organisations and qualification levels

Subsidiary organisations were then considered in order to establish potential differences in qualification funding between larger companies and smaller ones. The table below (25) seems to suggest that establishments who are subsidiary organisations are less likely to have qualifications recorded, although it is unclear if this is because subsidiary establishments are less common, as would be supported by the number of carers documented in subsidiary organisations. Looking at the percentages, however, both subsidiary and non-subsidiary firms are likely to hold no relevant qualifications (12,278 and 205,926 respectively).

Table 24: Crosstab of qualifications related to if the organisation is a subsidiary

	Establishment is not **a subsidiary**	**Establishment** is **a subsidiary**	**Total**
Not recorded or unknown (% within highest qualification achieved)	158,075 (94.9%)	8,506 (5.1%)	166,581 (100%)
No qualifications held (% within highest qualification achieved)	205,926 (94.4%)	12,278 (5.6%)	218,204 (100%)
Entry or Level 1 (% within highest qualification achieved)	3,343 (97.3%)	93 (2.7%)	3,436 (100%)
Level 2 (% within highest qualification achieved)	111,972 (96.6%)	3,929 (3.4%)	115,901 (100%)
Level 3 (% within highest qualification achieved)	71,634 (95.3%)	3,552 (4.7%)	75,186 (100%)
Level 4 or above (% within highest qualification achieved)	61,107 (95.3%)	3,035 (4.7%)	64,142 (100%)
Other relevant qualification (% within highest qualification achieved)	32,292 (91.4%)	3,038 (8.6%)	35,330 (100%)
Any other qualification(s) (% within highest qualification achieved)	13,731 (94.3%)	826 (5.7%)	14,557 (100%)

To summarise, when considering the proportion of turnover by organisation size, small and medium organisations account for a larger amount of turnover, at 23% and 24% respectively. The qualitative work will explore in more detail why this might be the case. In terms of subsidiary organisations, it is of interest if there is less training and the qualitative research aims to gain an understanding of why 'other relevant qualifications' were the most commonly documented type achieved.

5.9 Research Question 5: Do different ASC care types (i.e. residential; day; domiciliary care) differ in amount of temporary staff, the level they are qualified, and turnover?

As previously mentioned, Hussein & Manthorpe (2011: 22) investigated turnover and sector, finding that turnover rates were highest in the private sector; "The majority of care services in England are provided by the private sector; at the same time, the private sector is characterised by significantly lower pay levels and harder working conditions". It is of interest whether this is still the case, and furthermore if the amount of temporary staff and amount of qualifications are higher in certain sectors.

First, the organisation demographics were considered with regards to the type of ASC sector, contract type and highest level of qualification. This addresses the first and second aims, which intend to explore the relationship between care organisations and their staff, as well as the qualifications that they have achieved.

5.9.1 Descriptive Statistics

The table below (26) displays the amount of staff within each sector in December 2014, as documented by Skills for Care (NMDS-SC), demonstrating the prevalence of both residential (57%) and domiciliary care (31%).

Table 25: NMDS-SC Population by sector December 2014

	Frequency	**Percent**
Adult residential care	362,800	57
Adult day care	19,581	3
Adult domiciliary care	199,481	31
Adult community care	53,934	9
Total	635,796	100

5.9.2 Qualification levels by ASC sector

The figure below (20) considers differences in qualification levels for each ASC sector, suggesting that adult residential care has the most amount of care workers (129,809) who have no qualifications, although this equates to 35% of residential care workers (Please see table form as Appendix K). Figure 20 allows us to establish the percentage of the workforce within each sector, regardless of each sectors respective size. Although, actual figures have also been added here for clarity. Adult day and community care stand out as more qualified than other sectors, with 34% within community care obtaining a level 4 award or above, and 20% of day care workers obtaining a level 3 award.

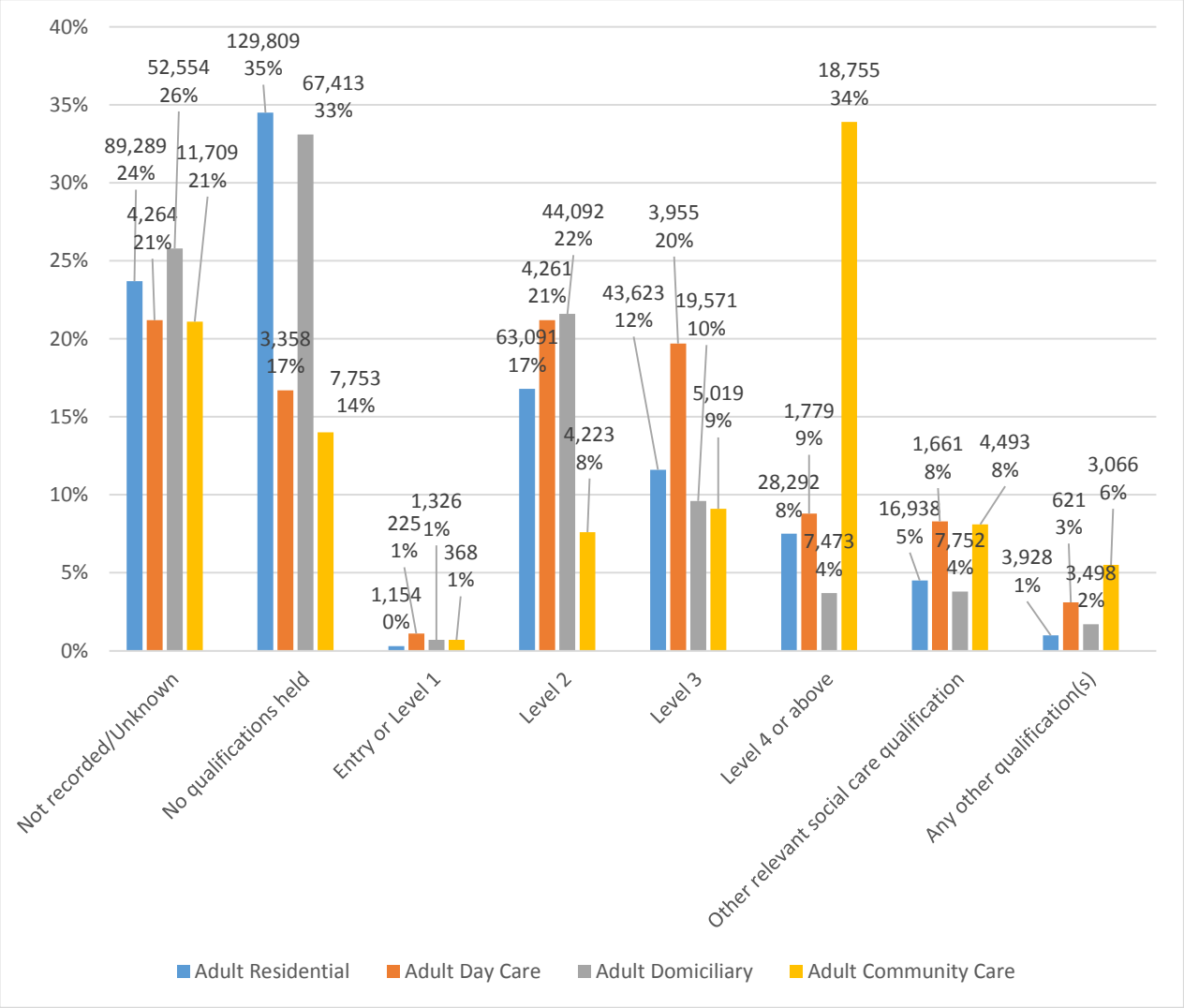


Figure 20: Qualification levels by ASC sector

5.9.3 Do qualification levels significantly differ depending upon the ASC sector?

A one-way between-groups analysis of variance (ANOVA) was conducted to explore the impact of ASC sector on qualification levels, as recorded by the NMDS-SC, December 2014. Qualifications were coded in terms of level of training, with lower values representing a lack of training, and higher values representing higher levels of training (0=No qualifications held; 1=Entry or Level 1; 2=Level 2; 3= Level 3; 4= Level 4 or above). The ANOVA was highly significant [F(5, 594,486)=6369.59, p=<.0001]. Highest average qualification levels were found to be within Adult community care and day care ($\bar{x}$ =2.31, SD=2.33; $\bar{x}$ =1.76, SD=2.08). Lowest average qualification levels were within domiciliary care and residential care ($\bar{x}$ =0.91, SD=1.82; $\bar{x}$= 1.04, SD=1.89 respectively).

Although no continuous variables have been used, which should be considered when interpreting the results, as well as the large sample size, which may have effected statistical significance (Pallant 2005). The homogeneity of variances assumption was also violated (Levene statistic = <.0001), and the effect size calculated using eta squared was calculated as =0.04 (121619.635/2805677.658). Post-hoc comparisons using the Tukey HSD (Pallant 2005) test indicated that the all mean scores within ASC sector were significantly different, except for residential and healthcare. The largest significant difference was between community care and domiciliary care (1.402).

To summarise, aims for this research question were to establish whether ASC sector, namely residential care, day or domiciliary care organisations differed in level of turnover, amount of staff with a temporary contract, and the level to which the staff are qualified. The exploration of these areas in research questions 4a and 4b led to some unexpected results regarding organisation sizes, qualifications and turnover. In this question the emphasis was on ASC sector specifically. It should also be emphasized that residential care and domiciliary care are the two most dominant forms of ASC, at 57% and 31% respectively. In terms of proportion residential (35%) and domiciliary care (33%) stand out as the sectors with staff who hold no relevant qualifications. In terms of the highest documented qualification, level 4, community care staff are most likely to have completed this, with 34% of day care workers holding a level 4 qualification or above. The ANOVA should be interpreted with caution, although it should be noted that results

support the significant differences between day; community care and domiciliary; residential care in the ASC sector.

5.10 Research Question 6: Do different organisation types (i.e. LEA; private; charity) differ in amount of temporary staff and the level to which they are qualified?

Different types of organisation were explored for this question, addressing the first and second aims which proposed exploring HRD use through qualifications, and the relationship between care organisations and their staff.

5.10.1 Descriptive Statistics

The following table (27) details the dominance of private organisations within social care (52%). Voluntary services are the least popular organisation type (21%).

Table 26: NMDS-SC Population by establishment type December 2014

	Frequency	**Per cent**
Statutory local authority (Adult Services)	5,943	27.2
Private sector	11,328	51.8
Voluntary	4,591	21.0
Total	22,805	100

5.10.2 Qualification levels by establishment type

Worker qualifications were then considered in order to further understand the qualification levels by firm type. Given that the private sector dominates ASC in terms of establishment type, percentages focus upon the amount related to each organisation, in order to avoid confusion (Please see below chart 21 and Appendix L for table). Both the private and voluntary sector appear to have the largest percentage of care workers who have no relevant qualifications (36% and 34% respectively), with local authority adult services having the lowest percentage with no relevant qualifications (15%). The local authority adult services have the highest percentage of workers for every level of

qualification, with the exception of level 2 qualifications, where local authority adult services is joint highest with the voluntary sector (19%).

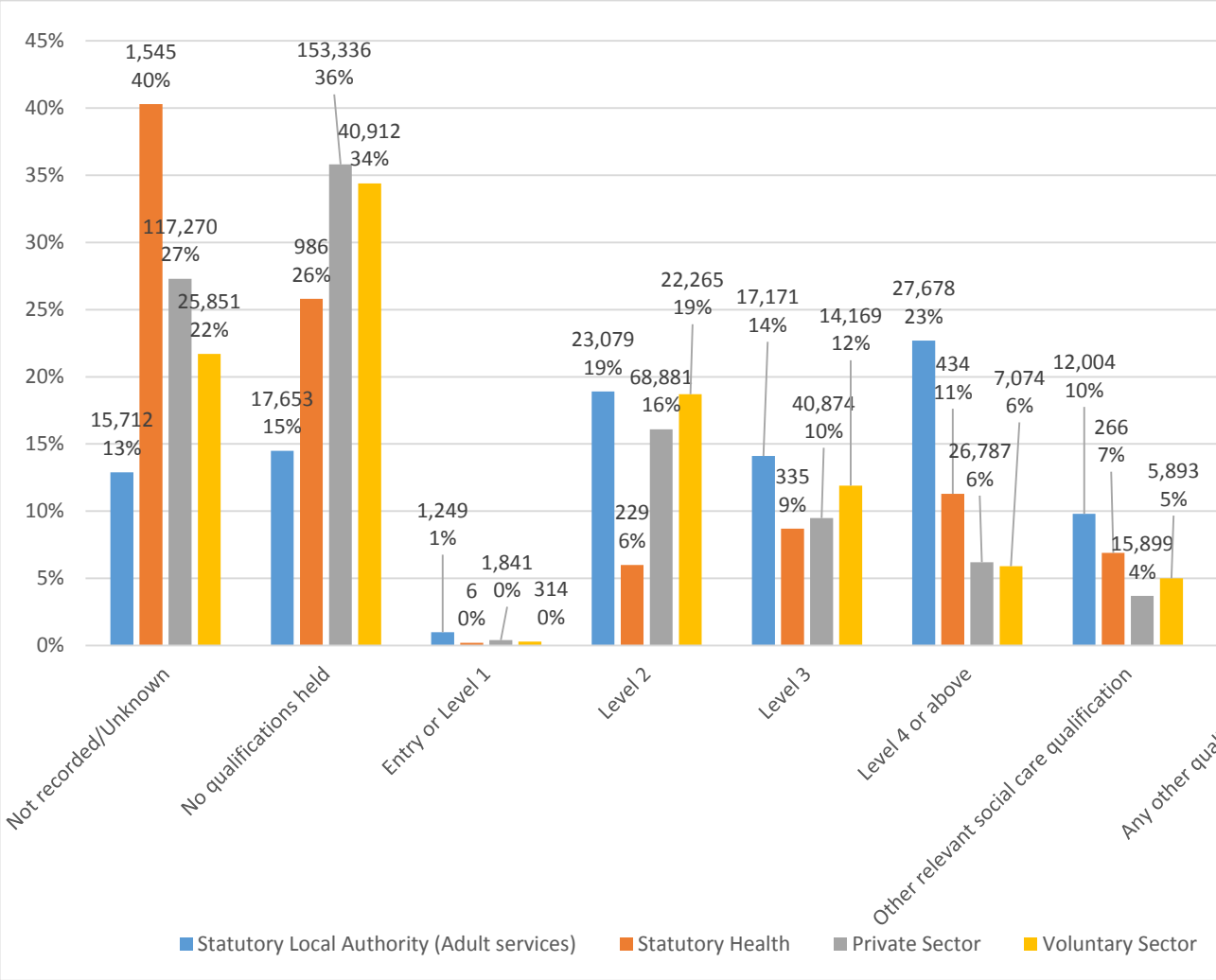


Figure 21: Qualification levels by establishment type

To summarise question 6, the previous findings regarding individual and organisational demographics were built upon, through introducing an additional variable, namely organisation type (i.e. whether the firm was private, not for profit or local authority). In line with previous research (SfC 2014 State of the workforce), private organisations dominated the ASC sector, with a proportion of 61%. Private and voluntary sector services have the highest percentages of workers who have no relevant qualifications (36% and 34%), with local authority services having higher levels workers with each qualification. This is increasingly important given the large scale reductions in local authority care workforces in recent years, and raises questions over whether private and

not for profit organisations are doing enough to equip care workers with necessary skills to ensure

5.11 Research Question 7: Is pay a significant predictor of work outcomes (i.e. turnover) moderated by demographics (individual; organisational) and mediated by highest level of qualification.

This research question aims to incorporate both aims 1 and 2, exploring how aspects of HRD, such as highest qualification level, and demographics (individual and organisational) impact upon work outcomes, in this case, worker turnover. Three separate Moderated Mediated Regression analyses were undertaken. Details of the sample characteristics can be found in the appendices as Appendix M.

5.11.1 Moderated Mediated Regression Equation & Summary

The figures below (22; 23) display the main structure of each moderated mediated regression which was undertaken in this question (except for any provisional regression analyses which are clearly highlighted). The moderated mediated regression serves as a method for combining the previous analyses in this chapter, which are elements of the conceptual framework, namely aspects of the organisation (i.e. the HRD input; firm demographics), the care worker (i.e. worker demographics) and outcomes (i.e. worker turnover). The interaction of X, M and Y is representing the predictor, a method of HRM input, the mediator HRD use, and the outcome, worker turnover in the last 12 months. The 'W' mentioned in the second figure represents an additional moderator, and is relevant to the equation when more than one moderator has been considered for the analysis, for example both size of the firm and ASC sector are explored. When only one moderator has been explored, this is detailed as 'Z'. The use of 'W' and 'Z' allow for a visual representation of the pathways explored in the current analyses, and the areas where beta values and significance were documented.

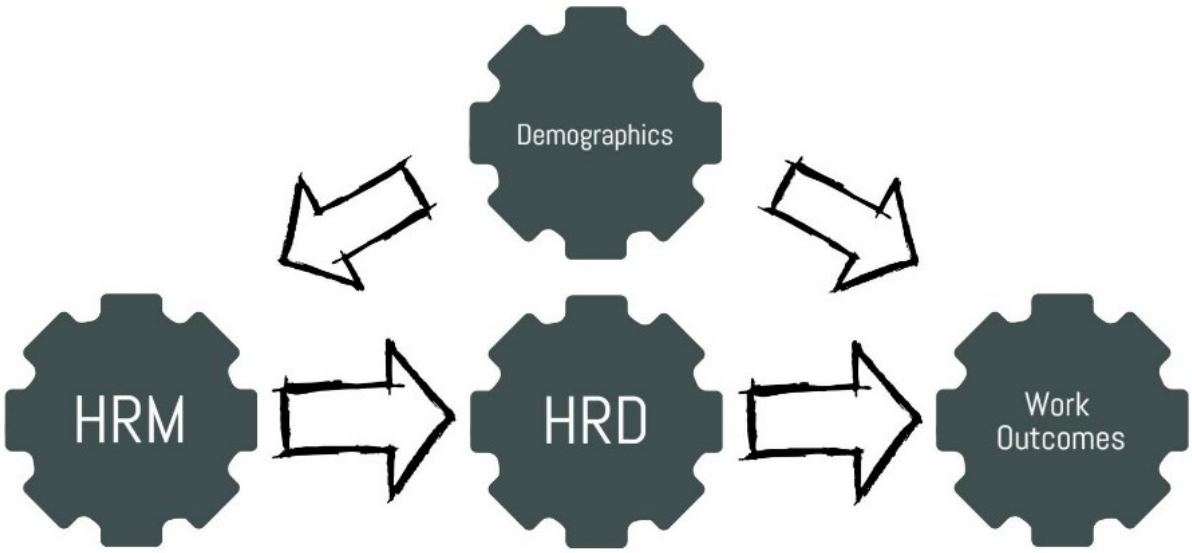


Figure 22: Representation of Moderated Mediated Regression

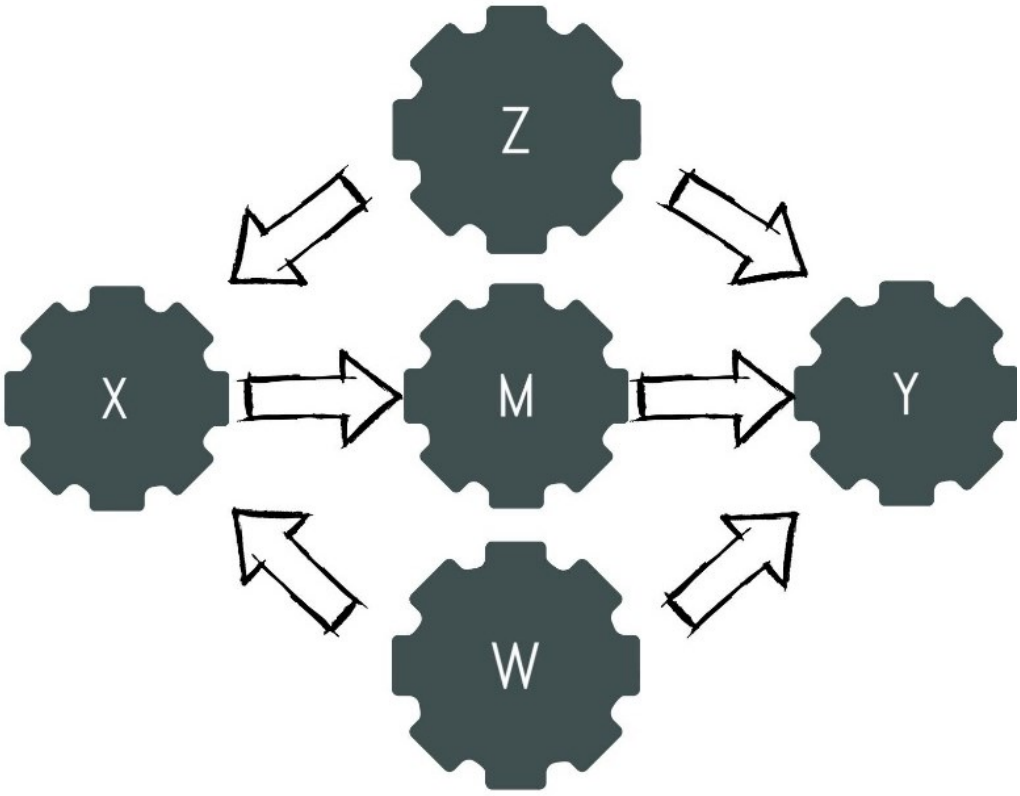


Figure 23: Figure detailing Moderated Mediated Regression Equation

The diagram below (Figure 24) describes the variables which are considered in the total effect moderation equation using Process (Hayes 2013) add on for SPSS, complete with the pathways which will be examined, and serves as a template for reference in the later moderated mediation analyses.

The Total effect moderation model (Process model 76)

Adapted by author from Edwards & Lambert, (2010) is documented as follows:

Equations for a total effects model with moderation and mediation present

(Source: Edwards & Lambert (2010):

M = a0 + a1X + a2Z + a3XZ + eM

Y = b0 + b1M + b2X + b3Z + b4MZ + b5XZ + eY

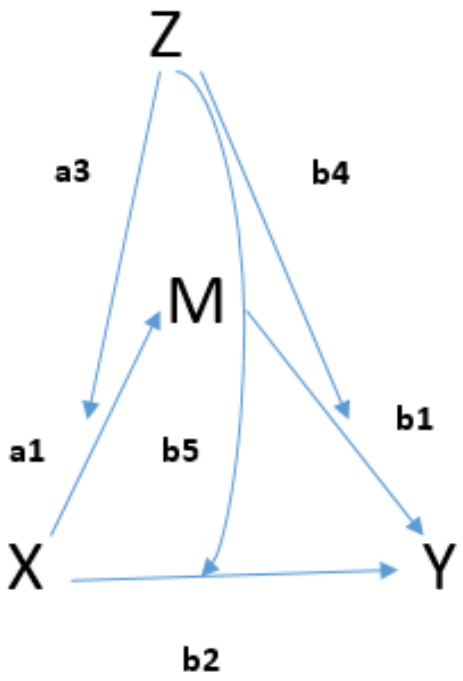


Figure 24: Total effect moderation model (Source: Edwards & Lambert 2010)

5.11.2 Provisional analyses

As considered by Hayes (2013), a set of provisional analyses were first conducted, exploring more basic regression analysis. The first considers organisation size as a moderator; the second care worker age as a moderator and finally, highest qualification

as a mediator. All of the regression analyses involved pay as an 'X' variable and worker turnover in the last 12 months as a 'Y' or outcome variable. Amount of turnover in the last 12 months will be used in all of the moderated mediated analyses that follow, given that the moderated mediated regression analyses are considering the ability to predict amount of turnover, in terms of complex interactions with other variables and not considering the proportion of turnover. These preliminary analyses were considered necessary in order to establish more simplistic relationships prior to more complex investigation, such as the moderating effect of organisation size, before adding an additional mediator. These simplistic analyses are described in the following section.

5.11.2.1 Moderated Regression: Organisation Size

In terms of organisational demographics and size as a moderator, a simple moderated regression was conducted, suggesting that a worker's hourly pay and the moderator organisation size are significant predictors of worker turnover [F (3, 438,176) = 6315.859, p<.0001]. To avoid multicollinearity, variables were mean centered prior to analysis (payhrly; organisation size) (Aiken & West 1991), 1000 bootstrap samples were generated for bias corrected bootstrap confidence intervals (Edwards & Lambert 2011; Hayes 2015). The level of confidence for all confidence intervals in the output = 95.00. 264,687 cases were deleted due to missing data. R value=.63, R^2 value for the outcome 'Total Leavers in the last 12 months' =.40, explaining 40 per cent of the variance. The below chart demonstrates how hourly pay and staff size can affect turnover rates, indicating that less carers leave as pay increases for firms with medium and large organisations. Although surprisingly the converse is true for smaller organisations, indicating that as pay increases, so does staff turnover. Following the chart and table (25, 28) document the specific statistical findings relating to this moderated regression.

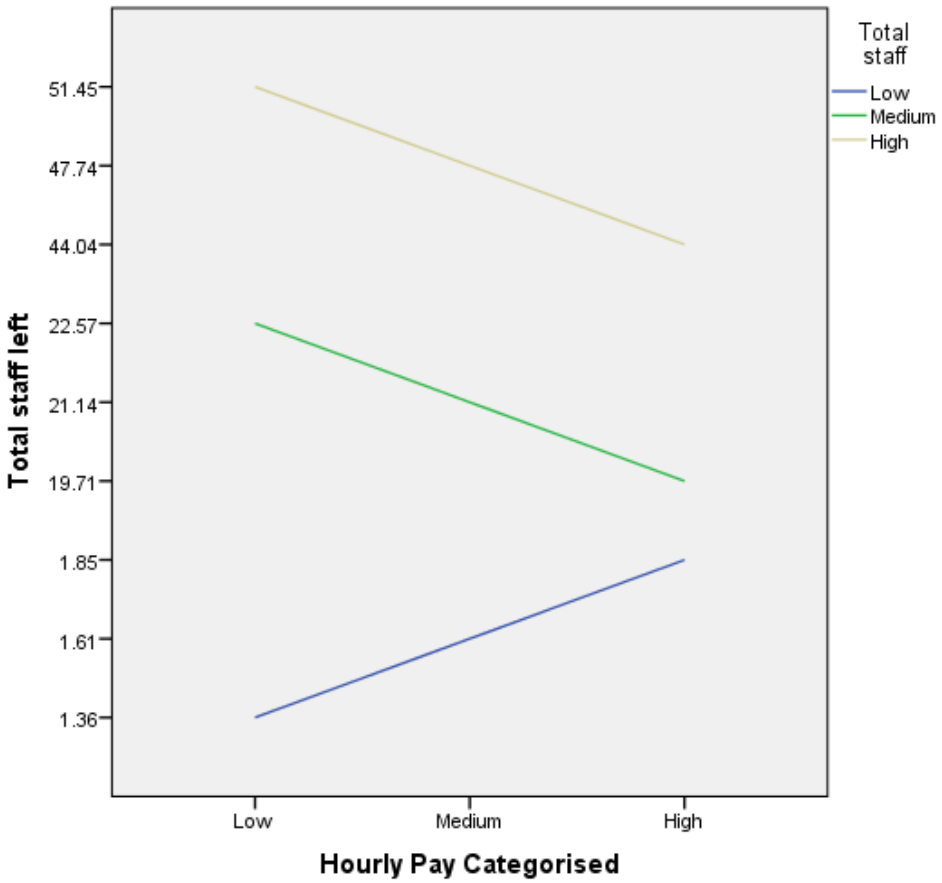


Figure 25: Simple slopes equations of the regression of mean turnover on hourly pay at three levels of organisation size

Table 27: Moderated Regression Outcome: Total Leavers (Y)

			b Coefficient	SE b	t	p	95% CI	
		Constant	21.14	.05	427.02	<.0001	21.04	21.24
	Moderator	Size	.20	.00	136.15	<.0001	.20	.21
	X	Pay Hourly	-.15	.02	-7.93	<.0001	-.19	-.11
	Int_1*	Pay X Size	-.00	.00	-9.53	<.0001	0	0

**Also written as $b_3 Interaction_i$; $b_3 AB_i$*

5.11.2.2 Moderated Regression: Individual Age

In terms of Individual demographics and age as a moderator, a simple moderated regression was conducted, suggesting that a worker's hourly pay and the worker's age (moderator) are significant predictors of worker turnover [F (3, 435,190) =564.151, p<.0001]. To avoid multicollinearity, variables were mean centered prior to analysis

(payhrly; age) (Aiken & West 1991), 1000 bootstrap samples were generated for bias corrected bootstrap confidence intervals (Edwards & Lambert 2011; Hayes 2015). The level of confidence for all confidence intervals in the output = 95.00. 267,673 cases were deleted due to missing data. R value=.08, R^2 value for the outcome 'Total Leavers in the last 12 months' =.01, explaining 1 per cent of the variance. Therefore, it seems clear that regarding turnover within this sample, organisational size is a more reliable moderator alongside pay impacting upon turnover than the individual demographic, worker age. Although, it is as yet unclear if this is true for all organisational demographics versus all individual demographics. The below chart (26) demonstrates how hourly pay and age can affect turnover rates.

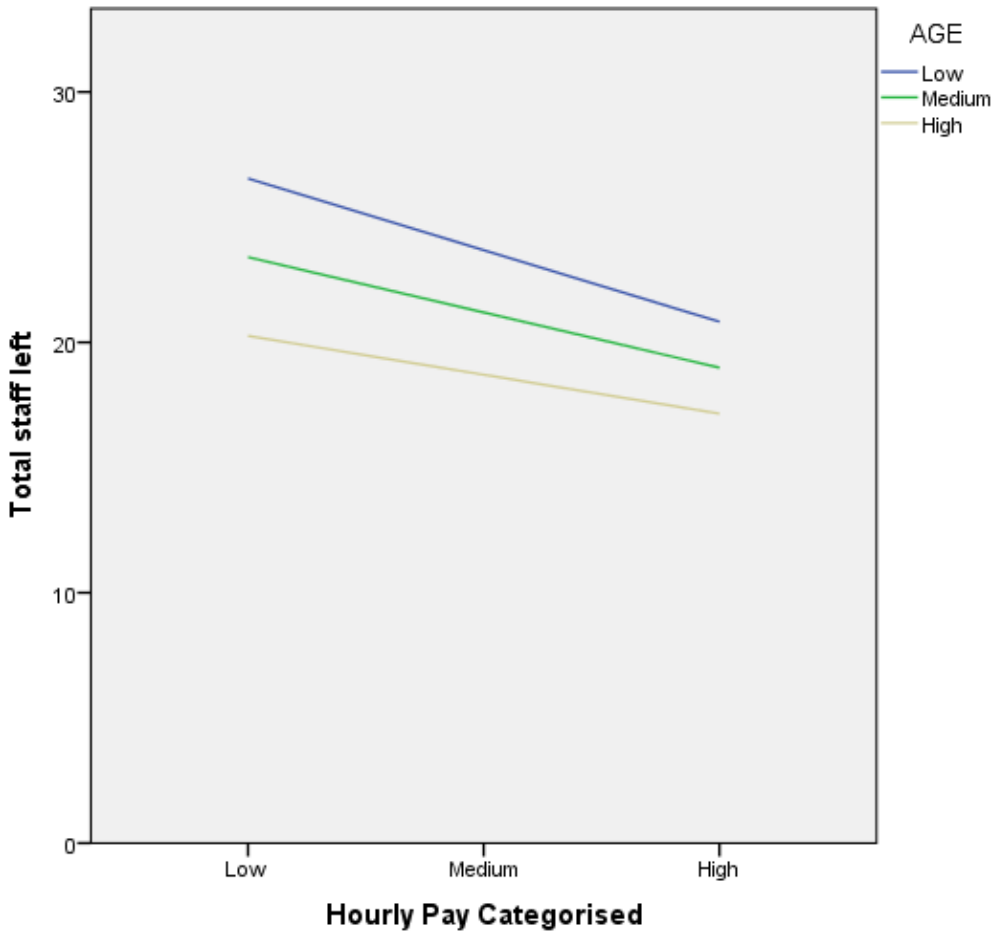


Figure 26: Simple slopes equations of the regression of mean turnover by hourly pay at three levels of worker age

5.11.2.3 Mediated Regression: Highest Qualification

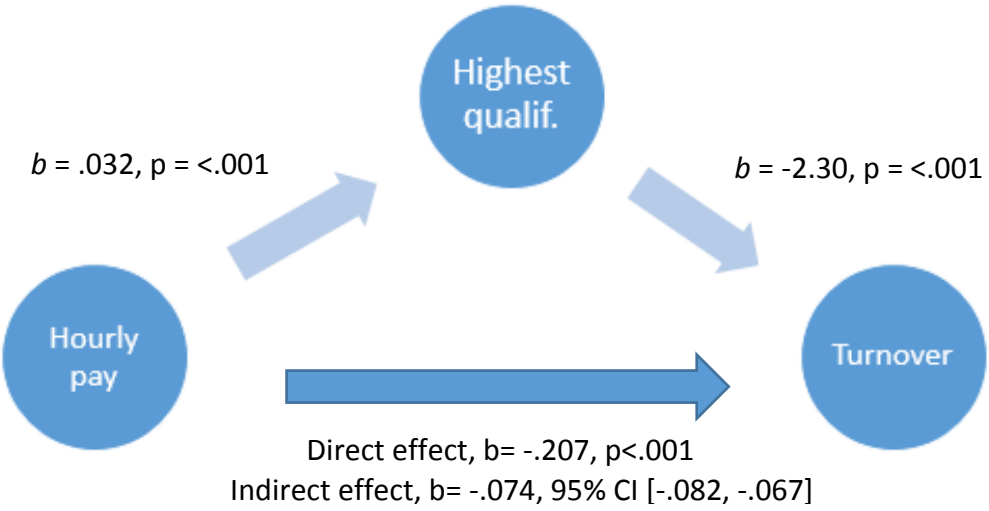


Figure 27: Model of hourly pay as predictor of turnover mediated by highest qualification achieved

Note. The confidence interval for the indirect effect is a BCa bootstrapped CI based on 1000 samples. This format of moderated mediated regression data presentation was supported by Field & Allison (2010).

A mediated regression was undertaken using highest qualification as a mediator. With hourly pay as the predictor (x) and turnover as the outcome (y). Hourly pay significantly predicts highest qualification achieved [b= .03, *t* = 95.18, p<.001], suggesting, perhaps unsurprisingly that as hourly pay increases, so do levels of qualification. The total affect of hourly pay on turnover when the mediator (highest qualification) is not present is significant (b= -.28, *t* = -37.17, p<.001). The relationship is negative, meaning that as pay increases, turnover declines, although this explains very little of the variance in turnover (R^2= .004), at .4 per cent.

The above chart (27) displays interactions noted by the Process custom dialogue for SPSS, generating bootstrapped (1,000 samples) standard errors and confidence intervals (Boot SE; BootLLCI, BootULCI). The completely standardised indirect effect of x on y is b= -.016, 95% BCa CI [-.017, -.015], the k^2 = .016, 95% BCa CI [.015, .017] suggesting that the indirect effect is small (1.6 per cent). Therefore highest qualification may not be the only mediator to consider in this relationship, although the Sobel test suggests a small but meaningful mediation effect, b= -.074, se= .001, z= -52.094, p<.001.

Table 28: Moderated Regression Outcome: Total Leavers (Y)

			b Coefficient	SE b	t	p	95% CI	
		Constant	21.20	.07	327.02	<.0001	21.07	21.32
	Moderator	Age	-.19	.01	-35.94	<.0001	-.20	-.18
	X	Pay Hourly	-.23	.03	-9.22	<.0001	-.28	-.18
	Int_1*	Pay X Age	.01	.00	5.95	<.0001	.00	.01

*Also written as $b_3 Interaction_i$; $b_3 AB_i$

5.11.3 Summary of moderated mediated regression findings

The table below (30) summarises the findings for all three moderated mediated regression analyses which were performed, the specific results of which will be discussed in the next section along with corresponding provisional analyses. The summary highlights the prominence of the highest qualification variable, and its consistent linkage to worker turnover in the previous year.

Table 29: Summary of Moderated Mediated Regression Analyses

Analysis	Moderator(s)	Mediator	Variance explained in work outcome turnover in last 12 months (R^2)	Largest interaction between coefficients (b)
Moderated Mediated Regression 1	Sector & Size	Highest qualification	37% (.37)	Highest qualification and wo turnover (3.04)
Moderated Mediated Regression 2	Type of care & Size	Highest qualification	37% (.37)	Highest qualification and wo turnover (-1.17)
Moderated Mediated Regression 3	Age & Gender	Highest qualification	1.7% (.017)	Considering the coefficients, highest qualification appear have the largest variance (-2

5.11.4 Do organisational demographics moderate the relationship between HR related variables such as pay and work outcomes such as turnover, mediated by HRD related variables (i.e. highest qualification)?

5.11.4.1 Hierarchical Analysis

A provisional hierarchical regression analysis has revealed that in terms of sector, residential and day care are highly significant (p<.0001), whereas domiciliary care and community care are not (P=.796 and P=.955 respectively). In terms of organisation type, local authority and the private sector were highly significant predictors of worker turnover (p<.0001), whereas the voluntary sector was not (.363). Organisation size was also highly significant (p<.0001). This will be taken into account when conducting the moderated mediated regression.

The following R^2 values in parentheses display no change (.000) for model 2, which suggests hourly pay explains no extra variance in worker turnover. [R^2 value for model 1 = .13 explaining 13 per cent of the variance, and the R^2 value for model 2 = .13 again explaining 13 per cent of the variance].

However, other organisation related demographics, such as organisation size (beta= .33), ASC sector (specifically residential care (beta= -.07) and day care (beta= -.07), and organisation type (specifically private companies (beta=.07) and local authority (beta= -.03) together explain 13 per cent of the variance in worker turnover. The ANOVA states that this is a significant difference [F (9, 592,151) = 9715.24, p<.0001]. Please see the table below (31) for further significance values.

Table 30: Hierarchical Regression considering organisational factors as moderators

		B	SE b	β
Step 1	Constant	-28.78	0.29	
	Residential care	-6.28	0.12	-.07***
	Day care	-5.54	0.12	-.07***
	Domiciliary care	-0.62	2.41	.000
	Community care	-0.36	6.46	.000
	Local authority	-2.54	0.24	-.03***
	Private	5.53	0.22	.07***
	Voluntary	-0.22	0.24	-.00
	Organisation Size	17.21	0.07	.33***
Step 2	Constant	-28.78	0.29	
	Residential care	-6.28	0.12	-.07***
	Day care	-5.54	0.12	-.07***
	Domiciliary care	-0.62	2.41	.000
	Community care	-0.36	6.46	.000
	Local authority	-2.54	0.24	-.03***
	Private	5.53	0.22	.07***
	Voluntary	-0.22	0.24	-.00
	Organisation Size	17.20	0.07	.33***
	Hourly pay	.000	.000	-.00

Note. R^2 = .13 for Step 1: ΔR^2 = .13 for Step 2 (*ps* <.05). ***p< .001.

Following this, two moderated mediated regression analyses were conducted in line with the limits of the process programme for SPSS, both had one mediator which demonstrates a HRD practice (highest qualification level). In terms of the moderators, the first regression will include sector and size, the second analysis will include types of care and size.

5.11.4.2 Moderated Mediated Regression 1: Moderators Sector & Size

To explore the relationship between worker turnover rates, pay and qualification levels, as moderated by organisational or individual demographics, three moderated mediated regression analyses were undertaken using Process, a custom dialogue box download for

SPSS (Hayes 2015). One analysis was carried out considering individual demographics, and two separate analyses were undertaken regarding organisational demographics. This was due to the limits of moderated mediated regression and SPSS, as three moderators were explored (these were; sector, size and type of care). Owing to this, a provisional hierarchical analysis was conducted as mentioned above.

For the first analysis, hourly pay was used as a predictor to consider HR practices (x), total leavers in the last 12 months demonstrated work outcomes (y), highest qualification explored HRD practices (mediator), and organisation size, and sector (i.e. private; local authority; not for profit voluntary) were also used as examples of organisational demographics for care workers (Please see the tables below 32, 33 for a breakdown of relevant variables and results).

Table 31: Moderated Mediated Regression with Organisational Demographics (1)

Individual Moderator (W, Z)	**Predictor (X)**
Size	Hourly pay
Sector (Organisation type)	Dependent Variable (Y)
Mediator (M1)	Total leavers in the last 12 months
Highest qualification	Confidence Intervals
Sample size	95.00
362,498	Bootstrapping
Process Model: 76	1,000

Table 32: Moderated Mediated Regression Outcome: Total Leavers (Y)

			b Coefficient	SE b	t	p	95% CI	
Organisational demographics (1)		Constant	21.15	.06	366.60	<.001	21.04	21.26
	Mediator	Highest Qualification	-1.03	.03	-34.59	<.001	-1.09	-.97
	X	Pay Hourly	-.10	.01	-9.89	<.001	-.12	-.08
	Moderator	Size	.19	.00	120.19	<.001	.18	.19
		Sector	3.04	.06	47.92	<.001	2.91	3.16
	Int_1	Highest Qualification x Size	-.00	.00	-1.69	.09	-.00	.00
	Int_2	Highest Qualification x Sector	.84	.03	26.44	<.001	.78	.91
	Int_3	Pay x Size	-.00	.00	-9.48	<.001	-.00	-.00
	Int_4	Pay x Sector	.04	.02	2.07	.04	.00	.08

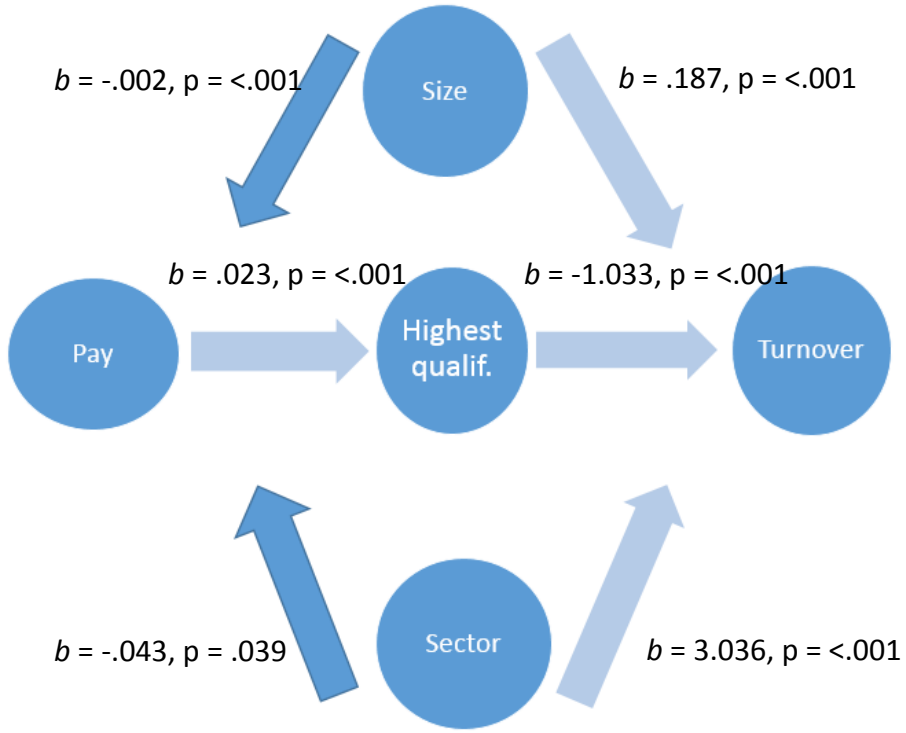


Figure 28: Model of hourly pay as predictor of turnover mediated by highest qualification moderated by organisation size and sector

Note. The confidence interval for the indirect effect is a BCa bootstrapped CI based on 1000 samples

To summarise, these variables accounted for a significant amount of variance in worker turnover [F (8,362,489) = 5208.25, p<.0001]. To avoid multicollinearity, variables were mean centred prior to analysis (payhrly; highqual; organisation size; sector) (Aiken & West 1991), 1000 bootstrap samples were generated for bias corrected bootstrap confidence intervals (Edwards & Lambert 2011; Hayes 2015). The level of confidence for all confidence intervals in the output = 95.00. 340,369 cases were deleted due to missing data. R value= .61, R^2 value for the outcome 'Total Leavers in the last 12 months' =.37, with variables explaining 37 per cent of the variance in worker outcome, turnover. Considering the coefficients, the interaction between highest qualification and worker turnover was the largest (b = 3.04). This was followed by sector and worker turnover (b = -1.03).

5.11.4.3 Moderated Mediated Regression 2: Moderators Type of care & Size

For the second analysis, hourly pay was again used to explore HR practices (x), total leavers in the last 12 months displayed for work outcomes (y), highest qualification related to HRD practices (mediator), and organisation size and type of care were also used to focus on organisational demographics of care workers. Please see the following tables 34 and 35 for more specific variables and findings.

Table 33: Moderated Mediated Regression with Individual Demographics

Individual Moderators (W, Z)	**Predictor (X)**
Size	Hourly pay
Type of care	Dependent Variable (Y)
Mediators (M1, M2, M3)	Total leavers in the last 12 months
Highest qualification	Confidence Intervals
Sample size	95.00
362,498	Bootstrapping
Process Model: 76	1,000

Table 34: Moderated Mediated Regression Outcome: Total Leavers (Y)

			b Coefficient	SE b	t	p	95% CI	
Organisational demographics (2)		Constant	21.01	.06	382.70	<.001	20.90	21.11
	Mediator	Highest Qualification	-1.17	.03	-38.21	<.001	-1.23	-1.11
	X	Pay Hourly	-.10	.01	-9.88	<.001	-.12	-.08
	Moderator	Size	.19	.00	120.18	<.001	.19	.19
		Care Type	-.67	.02	-30.73	<.001	-.72	-.63
	Int_1	Highest Qualification x Size	-.00	.00	-.94	.35	-.00	.00
	Int_2	Highest Qualification x Care Type	-.02	.01	-2.17	.03	-.03	-.00
	Int_3	Pay x Size	-.00	.00	-9.13	<.001	-.00	-.00
	Int_4	Pay x Care Type	-.03	.00	-11.58	<.001	-.04	-.03

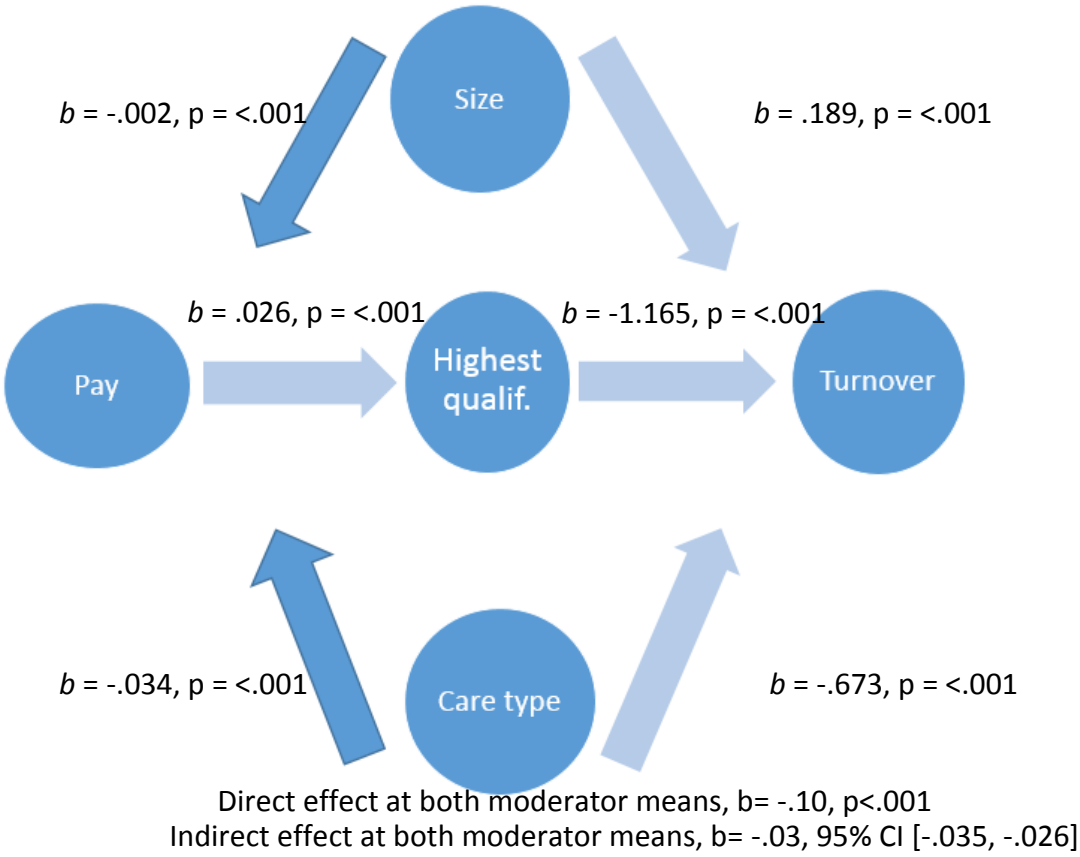


Figure 29: Model of hourly pay as predictor of turnover mediated by highest qualification moderated by organisation size and care type

Note. The confidence interval for the indirect effect is a BCa bootstrapped CI based on 1000 samples

To summarise, these variables accounted for a significant amount of variance in worker turnover [F (8, 362,489) = 3903.08, p<.0001]. To avoid multicollinearity, variables were mean centered prior to analysis (payhrly; highqual; organisation size; type of care) (Aiken & West 1991), 1000 bootstrap samples were generated for bias corrected bootstrap confidence intervals (Edwards & Lambert 2011; Hayes 2015). The level of confidence for all confidence intervals in the output = 95.00. 340,369 cases were deleted due to missing data. R value= .60, R^2 value for the outcome 'Total Leavers in the last 12 months' =.37, explaining 37 per cent of the variance. Considering the coefficients, again, highest qualification appeared to have the biggest impact in this model (-1.17). Highest qualification has a significant negative relationship with turnover suggesting that as qualification levels decrease, turnover increases.

5.11.5 Do individual demographics moderate the relationship between hourly pay and work outcomes, as mediated by HRD?

5.11.5.1 Moderated Mediated Regression 3: Moderators Age & Gender

To test the hypothesis that work outcomes such as worker turnover rates are due to HRD practices, predicted by pay and moderated by individual demographics, a moderated mediated regression analysis was undertaken using Process for SPSS (Hayes 2015). Hourly pay was considered as an HR practice (x), highest qualification demonstrated HRD practices, age and gender were also used as individual demographics of care workers. These variables accounted for a small but significant amount of variance in worker turnover [F (8, 361,587) = 927.66, p<.0001]. To avoid multicollinearity, variables were mean centred prior to analysis (payhrly; highqual; age; gender) (Aiken & West 1991), 1000 bootstrap samples were generated for bias corrected bootstrap confidence intervals (Edwards & Lambert 2011; Hayes 2015). The level of confidence for all confidence intervals in the output = 95.00. Finally, 341,271 cases were deleted due to missing data. Please find below the corresponding figure (30).

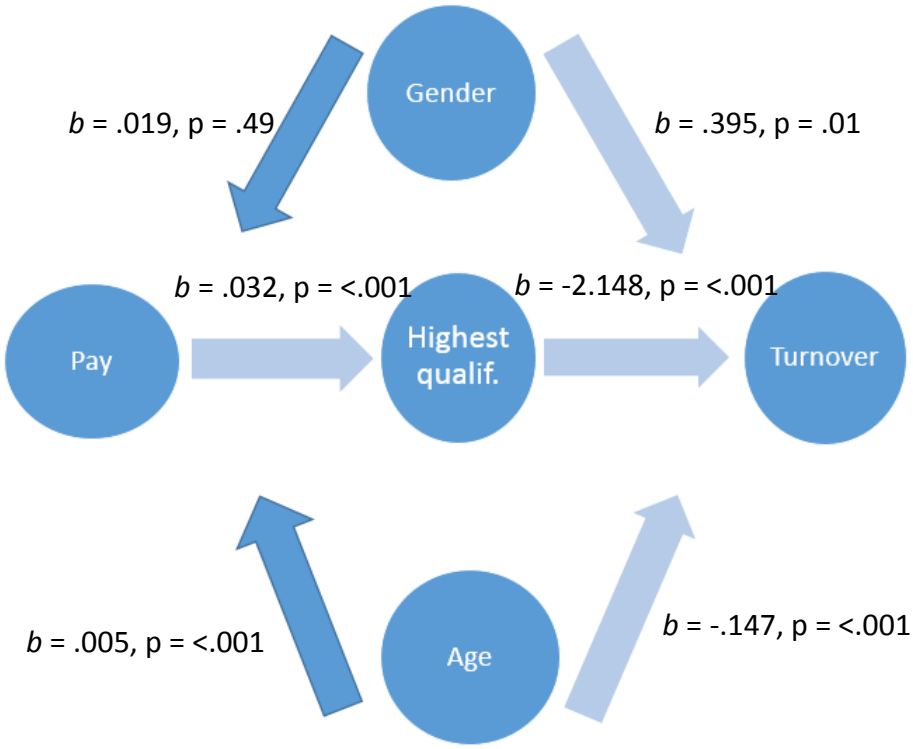


Figure 30: Model of hourly pay as predictor of turnover mediated by highest qualification moderated by age and gender

Note. The confidence interval for the indirect effect is a BCa bootstrapped CI based on 1000 samples

The R value= .13, and the R^2 value for the outcome 'Total Leavers in the last 12 months' =.017, explaining 1.7 per cent of the variance. Considering the coefficients, highest qualification appeared to have the largest variance (b = -2.15), followed by gender (b = .40) and then hourly pay (b = -.22). Please see the below tables (36, 37) for more detailed variable information and associated figures.

Table 35: Moderated Mediated Regression with Individual Demographics

Individual Moderators (W, Z)	**Predictor (X)**
Age	Hourly pay
Gender	Dependent Variable (Y)
Mediators (M1, M2, M3)	Total leavers in the last 12 months
Highest qualification	Confidence Intervals
Sample size	95.00
361,596	Bootstrapping
Process Model: 76	1,000

Table 36: Moderated Mediated Regression Outcome: Total Leavers (Y)

			b Coefficient	**SE b**	**t**	**p**	**95% CI**	
Outcome: Total Leavers in the last 12 months (Y)		Constant	20.85	.07	308.64	<.0001	20.71	20.98
	Mediator	Highest Qualification	-2.15	.03	-65.06	<.0001	-2.21	-2.08
	X	Pay Hourly	-.22	.01	-16.24	<.0001	-.24	-.19
	Moderator	Age	-.15	.01	-27.58	<.0001	-.16	-.14
		Gender	.40	.15	2.73	.01	.11	.68
	Int_1	Highest qualification x age	.01	.00	3.51	<.0001	.00	.01
	Int_2	Highest qualification x gender	.05	.07	.75	.45	-.08	.18
	Int_3	Pay x Age	.01	.00	5.46	<.0001	.00	.01
	Int_4	Pay x Gender	.02	.03	.69	.49	-.04	.07

To summarise research question 7, many of the aforementioned variables were comprehensively analysed in order to gain further understanding of how many work related variables interact with the worker outcome, turnover. A summary of the three moderated mediated regression analyses reveals that highest qualification consistently has the strongest effect on worker turnover, regardless of individual demographics and organisational contexts. This holds great importance in a sector with a lack of comprehensive training and unstable policies and regulations relating to development. Organisational factors (37%) also appear to explain more variance than individual demographics (1.7%) when mediated by highest qualification. Interestingly, organisation size, when analysed as a simple moderation explained 40% of the variance between pay and turnover. The qualitative work aims to gain more awareness of why these factors are dominant, through obtaining care worker and manager opinions regarding the size of an organisation, qualifications that workers attain and how this may affect worker outcomes.

5.12 Research Question 8: Do reasons for leaving as a care worker differ across different ASC contexts? How best can these reasons be summarised?

As an extension of the previous research question, work outcomes will be considered here in more detail. It is of interest why care workers may leave their roles, and if there might be a difference depending upon contract type. The NMDS-SC estimates that annual turnover for care workers is approximately 30.6%, or 250,644 staff as of December 2014. Turnover for senior care staff is much lower at 16.2% or 31,189 staff (as of 12.10.15).

5.12.1 Descriptive Statistics

The table below (38) displays the reasons for leaving as collected by the NMDS-SC for only the December 2014 dataset, i.e. not a cumulative database of reasons for leaving during the five years which the NMDS-SC has been undertaken. It is noteworthy that within the NMDS-SC there are still over 45,000 unknown reasons for leaving, along with a further 14,427 resignations for undisclosed reasons. This suggests that ASC has a need for a more transparent leaving process, where reasons are formally documented in order to examine these reasons and reduce turnover in the future. Personal reasons were a popular reason for leaving (18,529), which is unclear if this means personal reasons related to work or

home, indeed this could be a mixture. 13,794 workers were also classed as moving to another employer, this has interesting implications for care organisations, as there is an obvious competition from other organisations, even though this category is less popular (3,315). Career development was also a large proportion of the documented reasons for leaving (10,379), suggesting a need for change here too.

Table 37: Reasons for leaving employment

	Sum	Mean	Standard Deviation
Pay	3,314	.23	1.72
Conditions of employment	1,420	.10	.86
Nature of the work	5,251	.37	2.04
Competition from other employers	3,315	.23	1.70
Transferred to another employer	13,794	.97	4.04
Career development	10,379	.73	2.76
Personal reasons	18,529	1.31	3.96
Resignation for other or undisclosed reasons	14,427	1.02	4.50
Retirement	4,393	.31	.85
Death	455	.03	.21
Dismissal	7,176	.51	1.81
Redundancy	2,132	.15	1.31
End of contract term	2,331	.16	1.64
Other	11,122	.78	3.04
Reason not known	45,705	3.22	10.74

The figure below (31) considers reasons for leaving across the whole social care workforce, documenting that the most common reason for leaving is 'unknown'. This suggests that although we are becoming much more efficient at documenting information about the workforce, there are still some areas which may be improved. Undisclosed reasons ($\bar{x}$ =

1.02) is also relatively high compared to other reasons, and personal reasons is the highest specific reason given ($\bar{x}$ = 1.31).

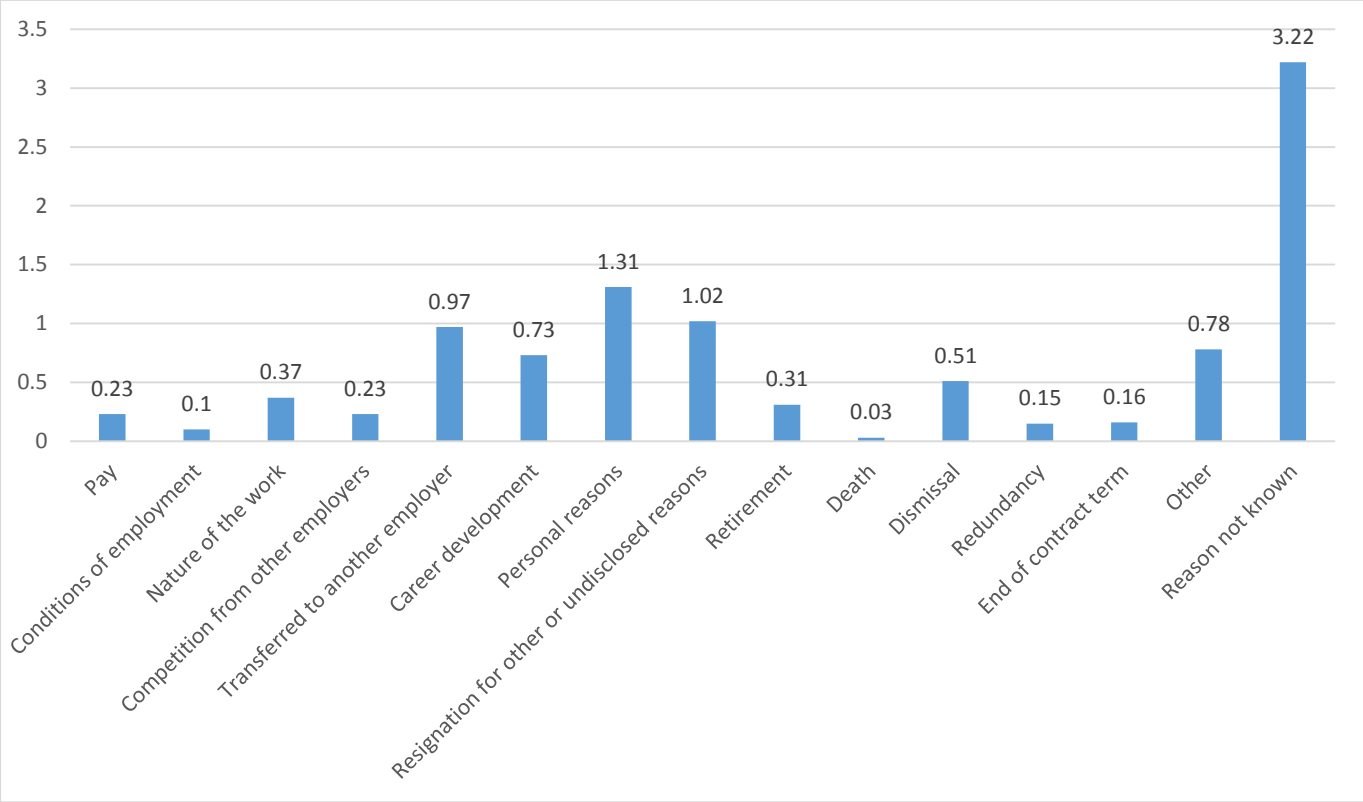


Figure 31: Mean reasons for leaving in the NMDS-SC as of December 2014

5.12.2 Reasons for leaving by organisation type and ASC sectors

Hussein & Manthorpe (2011) concluded that unfavourable working conditions were distinct from the unsuitable nature of work. They also suggested that private sector workers were more likely to report leaving due to unfavourable working conditions. The NMDS-SC findings suggest that those in the private sector are again more likely to leave due to the nature of work and conditions of employment. In terms of adult social care, the private sector had a higher mean for turnover compared with local authority, health and voluntary organisations. Therefore more people on average have cited the terms and conditions of employment as a reason for leaving in the private sector, followed by the voluntary sector and then the local authority. It seems that care workers within the health sector were far more likely to leave due to career development compared with other firm types. Local authority owned establishments were least likely to cite this as a reason for a care worker

leaving. Again the voluntary sector was in-between the private sector and the local authority.

It also appears that pay is a bigger driver to leave care within the private sector, as shown by higher a mean score. Again the local authority is less likely to have left due to pay, and the voluntary sector is in-between.

5.12.2.1 ASC Sector

In terms of ASC sector, adult domiciliary care has consistently high means when compared to other sectors regardless of reasons for leaving. In terms of the figure below (32), it could be theorised that the nature of care work in domiciliary care is most difficult to endure, and casts doubt on whether this care type is as flexible as previously theorised.

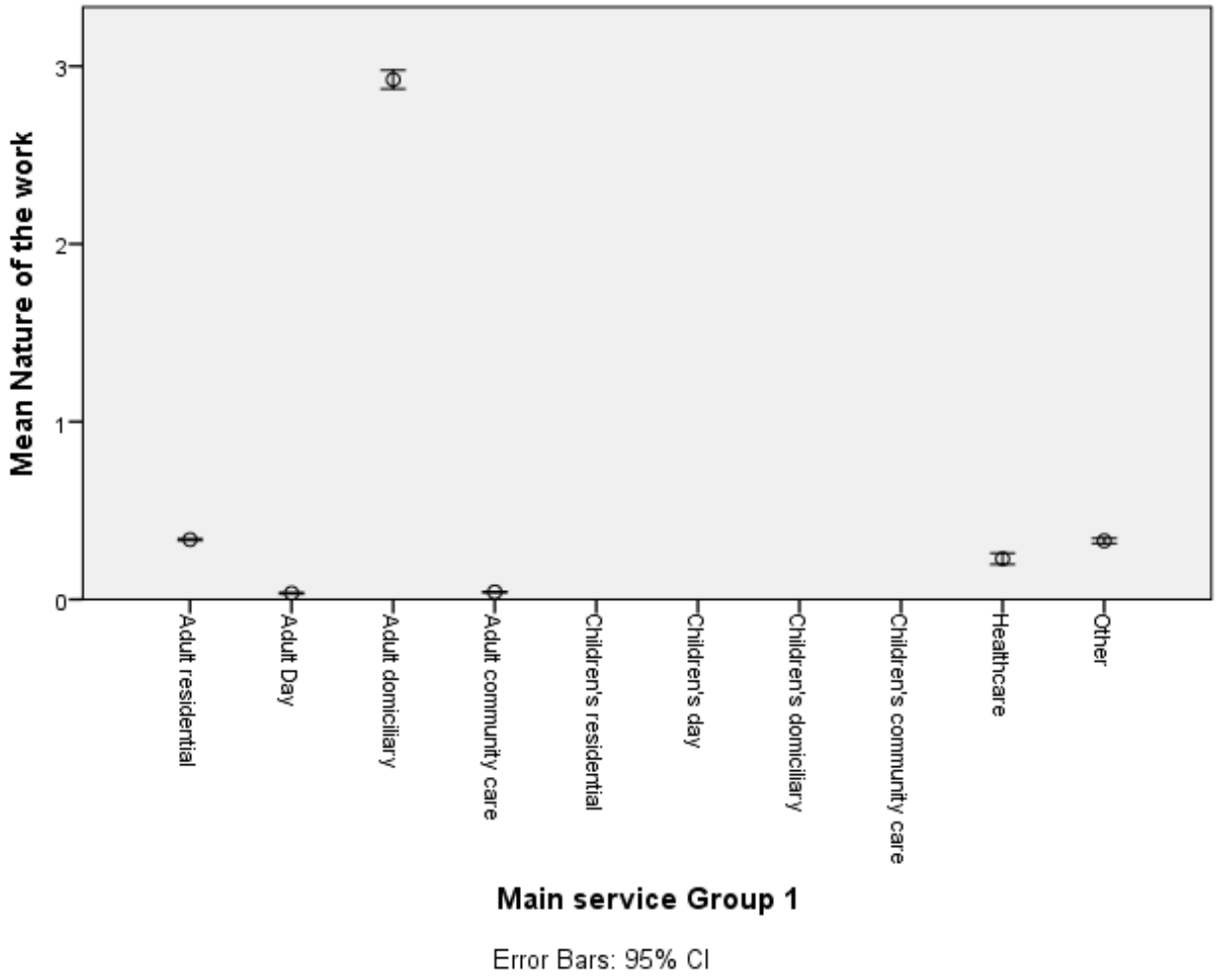


Figure 32: Left due to the nature of work by ASC care type

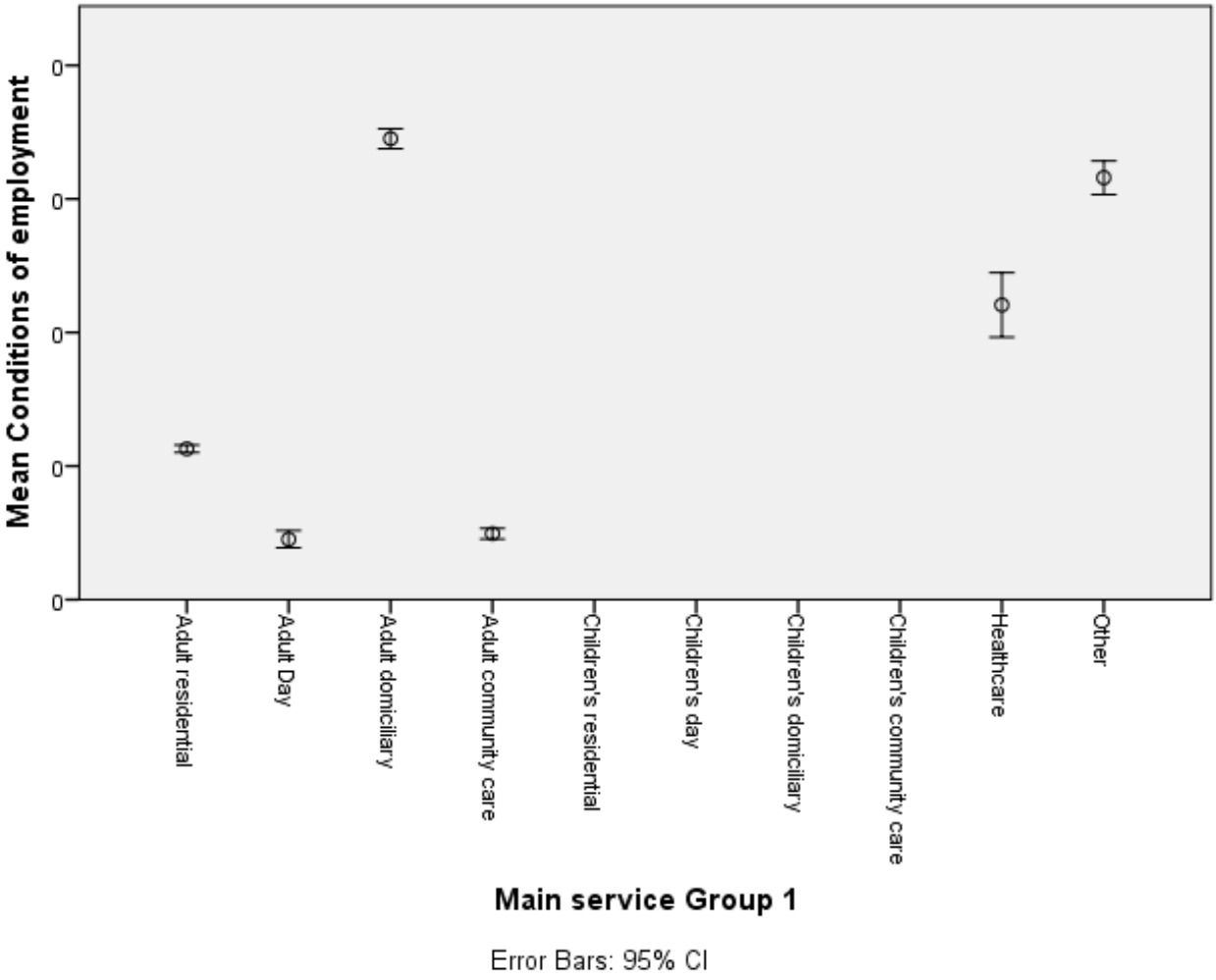


Figure 33: Left due to conditions of employment by ASC care type

Again, conditions of employment as a reason for leaving are highest within domiciliary care, followed by healthcare. Career development is again most important to care workers in the domain of healthcare, followed by domiciliary care.

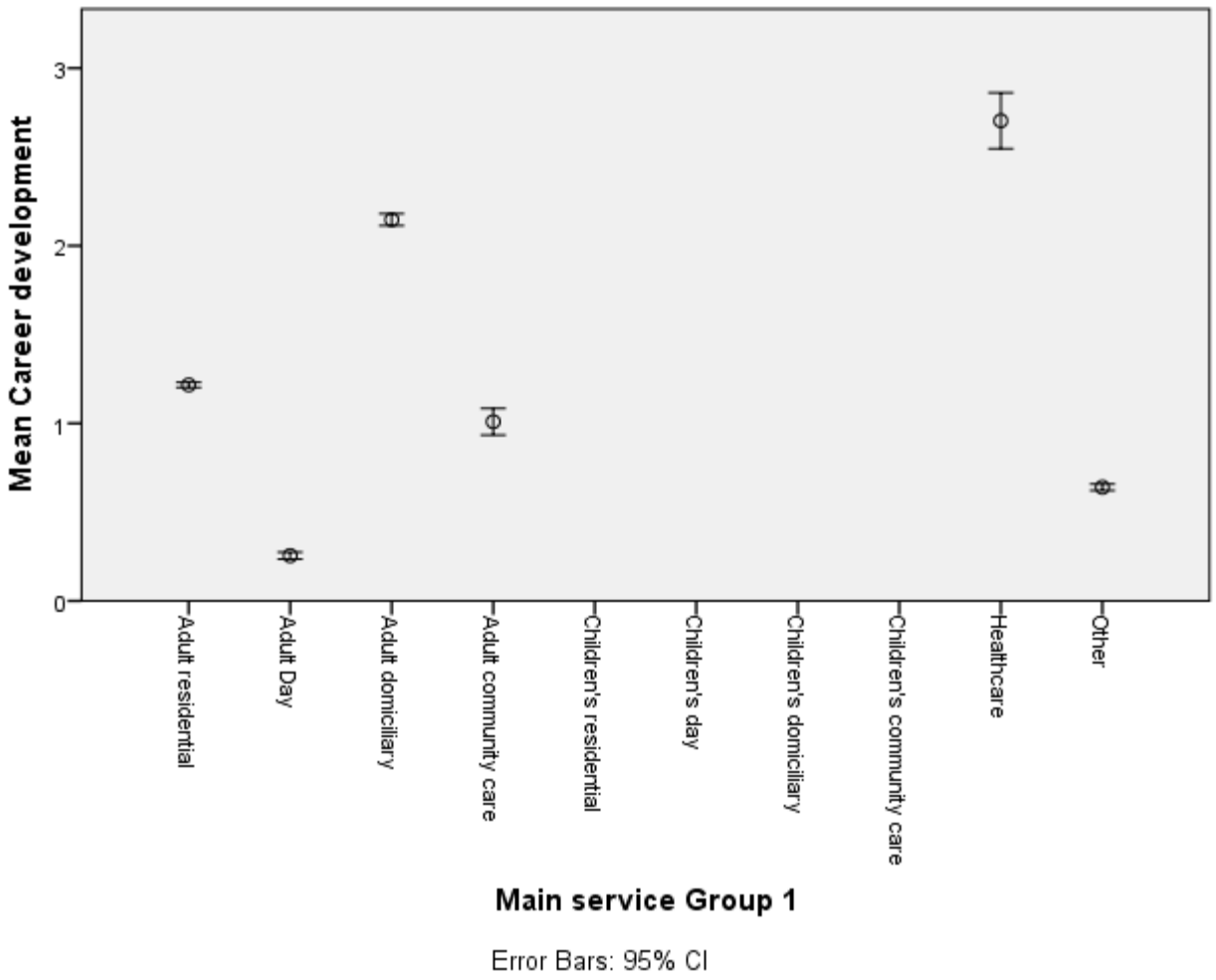


Figure 34: Left due to career development by ASC care type

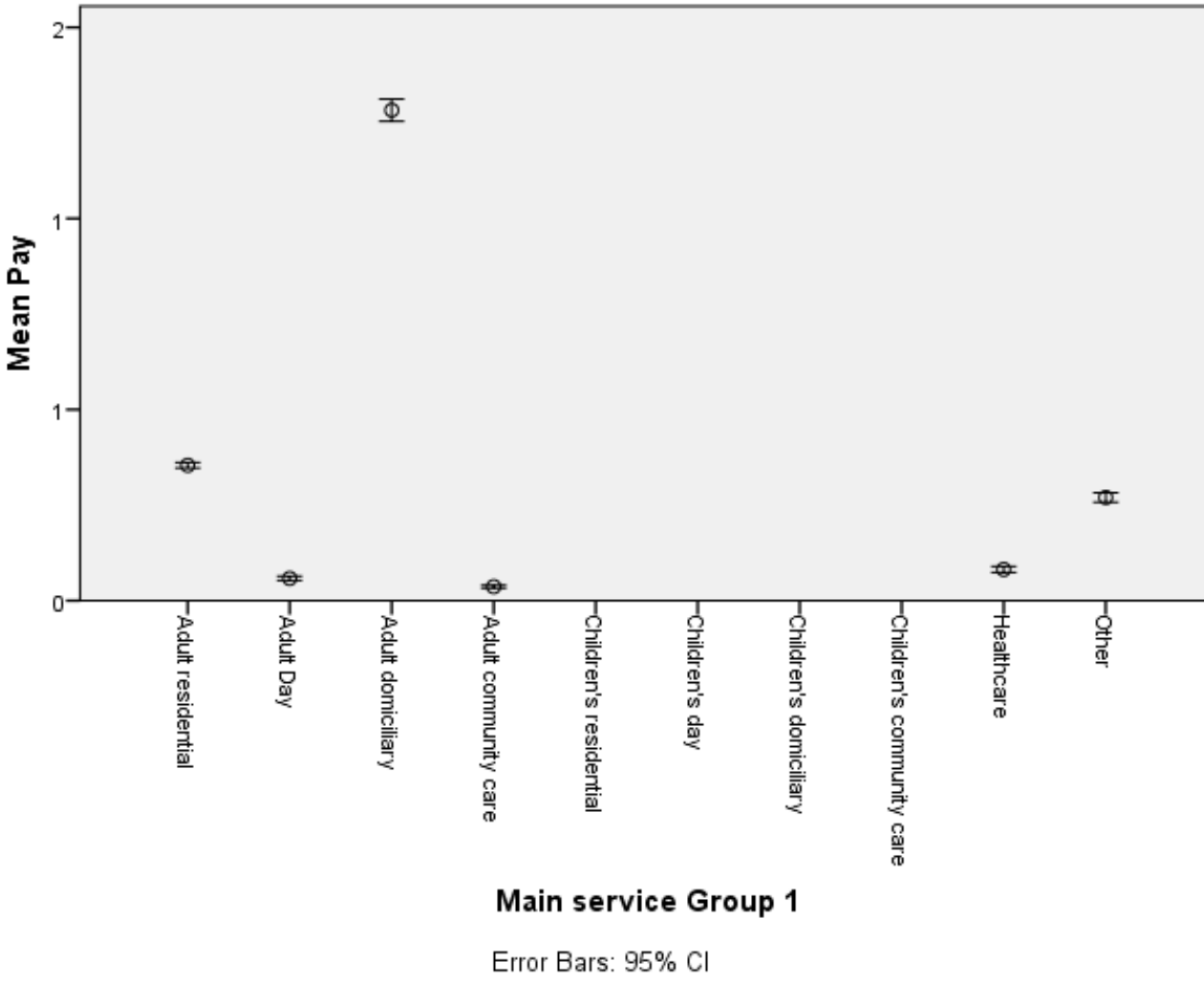


Figure 35: Left due to pay by ASC care type

Finally, pay was considered as a reason for leaving by ASC sector, again findings that domiciliary carers were more likely to cite this as a reason to leave than other ASC sectors.

5.12.2 Principle Components Analysis

Part 1: Provisional write up of PCA

The 15 reasons for leaving within the NMDS-SC (December 2014) were subjected to a Principle Components Analysis (PCA) using SPSS version 21. A factor analysis was undertaken in order to reduce data to a more manageable size, still retaining as much information as possible, and to understand the structure of the variables relating to worker turnover (Field 2013). Prior to performing PCA the suitability of data for factor analysis was assessed. Inspection of the correlation matrix revealed the presence of many coefficients of .3 and above. The Kaiser-Meyer-Oklin Measure of Sampling Adequacy

(KMO) value was: .76, exceeding the recommended value of .6 (Kaiser, 1970, 1974) or .5 (Field 2013). The Bartlett's Test of Sphericity (Bartlett, 1954) reached statistical significance (p=<.005), supporting the factorability of the correlation matrix.

Principle components analysis revealed the presence of 5 components with eigenvalues exceeding 1 (3.161; 1.636; 1.278; 1.095; 1.035), explaining 21.10 per cent, 10.91 per cent, 8.52 per cent, 7.30 per cent, 6.90 per cent of the variance respectively (a total of 54.70%). An inspection of the screeplot suggested a break after the third component, although, it should be noted that this is dependent on judgement and interpretation. Using Catell's (1966) scree test, it was decided to retain three components for further investigation. Although the Parallel Analysis (see the table below: 39) supported the inclusion of four components, with eigenvalues exceeding the corresponding criterion values for a randomly generated data matrix of a similar size (this had a maximum number of respondents at 2500, although 15 variables were correctly stated).

A Monte Carlo PCA for parallel analysis (Watkins 2000) was also conducted leading to the following results:

Table 38: PCA Parallel analysis results

Component number	Actual eigenvalue from PCA	Criterion value from parallel analysis	Decision
1	3.161	1.133	Accept
2	1.636	1.105	Accept
3	1.278	1.083	Accept
4	1.095	1.063	Accept
5	1.035	1.046	Reject

Part 2: Factor rotation and interpretation

Varimax factor rotation was carried out twice, first with 4 components (but also many cross loadings) and so was carried out again with 3 components. Direct Oblimin was carried out, and these results are quite low (Please see Appendix N), thus it is concluded that the 3 components are not related as the correlation is low, therefore the results of the oblimin will be similar to the varimax results. Varimax results (3 components) are therefore reported.

Given that the highest factor loading in each component identifies the label of the factor, the results of this analysis imply that dominant reasons for leaving may be grouped around the nature of care work; personal reasons related to this work or one's life or another employer providing more attractive employment conditions. The second component concerns pay, competition from other employers and the conditions of employment. The third component considers natural conclusions to employment, such as death, retirement, redundancy and end of contract term. Therefore the three components are named as: personal preferences related to leaving; management related reasons for leaving, and natural completion of employment.

The results certainly demonstrate that more variance is explained by unnatural reasons, such as competition from other employers, and the nature of work, things that can be fostered with the correct management. Although it is unclear how personal reasons may relate here. It may be that care work requires a particular personality type or 'disposition' (Bates 1991: 234);

"Central to these cultures is the definition of what it takes to be a 'good care assistant' and this appears to be partly defined in terms of a certain 'toughness' and a capacity to be long-suffering and unsqueamish. Essentially the girls need to be able to accommodate to a brutalising form of work without becoming brutal. Working-class girls, particularly those whose family life has exposed them to experiences such as care of the young or elderly, crowded conditions, demanding physical work, verbal and physical aggression and related psychological stress would appear to be ideal candidates. They are hardened by their previous experience but, crucially, constrained by gender from developing a pattern of violent response. Under the dual influence of class and gender they would typically 'hit the wall' before they hit back. Thus survival strategies initially formed within the family

context provided a crucial basis for coping strategies in the context of employment". Please find further information regarding factor loadings, oblimin results, pattern matrix, structure matrix and the rotated component matrix in Appendix N followed by unrotated loadings and a screeplot in Appendix O in line with convention for factor analysis (Pallant 2005).

5.13 Chapter Summary

To summarise, the quantitative research has considered how contract type relates to the development practices received, establishing that agency workers were generally more likely to have no relevant qualifications, compared to permanent, temporary, bank or pool workers. Level 2 qualifications were the most common qualification, with permanent workers being the most likely to have achieved this (18%) compared with temporary workers (16%), students (14%), bank or pool workers (13%) and agency workers (13%). Bank or pool workers were approximately 10 per cent less likely to have achieved a qualification compared with permanent workers. The NMDS-SC for December 2014 also documented a slight fall in the amount of worker inductions undertaken for 2014 (7.2%, 50,931) compared to the previous year, 2013 (8.7%, 61,375). Thus generally, 'no relevant qualification' was the most common qualification level regardless of contract type, suggestive that improvements need to be made to qualification levels in the sector.

Agency workers were more likely to have 'unknown' or not recorded qualifications (40%) compared with other contract types (permanent 22%; temporary 28%; bank or pool 25%). As previously hypothesised, bank or pool workers (44%), were more likely to have no relevant qualifications compared to permanent workers (31%). This has implications for the quality of care delivered as an increasing number of temporary workers are employed owing to higher levels of turnover in ASC (SfC 2016). Although permanent workers were more likely (31%) to have no relevant qualifications compared to temporary workers (28%) and agency workers (23%). Permanent workers more commonly completed moving and handling training compared to temporary workers, however, were also less likely to have completed medication training compared to agency and temporary staff. This raises issues with holistic training in ASC, something which will be further explored in the qualitative phase of research. This is of increasing importance given the rising popularity

of zero hours contracts (Unison 2014) which could lead to reduced competence across the ASC sector.

Both of the aforementioned questions relate to the first PhD aim, exploring HRD input and how HRD input may differ depending on contract type. Consideration of qualifications with carers who have a zero-hours contract suggested that these workers may be less likely to specialise in areas such as dementia care. It will be of interest in the qualitative work to establish if temporary and zero hours workers are considered less qualified. Additionally, when controlling for age and gender through a hierarchical regression, contract type significantly predicts the level of qualification achieved. Although contract type only accounts for 2.2% variance in the outcome, and therefore it should be concluded that there are other important variables related to level of qualification. Age of the worker appeared to be the biggest predictor of qualification levels (beta= .14).

In terms of organisation size, it appears that as the amount of staff increases, the mean level of qualification decreases. Micro organisations had the highest mean levels of qualification for all contract types (i.e. Permanent; Temporary; Bank or Pool and Agency workers). Medium and large organisations were most likely to have no relevant qualifications (36% and 37% respectively), with small organisations having 26% of staff with no relevant qualifications and 23% of micro organisation staff. The most common level of qualification for small medium and large organisations was level 2 (17% for all three), whereas the most common level of qualification for micro organisations was level 4 (17%). This question considering firm size explores the second aim, related to HR input and organisational demographics. The finding that care workers in larger and medium firms appear to be less qualified will be explored further in the qualitative interviews, as this appears to contradict previous findings. Current literature suggests that the opposite may be true, as micro and small firms may find it difficult to fund initial and ongoing training (Rubery & Urwin 2011), whereas the thesis results suggest that proportionally, small and medium organisations have highest care worker turnover at 23 and 24 per cent respectively.

Considering organisations by the type of care provided, adult day and community care appear to stand out as more qualified than other sectors; 34% obtained a level 4 award or

above within community care, and 20% of day care workers obtained a level 3 award. In terms of different types of organisation, both the private and voluntary sector have the largest percentage of carers who have no relevant qualifications (36% and 34% respectively), and the local authority having the lowest percentage for no relevant qualifications (15%). The local authority adult services have the highest percentage of workers for every level of qualification, with the exception of level 2 qualifications, where local authority adult services is joint highest with the voluntary sector (19%). This again relates to aims in establishing how organisational demographics may contribute to HRD input, and raises some concerns surrounding qualification levels in residential and domiciliary care settings which will be further explored in the next chapter.

Provisional ('piecemeal' approach, Hayes 2013) regression analyses were then carried out to explore both mediation and moderation relating to hourly pay as a predictor and worker turnover as an outcome. Firstly a moderated regression established that the organisation demographic, organisation size was a significant moderator of the aforementioned predictor and outcome relationship, explaining 40 per cent of the variance. Interestingly, for smaller organisations, as pay increased, turnover also increased, although results were the direct opposite for medium and large organisations. The potential reasons for this will be further explored in the qualitative work.

A moderated regression with the individual demographic age (moderator), again established a significant relationship, although this only explained 1 per cent of the variance. Therefore, it seems clear that in terms of turnover within this sample, organisational size is a more reliable moderator alongside pay impacting upon turnover than the individual demographic, worker age. A mediated regression was then undertaken using highest qualification achieved as a mediator, again with the predictor hourly pay and outcome worker turnover. This was highly significant, although only explained .4 per cent of the variance in turnover. Two moderated mediated regression analyses were then subsequently carried out regarding organisational demographics and one further moderated mediated regression for individual demographics. For the first analysis, hourly pay demonstrated a HR practice (x), total leavers in the last 12 months displayed one aspect of work outcomes (y), highest qualification displayed a form of HRD practice (mediator), and organisation size, and sector (i.e. private; local authority; not for

profit voluntary) were also used to consider organisational demographics for care workers.

This was highly significant, explaining 37 per cent of the variance in worker outcome. For the second analysis, hourly pay again showed the use of an HR practice (x), total leavers in the last 12 months displayed a work outcome (y), highest qualification showed one form of HRD practice (mediator), and organisation size and type of care were also considered as organisational demographics. Highly significant, explaining 37 per cent of the variance. Individual demographics were then investigated through the variables age and gender, which was highly significant, although only explained 1.7 per cent of the variance in worker turnover. It appears that the most successful moderator is organisation size alone, explaining 40 per cent of the variance in worker turnover, with the predictor hourly pay. This has large implications for the management of ASC, and creates many questions surrounding why organisation size is linked in this way to turnover, something which the qualitative research attempts address.

The final research question explored reasons for leaving documented in the NMDS-SC using factor analysis (PCA), with highest factor loadings in each component identifying the label of the factor. This question identified with the aims, considering how contract types and organisation types may relate to work outcomes. Results of this analysis imply that dominant reasons for leaving may be grouped around: personal preferences related to leaving; management related reasons for leaving, and natural completion of employment. The results demonstrate that more variance is explained by unnatural reasons, such as competition from other employers, and the nature of work, things that can be fostered with the correct management. Although it is unclear how personal reasons may relate here, and qualitative interviews will further explore the common reasons for leaving.

5.13.1 Areas to be explored in the qualitative phase

We need to better understand the differences between micro or small organisations and medium or large organisations, as the NMDS-SC data appears to suggest that smaller organisations have better qualified workers, contradicting current literature on this subject (Rubery & Urwin 2011).

It is also of interest why organisation size is such a large predictor of both hourly pay and worker turnover, and further understanding of specific reasons for leaving are required, in order to understand and improve future retention rates. The types of qualifications obtained depending upon organisation type, sector and whether the organisation is a subsidiary will also be explored in order to improve understanding of whether training may be comprehensive to certain areas of ASC, organisation types or structures. Opinions of ASC management from both care workers and managers will be drawn upon to highlight areas of need and good practice, the usefulness of current training, as well as increasing our knowledge of why care workers may leave. Awareness of these factors will increase the ability to create stable and comprehensive management for ASC, which provides useful and cost effective training to its workers, drawing upon the opinions of front line carers and thus making findings more accurate and useful. Further information regarding the specific links between questions that have arisen in the quantitative phase and the development of the interview protocol can be found in Appendix A. In light of the quantitative findings, the next chapter will focus on the following research aims;

3. To explore the uses of HRD in different ASC contexts, what HRD practices are considered the most useful for a care worker role, and opinions of skill use in the sector.
4. To explore the influences of pay on turnover in ASC organisations.

Chapter Six

1. Qualitative Results

6.1 Introduction

This chapter will focus on the major findings in the qualitative phase, with particular emphasis on findings surrounding the elements highlighted in the conceptual framework (i.e. training and skills, recruitment, retention, and pay). This second phase of research also builds upon and elaborates the findings of the first quantitative phase. The previous chapter investigated firm related demographics as set out in the conceptual framework, which highlighted a need to better understand the implications of differences in organisation size. This is of particular importance given that smaller firms appeared to have better qualified workers compared to larger firms. It is also of interest why organisation size is such a large predictor of both hourly pay and worker turnover, which will be further explored in this chapter. The quantitative phase also left questions which were not fully resolved in terms of whether types of qualifications differ depending on ASC context, such as organisation type and sector, and these areas were explored in the interviews along with the association of qualifications, retention and organisation size.

This chapter additionally explores manager and care worker opinions concerning their specific care context, along with nuances in opinions related to the concept of skills and role of a care worker in ASC. In-depth interviews established their thoughts on qualifications and areas of need, with the aim of learning how we may make training more comprehensive in ASC, and equip care workers with the necessary skills. The interviews also enhance our knowledge of what is considered good HRD practice by those who work in ASC, along with opinions on the best methods for delivery of training, whether formal or informal delivery is preferred and who this should be delivered by (i.e. managers or peers).

The qualitative phase focuses on interesting findings from the previous chapter and takes forward recent research by Grimshaw et al (2015), who have called for analysis of care worker's views regarding recruitment, retention and conditions. This chapter considers the views of both management and care workers in order to establish how HRD might contribute to better worker retention, as well as comparing and contrasting carer and manager perspectives. This chapter also explores how HR practices may contribute to the ASC sector, as previously suggested by Hussein & Manthorpe (2011), with a dominant focus on HRD. In line with this, the aims which relate to the qualitative phase are as follows;

3. To explore the uses of HRD in different ASC contexts, what HRD practices are considered the most useful for a care worker role, and opinions of skill use in the sector.
4. To explore the influences of pay on turnover in ASC organisations.

These aims relate to objective four, which focused on understanding opinions of care workers and managers regarding skill use, which will be a focus in the skills section in the latter part of the chapter. Also objective five; exploring the uses of HRD, and what is considered effective in different ASC contexts. The aforementioned aims and objectives have informed the below research questions, which follow on from the first eight quantitative questions. Questions nine to twelve were addressed through semi-structured interviews with care workers and managers;

Research Question 9: Is there a need for a certain 'disposition' or personality type for care work?

In relation to the third aim regarding skills and the fourth aim, regarding further understanding of why care workers may leave expanding upon the quantitative factor analysis in Research Question 8 which documented 'personal reasons' for leaving, which was nonspecific.

Research Question 10: Why does organisation size appear to predict care worker qualifications; pay and amount of turnover?

Relating to the third aim regarding uses of HRD in different contexts.

Research Question 11: What are the most common reasons for leaving work in ASC?
Relating to the fourth aim, considering reasons for leaving in more detail.

Research Question 12: Do care workers and managers differ in their opinions of important skills for care work and the usefulness of training?
Relating to the third aim, regarding skills and whether opinions of skills differ between care workers and managers.

6.2 Analysis

The literature frequently mentions issues relating to retention in ASC, and Eversole et al (2012) consider how HRD may remedy high turnover in areas such as ASC. This was a focus of the qualitative phase, in terms of understanding from the perspective of managers and care workers if there are any dominant reasons why care workers may be leaving (Research Question 11); if care workers and managers believe care work requires a certain 'type' of personality (Bates 1991) (Research Question 9); and if care workers and managers have any theories regarding the link between organisation and care worker qualifications, pay and/or turnover (Research Question 10).

The final research question 12, focuses more upon the skills required in order to deliver high quality care, and whether managers and care workers differ in their opinions regarding the usefulness of training. The literature considers that many skills required in care work may go unnoticed by management (Atkinson & Lucas 2013b), and there is a great deal of debate considering what kind of skills are required for high quality care (Rubery & Urwin 2011; Gospel & Lewis 2011; Korczynski 2005). Gray & Birrell (2013) highlight a great need for investment in training and CPD, while mentioning the limitations in current ASC contexts, which amount to a general lack of uptake in HR practices. This chapter aims to gain better understanding of skills through the opinions of both managers and care workers, and how training may be considered useful in this environment.

The below conceptual framework (36) displays various elements highlighted as important in the literature review chapter. Research Questions 9 – 11 include aspects of each stage; for example, the training provisions (organisation), skills (care worker) and retention of workers (outcomes). In terms of research question 12, training (organisation), skills (care worker) and retention (outcomes) were considered.

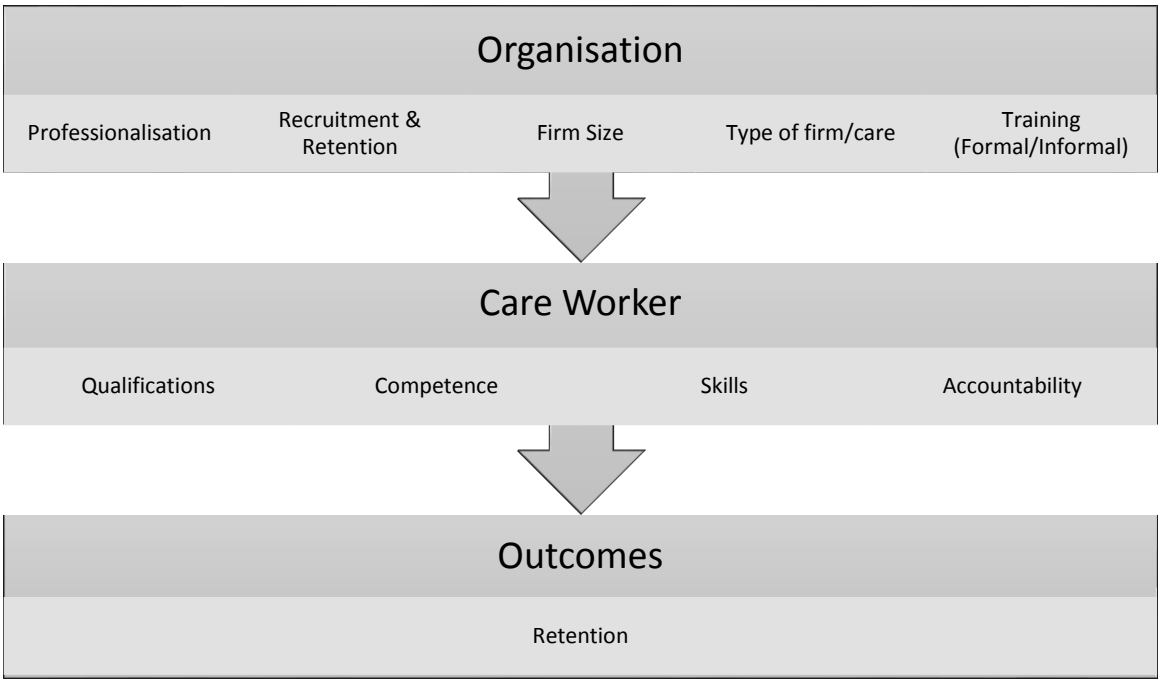


Figure 36: Conceptual framework

Themes in the figure below (37) were generated during the qualitative thematic analysis (Braun & Clarke 2006), as mentioned in further detail in the research methods chapter. A table in the appendices (Appendix P) demonstrates which themes are related to each aim in more detail, displaying an overlap between the aims and many of the emerging themes.

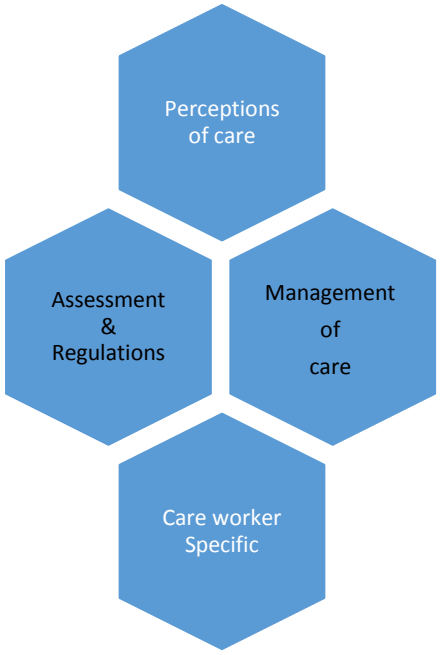


Figure 37: Interaction of generated themes

Considering the above figure, it is proposed that the themes are linked in a tiered way, with 'perceptions of care' at the top demonstrating that everyone holds an individual perspective of care work, and highlighting the external influences on ASC environments. The next two themes; 'assessment and regulations' and 'management of care' follow from the various perceptions of care work theme; with considerations from the public, regulatory agencies, as well as care worker and managers, resulting in particular protocols and perspectives, and therefore also relate to external influences on the sector. Qualifications and policy are interesting aspects of the Assessment and Regulations theme, which will be explored in further detail in this chapter. Finally the 'care worker specific' theme encapsulates care worker and management reasons for why people work in frontline adult social care, what it takes to be a care worker and what is expected of care workers in current practice.

These themes range on a continuum of broad perceptions of care to the particular and specific skills required for care workers, which relates to the thesis underpinning of critical realism, through its emphasis on multiple levels of reality (Denzin & Lincoln 2011). A Braun & Clarke (2006) method of thematic analysis was undertaken, as mentioned in more detail during the research methods chapter. A table in the research methods chapter summarises

each interviewee's role in ASC and further demographic information. The chapter will now go on to discuss each major theme, reflecting on each aim and research question.

6.3 Organisational factors in the delivery of ASC

The first section will consider various aspects of the organisation, in line with the aforementioned conceptual framework. This will begin with the consideration of firm demographics, such as firm type, size and care type. This will be followed by recruitment, retention and pay and benefits. These aspects have been considered in terms of how they relate to HRD input. There is a particular emphasis on how pay links to HRD input, and how these variables relate to turnover, in line with the fourth aim, and as was considered statistically in the previous chapter.

The organisational characteristics that were considered in the previous chapter; organisation size and organisation type; sector, were explored in the interviews to gain further understanding of how this may impact upon HRD practices, such as highest qualification and IiP status. Recent literature argues that quality of HR practices largely depend on organisational characteristics, with for-profit national chain providers being less likely to 'distribute the benefits of better quality contracting by improving employment standards" (Grimshaw et al 2015: 521-522). This could go some way towards explaining the findings obtained in the previous chapter, particularly surrounding the differences in qualification levels. This also provides reasons why organisation size may result in different management strategy, partially answering research question 10. Although, this section also explores management and care worker opinions from different organisation types, i.e. the local authority, private sector and the voluntary sector.

Considering why organisation type appears to predict qualifications, pay and turnover; it was of interest if managers think there are differences in what they can offer due to their specific company type, size and care sector. Generally those interviewed described how it was much easier to offer training and support and extra time as a private company, because private companies were run with the 'customer' in mind (P4; P7). Although, a local authority director of service (P9) conversely mentioned how some private companies also provide worryingly

little training and support to their workers. Therefore, the interviews have uncovered varied opinions regarding private organisations, suggesting that the private ASC sector is highly fragmented and differs largely in management strategy.

Within organisational factors, opinions of the usefulness of IiP status was a considered sub-theme. Interestingly, no managers specifically highlighted any benefits of IiP status for care workers, with one company director stressing the importance of knowing how it may translate to everyday business in the future (P4), and the firm was therefore currently researching the viability of IiP status; *"….sometimes that's the thing is you get things that just end up being a badge and some of em are just at the bottom of someone's email…but actually it's how that translates in to everyday business that's important"*. Another manager suggested that IiP status would not mean very much to care workers, and that it was merely for the 'corporate company' rather than employees (P7). This manager also emphasised that pay was far more of a motivator to stay than IiP status.

The impact of organisation size upon the amount of experience and variation of care work also requires further research, although this was implied by the some of the current interviews (P5; P7). One participant mentioned that small residential homes may not have the staff to appropriately train the workforce. Interestingly though, many of this manager's staff attended training in their own time on days off. Large homes were also seen as a good way of gaining experience in many different areas of care (P5; P7). This could suggest that organisation size dictates the amount of experience and variation of care work, although the small sample size should be emphasised here, and more research is needed to further explore this. It seems in this sample at least that larger organisations have more scope to provide different training opportunities, which supports previous research concerning firm size and training (Rubery & Urwin 2011). However, the qualitative findings do not support Grimshaw et al's (2015) argument regarding larger organisations driving down the terms and conditions. It may be that those interviewed in this chapter are particularly passionate about training and development, given that they volunteered to take part in the research.

Considering organisation type, it is important to note that the private sector was overrepresented in the interviews, although perhaps not surprising given the abundance of

private firms proportionally in ASC. Generally those in private organisations considered that local authority care firms were more pressurised, take on too much work and cannot cope with the amount of care, leading to poor quality services (P4; P10; P12); *"I think when you work for the local authority you, you're under pressure to perform and deliver and what they say… we are much more about what the customer wants and what the customer needs…not as prescriptive."* **Director P4 (private sector)**

However, as previously mentioned, a service director (P9) also highlighted how some private companies that they work with are of concern due to what appears to be very little training and support; *"I've always had concerns around the private sector at different periods in my career… I would say it's patchy, it's a bit of both, there's some very good private sectors out there and there's still a few that cause me concern."* **Director of services P9 (local authority)**

The type of care provided was considered in the quantitative phase, finding that adult day and community care workers were more qualified than residential and domiciliary carers, with residential care workers having the highest percentage of no relevant qualifications (35%) followed by domiciliary care (33%). Care type was highlighted by one director (P4) as something which impacts upon the requirements and quality of care. She described how domiciliary care is particularly challenging due to the large variety of people you might visit in one day and the large amount of different complex needs of each individual. She considers how "*we expect our staff to be able to deal with that challenge, deal with that change and respond appropriately".* Which may be more of a challenge compared with those working alongside their supervisors in a residential home. The work of domiciliary care workers is almost akin to freelance work, and there is difficulty in correctly gauging the approach of management when management is not providing the working environment. It may be that this will always be a vocational issue in care work, given the requirement to provide care for the most vulnerable older people (Toynbee 2003).

Recent research highlights how firms have the autonomy to choose which, if any HR systems to implement, regardless of constraints imposed by national institutions (Gospel 2015). This could involve more sophisticated HR systems and training for domiciliary carers in order to provide adequate ongoing support. Managers P5 and P7 both mentioned that they allow one

person to attend all relevant training courses, in order for that person to then train others in their organisation. This displays a cost effective method of providing training to those in larger organisations, and means that a larger variety of courses can be undertaken and learnt. The idea is similar to one proposed by Rainbird et al (2011), who suggested that medium enterprises could act as a training hub for smaller businesses in order to pool resources and deliver training more economically. Although it is unclear how this may be effective unless care organisations have more communication amongst themselves. There is difficulty in linking different, mainly private, organisations currently whilst many are pitched against each other with regards to tendering (Drinkwater 2011).

The local tendering process was highlighted by one care worker (P10), as effecting the workload of some companies, which in turn impacts upon the service quality;
"…i find that in alot of companies time is rushed they take on too many packages and cant really cope with the load so the quality of care is reduced dramatically too rushed and they dont spend the whole time due to traveling times between calls (sic)". **Care worker P10**

It is of interest whether current local authority quality assurance measures are adequate, as mentioned by one senior manager working in the local authority (P12); *"So they're kind of looking at some of the structural type things and records and I'm not saying they're not important, but I do think that we ought to be working alongside them to look at care practice, and you know, behaviours, and attitudes and those kinds of things. Rather than the documentation, or as well as the documentation. But actually I think we're quite dependent on making sure documentation's in place."*

He also argued that leadership and management were key in creating the appropriate organizational culture for ASC, and emphasized that although they could make micro and strategic changes to ASC, he was not sure it was viable in a national sense;
"…I'm not sure whether we've got the right level of commitment nationally, to make wholesale changes that're needed. I think that's the realistic kind of element…one of the things that we find in, with care providers, is that it's usually about the leadership, management and ownership of the establishment that's created the culture. It tends not to

be the willful behaviour of the care staff. So we do need ter, to work more closely with them on that." **Workforce Development Manager P12**

Here the manager suggests that issues within ASC are more related to management culture than the 'willful behavior' of care workers. Yet, he suggests that this culture of blame may be too widespread to make comprehensive changes. He also highlighted how his role within the local authority has changed a great deal from having more input on the protocols surrounding care, when there were many more council run care schemes, to merely being advisors to many private care firms, rendering them generally powerless regarding the terms and conditions provided to staff. This has large ramifications for the future of ASC, and if we are to make ASC more comprehensive in terms of working conditions and quality of care, it is argued that the local authority need to have some ability to ensure that certain standards are met.

Although, there have been various supporters of the commissioning process, particularly considering ideas such as outcomes focused commissioning (P12), a senior manager (P12) in the local authority suggested it is possible that they are considering the wrong things when undertaking quality checks on companies who have won contracts through tendering; *"…I think there's a question about contracting from local authorities. I think there's a question about contracting from health, from CCGs, and also the way that CCGs are contracting the acute trust, cos I think that, if that's influencing the practice, I mean really it should be the other way round, and if there's a provider, they should be saying actually what do we want to deliver for our customer? Not; what is the contract saying we ought to deliver. So, it could well be that standards are being pegged back, because the drivers are the wrong drivers… the quality checks are we checking the right things? Are we asking for the right things?"*

Participant 12 also mentions how the local authority has little power in terms of enforcing interventions in private social care settings, even when there are current safeguarding concerns; *"… unless we've got a statutory duty within those provider services it's actually quite difficult to engage sometimes and influence…."*. Although it is difficult to base theory on one interview statement, and therefore it is argued that quality checking and council involvement in ASC should be a major consideration for future research. This reflects the

issues related to the current commissioning environment that were recently acknowledged by Rubery et al (2015). The authors considered that the expansion of large private sector organisations in ASC as a threat to small providers, as they may be unable to operate at a profit. Similarly, as found in the quantitative chapter, it seems that larger companies employ less qualified workers, and could be responsible for driving down terms and conditions (Cunningham & Nickson 2011).

Although it should also be noted that it is currently unclear whether qualifications are the best way of measuring quality of working conditions, as mentioned by P12 in terms of service users, who are not interested in care worker's qualifications, as the care worker's personal attributes are much more important, followed by qualifications, and that; *"…the larger organisations may also argue that it isn't a requirement for providers to support their staff to do qualifications…".*

Funding is also a widespread issue in ASC, and has been considered to vary in voluntary sector organisations, with high expectations of quality from commissioners for only minimal funding (P1). One manager suggested that it is easier to manage an organisation where you have the backing of a large national organisation to put staff in and 'balance books' but this is more difficult for smaller care homes (P7). This manager emphasised the difficulty in meeting many different organisation's expectations on such low budgets; *"That's what you run on, you know, which is, and like an independent care home, if they're only getting so much money in, cos all, it's all about you know…profit and loss isn't it? So you've got to look at all that…"*.

Although, regardless of all the pressures she had mentioned, this manager considered herself lucky, in that she was part of a large, private, national company, and so could provide the required amount of staff when more were needed. The amount of funding received also appears to impact upon time constraints, which have been considered in recent research by Rubery et al (2015), and were mentioned by one care worker (P10) and a manager (P1), in a mostly negative way as leading to a reduced quality of care and higher turnover. Temporary workers were seen as a good way of creating flexibility in the workforce and allowing annual leave by one director of services (P9). Although it is agreed here that this is an integral role in

meeting care needs, it could be argued that this detracts from continuity of care, quality of care, and general conditions of the workforce (P2; P3). All organisations (6) had recruited either agency, temporary, casual staff or a mix of these workers, and this workforce flexibility was considered integral to the efficient running of social care and high quality care. This creates potential problems for relational and continuity in care work, although some interviewees described how casual workers can often become quite regular and get to know the service users (P3).

6.3.1 Recruitment

A negative public perception of ASC work was highlighted by the interviews, along with a lack of awareness regarding how difficult the work is in ASC. These aspects can impact upon recruitment and also strongly relate to retention of care workers, which the interviews suggest can be fostered by management (P2; P3; P8; P9). Interestingly, managers and care workers both mentioned that paid care work is very important but not recognised by society, unless people have personal experience with it;

"I don't think society understands care and knows, knows really how ter, [pause] you know how to deal with it… unless you get involved get into it kind of thing." **Care worker P8**

It could be that people do not want to deal with social care unless they have to, and this seems highly logical, given that no one is enthusiastic about not being in sole control of their own autonomy. A care worker (P8) mentions how the media may provide a dominant negative view of social care, because; *"all people really hear is on the news …And, it's kind of frowned upon isn't it care?"*

Having a role which is 'frowned upon' could potentially to contribute to a lack of recruitment in the sector. A senior manager from the local authority (P12) believes that this may be remedied through improving the status of social care by 'myth busting' some common negative beliefs about the sector;

"there're a number of myths around social care that all it's about is care, personal care and it isn't. Or there is; you get paid the worst you could possibly be paid, and that's not true…But people do move around the sector a lot…So I think, yeah I think we need to improve the status of the sector as a whole really." **Workforce Development Manager P12**

In terms of recruitment, one private company used psychometric testing in an attempt to recruit the 'right' people for care, although, the director stressed that these tests do not always provide an accurate representation of personality;

"*…that doesn't always work, you know, sometimes what someone's personality looks like on paper's very different to what they are in reality. So it's really about erm, you know assessing the person when they're out there working."* **Director P4**

Another interviewee guarded against employing just anyone to work in social care;

"I think we should be more rigorous in terms of who we employ, but I think we need to…move away from the idea despite shortages that if somebody's got a pulse that can work in the care sector, and it's really about lifting the status of the care sector, and making it more interesting to people." **Workforce development manager P12**

Two other private organisations (P5; P7) described how they look for those who have awareness of what is 'good care', and those who can communicate and express themselves well in their understanding of privacy and dignity.

6.3.2 Retention

The interviews indicate that recruitment is strongly linked to retention, and one care worker (P6) believed that the main reason for leaving was directly because it was a difficult job. This could be prevented through ensuring that care workers are initially very aware of the difficulty attached to working in ASC. Providing a career journey or pathway has also been mentioned by one director as a method that they use to retain carers (P4), although she mentioned that they were still researching why turnover is high in the sector;

"we're putting measurements in place now to make sure that we are addressing our retention rates, and looking to see why people move, move on, you know, do they move in to develop themselves in to the NHS, do they move cos it's not for them? And looking to see how we can recruit better, put better measures in to assess suitability and put better support mechanisms in to stop people from leaving in the sector." **Director P4**

One director for the local authority saw a lot of the HR tasks related to retention, such as communicating with and valuing staff, and worker related development, as part of her role as their manager;

"…we do have an HR department to refer to, we mainly tend to refer to them when you've got problems with staff…But for me, as a manager, I see that as my responsibility, and I would, I always say that as much as we like to run person centered services, we have to have person centered staff. So, you have to take care of your staff and they have to feel valued, and if they do then they deliver that quality care to your customer…But without that, you can't just expect staff to deliver without investing in them." **Director of services P9**

This suggests that implementing a positive working culture to impact upon retention is very much to do with management, and emphasizes the importance of open communication, at least for this interviewee. The quote also highlights how this kind of support creates no financial burden, and is the product of communication, support and valuing employees.

Two of the managers interviewed (P4; P5) mentioned the creation of a career pathway in more detail as a method of retention, in order to prevent the use of care work as a stepping stone (P4; P5) or leaving to find a more long term career. One care worker suggested that her role on a dementia ward was a 'stepping stone' role which would provide experience for her desired training as a mental health nurse. Therefore, it appears that for some, there are no desirable career pathways in care work. Although the availability of relevant jobs for progression has also been highlighted as a potential issue within care. One care manager strongly believed that retention was related to the amount of pay carers receive (P7), and another (P9) emphasised a need for; *"…having that open and honest policy where, no blame culture or anything like that. Having open communication, so whatever level…so that people can read [the newsletter] and feel included and feel valued".*

The most common reasons for leaving in ASC (research question 11) were considered during interviews, with the general aims of exploring how HRD currently supports care workers in ASC and impacts upon retention. One assistant manager (P1) claimed that managers usually know why care workers leave, as often it is related to a lack of staff. This suggests that

retention may create a cycle of high turnover, with more workers leaving as they are expected to undertake additional workloads due to a lack of appropriate staffing.

P12 suggested that the previous targets where providers needed a certain amount of care workers with an NVQ may have been unhelpful; *"Did it improve outcomes for individuals? I don't know. I know what it did do for a nursing home in a rural area of [local authority], it actually prepared people for working in the hospital, so they left".* This suggests management fear that qualifications will create increased workforce turnover, although it ignores the potential for benefits, increased pay and good working conditions in terms of impact on worker retention.

One company director (P4) believed that workers leave because ASC is low paid with public perception that it's an 'easy' job, which may create increased turnover as employees realise the reality of hard work. One care worker (P3) also talked about how qualifications are not recognised in the pay that they receive, and another care worker believed people leave because the job is difficult (P6). Therefore, working conditions and pay were highlighted by both carers and managers as main reasons why carers leave, as well as the work being generally devalued by a lack of remuneration for experience and qualifications in the sector; *"…all the working conditions and pay I think that's why they don't stay as long"* **Care worker P3.**

Although, the following manager emphasizes that retention is not related to the training and qualifications in her experience;

"P: …I wouldn't say anybody said to me I'm leaving cos the training's no good or we don't get training or. You know, and we do a global people survey, where people are asked do they get the training do they get the, the everything they need to do, to do their job if you know what I mean…so they're asked yearly on that, and that is never one thing that's never really come up in mine that, that's the thing that lets us down….At the moment they're all leaving to go to the NHS cos they're getting more money. NHS professionals…the talk is money, so they're on minimum wage here…." **Manager P7**

This appears to confirm previous findings that carers who work for public providers are generally paid more than those in a private setting (Bessa et al's 2013), given that this manager suggests many care workers are leaving to work in the public sector due to pay. It is, however, unclear if this will change with the introduction of a living wage in 2016, and requires more research, both through large scale national datasets and in through smaller scale interviews with care workers and managers. To summarise this section, the interviews have established that reasons for leaving encompass high workload, a lack of staff, low pay, and unhelpful targets for NVQ qualifications, which do not impact upon care worker wages or position in the company. These elements which effect worker retention provide a major contribution to knowledge and allow for more nuanced approaches to progressive HRD in future ASC contexts.

6.3.3 Pay & Benefits

Therefore, and perhaps unsurprisingly, care workers believe work in ASC is incredibly undervalued and stress the need more recognition, both from management (P2; P3) and the general public (P3; P8), as well as remuneration (P5; P7). One care worker (P2) was unhappy that thank you cards had been taken down and replaced with a large amount of CQC documents and the mentioned the lack of acknowledgement they received from management;

"it's an undervalued job as well, very undervalued… I don't think that we need awards, it's just nice to say we've done a good job today, thanks very much…I mean when I was a senior, when my staff went home I used to say thanks a lot, you've worked hard. But you don't even get a thank you [here]." **Care worker P3**

In some ways this could represent a reduced recognition for social care whilst imposing additional regulations. One manager highlighted that acknowledgement can be shown through what you offer employees, such as benefits and pay (P7). One care worker believed the importance of care was often emphasised (P6), although another believed that people do not know much about care unless they need to be involved through family or friends (P9).

When asked about care quality, care workers again mentioned the importance of having a relationship with service users and building up trust as synonymous with care quality.

Interviews also highlighted a need to consider the regulation and payment of travel time, with one care worker (P10) highlighting that payment of travel time was rare, and meant a loss of earnings given that domiciliary carers spend a great deal of time traveling from one call to the next. Busy traffic days can lead to much longer shifts, with a knock on affect to the timing of all calls. It could be argued that the payment of travel time should be comprehensively regulated throughout social care, producing a more useful protocol for ASC than the one currently produced by the European Court of Justice/HMRC (2015). Future research could also consider the newly implemented Living Wage, in relation to this. There is a need to ascertain whether this has resulted in increased wages, given the aforementioned issues. The following two sections will now consider the aims in further detail, with implementation of HRD through use of policy with particular consideration of qualifications in care work.

Two managers from the private sector implied that employee satisfaction and retention of employees was closely linked to things you can offer workers which other organisations do not. Areas mentioned were; benefits, pay (P7), training (P5) and a career pathway (P4).

"…it's about offering your employees isn't it? You know what I mean, it's about, this is what we can offer you…It's, it's, it is the benefits really, of, their role." **Manager P7**

One manager (12) believed that it depends on individual workers, and that care workers were generally motivated by intrinsic rewards, other than pay, and thus may not be interested in career development or the professionalisation of care. However, it could be argued that there are some who do want a career, or at the very least would like appropriate remuneration in line with experience, such as a pay banding system, which will be revisited later. It could be considered naïve to think that care workers are only there due to altruism (Rubery et al 2015), or that it is acceptable for people to do this for often less than a living wage.

It should be noted that pay was by far the most frequently mentioned issue in ASC, particularly mentioned by managers as a method of raising the status of care work (P4; P5; P7). Pay was also cited as a common reason for leaving (P7), and the need for pay when traveling in-between calls for home care stressed by one care worker (P10). Pay was

generally low regardless of worker qualifications (P5; P7; P2; P3), with one manager (P7) suggesting the idea of pay banding for care workers similar to the NHS, depending on experience and qualifications. Two different managers (P5; P7) mentioned that they employed carers who had worked there for decades with no additional pay compared to new starters. This perspective was confirmed by interviews from both care workers and managers;

"Like with agenda for change, you know those fees, those pay rates, but I do think it would help if they had a scale, so that you came in at that or if they've got an NVQ they started on the third level or whatever, so I've got people here who've worked here for twenty-two years and they're still on £6.60. Twenty-two years!" **Manager P7**

Interestingly, one company director argued that pay was not low within her company (P4), suggesting that paying well and operating at a profit can be sustainable. Two managers also argued that you have more pride in your work if you get paid more (P5; P7). One care home manager (P7) mentioned how she disagreed with the fact that apprentices can be paid incredibly low wages, arguing that they should be paid the same as other workers;

"…but even if I have an apprentice here, I. It's my choice that I don't pay them the £2.35, I pay them the £6.55, cos they're to me, they are participating in, and I want to get the best out of them really, I don't want them 'well I'm only being paid £2.35'.

I: do you think you have more pride in your job then if you get more money?

P7: I think so, I would like to think so. Yeah, because I don't have to pay them that, but I don't want, I don't think I'd feel comfortable paying £2.35 or £3.30 or whatever it is." **Manager P7**

This highlights how many of the basic terms and conditions of care work are firm oriented decisions, and in terms of these manager's opinions have the potential to majorly impact upon morale, retention and quality of care. The next section will now consider interviewee considerations of training in ASC.

6.7 Training

It could be argued that raising the status of care work lies in the formulation of policy which sufficiently recognises skills and the importance of ASC. This may aid management in providing a more comprehensive working environment within ASC. Indeed, policy was

mentioned during the interviews in relation to more consistent training throughout the workforce, and whether current policy was useful. Some managers argue that new policy is not well communicated to managers, not informed by care or the public, and not always relevant to every care environment (P5; P7). There was some support for care standards, as they were considered useful in making sure that care workers receive the appropriate training and support in certain organisations who may have previously not provided this.

"I like to think that that's one of the reasons why those care standards have come in… a lot of private people, you would see adverts in the paper, 'no training needed, we will train you' and then you hear…somebody that's come into the day service completely incorrect, it was a new staff member they didn't know them…., and I think god, to be left on your own, running a home with four people that have got challenging behaviour, you're not gunna retain anybody by that, there didn't seem any staff support or adequate care…." **Director P9**

Although, it is still questionable whether all workers receive this level of training and support, and there were calls for comprehensive, mandatory training in care work, in order to drive up standards of care. One director (P4) argues that the care certificate should be introduced for every member of staff and not just new starters, as *"training standards across the sector vary"*. She went on to suggest that "*the more we can train people and more we can support them the better. To me there's no end to it…You should always be coaching, mentoring, developing individuals really".* Another deputy manager (P5) thought that the new care act (2014) was merely a reiteration of previous policies amalgamated into one document, and suggested that policy for ASC was not publicised very well. She commented; "*…. they're very vague policies, I don't think they're very person centered, which they expect us to be."*

Both managers and care workers also mentioned that there was too much paperwork and this detracted from the quality of care that could be achieved (P3; P5); *"P3: it's just too much! It's like I say there's just too much red tape"* **Care worker P3**.

Interestingly, the care worker's role was in a voluntary sheltered housing environment and the manager who mentioned the abundance of paperwork worked in a private sector residential home. Therefore this issue seems to be prevalent across different contexts.

It seems that from a manager's point of view at least, there are some improvements that could be made to policy, in order to make them more useful to organisations and more relevant to service users. Thus, care registers and policy in ASC were not always believed to be useful, unless they affect a change in the status and understanding for care workers. This is suggestive that policy may not be consistent nor well communicated to managers in ASC, and there may too be difficulties in implementing a nationwide care register. Although, it's seen by some as a route towards professionalism, and qualifications are seen as unimportant if the in-depth theoretical understanding is overlooked. Relationships with assessors such as the CQC are described as mixed, very one way, and some are considered 'quick to blame' a care home when things go wrong.

This brings us to a discussion of what will be useful in ASC for the future. Some have emphasised the importance of employer input and management communication as a way of increasing morale (P9). One care home manager (P7) suggests that often those who have dedicated their whole career to care are still on minimum wage decades later due to the lack of career pathway options available. With these conditions, it seems unsurprising that there is low morale and turnover rates are high. Having little regard for our care workers careers and pay, logically seems to impact upon retention, as workers leave for a slightly better paid role or more favourable working conditions.

Grimshaw et al (2015) argue there is a need to increase local authority budgets for commissioning social care, which is a necessary condition for improved employment conditions, and additional union representation coupled with a sector level collective bargaining agreement to establish, monitor and improve the quality of HR practices, as well as to counteract employer power and the chronic undervaluing of care work. They also suggest a stronger national regulatory framework for contracting ASC in order to drive up the standards of firms' HR practices.

It should be highlighted that care organisations where the current data was obtained were noticeably interested in the topic of training and support, and so it could be suggested that the sample of managers and care workers is biased towards good quality management and training within ASC. Indeed, 71% of care homes had noticeable training gaps as of 2015

(Carter 2015). While training and support appear very important in helping workers to deliver high quality care, it is also worth stressing that hardworking, committed and skilled care workers can have their work undermined by workload pressures due to staffing issues (Tadd et al 2011). Thus, we should be aware that quality of care may be severely affected by current cuts and workload pressures brought about by focusing merely on meeting council regulations and urgent physical needs at the cost of more relational care, resulting in a 'reactive care' strategy, rather than a preventative approach.

6.7.1 Formal & Informal training

This section will explore methods of delivery for ASC training, particularly whether formal, qualification type training or informal training, such as shadowing was preferred by care workers and managers.

The uses of training were commonly mentioned by participants, with mixed views of HRD use across sectors, as one care worker (P3) mentioned some formal training that their not-for-profit company provides is not useful. Another care worker argued that support is better in the private sector rather than council contracted organisations (P10). Inductions were commonly mentioned (P4; P7), and were also undertaken for temporary workers (P1; P7; P9) for those interviewed. Although, it could depend on how long they were working for. One manager considered; *"So the training that the induction that everybody gets now is linked in very much to the, the new Care Act. So it's all skills, it's got competencies, so and they're actually based in the training room for five days."* **Private sector (P7)**

Findings indicate that e-learning is now commonly used alongside support, supervisions and one-to-one training. Although e-learning was seen as a positive by care workers (P10; P11), one services director mentioned it as a constraint of the service (P9). It seems logical that teaching specialisms through e-learning platforms may be difficult to convey in their entirety. Some organisations also set a timeframe of 3 months before they allow care workers to complete any further training, presumably to prevent any unnecessary costs through turnover. Care workers (P2, P3, P6) mentioned difficulties in concentrating for formal training and preferred hands on, informal methods of training. This is of significance, given that currently training and qualifications in ASC are formulaic and based around traditional NVQ

style learning, rather than ongoing informal peer support. An older care worker believed that specialism type training was 'silly', and not part of her job. Here it is of interest whether specialism training is targeted at a younger generation as part of career pathway. It is also of importance that training without any increase in pay does not promote the uptake of qualifications (Gospel 2015). Managers again emphasised the need for care workers to have a theoretical understanding of care tasks as well as qualifications (P5; P7).

In terms of comparing care worker and managers opinions, there is a general consensus that there is an abundance of training currently available to care workers, with no one saying they would like more training (P7). This is, however a likely bias of a sample who volunteered to take part in research regarding development for care workers. Care workers generally preferred one-to-one work and shadowing to learn new skills (P2, P3, P6, P8). Management support or a lack of management support was often mentioned alongside training, and was considered just as, or more important than training (P2, P3, P8), contributing to low morale (P2, P3), or a sense of employee belonging when done well (P8). This again highlights the great importance of informal support in an ASC setting, a major contribution of the qualitative phase, and the thesis.

Interestingly, care workers (P6; P8) were more positive about NVQs, although one (P3) believed that the new drive towards care 'specialisms', such as blood pressure training were not needed. The care worker had previously done a great deal of training, and believed that because she did not get paid any extra after this training that it effectively meant nothing. A lack of remuneration or promotion following further qualifications is definitely an area which needs to be addressed in future ASC management, although in order to do so, there is a great need for additional ASC funding.

6.7.2 Support from managers and peers

The newly implemented care certificate appears to have had a certain amount of impact on the layout of training, with managers mentioning this as a driver for qualifications, which are essential for their continued employment (P5; P7). Although a deputy manager also emphasised the need to have an understanding and theoretical knowledge of why a care worker is undertaking certain tasks in a certain way. The deputy manager (P5) mentioned

that mature workers were generally not as interested in training as younger employees, and this raises some questions regarding the reasons for applying to be a care worker, as briefly mentioned by P12. The difficulty in delivering high quality, relational care on such low funding was also mentioned by one manager (P7), to the point where it is difficult to run an effective business. She suggests that a great deal is expected of an ASC organisation from the local authority, the clinical commissioning groups (CCG), and regulatory agencies, for very little money.

There were also opposing views amongst care workers (P2; P3; P8) related to management support, with one interviewee emphasizing the helpfulness of the support she received from management and two others mentioning that management were not at all supportive;
"P2: we just get on with it, we know the rules we just get on with it. We don't rely on them do we? [talking about management] [P3: no]" **Carers P2 & 3**

Management support is also emphasised by one local authority head of service, who believed that communication with care workers was highly important for morale and a positive working environment;
"…morale can go down very, very quick in a service. And without effective communication, I do feel that morale can go low. I know there's times when, just very simple things. For example, not informing people what house they're in until last minute, you know all the last minute changes, really to be prepared and not have last minute changes, cos that's another thing that contributes to low morale." **Director of services P9**

Many managers talked about providing varied support depending on a care workers experience (4 interviewees), showing a degree of flexibility from management depending on the worker. One manager considered that support may help care workers understand what is expected of them (P1), and generally care workers thought management support was important, making it feel like they are on your side (P8). Managers said support was important in order for carers to work to the best of their ability (P4), and check they are coping (P1; P9). Shadowing other care workers was a common method of learning first-hand how best to carry out tasks (P2; P3; P8). *"I think it's important to highlight the support you get from the management team like, if you're not, if you really are unsure… It was, if you're*

not comfortable, let me know and we can try and find another unit for you to go on…" **Care worker P8**

Whether support given to care workers is provided by managers or through an HR specific role will depend on the context of the organisation and particularly the firm size. It also requires further debate whether a manager should take on at least part of this role, as argued by P9 in detail. This kind of communication from management may increase morale, but only when delivered by the manager, and thus requires further research. The above care worker emphasised the extent to which this support was important, particularly when starting out. Interestingly though, this care worker did not need support in ways which we might associate with working on a specialist Dementia ward. In these emotionally challenging wards, she described needing support in toileting patients, and this emphasised the individuality of each worker, and a need for flexibility in the support and management provided.

One care worker also really valued the helpfulness of having someone to guide you through a shadowing period after the induction, having someone there to make sure you are doing care tasks correctly, so that you are more confident with the work;

"It's like a shadow period, where you shadow a member of staff. I shadowed for a week. So I didn't do any, anything handling, I watched mainly, and got to know the role, got to know everything that was expected of me. I was allowed to help in some aspects, but some aspects I wasn't…I was a bit unsure, and after watching it and then having, being able to 'you don't have to do it, but if you want to do it by all means'." **Care worker P8**

Therefore, although induction training appeared to be popular with care workers, it seemed that shadowing other care workers was by far the most popular method of learning how to be a care worker (P3; P6; P8). This is a major contribution of the thesis, which emphasized the importance of informal training through peers (i.e. colleagues) within ASC, providing a major practical focus for future methods of progressive HRD practice. This also has potentially lucrative ramifications, given that although shadowing and management support cost time and depend on the delivery of staff undertaking these practices, if it means that a

care worker is more likely to stay in the role and become a more competent care worker, the values highly outrank the costs.

In terms of ongoing learning in ASC, literature suggests a need for more comprehensive training (Rubery & Urwin 2011), and policy inherently points to care workers 'skilling-up' and obtaining specialist skills (Care Act 2014). It is of interest what care workers and managers think of the training offered and if it is considered useful. The training theme addresses research question 12, exploring if care workers and managers differ in opinions regarding the usefulness of current training, with a general aim of exploring the most beneficial methods of managing care workers, particularly in terms of HRD.

6.7.3 Qualifications in care work

Qualifications in care work directly focuses on the third aim regarding the uses of HRD, and the usefulness of qualifications in care work was commonly explored by interviewees, with many suggesting that formal qualifications are useful alongside other experiential learning techniques such as shadowing another care worker, and management support (P5).

"We then encourage all of our staff to have at least an NVQ level two…it's really important that they do have that theoretical approach rather than knowing about the practical side of things… I think they're essential". **Deputy Manager P5**

Although another manager (P7) believed that formalised training may not be helpful. Instead she considered that learning in real life care situations is of more importance than qualifications such as NVQs, diplomas and certificates;

"I: Do you think the new diplomas and certificates are better than NVQs?
P7: (whispers) not really
I: do you think they're any different?
P7: not really. No, people, I had somebody sat here the other day, said they'd done an NVQ, and she was the one who didn't know what dignity meant. I think for some people it's just going through a process. That they, oh yeah I've got an NVQ, but when you ask people about it, you just sort of, I don't know…sometimes it's just a process they go through". **Manager P7**

Others focused more on care related outcomes related to qualifications in ASC;

"I don't think we should obsess so much about qualifications. There are training providers who will get somebody through a qualification and the organisation and the service users won't notice the difference." **Workforce development manager P12**

As much as qualifications may not be the most important part of managing care workers in ASC, it is worth considering why micro and small organisations are investing more into their workers than larger organisations. There has been a great deal of research surrounding small ASC firms and how they may lack resources to qualifying their workers (Rubery & Urwin 2011). This will be discussed in more detail during the following theme; 'management of care'. Obviously P12 is focused on care outcomes and while this is integral, and training could potentially be irrelevant, the question is if larger organisations are driving down terms and conditions, or it may be a result of the current tendering process for social care (Cunningham & Nickson 2011).

Given the mixed reviews regarding NVQs and the newer diploma and certificates available to care workers, it is of interest whether care workers are currently offered any kind of career pathway or higher qualifications following NVQs, diplomas or certificates. Interestingly, the importance of a defined career pathway was mentioned by a deputy manager (P5) in terms of providing practical knowledge of the training that they are completing. She emphasizes the importance of transitioning care workers into the role, so they are able to link theory and practice. However, when there is very little difference in pay and status for care managers, this does raise the question of whether further training such as this is worthwhile in ASC. Indeed, this manager emphasised that there is very little difference between the role of nurses and care managers in their residential care setting, and yet the care role lacks both status and pay. This implies that the only way of raising the status of a care role while still interacting with patients is to become a nurse.

6.7.4 Professionalisation & Career Pathway

Professionalization has been highlighted as one potential method of raising the status of ASC (Downs 2015), while also making the skillset associated with care work more apparent

(Atkinson & Lucas 2013). Professionalization is often linked to a wealth of personal knowledge or expertise, and has been considered alongside relational care (Arthur et al 2015) as paramount for high quality in care (Reinders 2010). Consideration of professionalisation also has strong links to the second aim regarding skills. Unpicking the perception of care as a profession may also increase our understanding of why it is also perceived as unskilled. The managers interviewed generally disagree with the idea that care work is 'unskilled', and see a great deal of value in raising the status of ASC;

"P: Yeah, well, whenever I fill in like things where it says like, 'unskilled professional' I always put skilled professional because I think care is a skilled profession so, yeah…. I think care needs to be better paid as well, so it. And then it'll be better acknowledged." **Assistant Manager P1**

Social care was perceived as greatly undervalued by all but one interviewee (a care worker, P6). A deputy manager and director interviewed (P5; P4) were very passionate about making care a profession, as it would add to accountability and pride in one's job. The deputy manager also highlighted that there is very little difference between nursing and care jobs, except status and pay which are much higher for nurses. Thus, it is argued that as professionals, care workers would feel more valued, have clear career pathways and it would potentially lead to a better standard of care.

Deputy Manager P5 *"It's a graft, they work, they work their backsides off, all of them, and I can see them running around and, if they had more of a professional status, I do feel that they'd feel more valued. And then if they did feel more value, ultimately I think the care would be a better standard as well, because they would expect that this is my profession, this is where I'm going, it's a career, it's not just a stepping post, which a lot of people do come into and, and I can still see that now, and I still get interviews now, 'I've never done anything like this, but I think I'd be really good' [pause] well, it's not, you know, you don't know that, do you."*

It is unclear whether current expectations of social care fit well with the concept of professionalisation, particularly in terms of appropriately defining the evolving area of ASC, which appears to increasingly involve more worker requirements for the same remuneration

and less job security. This is also demonstrated by one care worker (P11), who mentions the need to look after increasingly complex illnesses and the need for service users to be reassessed in comparison to when she started eighteen years ago. It could be that as care workers take on more tasks previously completed by nurses, the line between nurses and care workers is becoming increasingly blurred. Interestingly, the tasks undertaken by the roles have been described as very similar, particularly in the context of a residential home, although care workers still do not receive the status and pay of nursing work;

"…it's very minimal, the differences between them, but yeah they're miles and miles apart…but I think there's a very fine line between them both, and they're not recognised enough in the care sector, than they should be really…Yeah. I think that care assistants are expected to a lot more now than what they used to be able to do, they are unglorified nurses in my eyes". **Deputy Manager P5**

This closely links to the importance of care in society, where care workers have a lack of recognition compared to nurses, and it is of interest whether this relates to nursing being perceived of more as a profession. This echoes participant 8's response that people only know about care if they have reason to, for example if they have relatives in care. Participant 8 described her own career aspirations to be a nurse, interestingly. This provokes the question; is care work attractive enough to younger workers without professionalisation? Is there enough accountability within care work at the moment, and would professionalisation aid this transition into a more responsible workforce? Finally, are there attractive career pathways directly related to care which are not nursing or management? The new Care Act (2015) has attempted to drive care work into a new area of care related 'specialisms', although it this is as yet too soon to effectively evaluate.

6.8 Skills

In terms of the overarching theme relating to perceptions of care, company directors and managers considered how public perceptions of care work in ASC often were incorrect, given that care is commonly thought of as an easy job, nor 'unskilled' (P4);

"I think it is looked at like that, anybody can be a care assistant, anybody can look after anybody and it's not the case." **Deputy Manager P5**

Directors and managers highlighted how the reality of care work is quite the opposite of 'easy', particularly when working alone with service users who have increasingly complex needs. A director (P4) suggests that negative connotations associated with care which lower the status of care workers are no longer true, as these roles can be highly trained and paid well. "…*the perception of care is not great out in the community. And I think that's a big issue".* However, it should be remembered that the quantitative results suggest provision of advanced training and good pay for care workers is not comprehensive throughout the sector, and it is as yet unclear how public perceptions of care work may be changed to such a degree, with the dominance of for-profit organisations in the sector. It may be that some form of regulation should be invoked in order to make ASC firms more uniform in terms of working conditions, which will be discussed later in this chapter. In line with the third aim regarding skills, this section will explore opinions of the use of skills in ASC, and how skills relate to the idea of an ideal care personality, relational care and the culture of blame surrounding ASC, leading to enhanced accountability.

In terms of valuable skills in ASC, communication, empathy and a willingness to 'muck in' were mentioned as valuable, along with the ability to build relationships with service users. Care workers and managers described relationships as encompassing the following things; knowing how they like to be talked to, building their confidence in you, having patience, the ability to pass on important changes to management, and the ability to maintain ones dignity while giving personal care, treating service users as individuals, and the ability to cope with the emotional demands of the job professionally. As previously mentioned, care work was also seen as very similar to nursing except for the pay and recognition.

Considering whether there are nuances between care workers and managers in their views of skills, it appears that both managers and care workers are aware of the need to be accountable and that care workers need to efficiently report changes. Although it seems that managers do apportion most of the responsibility onto front line staff (P7); *"They've got to understand their responsibility".*

Managers did focus on more task specific elements of care work, such as 'an ability to muck in' (P1), while care workers considered skills more in terms of forming relationships. Care

workers believed that the most important skill was building a trusting relationship and good communication with service users, whereas managers generally believed that the most important skill was having a good understanding of empathy, dignity, respect and why they are doing certain things, which can be supported with training. Therefore, care staff appear to have a more holistic view of care skills, whereas managers emphasize a good understanding of care tasks and the ability to cope with the emotional demands.

In reference to soft skills, managers seem to be aware of this outlay in care work, although they categorise it in a much more ambiguous way, such as having 'empathy' or 'respect' (P4), which emphasizes the need for restraint and professionalism in care work (P5; P7). Care workers (P2; P3; P6; P8) mentioned building relationships as the most rewarding aspect of working in care, and also a major skill;

"*P3: you need patience [P2: yeah patience] they have to build confidence in yer so they can, if anything's worrying them they'll pass it on ter ye. [P2: yeah] That's why I say really ye need the same people not [P2: different ones] different ones [P2: yeah] cos you don't get that one to one [P2: relationship yeah]…You need a relationship to start with. Cos you can get some that, take one look at a person and go I'm not having personal care off you. You need to build on that with some, with some iser, but you need to build up on that and have an understanding, and their dignity [I: sensitivity] yeah."* **Care worker P3**

Although two care workers (P2; P3) found a lack of support from management disconcerting, there was no mention of this affecting intention to stay. Many of those interviewed (both care workers and managers) have also argued that care work is increasingly complex and in some instances the same as nursing work (P2; P4; P5; P7);

"care assistants down here, and the senior members of staff don't do anything differently that what the nurses do, other than maybe some small clinical side…they might do a bit more clinical stuff like diabetes or you know, you might have a syringe driver in place or something". **Deputy Manager P5**

This suggests that care workers do very similar work to nurses, which in fact was previously the work of nurses (Community Care Act 1990), and yet receive very little money and a poor

status. All of those interviewed believed that care work was an incredibly skilled and difficult role which required communication and high levels of responsibility.

6.8.1 Care personality

The idea of a care personality was previously discussed in the literature review (Bates 1991), and may help us to identify specific skills which are required in ASC, in line with the third aim. The theme also relates to retention of workers, given that the concept of a care personality is inherently inflexible, and not having the correct 'personality for care' may lead to increases to turnover. Therefore this concept was explored further to both gain more awareness of skills, and establish whether these skills impact upon turnover in ASC.

As forming relationships were frequently mentioned by care workers and managers as important, it seems logical that care workers were mentioned to need skills in dealing with emotional and distressing situations (P4; P5). One director emphasised the need to give people the 'tools' and support to deal with difficult emotional times while they were working. Psychometric testing was seen as a tool that may not always help to recruit the right people, due to the widely varied workforce and different reasons for working in care;

"*I think they're skills that erm, you can't teach, without doubt. There's, erm, empathy, which [laughs] you can't necessarily teach that, you know? …there's lots of emotions going there in the care sector as in you know some people find it really difficult dealing with people dying or find it really challenging working with different types of illnesses and conditions…I spose it's giving people the tools and support behind that to be able to, ter deal with those things while they're out there, working".* **Director P4**

Therefore, considering research question 9; "is there a need for a certain personality type or disposition"; it may not be that there is just one 'type' of care personality, as theorised by Bates (1991). The need for quality and decorum were mentioned (P5), along with demonstrating a passion for care work and understanding of dignity, privacy and respect (P7). These elements could be considered as fundamental to care, regardless of personality type and the ability to withstand abuse as mentioned by Bates (1991). In the current interviews, a passion for care and fundamental awareness of dignity (P7) as well as a good value base (P9) among other things were seen as integral, seemingly more important than a

particular personality type. Participant 7 describes this as showing 'an interest' and that they have researched the role and the company to prove they really do have a passion for care.

6.8.1.1 Differences between care worker and manager opinions

Of those interviewed, both managers and care workers believed that the role was multi-faceted and required a wide range of social and technical skills (P1; P3; P4; P5; P8). It is worth considering whether the concept of a care personality puts additional strain on care workers to take on more emotional labour. It has definitely been considered a difficult job during interviews because of the emotional aspects (P4; P3; P8). It is also of interest whether it is ethical to expect care workers to cope with this emotional outlay or to make this a requirement with no further management guidance or appropriate pay (Hackman 2015).

In terms of whether care workers and managers differ in opinions regarding the need for a certain personality to be a care worker, managers suggest that having an interest and an insight into someone's life is incredibly important (P4; P5). This implies a need to have a good knowledge of each service user, and their likes or dislikes, thus maintaining a positive relationship. Managers were more likely to generalise, with comments on the need to have a 'caring nature' (P5). Care workers were more likely to mention specific attributes or behaviours, such as their need to be flexible, through being 'really posh' on one day and having 'a bit of banter' the next day depending on the service user (P3). A director of services explains some difficulties faced with care workers who do not appear to have the required 'value base' for the role;

"I always find somebody that has got a poor, what I would consider as a poor value base, they never see it themselves…you're unhappy with their work because of their value base, they'll always look like, well I'm committed! I'm here on time! And those kind of things, but I wouldn't doubt the commitment and I wouldn't doubt them being on time, it's just that, it's really hard to explain that bit around, yeah, the value base". **Director of services P9**

There is also general agreement between care workers and managers that temporary workers are needed to create a seamless service. One care worker (P3) suggested that work is completed more effectively when there are regular agency staff who know the service

users and their needs. Temporary workers were described as an integral part of care work from a manager's perspective (P1; P9), although sometimes these workers can be seen as adding extra work for permanent care workers (P3), with one director (P9) also describing a need to give brief training to some casual workers. Therefore, employing temporary staff may be an additional burden for both managers and care staff, although it seems to be a necessary one. It is unknown however, if all organisations check the amount of training that their temporary staff have and whether training these staff may fall to permanent care staff in some contexts. No temporary workers were interviewed in the current research, and gaining opinions of temporary staff related to the issues explored in this thesis is suggested as useful future research in order to identify issues relating to comprehensive training and support in the temporary ASC workforce.

6.8.2 Relational care

To consider a care worker's perspective regarding relational care, those interviewed believed that appropriate care planning was an important role of management, to ensure that service users regularly saw the same care workers, thus enabling relational care work. One care worker (P2) suggested that seeing many different care workers can sometimes confuse service users.

Considering continuity of care in more detail, Fleming & Taylor (2007) argue that guaranteed hours are critical to retention of care workers, along with having good mechanisms in place for supervision and support. Their findings indicated that lack of support and supervision were key reasons for leaving. Only one care worker (P3) mentioned difficulty in working with temporary workers in terms of care quality, as it meant additional work for the permanent worker, meaning they are even more stretched. Managers talked of care quality as something that is not rushed and not time allocated, with a large focus from one private organisation (P4) on the service user as a 'customer';

"we make it a rule not to do short visit care. You know I think we, and also call cramming. I think when you work for the local authority you, you're under pressure to perform and deliver and what they say. And people I think in this, we are much more about what the customer wants and what the customer needs…not as prescriptive." **Director P4**

Policy rhetoric such as 'being person centred' was mentioned (P3), although care workers are described as being risk averse to the extent that quality of care is compromised (P5). The professional boundary was also discussed (P5), as one deputy manager believes professionalism has overtaken a relationship with the service user. Another manager (P7) suggested that a career pathway would lead to higher quality of care due to workers feeling more valued.

It is of interest whether natural empathy is a 'skill' and would be considered as a skill by policy makers, directors and even many ASC managers. It could be that natural empathy again relates to this idea of a 'care personality', which will be revisited later in the chapter. Empathy is not necessarily something that can be easily taught with qualifications (as mentioned by P4), and therefore it is unclear if care workers may benefit from more closely supported shadowing and management interaction at the earlier stages of taking on a care role, both to establish if the worker is happy with what is expected of them and to ensure that management is happy that they are well suited to care. This is closely linked to management support, as previously mentioned.

Relational care was also considered an integral part of care work, which linked closely with the skills required to be a care worker. Relational work and continuity of care were mentioned by all interviewees as enhancing quality of care. This aspect of care was historically delivered by nurses and was placed into the responsibility of social care following the 1990 *Community Care Act, s 49 (1)* (Clements & Thompson 2011; Yeandle et al 2006). Given that relational care was previously considered in the domain of nursing, this area could be a potential aspect of professionalisation for the future ASC. Those interviewed describe how relational care enriches the care experience as you know the person better. They also highlight the importance of listening and understanding service users. Forming relationships through care work was given as a reason why many enjoy their work (4 interviewees).

"You need a relationship to start with. Cos you can get some that, take one look at a person and go I'm not having personal care off you. You need to build on that with some, with some…and have an understanding, and their dignity [I: sensitivity] yeah." ***Care worker P3***

Although, the constant fear of crossing the professional boundary is argued to impact on the quality of the relationship formed with service users (P5). Those interviewed often mentioned the need for a care worker to have a natural empathy towards the people they care for in order to form a relationship with service users, listening and understanding the need to maintain dignity and respect at all times (Assistant Manager P1). One deputy manager emphasized that; *"they can then empathise"* with service users (Deputy Manager P5).

When considering reasons for working in ASC, all care workers mentioned that they enjoyed forming relationships with people, and helping them with day to day living or quality of life as a reason for being a care worker (P2; P3; P6; P8; P10; P11).

Care worker P6 *"I get enjoyment out of it, helping other people and stuff like that…just the caring and helping on their day to day living...Building a relationship with them and giving them quality of life."*

Although there was mention of bettering one's self through education (P6; P10), the focus was almost entirely associated with the relationships that care workers had with service users as a dominant reason why they enjoyed working in care. Training was described by managers (P4; P5) as a method of helping care workers to understand the importance of certain tasks. A deputy manager (P5) emphasised the importance of understanding why policy amendments have been made. Participant 5 also suggested that understanding each service user's history can humanise them more, leading to better care. Training is generally agreed as useful for teaching care workers the correct procedures for care tasks, although some think training can be merely a process devoid of wider understanding (P5; P7; P2; P3);

"…oh yeah I've got an NVQ, but when you ask people about it, you just sort of, I don't know. They, it's I've just got an NVQ or a diploma. You know, sometimes you wonder what, having not done that or gone through it… sometimes it's just a process they go through."

Manager P7

6.8.3 Accountability & Culture of blame

Interestingly, one manager (P7) also emphasised accountability as integral in effective care, suggesting that training helps with the understanding process of the responsibility care

workers have and why they are completing care tasks in a certain way, reporting things which seem unusual and equipment which might have broken. One care worker (P8) believed that shadowing and support were incredibly important in learning and feeling comfortable in the role;

"… I think it's really important because, I would have hated when I first started to be thrown straight in, I'd knew what to expect, I knew what was expected of me, and yeah I did. I just liked the, the training side of it first, and then eased into it when I'm ready kind of thing."
Care worker P8

The company director interviewed (P4) additionally suggested that England should have a care work register, as in Scotland and on a voluntary basis in Wales. She believed that this would have a large impact on responsibility and accountability, as; "*I find… businesses just think oh I'm not the registered manager so I'm not accountable, or I'm not the owner, but actually as an individual, everybody's accountable, and I think that that would go a long way to help that."*

The accountability of every individual working in ASC will be further discussed during the care worker theme, but raises a question of whether care workers are trained enough and paid enough for the responsibility and accountability that they are faced with. It may be that management need to support care workers more effectively in order to prepare them for the high levels of responsibility placed on them. Interestingly, one interviewee disagreed that professionalization and career pathways were the appropriate course of action for care workers;

"…how many of our care staff want a career? I don't know if they do, I think the current demography of the care workforce is a particular type which it's self brings some concerns. Having said that it also brings with it experience. So actually… there will be some people who will say give me an extra pound an hour, there will be some people who've moved into that job, who are really not interested either way or quite comfortable, they're not doing it for pay, they're doing it for other rewards, so non-pay rewards. And I think that's probably representative of care workforce really. So we have to have those opportunities to develop

people and qualify people, but I don't think the quality of the sector depends on qualifications." **Workforce Development Manager P12**

One deputy manager highlights the change in perception of care over time from the point of view of management (P5), suggesting that the intrinsic value of care work has improved over time, given that more is expected of you in social care through showing 'decorum' or professionalism, whereas previously you chose to go into care work or 'behind a till' if you did not attend college as there was no alternative. Here, there is evidence that management are looking for more than someone who did not go to college, and this is supported by the large drive for NVQs, and more recently awards, diplomas or certificates taking place under the new Care Act (2015). This suggests a change in the perception of care work over the last decade. Although, whether this sector related increase in professionalisation is recognised publically through the media, which commonly focuses on negative issues and blame, was widely disputed by those interviewed. One manager suggested that high turnover and a lack of applicants was related to the negative media coverage (P7).

The highlighted lack importance from society could have impacted upon a culture of blame experienced in current ASC, creating increasingly negative working environments. Many of those interviewed talked of a culture of blame, and it is of interest whether this is a consequence of the perception of care work in society, or more due to organisational cultures fostering this negative outlook. Care workers and deputy management have suggested there is too much 'form filling' involved in care work, and that managers can be too quick to negatively judge workers, which suggests a negative working culture. Some care workers argue that the level of responsibility needed in ASC is not recognised, and if something goes wrong, the care workers are inevitably blamed;

"P2: I think people are too quick to judge you, criticise as well. [P3: yeah] If you make a mistake or slip up, they're always going for that, not what you do everyday, the good …and that's what I don't like.
P3: an often it's nothing to do with us, doing wrong, it's the office [P3: yeah] but we get blamed. That really…they cover their own backs half the time. And mean like I say done it a

long, long time but, [town in the North West England] council for the community and they were just the same." **Care workers P2 and P3**

One manager (P5) felt that the risk averse culture of ASC has been created by current policy, negatively impacting upon care quality, and the relationship formed between service users and care workers. The high levels of responsibility and risk are other potential reasons why care workers may feel the work is not for them. The manager argued that currently, carers focus on the negatives and the ways in which they could be blamed if things did go wrong, instead of considering the potential benefits of a 'risky' activity for a service user. The manager reasons that this is largely due to the culture of the current ASC sector;

"the force of discrimination you know, you can now be done for thinking about discriminating against someone, well that's crackers isn't it? ...our service users in this day and age, you know, they have a very different outlook to our younger care assistants. It's a massive impact on the relationship cos they're that worried of crossing that professional boundary, which I think is important that you do sometimes…" **Deputy Manager P5**

The manager also highlighted the difference between younger and older care workers in terms of qualifications and career pathways, suggesting that worker age may affect a carer's perspectives and experiences of care work. She also believed that the current culture makes it difficult to deliver good quality care, again in terms of 'form filling' and a general fear of doing something incorrectly, and describes care work as; **"***…bureaucracy gone mad",* because both care workers and managers are; *"always worrying about what might happen".*

It could be surmised that policies may be linked to this negative perspective of the sector, given that they are instrumental in implementing the forms and protocols currently used in care work. It could also be argued that this culture of blame is closely related to the media, along with organisational culture and communication, as mentioned by some managers interviewed (P5; P7). Although, considering engagement and motivation, it is difficult to understand how a care worker may feel valued if they are always worried that they will be blamed if something goes wrong. One manager (P7) believed that the media might play a

role in the amount of applicants for care jobs, due to the abundance of negative stories linked to ASC, and particularly residential homes.

To address this issue of blame in the care sector, a director of services from the local authority stresses the importance of communicating in an open and honest way from management to staff, and regularly contacting all staff with any updates about their work. **"***I think the best way around getting people to erm, to stay and retain people, is erm, having that open and honest policy where, no blame culture or anything like that. Having open communication, so whatever level. I do try to write out to each, I do a staff brief every couple of weeks."* **Director of service P9**

Although, again it is unclear how this may be implemented in a comprehensive way across the sector, as it currently appears to be related to management prerogative. This culture of blame could be considered as a potential reason for high turnover, particularly where there is little support from management and low uptake of membership to trade unions (Rainbird et al 2011).

This theme encompasses care worker accountability, judgement and blame. These elements were mentioned by both managers and care workers, and are strongly related to the culture of blame theme, as well as aims to establish why care workers may leave. Both care workers and managers believe there is more blame in care, compared with nursing contexts (P2; P3; P7). Some mentioned how the care register may help with accountability of each individual through providing a care history (P4; P7).

"I think it's the culture of the care home industry. That it's not, I'm not accountable for what I do it's for me as the manager accountable. But it's not anymore, they have got to be accountable and have to understand if they're doing a job and you know…So what I say to my staff is, you are accountable for everything you do." **Manager P7**

One deputy manager strongly argued that care workers are frightened to do the wrong thing because they will be accountable (P5), and that the culture of care may be overly focused on the potential for discrimination; **"***We always look at the negatives, all of the time and that's because of the policies that's put in place, carers are that frightened of doing things, cos*

they're that worried that they're gunna get told off for it, or you know, end up in a court of law…" **Deputy Manager P5**.

One organisation director strongly argued for the professionalization of care work, which was previously drawn upon in the assessment and regulations theme, surrounding the care register. The director believed that professionalization had the potential to mobilise change in perceptions of care work (P4); *"I think that would massively help people start to understand the responsibility, the accountability… as an individual, everybody's accountable, and I think that that would go a long way to help that."* **Director P4.**

Opinions regarding a care register were generally positive, with managers believing a care register would create pride in one's job, and the ability to confirm qualifications through a national database;

"yeah, yeah I think they would be more, you know, sort of, proud really. Look up in the corner, yes they all come with certificates and things like that, but you can actually check that they are up to date…I think it would be really good to have something like that, yeah…prove that you're, you know you are, you've got something behind you, or you've got some training [I: an accreditation of some sort?] yeah." **Manager P7**

Although one assistant manager (P1) thought there may be alternative ways of improving recognition, as it would involve a great deal of costs and she wondered who would update a database of this size. Another manager (P12) within the local authority similarly did not believe it would be possible given the scope of the workforce;

"…the regulatory bodies, just, they're not geared up for the millions of care workers, they couldn't do it, no…So we'd be really struggling with that as a concept, unless, as I was saying earlier we kind of did bite-sized chunks, so we took social care assessors or social care officers as the next group of people that we ought to register and regulate, but that wouldn't account for the wider workforce." **Workforce development manager P12**

Some were surprised and disappointed that a care register had not already been taken on, given that other parts of the UK currently undertake something similar.

"…I'm actually genuinely shocked that England have decided to pull back on that. And I think that would massively help people start to understand the responsibility, the accountability, and people in this sector" **Director P4**

Although, it is unclear if the accountability placed on care workers sometimes goes too far, particularly considering the low wages and a potential lack of adequate support and training. Two care workers (P2; P3) believed that often it is easier to blame care workers, even if it is not their fault. Interestingly, Wales have recently unveiled 'The Regulation and Inspection Bill', which aims to shift the responsibility of care failings away from frontline staff, ensuing that providers are held accountable. Although it appears that there will be a mandatory registration for domiciliary care in Wales sometime in the future, suggesting that home care workers may be require to be more accountable. These changes are somewhat different to comments from managers regarding accountability (P7), and raises the question of who should be taking the blame in care failings.

A workforce development manager (P12) described how care workers should be focusing more on well-being and having more conversations with service users, and asks;
"… conversations don't actually cost anything…And if, if, what is the net result of being late and going onto to another call, what have you left behind, what are you doing about what you've left behind?....So actually, is it more, is it even less useful really? That type of visit."

However, the data obtained in this research suggests that a fundamental aspect of current care work across the settings and organization types is forming a relationship with service users. The above quote demonstrates that care workers are not currently recognized or remunerated for this work, as the manager does not appear to be aware that this often already takes place. This is reminiscent of a recent article (Williams 2015); "Treating somebody with dignity and compassion," a department of health spokesperson responded; "doesn't cost anything. Except it does, or rather, hollowing out the funding of care, while speaking the language of compassion and decent conditions and fair wages, creates a situation in which not only are the services impossible, but those very concepts are undermined…".

One way that managers felt their firms might be criticised is through regulatory bodies who have external assessors. Managers (P5; P7) occasionally mentioned how results can sometimes be biased or unfair, depending on their preconceptions of a certain organisation;

"it really depends who comes on the day, and it really depends whether they like [organisation name] or not." **Manager P7**

Therefore, experiences with external assessors, such as the Care Quality Commission (CQC) appear to be generally quite negative, with care managers feeling like the relationship is mostly one way and dependent on some inherent judgements from individuals (P5; P7). It is of interest if the CQC could do more to help managers to address policy and communicate new policies in a more useful way. Furthermore, external assessors are suggested by one interviewee, to be largely protected by the media, meaning that inevitably, care organisations are blamed for faults or failings in care;

"they are always protected by the media…they're not perceived in that way. You know, but if it was a care home that they came in and did action plans on and had safeguarding issues in place or whatever, they would be first to put it in the local paper and everybody knew about it. So I think there's a real difference about how they're portrayed to maybe we're portrayed". **Deputy Manager P5**

Similarly, another manager (P7) suggested that the media are always looking for a negative story regarding a care home instead of supporting care organisations and promoting care work as a highly skilled position.

6.8 Chapter summary

Aims for this chapter were to explore the current uses of HRD in ASC, the skills required and acknowledgement of these skills, along with the most beneficial ways of managing care workers, and reasons for leaving. This was in order to understand how we might develop progressive HRD practices which are relevant to the ASC workforce. To summarise the findings of this chapter, a brief summary will be given as follows;

Research Question 9 aimed to establish whether a certain disposition or personality type was needed for care workers, as mentioned in the literature review (Bates 1991). This related to the third aim, focusing on skills and the fourth aim, which aimed to gain further understanding of why care workers may leave, thus expanding on the factor analysis findings in the last chapter. The interview findings indicate there may not be just one 'type' of care personality, as theorised by Bates (1991). The managers who were interviewed suggested that care workers were required to have fundamental qualities, such as an awareness of dignity, privacy, respect, a good value base and a passion for care. This implies that having an awareness and a willingness to uphold these things while working in care is integral rather than having one specific personality type. This may also go some way towards explaining turnover in the care sector, given that some workers may in fact find they do not have the passion for care to stay working in a poorly paid, low status role, within potentially dangerous surroundings. Although, it should be noted here that the sample size was small, which limits the extent to which the findings can be extrapolated.

Research Question 10 explored organisation size and the quantitative findings which linked an organisations size to care worker qualifications, pay and turnover. This encompassed the third aim regarding organisational demographics and HRD uses in different contexts. It was of interest here whether organisation size impacted upon the support that care workers received, as specifically considered in the statistical analyses, using IiP status, organisation size and type. There was some difficulty in exploring this issue thoroughly due to a lack of interviews with micro and small firms. There was disparity in support for the medium and large firms interviewed, and private firms appeared to be more proficient than voluntary organisations. It is argued in recent literature that private national chain companies are less likely to provide attractive benefits, good quality contracting and employment standards (Grimshaw et al 2015), which may explain why organisation size was linked to qualifications, pay and turnover in the previous chapter.

In the interviews, managers were asked whether they saw any differences between different types of organisations, care sectors and firm sizes. Generally those interviewed suggested that private companies have more autonomy over training and support as well as flexibility in

providing extra time to be with service users. Although it should be considered that most of those interviewed were from the private sector and volunteered to take part in the research. Therefore, further research should be carried out with more participants and equal or stratified numbers of each sector. Interestingly, the one local authority manager who was interviewed believed that some private companies provided worryingly little in terms of training and support. It is worth mentioning that while this research is looking for explanations for the quantitative findings, it is very difficult to generalise all large organisations together, as they may well be very different in terms of management and culture.

Research Question 11 considered the most common reasons for leaving work in ASC, which related to the fourth aim. This relates particularly to retention of the workforce in the conceptual framework, and aimed to highlight any commonly mentioned issues. Important reasons for leaving were considered, establishing the general perception of care work being 'easy', a lack of remuneration for care qualifications, the low pay, and the high workload expected from staff due to high turnover were mentioned as common reasons. These factors provide a major contribution to knowledge for the thesis, through highlighting important areas, allowing for a more nuanced approach to future progressive HRD practices in ASC. Generally managers and care staff were keen to highlight that there is an abundance of training, and that this alone is not a cited reason for leaving. Interestingly one care worker mentioned that some of their training was irrelevant, and therefore unhelpful. Although, it is again worth mentioning that this sample volunteered to be a part of the research and therefore may have been particularly passionate about the use of HRD. One manager argued that managers are usually aware of why care workers leave, and that it is usually linked to a lack of staff creating increased pressure on those who remain. This manager worked at a not-for-profit firm, and this raises questions similar to findings related to the local authority, that they may take on too much related to the commissioning of contracts. The suggestion by Bessa et al (2013) that public providers pay carers more is supported by the current interviews, given that one manager in the private sector believed her staff were mostly leaving to obtain more hourly pay in the NHS. It is of interest whether the impact of the living wage will have an effect on this in the future.

Research Question 12 explored whether care workers and managers differ in their opinions of the important skills needed for care work and the usefulness of training. This relates to the third aim, regarding whether the opinions of skills differ between care workers and managers, and these findings have provided further understanding regarding how skills are considered within the context of ASC, and how opinions differ between care workers and managers. While literature suggests that more training is required (Rubery & Urwin 2011) to create specialist skills (Care Act 2014), findings indicate that e-learning is becoming a more common method of training. This was seen as a constraint of funding by one director of services in the local authority. Another method of safeguarding a return in investment is that some companies wait until the care worker has been employed for 3 months before they are allowed to undertake any further training. Interestingly, four of the care staff interviewed said they found hands-on training, such as shadowing, beneficial, with two carers finding it difficult to concentrate in formal care training (P3; P6). This finding has major implications providing low cost and useful training for ASC workers, and goes some way towards understanding progressive HRD practices in this sector. One older care worker believed that specialism training such as blood pressures were 'silly' (P3), and not part of her job. All managers interviewed saw the training as useful and empowering, although they generally highlighted the importance of having a good understanding of the practical implications of training. It is of interest whether specialist training highlights the increasing complexity of the care role, and it's evolution into more of a specialist role. However, it is difficult to see how there will be an adequate number of carers willing to work in the sector if the pay and conditions remain the same, yet the demands of the job increase further.

Indeed, it could be argued that care workers are required to provide increasingly complex health and social care tasks, which is not recognised in current training and conditions (Fleming & Taylor 2007). Findings indicate that in some environments, carer's tasks hardly differ from nurses (P5). The downwards trajectory of publically funded social care implies a very different future for social care; one where individuals rely on their own wealth and families in order to obtain care. (Humphries 2016). The negative impact of re-tendering on employee terms and conditions (Cunningham & Nickson, 2011) has also been found in the voluntary sector, with a noted impact upon morale and commitment (P2; P3). Indeed, a

workforce development manager (P12) for the local authority was unsure if they were currently checking "the right things" in relation to tendering;

"… there's no national direction really, only, in terms of developing the workforce…a lot of providers are confused by what they need to do and how they ought to try and develop the staff. So I think that's part of our role as well as the local authority."

Finally, some describe current ASC as a 'broken system' which is "turning good people into bad carers" (Boffey 2015). It is integral for all of those receiving care that we explore how management may prevent this. The qualitative phase has highlighted uses of HRD and enhanced management support, such as increases to shadowing and providing care workers support depending upon their individual needs. This chapter has emphasised the great importance of informal training through peers (i.e. colleagues) in ASC, which provides a major focus for future methods of progressive HRD practice. This also has the potential to place the onus with management and regulatory agencies in providing a good environment and care workers with a competent basis for care work, ensuring confidence with the role and potentially leading to high quality care. The next chapter will now progress in discussing the findings of both phases of research more comprehensively, and draw out the theoretical and practical implications of the thesis.

Chapter Seven

7. Discussion

7.1 Introduction

This chapter draws together the findings of both phases of research in order to explore the contributions of the thesis comprehensively. The importance of gaining knowledge regarding the effective management of Adult Social Care (ASC) was recently highlighted by the Care Quality Commission (CQC 2015), who mentioned pressures relating to sustainability of provisions, the increasing complexity of care needs, and significant cuts to local authority budgets. The significance of appropriate management and funding in ASC has been reiterated throughout the thesis, and the contributions directly relate to the debate surrounding the changing employment relationship in ASC. Although this chapter aims to add to current knowledge regarding management across ASC contexts, it is acknowledged that appropriate funding (Cunningham 2016; Cameron & Moss 2007) should be considered first and foremost in order to recruit appropriate staff, ensure a realistic workload and guard against burnout. Secondly, it is of importance for firms to consider high road HR strategies in order to avoid the aforementioned problems with the current ASC context. This thesis aims to contribute to the discussion through establishing the usefulness of current HRD practices, which could ensure that the correct types of HRD are undertaken, thus saving money in a time of austerity and limited funding for ASC (Cunningham 2016).

This chapter will summarise the key points drawn out from the findings, and consider a revised version of the conceptual framework. It will begin by focusing on the changes made to the initial conceptual framework, followed by consideration of the broad findings of both phases of research together, and how they complement each other in increasing our knowledge of HRD use in ASC. This will be followed by description of the two phases of research separately in order to establish their distinct findings, how they have explored the

overarching aims, and what we can draw from these results as contributions to ASC management.

7.1.1 Aims

The aims of the thesis were to enhance our understanding of how the contributions of HR may be beneficial to ASC, and effective methods of management for the future. There was a specific emphasis on methods of HRD, and how contributions differed across ASC organisations. In this instance, high quality and effective management are considered in terms of facilitating high quality care.

Given that the aims will be explored in detail during this chapter, aims of the current research are again mentioned, as follows:

1. To investigate the prevalence and type of HRD practices within ASC.
2. To investigate the relationship of HRD practices to pay, individual and organisational demographics and worker turnover.
3. To explore the uses of HRD in different ASC contexts, what HRD practices are considered the most useful for a care worker role, and opinions of skill use in the sector.
4. To explore the influences of pay on turnover in ASC organisations.

7.2 Conceptual framework revised

Figure 38: Revised conceptual framework in line with considerations of the thesis

In line with the thesis findings, the original conceptual framework has been revised in terms of specific aspects which were explored and highlighted by the data. Following this, a more refined picture has been built up regarding the areas which impact upon care workers and affect the outcome worker turnover. Type of firm and type of care have been removed, as although these aspects are considered important in terms of literature and analysis, the conceptual framework highlights major findings of the research, and firm size was found to be the most significant area of focus regarding impact on the care worker and worker retention. Pay and benefits have been incorporated, given that these areas were emphasised as important, with pay in terms of predicting retention, when moderated by demographics and mediated by highest qualification. Care workers and managers also frequently mentioned pay and benefits as linked to recruitment and retention. The thesis has also

developed a more nuanced view of professionalisation within ASC, further exploring the benefits of a career pathway and pay banding approach to retain employees, as highlighted in the amended framework.

The conceptual framework displays the significant variables explored during both phases of the research, and the relevant phases of research are highlighted in the above table in blue. In terms of the organisation; firm types (i.e. private; LEA; voluntary sector), training and pay were considered areas in the first, quantitative phase. In relation to the care worker role, qualifications were considered, most comprehensively in research question 7. The outcome; retention of workers (Hughes et al 2009) was also considered during the quantitative phase, which formed part of the series of moderated mediated regression analyses. The qualitative phase encompassed organisational factors relating to HR delivery; the training care workers received in terms of type and effectiveness, and finally the required skills for care work. This encompassed opinions on qualifications and competence (Cameron & Moss 2007), along with accountability and skills (Grugulis and Lloyd, 2010). Quality of care and retention were also discussed during the second phase of research.

The findings suggest that informal training requires further focus within HR theory, particularly for sectors such as ASC. Accountability has been added to the care worker section, given that particularly the managers in the qualitative section believed this was integral to a care worker role, and the thesis has built up a more comprehensive understanding of skills and informal training in ASC. Outcomes focus upon positive areas of ASC work, which could be built upon in the future, and may in fact improve retention. The improved quality of care may make the organisational culture more positive and therefore improve morale and retention thus increasing the status of care work. This is further demonstrated in the infographic below.

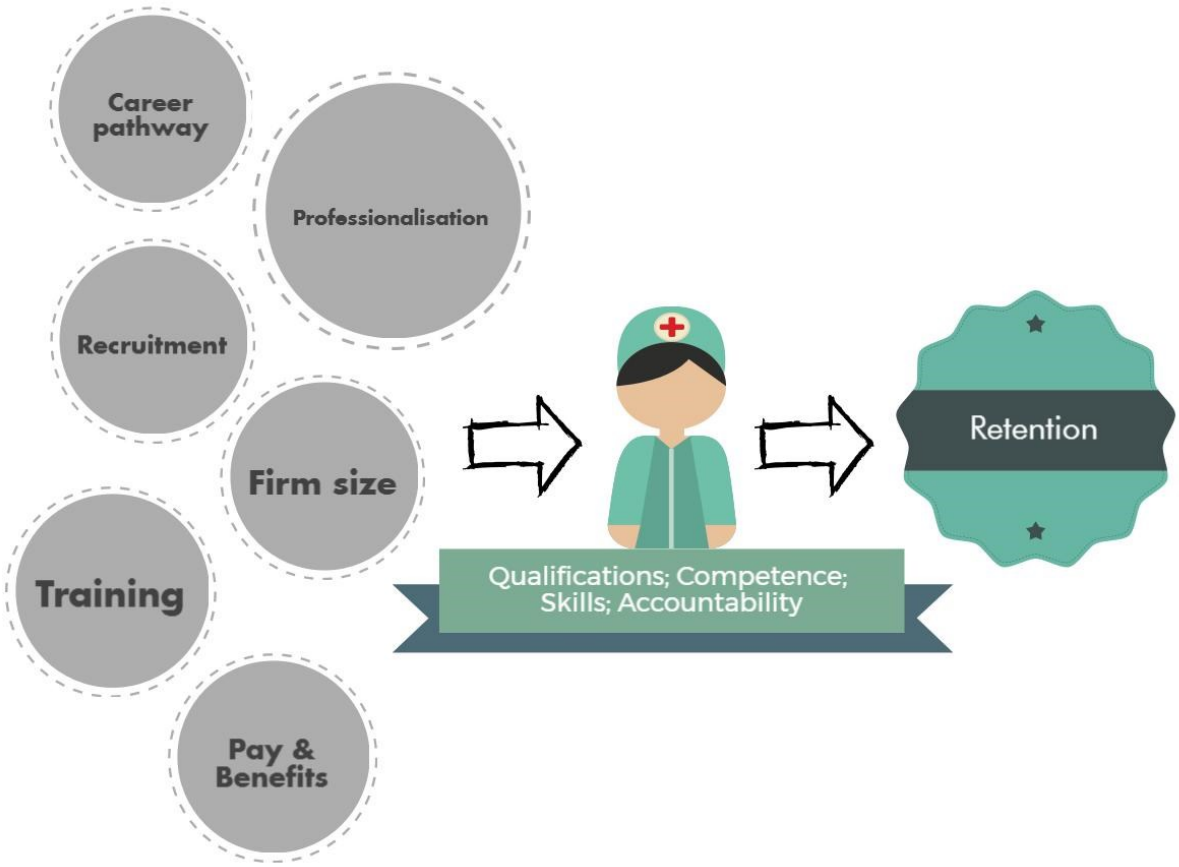


Figure 39: Infographic of conceptual framework

Source: Developed by author.

This thesis builds upon previous work with the NMDS-SC (Hussein & Manthorpe 2011; 2012; Hussein et al 2012; Hussein & Christensen 2016). Other work has focused on specific areas, such as dementia care workers, gender, migrant workers, and turnover across time periods. This research has unique contributions surrounding the importance of demographics in the workforce and each ASC organisation, and is important in identifying demographics where turnover is particularly high, in order to pragmatically make large scale changes to ASC. The thesis has concentrated on investigating the relationships of these previously established demographics in a more nuanced way, and explored which demographics are important in endeavouring to create a comprehensively effective ASC workforce, with adequate working conditions, including training and support. The thesis can also be considered unique in its

focus on models of HR use and how this relates to turnover, using a mixed methods sequential design. This was supported by manager and care worker interviews, regarding current opinions of general management and HR in practice, which enhance the usefulness and relevance of the findings.

7.3 Findings from both phases of research

The following section will give a brief synopsis of the findings of the thesis, how the two phases complement each other in terms of constructing answers to the research questions and enhancing our knowledge regarding the broad aims of the research. Below is a table summarising the key findings of each phase and how the contributions link together to provide a more enhanced picture of the use of HRD in ASC. This is followed by a more detailed review of the quantitative and qualitative key findings.

Table 39: Summary of key findings

Phase of research	Key Findings
Quantitative secondary data analysis	A general lack in prevalence for qualifications and induction was confirmed in line with current literature. Key individual and organisational demographics were explored in terms of HRD input. Results led to a moderated mediated regression analyses which involved the use of individual and organisational demographics, hourly pay (as an example of HR input), with highest qualification (as an example of HRD input) as a mediator, and the work outcome, turnover in the previous 12 months. The importance of organisation size was emphasised, with a remaining need to further understand the relationship between organisation size, hourly pay and turnover. Reasons for leaving were explored, and the need for further information regarding turnover was highlighted. The need for both manager and care workers opinions regarding HRD use was established through a lack of theory in extant literature related to the obtained quantitative findings.
Qualitative interviews	Opinions of different organisation characteristics were established regarding HRD use. The interviews built on quantitative findings regarding firm characteristics, and the impact of these areas on work outcomes. Key issues related to pay and recruitment were highlighted. Training was generally considered to be a blind avenue, failing to lead to enhanced pay, career pathways and status, although there were some contrasting views on this (director; deputy manager). The status of care workers was generally considered as low, with professionalisation and a care register having mixed popularity. Care workers and managers differed in their perception of the care role and the key skills involved, with care workers focusing on forming and maintaining a relationship with service users. Managers emphasised responsibility, accountability and understanding of why tasks need to be carried out in certain ways. A temporary workforce was used in all settings, and generally regarded as necessary to maintain flexibility, training needs and the efficient running of a care organisation.

Considering both the quantitative and qualitative research comprehensively, there is a great deal that we can learn about how to progress in effectively managing care workers in the area of ASC.

In terms of different sizes of ASC organisation, the quantitative findings suggest that small and medium companies had the highest levels of turnover, with medium and large firms employing staff with the lowest qualifications. This has surprisingly positive implications for those working in micro firms, and their managers, and goes against considerations in the literature (Rubery & Urwin 2011). In the qualitative research, none of those interviewed were able to explain why medium organisations were particularly poor in terms of retention and qualifications. Although, there was one suggestion that the local authority were possibly not concentrating enough on the quality of care for service users as well as the quality of conditions for workers. This implies that more could be done, through policy or regulation, to protect both workers and service users. One manager, who was interviewed prior to the implementation of the NLW, believed that when this was introduced, many small companies that she knew of would struggle to cope with finding the extra money. She stressed that care managers are constantly trying to appease many different stakeholders and this becomes even more difficult with reduced funds.

One manager felt lucky that she worked for a global business, and that they had enough resources to cope with the NLW. Large organisations were also seen by some managers as a way of gaining a large variety of experiences and care work variation. In light of these findings, it is of interest how micro organisations operate, and whether they employ people with increased qualifications, or fund care workers through training. This is something which requires further research.

In relation to different types of organisation and different types of care, the quantitative work found that private and voluntary sector services have the highest percentage of workers with no relevant qualifications, with local authority run services outperforming the former organisation types at every level of qualification. This raises questions over whether private and voluntary sector firms are doing enough to equip care workers with necessary

skills to ensure competence in their role. When this was explored in the qualitative phase, care managers believed there were benefits associated with private companies, as they worked flexibility keeping the 'customer' in mind. Although, some private sector firms were suggested to provide worryingly little training and support to new starters and the local authority was suggested to take on too much work.

Therefore, there are various opinions of different sectors and types of care, with the most negative views regarding domiciliary care. Reasons behind this were workload and a lack of appreciation for care work. It should also be noted that although organisations may be generalised in this way, all organisations are different, which contributes to the fragmented nature of the current care workforce in England. Findings are relevant to both HR practitioners and managers, indicating that morale is related to acknowledgement of the work from management and a failure to create a positive working culture, as found in Tadd et al (2011).

A lack of remuneration for qualifications was another recurring issue which linked both phases of research, as previously suggested by Rubery et al (2015). The quantitative work suggested that hourly pay was a significant predictor of worker turnover in the last 12 months, as mediated by highest qualification achieved and moderated with the most amount of variance by organisation size. The moderated mediated regression analyses suggest that highest qualification consistently has the strongest effect on worker turnover regardless of individual and organisational demographics. It could be argued that this has great importance in the current ASC climate of little training and unstable policies related to development (Gospel 2015).

The qualitative research explored views regarding qualifications and pay, with interviewees from the private and voluntary sectors respectively highlighting how age may affect perspectives on undertaking qualifications, with older workers being less keen on embarking on new qualifications. Interviewees believed there was very little difference between the role of supervisory nurses and supervisory care workers, meaning that care workers were not being adequately paid for the same position. One care worker emphasised how there was little point in having her qualifications as she is now paid less, and considered specialisms as

'silly'. Interestingly, one manager suggested that care staff did not want a career, and that they were doing the job for other non-pay related rewards. Although, as Rubery et al (2015) highlights, this unethically suggests that they are working due to altruism and not in paid employment. Although there were many different views regarding pay and qualifications, the usefulness of qualifications were consistently questioned due to the lack of appropriate remuneration (Gospel & Lewis 2011). This has large ramifications for the ASC sector in terms of policy related to career pathways and highly stringent regulations for workers who are not currently receiving a large amount of pay, as mentioned by Gospel (2015). It is hoped that these findings will help to further expose the issue of poor pay in the ASC sector, and that management will take partial responsibility for ultimately driving down conditions while placing much of the blame onto care workers (Baines & Cunningham 2011).

Finally, in terms of reasons for leaving ASC, a Principle Component Analysis (PCA) found that the most likely reasons for leaving are related to personal preferences. This was followed by management related reasons for leaving and lastly, natural completion of employment, as associated with temporary contracts. The results demonstrate that more variance is explained by unnatural reasons, such as competition from other employers, the nature of care work, and aspects which can be fostered by management. This expands upon the work of Skills for Care (2013) and Hussein & Manthorpe (2011), providing specific reasons why workers may leave ASC roles.

The qualitative phase further explored reasons for leaving, particularly given that personal reasons in the NMDS-SC were unclear. Interviews suggest that workers leave due to a lack of staff and therefore high workload, which was previously implied through use of the NMDS-SC (Hussein & Manthorpe 2011). This could create an additive cycle of high turnover as the work becomes harder for the remaining staff. The thesis expands on this finding, with interviews suggesting that high turnover is also due to incorrect perceptions that care work is easy, which creates turnover as employees realise the reality of the role for little remuneration. Skills for Care (2014) have recently attempted to reduce turnover in this respect through a values based recruitment initiative.

These findings equip HR workers and managers with an awareness of why care workers may leave, and reiterates a great need for increased funding in the sector (Brindle 2015). In terms of recruitment, it also seems important that care workers are recruited in relation to care values (SfC 2015) and that potential care workers are fully aware of the care work role before taking up the position. In terms of retention, this again emphasizes the importance of a positive working environment where the management foster an open and honest policy of communication between themselves and carers, thus curbing the previously mentioned culture of blame.

More detail will now be given regarding these findings in relation to the broad aims for each phase, and what the thesis contributes given the results.

7.3.1 Quantitative Findings; HRD and demographics in ASC

The quantitative phase aimed to investigate the current uses of HRD, considering if they are directly linked to individual or organisational demographics and HR practices in ASC. Aims were also to consider how individual and organisational factors relate to work outcomes, specifically turnover. The importance of individual and organisational factors were highlighted in terms of worker turnover, along with the significance of the firm demographic; organisation size. Size of the organisation was found to have the most significant influence in terms of qualification level, which contributes to current literature given that some research has suggested the opposite may be true due to a lack of resources (Rubery & Urwin 2011). Increased organisation size was also linked to increased worker turnover, opposing original findings by Hussein & Manthorpe (2011) using an early version of the NMDS-SC.

Given the constraints of secondary data, the selected variables concentrated on specific aspects of HR. Large datasets do, however, allow us to consider a large amount of data on these particular aspects of HR, as well as the degree to which these areas are undertaken in ASC. Investors in People (IiP) status is measured within the NMDS-SC, and was therefore drawn upon to compare the interest in worker development in ASC to that experienced on average in Britain. The current research explored the use of IiP in ASC to demonstrate organisational interest in HRD practices, broadly considering whether organisations currently

see staff engagement and continuing professional development (CPD) as a priority. Although these findings were seen as incredibly valuable in understanding the wider workforce, the restrictions of the secondary dataset made it necessary to also conduct interviews. The interviews allow for theorising regarding the quantitative results, and valuable opinions of managers and care workers were considered regarding HRD input, which will be further discussed in the relevant section.

The quantitative research also focused on how contract type relates to the development practices that workers received, and found that agency workers were generally more likely to have no relevant qualifications compared to permanent, temporary, bank or pool workers and students. Previous work has focused upon zero hours workers, and generally considers all causal workers as one group (Gardiner & Hussein 2015). The thesis has used the NMDS-SC in order to gain understanding of how these complex working arrangements may be similar or different, and also to identify areas with the most need for improved working conditions in terms of training and pay. Level 2 qualifications were found to be the most common among workers, with permanent care workers being most likely to have achieved this, and bank, pool or agency workers the least likely.

The current literature infers this divide; that casual contracts hold less qualifications which suggests there is less investment in these types of contracts (Maroukis & Carmel 2015). It is interesting, however, that temporary workers were more likely to have a level 2 qualification than bank, pool and agency workers, yet less likely than permanent workers. It could be theorised that attempts to increase the conditions of those working in temporary contracts merely focus on the position of 'temporary worker' and not the three other casual care worker roles, although the care certificate appears to encompass all mentioned temporary roles in its consideration of qualifications, and therefore this area requires further research (The Care Certificate, SfC 2015).

The thesis has also revealed that permanent workers are slightly more likely to have higher levels of qualification compared with bank or pool workers. Bank or pool workers were approximately 10 per cent less likely to have achieved a qualification compared with permanent workers, suggesting that use of HRD with temporary care worker roles is not as

common. This has the potential to increase the precariousness of job roles (Maroukis & Carmel 2015) resulting in failure to raise the status of care workers, a lack of adequate remuneration for increased qualifications in ASC (Finegold et al 2005), and ultimately has the potential to decrease to the quality of care received (Maroukis & Carmel 2015). This finding also has negative ramifications for the success of current policy (The Care Certificate, SfC 2015) aiming to upskill care workers and create a career pathway based upon specialisms, as supported by previous research arguing for implementation of wider bundles of HR rather than narrow focus on skill development (Atkinson et al 2013).

It seems that a large amount of workers who are employed through a temporary contract may be being failed by their employers in terms of equipping them with an adequate standard of knowledge for their role. An estimated three in every ten care workers are employed on a zero hours contract (Gardiner & Hussein 2015). Whilst it has been established through the qualitative research that flexible temporary workers are essential to the smooth running of care, it is argued that these workers should therefore be acknowledged as a valuable asset in ASC, which requires the same standard of knowledge and confidence in completing care tasks (Maroukis & Carmel 2015).

It is therefore argued that contract type impacts upon the amount and type of HRD input received by workers. However, regarding this data, some of the NMDS coding was, as of 2014, unclear. It is of interest why there were 120, 646, (or 21 per cent) permanent care workers for whom an induction is believed not applicable, as this information is not currently available through the NMDS-SC. This is part of the challenge in using secondary data, and something to be aware of when interpreting results, it has also contributed to qualitative questions regarding management views of who is applicable for induction (Appendix A). The qualitative phase was particularly beneficial in establishing more information when there were unclear areas of the secondary dataset such as this.

Zero hours care workers were also less likely to specialise in certain areas such as dementia, although this requires further investigation, and could be explored in further research. Literature regarding zero hours care workers generally surrounds the lack of adequate pay, benefits and training (Gardiner & Hussein 2015), and although the current research

supported this concept of a lack in advanced training, 24 per cent were qualified to level 2, meaning not all zero hours workers were unqualified. It is, however, difficult to know whether these workers undertook the qualifications before taking on a zero-hours role. Training does not appear to raise the status of care workers in terms of increased pay nor career progression. The quantitative results imply that in terms of the North West of England, as qualifications increase, less hourly pay is received (SfC 2015). Qualitative results consider how there is an abundance of training, yet no pay according to training nor experience in the role. In light of these findings, it is strongly argued that training needs to be linked to increases in pay or benefits in the ASC sector, in order to raise the status of the care worker role (Atkinson & Lucas 2013a).

Another question raised by the statistical analysis was why the NMDS-SC was least likely to have documented the qualifications of agency workers, compared to permanent, temporary and bank or pool workers. Bank or pool workers were more likely to have no relevant qualifications compared to permanent workers, as previously hypothesised. Although permanent workers were more likely to have no relevant qualifications compared to temporary workers and agency workers. Both of the aforementioned questions relate to the first and second aims, exploring HRD input and how HRD input may differ depending on individual demographics, such as contract type. Consideration of qualifications with carers who have a zero-hours contract suggested that these carers may be less likely to specialise in areas such as dementia care as previously mentioned. It was therefore of interest during the qualitative work to establish if temporary and zero hours workers are considered less qualified. Interestingly, Rubery et al (2016) argued that temporary working contracts were a false economy which undermines long-term productivity. The current qualitative results suggest that training and management input could certainly be improved for temporary contract groups, if only to provide a full induction at the beginning of employment.

Additionally, when controlling for age and gender through a hierarchical regression, contract type significantly predicted the level of qualification achieved, suggesting that employers are currently more focused on supporting their permanent staff to achieve qualifications, rather than temporary workers. Although, contract type only accounts for a very small variance in the outcome, and therefore it should be concluded that there are other important variables

related to level of qualification. Age of the worker was the largest individual demographic predictor of qualification levels in a regression analysis, which suggests that older workers were more likely to be offered a training to complete a qualification or were at an organisation longer, and therefore given the chance to complete a qualification. This supports previous findings by Skills for Care (SfC 2014), that those under 20 were more than twice (41%) as likely to leave compared to those at retirement age (20%). The thesis supports the findings that older workers were incrementally less likely to leave a care worker role as age increases, and that this was effected by pay. It makes sense that these workers would be offered more training, given that they are seen as a more likely return the training investment, although it is unclear of whether we are adequately equipping the future workforce. This thesis builds upon these SfC findings, and provides us with further knowledge of the link between pay and turnover, through specifying the mediator, highest qualification and the most significant moderator, organisation size.

Considering the first and second aim in terms of prevalence and type of HRD and organisational demographics, firm size is the most efficient predictor in terms of the variance in the worker outcome, turnover. As the amount of staff increases, the mean level of qualification decreases, which contradicts previous findings related to firm size and turnover (Hussein & Manthorpe 2011), although the authors do stress the small amounts of larger organisations present in earlier versions of the NMDS-SC. Furthermore, micro organisations had the highest mean levels of qualification for all contract types (i.e. Permanent; Temporary; Bank or Pool and Agency workers). Medium and large organisations were most likely to have no relevant qualifications, followed by small organisations and the least proportion of no relevant qualifications for staff in micro organisations.

Level 2 qualifications were the most common for small medium and large organisations, whereas the most common level for micro organisations was level 4. This finding that carers working in larger and medium firms appear to be less qualified was explored further in the qualitative interviews and will be mentioned in the next section, as this appears to contradict previous findings. Current literature suggests that the opposite may be true, as micro and small firms may find it difficult to fund initial and ongoing training (Rubery & Urwin 2011). Interestingly, the quantitative phase found a statistically significant relationship between

organisation size and turnover as of 2014, suggesting that as the amount of employees increased, so too did turnover. This may be related to the use of HR and involvement, and staff appraisal, which was previously theorised as more common in small sized organisations by Rubery et al (2011).

Considering type of care delivered in an ASC setting, adult day and community care appear to stand out as more qualified than other sectors in terms of the proportion of highest qualification at level 3 and 4. This again indicates that day and community care in ASC are more likely to receive HRD input. Although, further research is needed to explore why this may be. Current literature considers the difficulty faced by carers working in current domiciliary and residential care (Rubery et al 2015; Burstow 2014), and this lack of training input may demonstrate a general lack of value which is apportioned to these carers, and a lack of time allocated to complete qualifications.

Similarly, in terms of different types of organisation, both the private and voluntary sector have the largest percentage of carers who have no relevant qualifications, and the local authority have the lowest percentage for no relevant qualifications. Within level 2 qualifications, the local authority and the voluntary sector were joint highest in terms of proportion of workers with this qualification. Again, this relates to aims in establishing how organisational demographics may contribute to HRD input, and suggests that both care type and organisation type can affect the HRD input received. This is something which needs to be considered when driving up standards in ASC, and attempting to comprehensively equip ASC workers with higher qualifications (Jerram 2011).

The amount of HR input appears to differ largely depending on specific organisational and individual demographics, with a particularly significant link between organisation size, qualification level and turnover. This was difficult to explain theoretically given that there are competing arguments in the current literature (Rubery & Urwin 2011; Castle & Engberg 2006), and was therefore incorporated into the second phase of research in order to gain further understanding. Concerning why these differences occur between care and organisation types, care workers and managers expressed the difficult working conditions in

domiciliary care and in local authority and private care firms. This is further discussed during the next section.

7.3.1.2 HRD & Worker turnover

The provisional 'piecemeal' (Hayes 2013) regression analyses established that the organisation demographic, firm size was a significant moderator of the aforementioned predictor and outcome relationship. Interestingly, for smaller organisations, as pay increased, turnover also increased, although results were the direct opposite for medium and large organisations, giving some support to raising the conditions of working, particularly in terms of hourly pay (Rubery et al 2015; Cameron & Moss 2007). The potential reasons for this were again further explored in the qualitative section, and will be discussed in more detail in the following section.

The individual demographic; age was established as a significant moderator for hourly pay and turnover, although this only explained 1 per cent of the variance. Therefore, it is clear that in terms of turnover within this sample, organisational size was the most reliable moderator alongside the predictor; pay, which impacts upon worker turnover more than the individual demographic, worker age. This has wider implications for the CQC, policy makers and at the organisational level, highlighting clearly how organisational characteristics have clearer links to worker turnover within ASC, and this should be taken into account in future regulatory and policy related advice. Different firm sizes have shown themselves to be very much distinct entities with unique issues in meeting the required levels of quality in service. The organisational demographics, organisation size, and sector (i.e. private; local authority; not for profit voluntary) were also explored, with firm size yielding the most highly significant results in explaining the outcome, worker turnover. Individual demographics, such as worker age were found to be significant moderators for worker turnover, although explained much less variance in the outcome compared to organisation size. This builds on Hussein & Manthorpe's (2011) previous investigation of the ASC workforce and related characteristics. The findings suggest that the most successful moderator is organisation size alone, explaining 40 per cent of the variance in worker turnover, with the predictor hourly pay. Size of an organisation appears to impact upon turnover, pay and highest qualification. It is therefore

proposed that further research considers why firm size creates such variation, particularly in terms of worker qualifications and pay, as well as how this impacts upon turnover.

Research question eight considered the reasons that care workers leave, as documented in the NMDS-SC using factor analysis (PCA), with highest factor loadings in each component identifying the label of the factor. Previous considerations of why care workers may leave have focused on the difficulty in finding workers with the correct values, the correct implementation of effective recruitment strategies and the practicalities of how ASC managers can retain workers (Baines 2014). Tadd et al (2011) found that a lack of management support could lead to turnover, and that the workforce was generally at risk of significant stress and burnout, due to workload, tensions and workplace conflicts.

This thesis question identified with the aims, through considering how different ASC contexts may relate to why care workers may leave, and whether this may differ to the findings of Tadd et al in 2011. Results of this analysis imply that dominant reasons for leaving may be grouped around: personal preferences related to leaving; management related reasons for leaving, and natural completion of employment. The results demonstrate that more variance is explained by unnatural reasons, such as competition from other employers, and the nature of work, things that can be fostered with the correct management. Although it is unclear in what ways personal reasons may impact upon reasons for leaving here, and thus qualitative interviews aimed to further explore the common reasons for leaving.

Therefore, it is argued that a good grounding has been made by the quantitative phase in terms of exploring the various impacts of variables on qualification levels and turnover in the ASC workforce. These findings have significance at every level, from policy makers to care workers themselves, and imply great variation in the experiences of care workers in ASC, depending on the company and their own characteristics. Policy makers should take note of the low numbers of qualifications in the sector, and the many different contexts, demonstrated by the sheer size of the NMDS-SC and the myriad of different variables which were available to explore. It is recommended that care workers are made aware of some minimum expectations from an ASC firm, particularly surrounding pay, induction and ongoing support (via IiP status or ongoing qualifications), in order to drive up standards of ASC

management, although it should be made clear that the onus is on care management to provide this (Philpott 2014). There is ongoing debate over whether traditional qualifications are useful to the current ASC workforce, and this will be further addressed in the next section.

Following the quantitative research, a need was identified to better understand the differences between micro or small organisations and medium or large organisations, as the NMDS-SC indicates that smaller organisations have better qualified workers, contradicting current literature on this subject (Rubery & Urwin 2011). Further exploration is also needed regarding why organisation size is such a large predictor of both hourly pay and worker turnover, and further understanding of specific reasons for leaving are needed, in order to improve future retention rates.

7.3.2 Qualitative Findings

For the qualitative phase, four main themes were created through a thematic analysis as detailed by Braun & Clarke (2006), these themes are displayed in the following figure, which also demonstrates how the themes relate to each other, ranging from the broad (i.e. perceptions of care) to the particular (i.e. management, assessments and regulations, and finally; care worker specific).

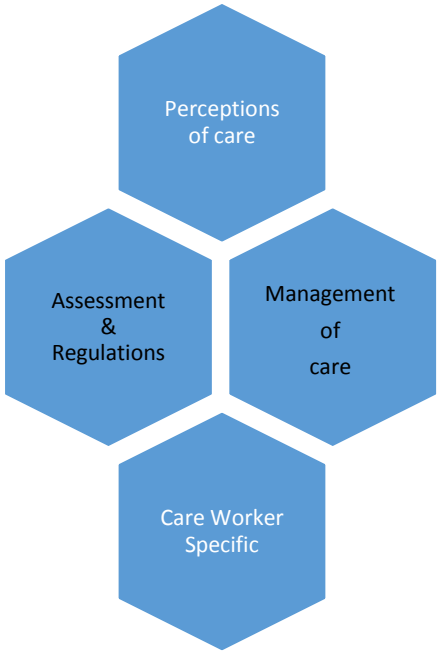


Figure 40: Themes created from the qualitative analysis

As mentioned in the research methods and design chapter, the thesis aligns closely with the epistemology and ontology of critical realism, and the use of critical realism is often connected to theory being provisional and potentially fallible (Modell 2009). With this in mind, both phases of research aimed to gain a rigorous account of current HRD input in ASC, while considering that this has the ability to change over time. Having further knowledge about HRD use in ASC could enable us to understand whether HRD is currently useful and in which ways it could be more efficient for management in the future. In an area where there is very little funding, knowledge of appropriate management and the best ways of curbing turnover is integral as there are further social care cutbacks. Modell (2009: 214) also suggests that mixed methods researchers should be cautious when considering the integration of mixed methods as an indication of theoretical closure;

"It is important to recall that the main reference point for determining the credibility of causal explanations is *not* whether such explanations correspond to an objective reality, but whether they correspond with the theories informing the analysis (Bhaskar, 1989; Smith,2006)".

The qualitative chapter yielded valuable findings regarding opinions and uses of skills in ASC, the application of HRD and the impact HRD on HR practices and reasons for leaving in ASC. Care workers and managers provided a more nuanced view of the application of sophisticated workforce management, which would allow for better understanding of the ASC context with applying future progressive HRD initiatives. In terms of recruitment, those interviewed highlighted a negative public perception of care work, and a false belief that care work is 'easy' and 'unskilled' as reasons why the role may not be attracting enough new starters. Recruitment was linked to retention due to the lack of pay for a difficult role, and retention was also associated with a lack of career journey, training which has no positive ramifications, and a high workload created due to a general lack of staff. Low pay was therefore linked to both recruitment and retention, providing a reason why workers may not apply for a role or may leave due to a lack of remuneration for their efforts.

7.3.2.1 Perceptions of care work

Although previous work has looked at public perceptions of care work (Ipsos MORI 2012), very little has considered care worker and manager opinions of the care role and how they might differ. The negativity of perceptions regarding care was prominently mentioned throughout the interviews, which supports previous findings (SfC 2007). In fact, only one interviewee; a care worker, mentioned that she did not see public perceptions of care as negative. Four major themes were developed from the perceptions of care overarching theme: care as a profession; culture of blame; relational care work; and importance in society. Given that almost all care workers and managers talked of a widespread negative culture surrounding adult social care, it seems imperative that some changes are made to the public understanding of care; media coverage of the social care sector and in some circumstances, organisational cultures which embody this culture of blame in ASC. It is still unclear as to why there is a perceived culture of blame in ASC. It may be that people do not want to consider social care unless they have to, and this seems highly logical, given a loss in autonomy associated with receiving care, as similarly found in the domain of social work (Smith et al 2011).

It is, however, unclear how a more positive working culture fostered by management may be implemented in a comprehensive way in adult social care, as it currently appears to be related to management prerogative, as suggested by Rainbird et al (2011). There are so many individual firms with their own established culture, it could be difficult to influence this culture of blame comprehensively. Interviews indicate that this kind of negative environment appears to have a fundamentally negative impact on the attitude of care workers, particularly two of those interviewed, and one deputy manager.

There are still difficulties associated with implementing professionalism into social care, Kessler et al (2015) consider a profession as something which expands one's knowledge base and jurisdiction. However, they noted that care or nursing aids as they are described in this study, are given the lowliest of tasks in order to maintain nursing as a higher order profession in comparison. In this context, it is unclear how social care may raise its status considering the tasks they are given. Although, care includes a multitude of different contexts, such as

the high responsibility area of domiciliary care, in terms of independent working, high levels of responsibility and the need to administer sometimes complex forms of medication (Yeandle et al 2006; Bessa et al 2013; Carr 2014). Raising the status and professionalisation could therefore be context dependent.

One deputy manager (P5) described care workers as 'unglorified nurses', which implies that the status of care work reduces pay, appropriate acknowledgement of the work and the value placed on these workers while they perform the same tasks as nurses. Indeed, the deputy manager suggested that care workers that manage wards do not receive the acknowledgement nor pay that they deserve.

Interestingly, Toynbee (2003: 203) mentioned this distinction more than a decade ago, suggesting that those in ASC were unlikely to choose being a low pay and status worker, with no 'ladders upwards'. She mentions how these workers are 'nowhere in the national consciousness', suggesting a lack of importance, regardless of the integral work they perform twenty four hours a day. Professionalisation and career pathway closely link to the importance of care in society theme, where care workers have a lack of recognition compared to nurses, and it is of interest whether this relates to nursing being perceived of more as a profession (Munro & Rainbird 2002).

This echoes participant eight's response that people only know about care if they have reason to, for example if they have relatives in care (Ipsos MORI 2013). Interestingly, participant eight described her own career aspirations to be a nurse. This implies that care work may not be attractive enough to younger workers without professionalisation. Is there also enough accountability within care work at the moment, and would professionalisation aid this transition into a more responsible workforce? Finally, are there attractive career pathways directly related to care which are not nursing or management? The new Care Act (2014) has attempted to drive care work into a new area of 'specialisms', although it appears that this is as yet too soon to appropriately evaluate.

Interestingly, drives for professionalisation in care work emphasise the change in ASC as a role, which is becoming increasingly complex, with additional expectations of care workers,

often with less resources. Fleming & Taylor (2007) argue that domiciliary care work requires an increasingly complex set of skills, often related to medical and psychological needs, and call for further regulation of this kind of work, particularly given the high expectations from both regulatory organisations and the general public. The interviews have established that relationships in care work remain key, with the care worker expected to fulfil an increasing amount of professional requirements, and qualifications while maintaining a meaningful relationship with the service user. This has been mentioned by Rainbird et al (2011) and more recently, Rubery et al (2015) emphasised the importance of relationships in the sector; "In social care, if the user is not actively engaged with the carer in a trusting relationship, the particular needs of the user may not be identified (Aronson & Neysmith, 1996; Needham, 2009)".

Therefore, the qualitative phase has found that while ASC is described by some to be surrounded by a culture of blame, an increasing amount of responsibilities are expected from care workers, who may not be trained and often on a low wage (SfC 2014). Some interviewees believed that professionalisation and career pathways were a potential approach in raising the status of ASC workers, although others believed that care workers may not want a career, nor professionalisation. These themes could be further unpicked in future research, regarding care worker opinions on this, exploring potential ways of improving the status of care workers.

7.3.2.2 Current HRD offerings & required improvements

7.3.2.2.1 Assessments and Regulations theme

The assessments and regulations theme partly explores the aim related to current HRD offerings, involving the use of qualifications in ASC settings, the potential for a care register and current policy. Generally, support and shadowing type training were considered just as important as formal training, and there was an emphasis on gaining an understanding of why tasks were carried out in certain ways, which could be promoted more through shadowing type learning.

This suggests that recent policy aiming to equip care workers with further qualifications (QCF 2015) may be misplaced, as supported by its recent withdrawal for the new Framework of Regulated Qualifications (Ofqual 2015), given that the care workers interviewed suggest shadowing and mentoring approaches are the most effective for learning to work in ASC. This may also have monetary implications, given that more money could be channeled into shadowing and support for care workers, leading to workers who are happier that they know how to deal with potential issues, lower staff to service user ratios, and ultimately impact on retention. Although, this may have a negative impact upon drives to qualify the workforce and provide a career pathway. Again, it should be noted that the qualitative research phase was comprised of a small amount of interviewees. There is a need for further research considering this element of development specifically.

Older care workers were mentioned as less enthusiastic about undertaking training, with a lack of pay related incentive for care workers to undertake further qualifications (McNair & Flynn 2006). Findings suggest that failure to remunerate care workers for extra qualifications leads to low morale, as it devalues their role, particularly in the current climate where her pay has in fact substantially reduced following further training (Gospel 2015). Interestingly, the manager who mentioned this worked in the private sector and the carer worked in the voluntary sector, and therefore again this suggests that a lack of remuneration for training is prevalent across both areas, and more work needs to be done in terms of incentivising and rewarding those who have undertaken qualifications in ASC. Given the current climate, it may not be possible to use monetary incentives, although this would be advisable.

It is also still unclear if the recently implemented national living wage (Hely 2016; National Minimum Wage Rates 2016) will provide the adequate amount to those undertaking home care, given that travel time is rarely adequately remunerated (Rubery et al 2015), as mentioned in the interviews. However, ADASS (2016) have already warned that continuity of care is under threat due to the pressure on providers resulting from the NLW. Their report displayed concern that 80% of directors reported that care providers in their area were facing financial difficulties, which could lead to organisations closing down, and a failure to provide care for an increasing number of service users. They stress that “Social care is essential but the investment simply isn’t there”.

These findings relate to Rubery et al's (2015) argument regarding time and time management related issues in social care. They highlight the importance of time in this sector beyond work-life balance issues, with many fragmented working time systems currently being used, particularly within domiciliary care. This, they argue, requires high levels of organisational commitments. They suggest that widespread use of zero-hours contracts along with no pay for travel time or other work related tasks have created insecurities and demanded high work engagement for little remuneration. They link this, as did one interviewee, to strict time-based local authority commissioning practices.

In terms of training, NVQs, diplomas and certificates were considered by some as useful, although many managers emphasised the need to have an underpinning knowledge of why NVQs are practical and useful, and have a good awareness of how they are relevant to practical care work. Career pathways were encouraged by one director so that care workers could progress into management through training. Interestingly, Gospel (2015) recently emphasised the lack of need for qualifications in English ASC, except for registered managers.

The current interviews appear to support this, given that managers only mentioned career progression in terms of management. Although Gospel emphasised the German care sector's assessment of understanding of theory and decision making as different to English ASC. Indeed, in many ways it is unclear why there is not a similar process in the UK, given the high levels of responsibility involved in care work. This was frequently mentioned by interviewed managers as an integral element of care work. Similarly, Cameron & Moss (2011) describe how the care sector as very targeted towards competency, which implicates an idea that care workers need to be 'adequate' at their work, rather than excellent. It does seem important to establish whether we are aiming for an adequate or excellent workforce, given that high quality care is often mentioned and strived for with little attention given to the means by which this will be achieved, particularly in terms of funding.

Toynbee (2003: 222) eloquently argues a case for better pay in ASC, although this highlights an issue related to the lack of appropriate remuneration for essential work, which is larger than ASC. She suggests that training could potentially act as a form of upward social mobility, although this is not the only method of valuing employees, and NVQs could be rendered

meaningless without increases to pay, which is the most noticeably devaluing aspect of social care. Indeed, it is argued in this thesis that without increases to pay, ASC will continue being a low paid, low value occupation (The Law Commission 2012). It is also argued that many advances can be made through the implementation of a positive working culture, where care workers are valued for the work that they do, and they receive an appropriate level of induction for their individual requirements. Having a range of career prospects have also been valued by some of those interviewed as having an impact on a care worker's intrinsic satisfaction, although pay has been consistently highlighted as poor, and never adequate for the qualifications or experience held in the sector.

7.3.2.2.2 Management of care

The management of care theme also has relevance to the thesis aims related to current HRD offerings and potential improvements. Management issues; prevalence and type of HRD; the effects of organisational characteristics, and ideas for the future of management in ASC were highlighted as subthemes from the interviews.

Managers commonly linked retention to benefits and the things you can offer employees. Although pay is an obvious incentive, it should be noted there are many ways of incentivising employment within a company, and this does not appear to be happening currently in ASC (Philpott 2014). It may be that employers are relying on altruism as mentioned by Rubery et al (2015) and this is supported by the interviews. Although, Rubery et al argue that this is not enough to realistically employ an adequate supply of workers for the future, as the amount of older people increases. Care workers had mixed views on support from management, with two care workers particularly unhappy with the culture of blame they were involved in. However, other care workers felt very well supported, which suggests that morale is very closely linked to the organisational culture of an ASC firm.

The importance of support and communication with care workers was also emphasized in the interviews, in terms of making sure that they feel valued, so that they themselves deliver high quality care. This was also found by Fleming & Taylor (2007: 71), who suggest effective support may not just be delivered in the form of regular supervision, and should also include

appropriate opportunities to discuss any issues. Indeed, Atkinson & Hall (2011) highlight how management support is related to the value and happiness felt by employees. Similarly, Shipton et al's (2016) recent paper argued that HR implementation is an important focus of research, given that previous work has merely concentrated on HR content and not delivery. Previous research has also demonstrated the usefulness of HR practices implemented with the employee in mind and the effectiveness of the line manager in conveying management expectations (Nishii et al 2008; Boxall et al 2007; Hutchinson & Purcell 2010). The delivery of management support and communication is therefore an important area in ASC, and requires additional investigation.

Both care workers and managers felt there was a requirement for too much paperwork, which detracted from the quality of care they could give, which highlights bureaucracy and procedural working in ASC (Duffy 2014; Atkinson & Lucas 2013a; Bates 1991). Indeed, after the interviews took place, an article detailed the need for reform of paperwork in adult residential homes as it detracts from caring for residents (Donovan 2016). It is argued though that this is not merely within the residential services, as interviews suggested that this also occurs in the voluntary sector. Therefore, this issue could be more widespread than currently acknowledged.

One interviewee suggested that large scale strategic changes need to be made to the culture of many care organisations, and that the local authority have been made more into advisors rather than the regulator type role that they held when care was largely delivered through the local authority. Interestingly, Grimshaw et al argue that; “Quality of HR practices is shaped by organisational characteristics such as size, ownership and profit-making status (Kepes and Delery, 2007).” (Grimshaw et al, 2015: 521-522), they go on to argue that private organisations are less likely to distribute benefits as they are better positioned to exploit monopsony employer power, thus reducing employment conditions. The authors claim that national companies mainly allow flexibility at local levels in order to keep standards low and prevent better commissioning leading to improved pay and working standards in the sector; “National chain providers are certainly not acting as lead employers in the sector for better pay and HR practices, and there is evidence to suggest that in fact they are leveraging

conditions downwards.". This would certainly explain the quantitative finding that micro firm employees are among the highest qualified.

Temporary workers were considered an essential way of creating flexibility in the workforce and a way of allowing staff to take their annual leave, using temporary workers could also be considered as a way of detracting from quality of care. This of course depends on whether these workers are the same people who are familiar to service users, which has been considered positive by care workers, or are always different. Indeed, Rubery et al (2015: 764) found "serious gaps in the supply of care staff and in their stability, which affects reaching training targets, quality standards, and the ability to cover care and meet continuity goals." Therefore, it could be argued that the current supply of workers is a dominant issue above that of time or indeed management support, as the workload of care workers affects the amount of time that they have to complete tasks and spend time with service users.

Pay was generally considered low by interviewees, with one manager suggested that care work should have its own pay banding much like the NHS, depending on experience and qualifications. This provides a potential way of remunerating qualifications and experience in the care sector accordingly. Introducing a pay banding system could map well onto the Care Certificate's focus upon care specialisms, with incremental pay increases related to the level of specialism held. Fleming & Taylor (2007) have previously highlighted how there is a real disconnect between the complex skills and levels of training for modern care work, and the pay grades or incentives offered to care workers. Gospel (2015: 844) also recently considered pay for care workers, finding that average pay levels were, perversely, lower for those with an NVQ 4 compared to NVQ levels 2 and 3. He concludes that therefore, there is very little difference to pay beyond level 2 qualifications, with little incentive to obtain higher qualifications, given the limited pay differentials. A lack of remuneration related to training has been previously found in relation to temporary workers (Finegold et al 2005), and appears to still be the case in relation to the NMDS-SC data.

These findings support Rubery et al's (2015: 764) findings regarding pay that; "Opportunities for pay advancement were limited, as is indicated by the low modal pay rate and limited pay enhancement by skill or qualifications (often a matter of pence)". The interview findings

certainly suggest that more could be done in ASC to retain workers in relation to the pay offered and creating pay scales dependent on experience or qualifications.

Therefore in summary of the large management theme; pay and benefits have been mentioned during the qualitative data phase, and were directly linked to turnover, as many workers were leaving for higher wages within the NHS. Support and frequent communication were seen as another area of importance for both care workers and managers related both to morale, and confidence that they were doing their job correctly. Temporary workers were generally seen as integral to the smooth running of social care, although further research needs to be done regarding the working conditions of the temporary workforce and whether different types of contracts would be beneficial to both workers and the organisation.

7.3.2.3 Skills and skill acknowledgement in ASC

7.3.2.3.1 Requirements for the care worker role

The care worker theme focused particularly on the skills needed within ASC, and how these skills may be different from the perspectives of managers and care workers in relation to the second qualitative aim. Accountability was closely linked to the skills theme, given that being accountable was seen as a key part of understanding that care workers are highly responsible for each aspect of frontline care. Understanding the reasons for performing tasks in certain ways rather than being qualified was often emphasized by managers. Whereas, care workers emphasized the importance of being able to communicate and have a close relationship with service users. They also mentioned reliability, social skills and flexibility, as well as a passion to help people.

In the current interviews, a passion for care, fundamental awareness of dignity and a good value base among other things were seen as integral; seemingly more important than a particular personality type, as mentioned by Bates (1991). Therefore it was concluded in reference to research question 9 that there is not just one type of care personality, although there is a need for 'decorum', a passion for care work and understanding of dignity, privacy and respect regardless of personality type. In terms of the required skills then, it appears that understanding fundamental and respectful elements of care are integral skills needed in

current care work. There was no mention of the 'toughness', or 'to be long-suffering and unsqueamish' as discussed by Bates (1991: 234). One care worker mentioned the difficulty of the job as a potential reason for many carers leaving (Tadd et al 2011), and an assistant manager considered the practical side of care work as highly important as.

Rehn & Eliasson (2015: 572) recently considered whether a caring disposition is required in health and social care teaching, theorising that some teachers believed these skills to be "natural, innate qualities, rather than something that can be developed through training." They consider that the inclusion of being professional or having a 'professional manner' suggests that this can be learnt rather than a personality trait. Braun (2012) also argues that care professions concentrate more on self-control rather than emotion (c.f. Rehn & Eliasson 2015). Therefore, it may be that, instead of having a certain 'toughness' (Bates 1991), it is more akin to having innate values, such as empathy, and the aforementioned awareness of subtle preferences for each service user.

Although, one director suggests that some things, such as emotions are difficult to explain may imply that some things cannot be taught. Rubery et al (2015: 756) take a different view to the care personality argument, and reject the idea that altruism is driving the uptake of care roles, suggesting that if this was the case, there would be "an adequate labor supply without positive HR policies." and that only those who will tolerate these working conditions apply to work in the sector.

Accountability was seen as particularly important by managers, which in some ways explains the earlier mentioned culture of blame and the fear experienced by care workers who are afraid to do something wrong. This has similarities with Toynbee's (2003: 189) description of accountability, as; "if there were any accidents, it would be all our fault, not the company's". Toynbee also mentions a lack of staff as an issue which impacts upon quality of care. This has the potential to make care environments particularly stressful, as workers are given a high degree of responsibility and accountability while being potentially undersubscribed. Again, Gospel (2015) suggests that the nature of care work is also becoming more complex with additional needs and expectations increasing from older people. This reflects the present interviews, with many arguing that care work is increasingly complex.

Therefore, in line with the critical realist ontology, it seems that working in ASC is becoming increasingly complex, with a requirement for more advanced skills. It is still unclear whether this is beneficial for all parties, or creates more task based, institutional style care, due to the need to document every complex care task for regulatory requirements. Given that managers have highlighted that understanding of care is the most vital, it seems that current methods of completing qualifications may not be the most efficient route to the desired outcomes.

7.3.2.4 Uses of HRD in different contexts. What is effective?

The development and support theme within the overarching theme of management considered the uses of HRD in detail. Interviews emphasized the importance of feeling confident with care tasks through management support and shadowing another care worker. Interestingly, here the individual differences between workers were highlighted, and the need for flexible management. Current policy for the care worker who mentioned shadowing, and who worked on a specialist dementia ward may focus upon specialisms related to dementia. Although, this suggests that training and supervision needs will differ throughout the workforce depending on personal experiences and contexts. One care worker highlighted that introducing a shadowing and induction approach where any concerns were aired and discussed, made the process of becoming a care worker much more comfortable for her, meaning that she was more confident with completing tasks. The delivery of support was also discussed by a local authority director, who believed that support, development and communication were her responsibility as a manager, with HR only being contacted when there were negative disputes to resolve. Therefore, given the many different ways that HRD may be delivered, it is worth stressing that before any kind of specialisms, it is important that workers gain a strong grounding so they are confident and responsible from the beginning of their role.

In terms of an induction, the recent Care act was commonly referenced in terms of skills and competences. Shadowing was also mentioned positively by care workers across the voluntary and private sectors, in terms of how they learnt when they started working in ASC. Further training was also discussed, with e-learning considered as positive by care workers, one

director believed that it was a funding constraint of the current service. Again, managers also emphasized the importance of having a theoretical understanding of care tasks as well as qualifications. When comparing care workers and managers opinions, one manager believed there was an abundance of available training for workers, although lack of management support was also mentioned alongside training as equally or more important, contributing to low morale, or a sense of employee belonging when done well.

This supports Kontoghiorghes's (2015) consideration that organizational culture is linked to motivation and commitment. Similarly, Kemeny & Mabry (2015) claim that effective training also incorporates support for organisations and supervisors and key aspects of the learning and working environment. Interestingly, workers were more positive about NVQs, although, as mentioned, one care worker believed the current drive towards specialisms was not part of the care role and 'silly'.

7.3.2.5 Why do care workers leave? Does this directly relate to the type of organisation?

Difficulty of the job was highlighted by one care worker as the main reason why people leave, in relation to new starters not knowing the full extent of the role before they began and the physical impact of working twelve hour shifts. Similar findings were obtained by Fleming & Taylor (2007) who highlighted the issue of irregular, unsuitable and unsociable hours. Older research considered the UK to have issues surrounding variable working hours, management deficiencies and a lack of training (Francis & Netten 2004). Rubery et al (2015: 764) highlight the distinction between poor pay practices and difficult working time arrangements for care workers versus a surprisingly positive percentage of organisations using formal methods of staff development, such as appraisal, training and staff attitude surveys.

The findings suggest that although HR practices are increasingly undertaken in social care settings, they are not providing holistic packages of HRM which will impact on working conditions. This mirrors an earlier finding by Rainbird et al (2011), who noted that policy had little effect on HR provisions and called for larger and more holistic approaches to HR in adult social care. More negatively, it seems that; "commissioning requirements are reinforced by the regulatory inspection systems in England and have added to what IDPs have to

demonstrate to win business without lifting the cost constraints (Cunningham, 2008)" (Rubery et al, 2015: 764).

Two of those interviewed mentioned the importance of creating a career pathway as a method of preventing care workers from leaving or viewing it as a 'stepping stone' type role. This is in line with Fleming & Taylor's (2007) consideration that training is important in providing a career structure which will be attractive to younger workers. Issues related to the commissioning process for care contracts were mentioned, with both care workers and managers suggesting that the current system is detrimental to quality of care. One care worker mentioned how some companies take on too much work, leaving the workers overworked and rushed. Another manager argued that the local authority had very little influence over private companies, even when there are current safeguarding concerns. This emphasis on the impact of management in ASC supports the quantitative findings, in that more people leave for reasons that relate to or can be fostered by management.

The most significant component created from the principle components analysis considered the nature of care work, and was named 'personal preferences related to leaving', namely; personal reasons, or more attractive employment opportunities at another firm. The second most common component from the principle components analysis, 'management related reasons', encompassed pay, again, competition from other employers and the conditions of employment. The size of organisation was also related to turnover, with larger organisations predicting qualification level, and small and medium organisations leading on worker turnover. Therefore, type of organisation does appear to impact on worker turnover in terms of firm size.

Rubery et al (2015: 767) also found similar results and emphasised that the current commissioning environment fails to reward quality care. This, along with a preoccupation with costs, they argue, restricts an organisation's ability to develop good HR practices, with national chains being increasingly present as preferred providers, where larger organisations had; "…adopted a policy of decentralized HR practice to enable establishments to meet local commissioning requirements". It is unclear how or indeed if larger organisations in ASC will

drastically change in their approach to employees, particularly if it means investing more money in their employees and in HR practices.

7.4 Conclusions

To conclude this chapter, the findings of the thesis indicate that much still needs to be done within ASC management in order to ensure that care is delivered effectively and to a high standard. HR has often been delivered by managers in the undertaken interviews, and care workers have described how they truly value support, training and positive management when it is provided. On-going learning has been emphasised particularly in this thesis, with care workers believing the support from more experienced care workers is invaluable; *"really really helps someone just ter, just to guide you making sure you're doing in right. And then, it was, as soon as I'm ready, then I can do it independently."*

Although qualifications were generally considered as positive for the care sector, the need for understanding alongside the qualifications was emphasised; *"I had somebody sat here the other day, said they'd done an NVQ, and she was the one who didn't know what dignity meant. I think for some people it's just going through a process."*

Rainbird et al similarly found that both on-going and formal methods of training were useful, although this thesis specifies the ways in which care workers feel they learn best. It is however difficult, even with a national dataset to hand, to quantify the amount of care workers who require extra support, and are effectively being failed by their employers in ensuring adequate staff to service user ratios.

There are additional issues surrounding pay, for the time they have worked including travel time and in terms of management ensuring that they do not experience burnout, on top of an expected standard level of support and continual communication with employees. Indeed, Rainbird et al (2011: 3728) argue that "…securing a competent workforce is of considerable significance". It seems that the current funding of ASC may reach a crisis point (Brindle 2015), and that both service users and care workers would suffer as a result of this. Personalised commissioning in adult social care is seen by some as a method of budget cutting (Duffy 2014; NAO 2016), encouraging families to voluntarily look after their family and friends.

Although, as Baines (2004: 268-269) argues, the use of unpaid labour highlights the "deskilled and exploited nature of caring labour".

Considering the management of ASC, Rainbird et al (2011) suggests that there is a 'voluntarist' framework within ASC, where managers implement training programs largely due to prerogative, resulting in practices not being widely disseminated in the sector. Additionally, they state that ASC training should be considered within the wider framework of regulation and HR in the UK. They argue that previous regulations surrounding the National Minimum Standards have had consequences for the resources which service providers allocate to training and development, and this was mentioned in the interviews with regards to the implementation of a living wage in ASC (P7).

Considering the culture of blame, documented in the qualitative phase, much also needs to be done with regards to public perception of care workers and how adult social care is represented in the media. Similarly, Cameron & Moss (2007) conclude that although "Care workers also think their work is valued by those they care for and by their families: but not by society. Indeed, mostly they feel the status of the work in society at large is low". Both managers and care workers believed this was the case, and one manager saw this as having an impact on recruitment.

Cameron & Moss (2011: 126) theorize that ASC workers are conflated with low social standing due to the poor pay they receive, the lack of promotions opportunities and their low qualifications. They argue that public awareness is low due to the 'invisibility of the work' conducted largely in private, and the perception that caring for older people is viewed by many in society as managing a decline or 'care work without any result' (Wareness 1980; c.f. Cameron & Moss 2011). It seems imperative that opinions on this change in the future as we are able to live longer, to ensure that everyone experiences the quality of life that they deserve.

As Toynbee argues (2003: 203-204); "The kindness and hard work of the care assistants here was worth far more than they were paid. But this is unseen, unmentionable labour, hidden away in these human oubliettes we would rather not think about. Considering directors' pay

rises and weighing up the value of their work compared with the work of these women here, what is the scale of worth that puts care assistants at the bottom of every heap? Where do these values come from? It is because caring is women's work. That attitude is embedded still in the values society apportions to the jobs people do. It is why there will never be equal pay until women's work is regarded with equal respect…The gap between women's and men's pay will never be bridged until the value put on women's and men's work is re-balanced. Why does a mechanic cleaning sparking plugs rank higher than a care assistant cleaning old people? Companies like this [care home] rely on that gap to make their profits".

Bates (1991: 239) rather shockingly concludes that; "…while most societies have rituals for care of the dying, to be comforted at this stage by a stranger aged 16 in paid employment to do this work reflects a relatively de-personalized approach to care and the demands of cost-effectiveness in the context of low budgets or of profit-making". He suggests that at least as of 1991, we were not achieving an adequate standard of ASC, particularly surrounding palliative care. In an attempt to remedy this, there is a need to further understand the nature of care work and what we hope to achieve in the future when caring for older people. It is something which should be of importance to every one of us, if not for society, then for our grandparents, parents, and eventually, us.

Chapter Eight

8. Conclusion

8.1 What will be discussed?

This chapter details the key findings gained from this thesis, and how these findings relate to current HR theory and ASC policy and practice. As the data suggests, this is an industry with a wide variety of different employees. It has been an overarching aim throughout the thesis to identify the prevalence and type of HRD practices, and refine the conceptual framework described in the literature review based on the findings obtained in both phases. Furthermore, aims have been to establish any contexts with specific needs, as well as ways of enabling change, in order to develop understanding of how to make the management of ASC more comprehensively effective at delivering care for older people. This chapter will explore these findings, discuss contributions, implications and areas of research for the future.

Both phases of research have identified that demographics and HR practices have implications for labour turnover. This yields some important recommendations for both management and policy regarding the basic working conditions required for low levels of turnover in the ASC sector. The delivery of current ASC qualifications were linked by managers to a lack of understanding, and did not appear to result in increased pay or status for the care worker. Retention appeared to be largely related to areas which were controlled by management, which suggests that turnover can be remedied by more effective management of the sector, and potentially through the use of HRD practices. The opinions of care workers and managers have been valuable in establishing how to make changes in the sector, providing realistic benefits, and adequate, competitive pay.

Most troubling were the findings regarding the low value placed on ASC work, reflected in the working conditions, pay and available support in some settings. A culture of blame has

been highlighted as an area which needs to be addressed by both policy and management, in order to retain workers and maintain morale in the future workforce.

The next section; key findings, highlights how the thesis has both satisfied the proposed objectives and explored the conceptual framework, taking our understanding forward. This is followed by the limitations of the research, how the research could be taken forward, and finally a conclusion of the thesis.

8.2 Key Findings

This section now details the thesis findings in line with the objectives, grouped into five distinct areas. The objectives focus on: Prevalence and type of HRD in ASC; Demographics and turnover; Reasons for worker turnover; Opinions of care workers and managers concerning HRD in ASC and finally; the usefulness of HRD in ASC. Discussion in these sections will directly consider elements of the conceptual framework, namely; the ASC organisation; the role of a care worker and outcomes in ASC.

8.2.1 ASC & HRD literature

The following section will discuss the thesis findings in relation to the first objective, which set out to consider the ASC literature and summarise the current climate, practical uses of HRD, regulations and areas for improvement. This was followed by specific consideration of HRD literature, emphasising areas where ASC may implement HR practices. This section considers these findings in relation to the areas of the conceptual framework, namely; organisational factors, aspects related to the care worker, and outcomes such as quality of care and retention of workers.

The first objective aimed to identify methods of current ASC management and areas where improvements may be required. In terms of organisational working conditions, the literature has established that there is an inherent tension felt by care workers, given that they are constantly negotiating the discord between resource constraints and trying to care for people, a conflict which appears to still be relevant today (Cunningham 2016). Bates also suggests that privatisation of much of social care has resulted in increased emphasis on

efficiency rather than caring for service users. Furthermore, Cameron & Moss (2007) argue that care work can lack intrinsic value when it is considered monotonous, particularly when managed with a task based institutionalised approach. Cameron & Moss (2007) and Rainbird et al (2011) also emphasise the importance of trade union membership for enhancing the quality of working conditions in care roles. Interestingly quality of working conditions have also been equated with professionalisation of the workforce (Cameron & Moss 2007), although Cameron & Moss argue that pay is a major issue which inhibits recruitment and retention.

The usefulness of vocational training in ASC has also been debated for some time (Gospel & Lewis 2011; Rubery & Urwin 2011; Tadd et al 2011) with authors suggesting that experience and specific role based knowledge are the most useful facets of HRD in ASC. Batt et al (2002) comment that standardization and simplification of jobs and electronic monitoring have been associated with higher turnover in the context of tele-communications. It is therefore of interest why this simplification (i.e. of tasks to rigid times) and electronic monitoring (i.e. through telecare; telehealth and tele-healthcare) appear to be the generally accepted route for the future of ASC (for example: the Aktive project (2013).

Literature considering the role of a care worker has emphasised the importance of creating a career pathway and better roles in care work, which may increase the amount of male workers in care, and provide further opportunities and skills for the whole workforce (Cameron & Moss 2007). The creation of a care register has also been discussed (Cameron & Moss 2007), which is similar to a register which will be implemented in the near future in Wales (CCW 2016).

It is, however, difficult to establish how money could be allocated to a national care register, given the chronic underfunding of ASC (Humphries 2011), and it is essential that funding allocation for ASC changes in order to see any benefit within the sector. The consideration that a worker should be involved in the learning process (Colley et al 2003) is supported by the current interview findings, where it was established that shadowing was the most effective method of learning, and this has some implications for methods of induction related learning that are implemented in the future. Implementing a more thorough shadowing

process when inducting new starters has the potential to produce more efficient staff and also save time in less relevant training activities. This finding supports Tadd et al's (2011) consideration that experience is more helpful compared with attaining NVQs. It may be that shadowing other carers also gives practical knowledge and experience which is more helpful than a formal qualification. It appears that more research again needs to be undertaken involving the ways in which we can include interpersonal methods of learning how to be a care worker along with a career pathway, qualifications and specialisms.

The literature relating to ASC outcomes comprises particularly of retention (Tadd et al 2011; Hussein & Manthorpe 2011) and quality of care in ASC (Atkinson et al 2012). Indeed, issues related to retention and working conditions in ASC have been highlighted by Skills for Care over a number of years (2009-2016). Tadd et al (2011) argue that high levels of turnover in social care may be due to the innate difficulty of the role, being both emotionally and physically challenging, yet poorly paid (Stone et al 2003). The current interviews provide support for this, with emphasis on the difficulty of care work, and its lack of remuneration. Eversole et al (2012) believe that HRD is a potential method of improving both turnover and the quality of services, through introducing further training and development for workers. Although, given the results of the qualitative phase, the usefulness of HRD is not as clear cut as previously thought. Although the value of shadowing other care workers has been heavily emphasised in this research, and is a key area of recommendation based on the current findings, which could be particularly beneficial if implemented correctly for new starters.

8.2.2 Uses of HRD in ASC

The first phase of research had the objective of gaining further knowledge regarding the uses of HRD in current ASC, and this section explores how the thesis has provided this information. The second phase of research also considered the uses of HRD in more depth, exploring specific uses and usefulness.

Statistical analysis established that more qualified carers were often paid less than those with no qualifications. This questions the likelihood of training for career mobility, and associated demographics, such as pay, progression and status. Statistics from SfC (as

displayed in the literature review chapter) demonstrate that training does not necessarily equate to better working conditions, for example pay. This calls into question whether training is a necessary driver for increasing the status of care work to a profession. It appears that there needs to be more than advanced training, and it is clearly not currently a uniform process across the North West, let alone nationally. Given these findings, it is of interest whether a career pathway is important to the care workforce, and whether increases to pay would affect interest in an ASC career.

It is also of interest whether previous findings related to increased loyalty in smaller firms (WERS 2011) could be linked to the thesis finding that staff working for micro organisations are less likely to leave, and have higher levels of qualifications in ASC. It may be that awareness of the company's values is exemplified in micro firms given the small numbers of staff, and this could be a potential reason why turnover may be high in small and medium firms, that do not have the resources of a large organisation. Although this requires further explanation.

Regarding the role of care worker, worker age was the most significant predictor regarding management use of HRD, in terms of older care workers having gained more qualifications. This implies that future HRD practices need to be increasingly broad reaching in order to encompass the varied ASC workforce. Given that age has also been found to impact upon worker turnover, the thesis findings imply that more also needs to be done regarding the retention of younger workers. The prevalence of no relevant qualifications regardless of contract type was also disconcerting, with potential ramifications for the competence and education of the workforce as a whole. The literature suggested that temporary workforces may be less privileged in the respects of induction and qualifications (Rainbird et al 2011), and the results here suggest it may be more nuanced than that, with a general lack in holistic training regardless of contract type.

Finally in terms of organisation outcomes, pay and organisation size have emerged as having a large impact upon worker turnover. This increases our knowledge of why retention might be low, and allows us to consider organisation size and it's relation to turnover in more detail, as discussed further in the next section.

8.2.3 Demographics and turnover

Further statistical analyses were undertaken in the first phase of research in line with the third research objective, investigating the relationships between individual and organisational demographics and worker turnover. In terms of organisational characteristics, findings have established that micro organisations are the most qualified, casting doubt on the argument that smaller organisations have more limited career related opportunities (Gospel & Lewis 2011). These findings were unexpected and therefore explored during the qualitative phase of research, as discussed in the next section.

Regarding individual demographics, such as the role of care worker, complex statistics suggest that age and gender are significant but minor moderators of the relationship between pay and turnover, and much less prominent than organisation size. For ASC outcomes, the statistical analyses found that firm size was the demographic which moderated pay and turnover the most, suggesting that small and medium firms are an important focus for regulatory agencies when identifying areas of low pay or qualifications, and high turnover. Although previous work has suggested difference between domiciliary and residential environments (Qureshi & McNay 2011), and some have argued that smaller organisations have limited resources (Rubery et al 2011), no previous work has highlighted the link between size, qualifications and turnover, with previous suggestions that larger organisations had reduced turnover (Hussein & Manthorpe 2011).

It could be concluded from the thesis that there are large differences in qualifications and turnover when considering firm size. There are also grounds for suggesting that the more qualifications a care worker has, the less likely they are to leave, providing support for the use of HRD in ASC. Hourly pay also appears to positively impact upon worker turnover. These findings support previous research from Castle & Engberg (2006), who suggest that turnover is higher in private ownership and larger organisations.

Another potential cause of turnover may be when a care worker has not been appropriately trained, for example not receiving an induction (SfC 2014), resulting in new starters who feel

they are missing critical information, as considered in the quantitative phase. This thesis suggests that this may be particularly the case for temporary workers, and may indeed make their role more precarious, with already limited worker rights and benefits (Philpott 2014). It could be that current training on offer is not pitched correctly, and requires more relevance. Therefore, the use of HR has been shown to influence turnover rates (Zheng et al 2006). Although it is unclear whether the current environment of tendering and reduced quality measures when commissioning care will allow for better terms and conditions for care workers, such as increased time with service users, which may impact on retention rates.

8.2.4 Opinions of HRD in ASC

This objective relates to the second phase of research, which focused on opinions regarding the use of HRD, the skills required in ASC, specific uses of HRD depending on context, and explanation of why a care worker may leave.

Related to the organisational factors, interviews emphasised the importance of providing flexible care, and how this can be easier to deliver within the private sector. The local authority was linked to issues associated with tendering and quality of care, encompassing unrealistic workloads, and a lack of local authority quality checks regarding ASC working conditions. It is of interest whether the values based recruitment strategy (National Skills Academy 2014) may be lost on those organisations who require efficiency from staff members over all other qualities, which may become more frequent with the general lack of funding for social care (Townson 2016). An ASC culture of blame was often identified as a barrier to recruitment, along with pay offerings and increased workloads.

In reference to the findings of both phases of research, it is argued that leaving HRD practices to management prerogative (Rainbird et al 2011) could create issues particularly surrounding the adequate training of the workforce, and has the potential to leave carers unequipped to provide high quality care. This has even stronger implications in areas where there are threats of violence, which are not appropriately acknowledged or dealt with (Baines & Cunningham 2011). Even when threats of violence are not imminent, it seems logical to provide staff with an environment which is not poised and ready to blame the care worker for wrong doing if anything goes awry, as often mentioned in interviews. There was a great

emphasis on the accountability of care workers, and the responsibility that care workers have and should take on. This raises questions regarding their status and whether they should have this degree of responsibility for such a small amount of pay.

It could be that focusing on providing care workers with enhanced terms and conditions, including time to spend with service users, may improve levels of staff given that many experience a great deal of job satisfaction. This appears to be a general consensus with the residential managers interviewed, given that many were said to leave due to a lack of pay progression. Sadly, no explanation could be given regarding the finding that micro organisations were more qualified, although the interview participants generally belonged to medium and large firms. Further research is therefore needed to establish why this may be, particularly qualitative work amongst smaller ASC firms.

In terms of the care worker role, it could be argued that increased acknowledgement of skills in ASC may create a more positive organisational culture and also improve the status of care work. Research has already established that management expectations in the care sector are greatly affected by gendered notions of women as natural care givers. A lack of management focus on the large amount of emotional labour and requirement to be flexible (Atkinson & Lucas 2013b), has the potential to majorly impact on morale, as found in this thesis. These small aspects of care work were seen as highly important to the care worker, which may validate the value of their work. In this context, management did not appear to foster positive communication with the care workers, and for these care workers at least, failed to create an affable working culture.

Care workers interviewed in residential care seemed to be happier with their work, compared particularly with those in domiciliary care, which involved the mention of issues regarding travel time pay. Although, the small sample size of those interviewed should be noted here. It is of interest whether the disparities between residential and domiciliary care could relate to an issue with management or the difference in working conditions in terms of the high degree of flexibility required particularly in domiciliary care as well as the enhanced responsibility expected when working alone.

Regarding work outcomes, the qualitative phase supported the claim that career progression in care work is synonymous with leaving frontline care (Cameron & Moss 2007), with managers mentioning career progression only in terms of managerial roles. It may be that those training for specialisms stay with individuals requiring advanced help as their illness progresses, such as for those with Dementia. Downs (2015) suggests that care work should be made more credible and attractive through professionalization, thus impacting on retention as employees could be motivated by a professional future in care. Although, it is unclear as yet how we may increase the attractiveness of ASC without also increasing funding for benefits and pay, and the current interviews have demonstrated how even large global businesses do not appear to offer competitive salaries at the time of data collection.

The use of a career pathway was considered in order to entice care workers to stay with them, and this generally featured a large amount of training and progression to management. Although this did not appear to largely affect the amount of pay that carers received, with the suggestion of a need for tiered pay scales depending on experience and visible progression on to more senior roles. This seems logical, given that for many carer's qualifications mean sacrificing a great deal of their own time, and perhaps attending unpaid training days. Indeed, Cameron & Moss (2007) and more recently Rubery et al (2015) have stressed that ASC workers are facing increased time pressure particularly in domiciliary care environments.

Professionalisation of the workforce received mixed reviews from managers. It was highlighted by some that creating more regulated and specific career progression for care workers would be logistically too difficult to implement given the size of the workforce. This certainly does raise questions regarding who would implement such a scheme, how much data would be stored for each care worker and how periodically it would be updated. Professionalisation has major positive implications regarding the status of care work, although it requires further investigation in terms of financial funding, routes to implementation and whether it is coveted by the care workforce.

8.2.5 Extrapolating the thesis findings

The final objective related to synthesizing information obtained in both phases of research to develop a more detailed understanding of the uses of HRD in ASC. It was of major importance in this thesis to gain knowledge on how different types and sizes of organisation are managed, how working conditions may vary, and how HRD may be used in these environments.

In relation to organisational elements of care work, the qualitative phase has established that all organisations are unique, and there is difficulty in generalising to a great extent in terms of how HRD may be of value. The qualitative research has made us aware that management is key in increasing morale, intrinsic satisfaction, and confidence in a care worker's role. Depending upon the size and type of funding received by each firm, there may or may not be a need for a specific HR manager (Torrington et al 2011), although there is a definite requirement for HR practices, particularly in relation to pay and benefits (Qureshi & McNay 2011) and quality of care (Atkinson & Lucas 2013). Interestingly, some managers felt that communication and development was very much their role, despite having a HR team. Cunningham (2016) has recently argued that a lack of appropriate funding in social care has led to unappealing working conditions, such as declining pay levels and training provisions. This was supported by findings in the qualitative phase, with emphasis on the difficulty in recruiting qualified in social care staff due to more attractive pay scales offered in the NHS.

Pay banding was discussed in interviews as a potential way of making remuneration of the care sector fairer through incentives related to both experience and qualifications. In line with this, a recent article (Hely 2016) suggests that the living wage may hinder any progress regarding a pay scale related to length of time served and qualification related increases to pay, given that only those over 25 are entitled. It could be concluded that the living wage may only be successful if there is a further increase in pay for experience and extra qualifications, as suggested by the interviews. Opinions of the living wage have not been positive following its implementation in April 2016, with suggestions that poorer people will miss out on social care (Townson 2016), and that living wage fails to incentivise staff to remain in their role (Hely 2016). Discrepancies have also been noted across different care

types, with domiciliary care being more likely to implement living wage in comparison to care homes (Learner 2015).

It is worth considering whether the decline in union membership and a general decline in union influence (WERS 2011) will impact upon the decline in working conditions for the care workforce. Rainbird et al (2011) called for stronger involvement of union representatives as intermediaries for care workers in expressing care worker views to advocacy organisations in order to make policy more relevant to care workers in ASC and formulate relevant regulatory requirements which ensure members gain access to resources. Given analysis of the NMDS-SC, this route does not appear to be entirely effective, with many care workers remaining unqualified, and policy displaying a general disconnect with the workforce. Indeed, considering public perceptions of social care, there was a general lack of support for government policies regarding social care in England (Ipsos MORI Social Research Institute 2013), with a lack of value place on social care work (SfC 2007). This suggests that the management of care work is increasingly drawn upon to provide positive working conditions for their staff.

Regarding the role of care worker, a challenge lies in understanding why organisations fail to acknowledge these skills, and in changing management opinions and organisational cultures. Further research could explore the effect of the culture of blame as an influencing factor for organisational culture, which was apparent in the aforementioned sheltered housing context, given the preoccupation with CQC regulation and achieving results rather than creating a positive working environment for the care workers. It is also unclear whether this organisational culture is related to the cost constraints experienced by ASC nationally. Often policy promotes increased choice for service users, for example in terms of promoting a gender specific policy, although given the staffing restraints in many organisations, staff may be forced to disregard these preferences, particularly smaller firms (Rubery & Urwin 2011). Current care work lacks the ability to 'specialise' in certain areas, and it is as yet unclear if that has changed with the introduction of the Qualifications and Credit Framework (SfC 2014-2015), and will change any further through the introduction of the Regulated Qualifications Framework (2016-2017, Ofqual 2015), both of which will have been implemented in quick succession. This adds to confusion and the complexity of the area of

training in ASC, which findings from the qualitative phase suggest is confusing and overpopulated due to the amount of training companies available.

Experienced care workers are also often given the role of teaching new care workers through shadowing, which could be seen as an unpaid extra task. Although, the value of shadowing in the learning process for new care workers should be emphasised, this is something which policy appears to largely overlook in the wake of encouraging the up-skilling of workers through training such as certificates and diplomas (CQC 2015). It is suggested that shadowing is a major area for management to implement and policy to emphasise in future guidelines. Given that care workers are also more likely to be older women (SfC 2011), and this could create increased issues related to turnover and quality of care in the future, this should be a major focus of future research, in order to establish whether the ageing workforce is related to the poor rewards associated with the care sector (Brown et al 2001; Korczynski 2005) as supported through the findings of the qualitative phase of research.

Another area of fragmentation in the workforce are temporary and agency workers, which have been described as the future of the health and social care sector (Preston 2014). The interview data certainly seems to indicate that these workers are required in order to ensure the smooth running of care work. Although, this does suggest a further fall in working conditions and quality of contracts provided to workers. Given the data obtained in this thesis, it seems that a lack of conditions will only lead to increased turnover, while care workers leave a role in order to work for an organisation who is willing to pay them more. The quantitative phase established that small percentages of care workers in all contract types had qualifications, and therefore, it seems that it is not just those on temporary contracts who are receiving poor working conditions.

Given the fundamental issues that need to be addressed, it seems logical that care workers would be disenfranchised with the care sector. However, most of those interviewed saw their work as incredibly enriching and appeared to be very committed to their work. There were mixed views regarding the level of support received by management, although given the small sample, it is difficult to make any definitive claims regarding this.

In synthesizing outcomes experienced in ASC, the negative portrayal of ASC through the media was a recurring theme (SfC 2007), and this created questions for the thesis regarding whether care workers and managers considered these representations to be accurate. The interviews suggest that both groups are acutely aware of the negativity surrounding care work, and feel particularly targeted by the media. The CQC was also implicated in this, in providing very little service to ASC firms, yet expecting a great deal in return.

Literature suggests that those who have involvement in their organisation felt more loyal and committed (WERS 2011). This is in stark contrast to surveillance systems and task based institutional care as described by Bates in 1991. Although, given the freedom that care managers have in deciding the support they give to their workers, and the wide variety of care currently on offer in different contexts, it seems logical that policy increases its involvement in workers' rights in the care sector. This may go some way towards making ASC more comprehensive in terms of working conditions. Having discussed the implications of the findings along with the current literature, the next section will identify and summarise the contributions that this thesis makes.

8.3 Contributions related to policy and practice

Aims of the thesis were to enhance our understanding of how HRD may be beneficial to the effective management of ASC, in terms of delivering high quality of care and guarding against turnover. The quantitative phase focused on current methods of HRD in ASC depending on contextual factors relating to the individual and organisation. This first phase of research has furthered our knowledge of how HRD practices may differ in the area of ASC, particularly depending on organisation size, but also in terms of sector, type of care and age of the worker. Prior to this, we had little awareness of how these characteristics may be related to qualifications and turnover. These findings contribute to our knowledge of areas of need, and poor working conditions as well as a lack of training in ASC. The quantitative phase has contributed through establishing a specific link between certain HR variables and turnover, and highlighted certain firm sizes and types where turnover is higher. Knowledge of these areas has the potential to make policy more realistic and aware of the fragmentation

experienced in the sector. This information could also be used to implement more practical and useful HR practices within ASC, which aim to reduce worker turnover.

Regulatory bodies, such as the CQC could also benefit from knowing which types of company might be more at risk of having staff who are undertrained for their job and receive the lowest wages, at a time when the CQC are incredibly oversubscribed (Donovan 2016). Knowing more about turnover can also help us to understand how to improve retention, and the quantitative phase has established a clear link between pay, qualifications and turnover.

The qualitative phase considered more in-depth descriptions of how HRD is currently implemented in ASC; establishing that qualifications are not always the most beneficial aspect of HRD in the sector, and could improve future qualification drives from SfC, policy and produce more informed HRD practices within firms. The interview findings suggest that a holistic package of better pay, benefits and career opportunities are required in order to retain workers and drive up standards in quality of ASC, which supports recent findings (Gardiner & Hussein 2015; Rainbird et al 2011).

Of those interviewed, current qualifications generally do not result in a pay increase, nor career progression, and this provides little incentive to complete training, particularly when care workers often complete training unpaid and in their own time. Knowing that shadowing is considered the most useful tool when learning to be a care worker could prove more lucrative for managers, instead of costly level 2 enrolments, which may result in no extra pay or status and reduced morale. This has contributed to our understanding of HRD theory within ASC, particularly in terms of the usefulness of shadowing as an effective method of learning. Policy should also focus on providing incentives and benefits for completing training and further establish pathways, such as the current specialisms with appropriate remuneration for the care workers' efforts.

The differences in opinions of managers and care workers regarding the skills required for care work in the qualitative phase suggested a disconnect between the two positions, as managers stressed accountability and understanding, while care workers emphasised the relational role that they have. This is of great importance to managers and policy makers

particularly, as having an awareness of this disconnect could help managers to provide relevant benefits and more realistic working schedules, while policy makers should take into account the pressure faced by managers and care workers related to policy and regulation, which has no doubt contributed to the culture of blame identified during the qualitative phase. This heightened awareness of accountability for both managers and care workers results in a negative working culture which is exacerbated by media reports regarding negative care stories. It seems unfair to put care workers in this position, who are often paid very little, and trained even less. The thesis argues that increases to pay and increases to management support and supervision may go some way towards increasing morale, although this is a long term issue (Toynbee 2003), and while council fees for care work are being pushed down (Carter 2016) in the current system, so is the standard of care.

The thesis has emphasised a culture of blame surrounding care work, which was described by managers as having a large impact upon recruitment along with low pay and a lack of ability to progress in terms of a pay banding system, similar to the NHS. Two managers strongly believed that pay which increases related to experience and/or qualifications would increase status, pride in one's job and retention. This again emphasizes the impact that funding can have in the sector, and could well result in increases to recruitment. The results also reiterate the findings of Rainbird et al (2011) that creating a positive working environment is largely due to management prerogative, making the sector increasingly fractured. It can be concluded that qualifications were seen as useful by both managers and care workers, however, only if accompanied by understanding of why tasks are important with a good grounding of maintaining dignity, values and respect at all times. Therefore, it could be argued that more money should be allocated to support and dual working for new starters, rather than a series of e-learning based qualifications.

A great need has been identified to ascertain specifically what HRD practices are effective in which circumstances (Philpott 2014). This thesis has created initial results, which demonstrate the current uses of HRD and opinions from both managers and care workers, in what is an incredibly diverse and fragmented workforce. Gray & Birrell (2013) suggest that work should focus on the effectiveness and challenges of current social care initiatives, as well as the specific knowledge and skills required by the workforce in order to meet current

and future policy related outcomes. This thesis challenges current policy focus on increases to care workers qualifications, and while supporting the aim of creating a career pathway, the findings challenge the sole use of qualifications to curb worker turnover and increase status.

The thesis adds to extant findings, through development of a comprehensive model of both quantitative methods and qualitative findings, which detail the current uses of HR in particular ASC contexts and more in depth opinions regarding HR use, skills and reasons for leaving the sector. Novel findings have been obtained in relation to how HRD is delivered in different contexts, and unique contributions have been made regarding opinions of the care worker role. In terms of the conceptual framework; pay and benefits have been emphasised as important, supporting previous work (Philpott 2014) considering HR and ASC. Accountability has also been added to the role of a care worker, given that it was so heavily stressed by care managers.

In consideration of the aforementioned aims, it is argued that the thesis has succeeded in providing both a broad summary of the current ASC workforce, giving further insight into how ASC uses HRD. Areas of focus for the future management of ASC have also been highlighted, as a need has been expressed to reduce turnover through providing enhanced benefits, particularly in terms of pay. HRD is seen as central to the efficiency and understanding of care work in the future, however not necessarily through the methods currently pursued by policy and regulation. This thesis has demonstrated the impact of a positive organisational culture, ongoing support and shadowing, which have been emphasised in order to enhance a carer's confidence in their highly responsible role.

HR and HRD practices, such as pay and qualification levels have been highlighted as generally dependent on the size of organisation, with micro and small organisations being the best at either obtaining qualified workers or training them to a good level. This highlights how training is currently very much due to management prerogative, and it is argued that policy makers should examine this in the future, in order to ensure that all care workers are trained or supported to the same standard in order to be confident in their role. This may mean further regulation in the future regarding training, although it could be suggested that

producing more confident and equipped staff from the beginning of employment with coveted working benefits will reduce turnover and thus reduce costs in a long term sense. Given that large and medium organisations are among those with lower qualifications and small and medium firms have the largest proportion regarding turnover, this suggests that medium organisations have particularly poor working conditions.

The consideration that those in the sector with a large amount of resources are providing the worst terms and conditions is disconcerting and highlights some areas of need related to organisation types which require further investigation. Again, this should be an area of focus for regulatory organisations and policy makers in order to drive up standards of care. It may be that many medium firms provide ASC through council funding and experience a drive down in terms and conditions due to the little they get paid to provide care. Although, management should also be implicated in this, and also have a duty of care to both their employees and their service users. This significant finding has created a need to explore why these firm sizes are implicated in lower qualifications and higher turnover, when literature generally suggests that micro organisations will struggle the most given their financial and physical constraints.

The most significant individual characteristic in terms of predicting turnover was age, although this was much smaller than the impact of organisation size. This emphasizes the particular importance of organisational demographics in the area of ASC, and the research implies that managers of ASC organisations need to do more in order to reduce retention and improve recruitment. It is acknowledged that organisations cannot do this alone, when the sector is so chronically underfunded. However, the areas emphasized in this thesis cost very little, and relate largely to management culture and nurturing members of staff, guarding against a negative environment and culture of blame. If the uptake of supporting employees and allowing them to shadow others improves retention rates, then the business will become more lucrative and pay can be increased. However, in a market where terms and conditions are being driven down, it is acknowledged that a major change needs to be made through the government, policy rhetoric, and local authority.

There is a need to assess and set standards for both quality of care and quality of working conditions for care workers, as carers who have been adequately trained and supported will deliver the best care. This is of particular importance given the recent referendum, which could result in yet further reductions in terms and conditions, particularly related to the working time directive (EWTD 1998; 2003). Atkinson & Lucas (2013a) similarly highlight how a great need exists to remodel application of HR within the ASC workforce, in order to deliver care effectively, for a larger scope of people with increasingly complex and challenging needs. Aims for the thesis have been to contribute information towards this reform in order to support and qualify the workforce accordingly, to ultimately drive up levels of quality in care work. A great need has been highlighted by the thesis to concentrate on the way that management delivers HRD, and particularly how firms train and support their care workers, in order to deliver high quality care.

8.4 Contributions to knowledge

The contributions of the thesis fall into three major categories, namely; empirical, methodological and theoretical or conceptual. The key empirical findings suggest three major areas of contribution, these encompass the use of HRD; demographics and turnover; and opinions of HRD. In relation to the uses of HRD in ASC; pay and organisation size have had a large impact on worker turnover, which increases our awareness of why turnover might be high. This has practical importance in establishing how turnover may be reduced in the future, and highlights some relevant demographics which increase the fragmented nature of adult social care.

In relation to demographics and turnover, there was a surprising finding that carers working in micro organisations were the most qualified. Age and gender were also found to be much less significant predictors of retention compared to firm size. This has useful contributions to regulatory agencies, and suggests that certain organisations may need extra help in raising their standards and retention rates. Finally, regarding opinions of HRD in ASC, the contradiction between limited funds and the expected high quality of care was emphasised. Pay banding systems, career pathways and professionalisation were considered as potential methods of increasing the status of care in the future, and addressing the culture of blame

that care workers are faced with. These findings provide realistic and practical methods of comprehensively changing the ASC sector in order to ultimately improve quality of care. In terms of methodological contributions, the thesis has further developed our understanding of the use of HRD in ASC through the use of a two phase mixed methods design.

The work is argued to have extended knowledge regarding the complex and changeable sector of ASC, particularly regarding relationships between training, skills and worker turnover. Furthermore, our understanding of the use of HRD in ASC has been advanced through awareness of how certain demographics impact on the use of HRD and in turn, retention. There is a great deal of support for the implementation of HPWSs (Paauwe & Boselie 2005) in ASC, and this thesis has added to literature regarding the effect of HR systems on working conditions and worker experiences (Peccei et al 2013), which are increasingly at risk regarding the currently meagre ASC funding (Brindle 2015).

The methodological contributions have led to the amendment and development of the conceptual framework, which contributes to theoretical knowledge through creating a detailed structure of emphasizing specific areas of HRD in response to the great need that has been identified to ascertain specifically what HRD practices are effective in which circumstances (Philpott 2014).

Theoretical contributions include further understanding of the usefulness of HRD in the area of ASC, which is considered 'low skill', and specific ways in which HRD impacts upon retention in this sector. Establishing how HRD practices can impact upon turnover in ASC demonstrates the usefulness of HRD in ASC, and calls for further refinement of HR use in ASC, particularly surrounding pay, benefits and the use of training which is both formal and informal. The qualitative findings emphasised the importance of accountability and responsibility in an ASC organisation regardless of HRD practices, and it is argued that HRD input is of great value in this domain in both an informal and formal sense. Theory has been advanced through the progression in our understanding of the uses of SHRM and application of HRD in areas which are ‘low skill’, particularly in terms of the value of informal training alongside more formal training in these environments. Current literature focuses on line manager delivery of HR

(Purcell & Hutchinson 2007), whereas this thesis has established that peer support and delivery of HRD is an incredibly important aspect of HRD within an ASC setting. Furthermore, the current literature focuses on the application of more formal training within ASC, whereas this thesis has found that informal training should be a central focus of HRM theory, particularly for ASC.

A key theoretical contribution of the thesis has been to consider SHRM in the context of ASC which is often considered a low skill sector. This was in order to develop knowledge of how the sector may be improved in terms of the high levels of turnover (SfC 2014) and low levels of working conditions (Rainbird et al 2011). The current work has provided a more detailed understanding of how specific HRD practices may interact with worker and firm demographics and the outcome, worker turnover. The thesis provides increased understanding of the impacts of specific HR practices which can be extrapolated from ASC to other low skill sectors, highlighting the link between pay, qualifications and worker turnover. These findings could be incorporated in future SHRM strategies, which emphasise the importance of pay and training in relation to worker turnover.

The thesis contributes to our knowledge of how the diverse and broad ASC sector is managed, particularly in terms of how pay and training differ depending upon individual and organisational context, which few studies have sought to implement within a mixed methods approach. The thesis also gives us a better awareness of areas which show a discord with current policy, particularly in the domain of HRD. The integrative approach of a two phase mixed methods design has examined uses of HRD, and areas that require improvement. This model is comprehensive in its consideration of the aspects which contribute to the ASC organisation, the care worker and the outcomes in an organisation, which is further discussed in the next section.

The identified areas of interest could be explored in terms of further research, and highlight the importance of particular organisation demographics, namely size, sector and type of care in relation to particular outcomes. Furthermore, the model can be used to explore the high turnover rates within ASC, for example. Aims for the conceptual framework are also to highlight more generally the myriad of different factors related to both the role of a care

worker and the subsequent outcomes related to each care worker, which may influence the applicability of future policy.

8.4.1 Conceptual framework

As mentioned in more detail during the discussion; data analysis has highlighted some areas of modification to the original conceptual framework, in terms of the areas of HR which impact upon care workers, effecting areas such as worker turnover and quality of care. This conceptual framework has been further refined to examine significant relationships between HRD and ASC, and was developed in order to clarify the areas of research for the thesis, and highlight relevant variables both in previous literature and in the current thesis.
Pay and benefits were seen as integral for some managers interviewed in ensuring retention of workers, and highlighting the need to incentivise both training and loyalty to the firm.

The impact of policy and regulation has also been highlighted as inadequate by some managers, with management support emphasised by care workers as highly important when learning to be a care worker. This supports the use of HRD in ASC although, highlights the need to understand what each individual firm requires in a more nuanced way, such as more informal support to induct new starters. The role of a care worker has also been further refined with the addition of accountability in relation to the interviews, where this was emphasised as important to the role. Type of firm has also been established by the quantitative phase as an area which impacts on delivery of HR practices, the education, competence and accountability experienced by care workers, and ultimately the retention of workers, scope of the role and quality of care provided.

8.5 Implications for policy and practice

The current work has highlighted areas of concern for policy to address, in terms of both organisational demographics and more detailed issues related to working conditions. However, further research needs to be undertaken regarding the specific areas which policy is currently failing to meet the needs of the care workforce, which is beyond the scope of the current thesis. It is argued that policy needs to be more practical and insightful regarding policies and regulations (Rainbird et al 2011), avoiding frequent, expensive policy and

regulation changes. It is suggested that the government should intervene in making employers and workers aware of requirements for support and working conditions. The quality checking of local authorities also requires further consideration in terms of how commissioning of care services can ensure that the contracts formed relate to both high quality social care and high quality working conditions for their employees.

In reference to qualitative findings regarding small firms struggling to finance changes to policy, it is suggested that policy makers and regulators need to be mindful that organisations may require help to achieve certain goals, depending upon their context, and may find it difficult to see care as a profitable business in the current climate. The thesis findings call into question the management of some small, medium and large ASC firms, and give us awareness of which areas regulatory bodies and policy makers should focus on due to their lower performance on average (i.e. medium firms) compared to other sizes of organisation.

Policy and regulation should mirror the individual requirements of each organisation by looking into the highlighted issues surrounding turnover, investigating whether there is any proof that larger organisations may be driving down terms and conditions for workers, as suggested by Cunningham & James (2011) regarding the outsourcing of care work. Policy makers have been accused as applying a 'one-size-fits-all' approach by an interviewee in the qualitative phase, which may amass more problems than it solves, and may need to address severe areas of need in the sector. Cunningham (2016) provides policy related advice for all types of organisation operating within ASC, although the prerogative remains definitively with the manager, in terms of whether any practices will be employed.

However, as turnover becomes higher and terms and conditions lower, more organisations may recognise the importance of creating a positive working culture and in being a competitive employer. In fact, it could save employers money to do so. Thus, the thesis findings provide valuable information for policy makers and regulators, as specific demographics have been highlighted to impact upon turnover. The qualitative findings also suggest that policy makers and regulators are required to provide more frequent information regarding changes and what this means for specific ASC firms. The findings also have

implications for managers in ASC, given that informal HRD practices can be suggested as a cost saving method of effectively training staff, while they are working and being paid to attend. The thesis findings are also valuable to managers who would like to address turnover in their organisation, giving indicators of why turnover might be high, and providing both other management and care worker opinions of the current methods of HR available.

Findings have also highlighted the importance of the care infrastructure beyond management, such as links to the CQC and other networks, which can be useful in providing training to staff, similar to the findings of Rainbird et al (2011). The thesis has explored mixed views regarding current qualifications, with particular positivity regarding shadowing for new starters. This implies that more needs to be done with regards to current policy in conjunction with care workers and managers to establish more realistic training. This should incorporate consolidation of understanding, and emphasize the importance of individual needs when learning to be a care worker. Gaining this knowledge of the preferred content and style of training and how this links to outcomes will ultimately give us more knowledge regarding how best to invest in the workforce training and development in the future, as suggested by Qureshi & McNay (2011).

Finally, policy implies that we need to up-skill the workforce, however, traditional qualification routes may not be the most useful method of equipping care workers with the appropriate knowledge for their job. Policy makers need to question whether traditional training methods are a viable method of raising the status of care without any kind of pay increase at the same time. This view was consistently reiterated during the findings, and emphasises the need to establish the usefulness of current frameworks, such as the QCF and the soon to be implemented RQF (Ofqual 2015).

Given the time constraints of the thesis, many avenues for further research on this topic have been identified throughout the process, and these areas will be discussed following the next section, which focuses on limitations of the research.

8.6 Limitations of the research

Given that the living wage was implemented during the latter stages of this thesis, more work should be undertaken regarding the impact of the living wage on each type of ASC, and whether this has comprehensively effected the pay received by care workers (Learner 2015). Shadowing was highlighted as highly beneficial when learning to be a care worker. Although, it is unclear where that leaves more formal methods of training, and the understanding of care, which was highly valued by managers. Further research could explore the usefulness of a mixture of training and learning opportunities in this sector (Qureshi & McNay 2011).

8.7 Future research

Given that the results have implied the need for increased management support in ASC as a method of increasing efficiency, well-being of staff and higher quality of care, it seems integral that further research is undertaken regarding whether managers are overseeing the correct amount of care workers. If a line manager has too many workers to oversee, this could result in a lack of support and the potential for burnout in line managers. Skills for Care (2015) have recently suggested that managers are overseeing an increasing amount of care workers each, with the ratio of care workers to each manager rising from 3.6 in 2011 to 4.1 in 2014. If these ratios continue to increase at the same rate, this could have implications for the effective management of care work, and requires further research in order to produce guidelines for ASC firms on what is acceptable, thus preventing burnout and low staff morale.

In terms of the quantitative phase, moderated mediated regression analyses considered specific relationships between the variables available in the NMDS-SC. This yielded valuable results regarding the detail of the relationship particularly between pay, organisation size and worker turnover. However, future research could take these results further by conducting a path analysis using Structural Equation Modelling (SEM) in order to gain a more thorough knowledge of the related variables at once, thereby teasing out further variables which have links to worker turnover. The first phase of research also identified that zero hours workers are less likely to specialise in certain areas, such as dementia. This requires further exploration, given that temporary workers (i.e. agency; temporary contract) were

often not largely different to permanent workers in terms of qualification levels. It seems to raise questions regarding the terms and conditions experienced by the increasing temporary workforce in ASC.

The NMDS-SC also does not capture information for pay of personal assistants who are directly employed by direct payment recipients, although does include work from direct payment recipients who purchase services from agency workers (Gardiner & Hussein 2015). As direct payment recipients become more popular, this is an area which requires further exploration, given that little is known regarding the surrounding regulation, and the required training for this position. It is also of interest why organisation size is such a large predictor of qualification level and small and medium organisations are such large predictors of worker turnover. Further understanding of specific reasons for leaving are needed, in order to improve future retention rates.

Considering the qualitative phase, future qualitative analyses could focus more specifically on smaller and micro organisations within ASC, their uses of HRD practices and how this may differ to the organisations interviewed for the thesis. Due to a lack of uptake from these groups and time restraints, the qualitative phase did not explore responses from smaller organisations. It is of particular interest how they may allow staff to undertake qualifications given the small amount of employees, and the various ways in which a positive organisation culture is fostered in smaller firms compared with larger companies.

Some managers who were interviewed believed that professionalisation and career pathways were a potential approach in raising the status of ASC workers, although others believed that care worker may not want a career, nor professionalisation. More research is certainly needed to further explore care worker's opinions on this. This suggests that recent policy aiming to equip care workers with further qualifications (QCF 2015) maybe be misplaced, given that those interviewed suggest that shadowing and mentoring approaches are the most effective for learning to work in ASC. This may also have financial implications, given that more money could be channeled into shadowing and support for care workers, leading to care workers who are happier that they know how to deal with potential issues, thus also impacting on retention. Although, this would have a negative impact upon drives to

qualify the workforce, and again it should be noted that the qualitative research phase was comprised of a small amount of interviewees. There is a need for further research considering this element of development specifically, and how the new system of the Regulated Qualifications Framework (2016-2017 (Ofqual 2015) may impact on this positively or negatively.

There should also be a specific focus on the link between quality of care and the current commissioning process for ASC, as mentioned during the interviews, given that this suggests a fundamental issue with the ASC infrastructure (Long 2016), and without adequate funding via commissioners, management will not be able to provide adequate working conditions. Acknowledgement of work, support and frequent communication were also seen as an area of importance for both care workers and managers related both to morale and confidence that they were doing their job correctly. Temporary workers were generally seen as integral to the smooth running of social care, although further research needs to be done regarding the working conditions of the temporary workforce and whether different types of contracts would be beneficial to both workers and organisations.

Furthermore, research needs to be undertaken regarding the ways in which we can change the current infrastructure in the future so that it is both cost effective and improves on the current working conditions (Grimshaw et al 2015). Medium organisations have been particularly related to low working conditions within this thesis, in terms of poor levels of qualification and highest turnover outcomes. There is a resulting need to establish why this may be through regulatory agencies, to identify areas which have unacceptable working conditions. This has particular importance given that the CQC currently does not have the resources to visit all ASC organisations (Carter 2014).

Finally, it seems that the challenge lies in understanding why organisations are managed in these ways and in changing management opinions of organisational cultures. Further research could explore the effect of the culture of blame as an influencing factor for organisational culture, which was apparent in the aforementioned sheltered housing context, given the preoccupation with CQC regulation and achieving results rather than creating a positive working environment for the workers.

8.8 Conclusion

To conclude, Rubery et al (2013) argue there is great difficulty in implementing HR related practices aimed at producing a higher quality of care for service users, when they are competing with companies who provide ASC for less money. This, they suggest is routed within a complex range of actors, resulting in a need to reform ASC, to increase terms and conditions for employees. Broadbent (2014) also highlights how recent efficiency drives in ASC have led to worse outcomes and work intensification. These findings led to the formation of the current thesis, focusing on identifying areas with particularly high turnover and low HRD input, as well as the variation between different ASC contexts.

It is of interest whether working conditions and pay are being driven down further by private 'national chain' organisations, as mentioned in the context chapter (Cunningham & James 2009). It could be that recent funding cutbacks (Green 2015) have made the pay and conditions more pronounced and this is compounded by the local authority care organisations largely withdrawing from the sector in place of outsourcing to private and voluntary firms (Chakrabortty 2014).

It should be highlighted that a lack of training within ASC has the potential to deskill the workforce, even possibly leading to a lack of safety and bad practice within ASC (Cunningham & Baines 2011). Although, this thesis has established types of learning that are deemed most useful by care workers are not those related to qualifications, and are more centered around work-based shadowing and regular management communication and support. Areas which require little, if any, funding. This finding creates hope that the future ASC workforce has potential in improving working conditions through very little expenditure. We are, however, still a long way from providing care workers with the pay and conditions that they deserve.

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Appendix A: Interview questions developed from quantitative data

Interview Question	Justification	Manager or Care worker Question?
How are new carers currently trained when they start work? Who would be considered 'not applicable'? How do you show new carers what they should be doing? Is most of this informal? Do managers encourage this?	Quantitative research considering induction displayed high levels of staff who were deemed 'not applicable' it is of interest who may be considered not applicable for induction. Quantitative research considering induction did not cover the informal aspects of on job learning that the literature comments on (Tadd et al 2011), this question is included in order to gain more information regarding informal learning processes and if they are generally acknowledged as important in ASC.	**Both**
Do you provide training to address turnover? Are there wider benefits to this? If so, why? If not, what are the reasons why? Would you like to provide more training & development in the future targeting turnover? Do you target particular groups of carers?	This links to the first aim, understanding what HRD provisions there are and why. Also the last quantitative RQ 8 exploring reasons for leaving, may give a better understanding of why certain groups are more likely to leave.	**Managers**
How does the type of organisation (i.e. type of social care provided; type of business; size of organisation) influence the care delivered by that organisation? Please explain why or why not?	To gain further knowledge of HRD provisions in different areas and highlight any areas of need. As an extension of the quantitative work; in terms of organisation size, turnover was generally found to increase as the amount of employees increased. In terms of sector, healthcare, residential and home care were the most likely to have no relevant qualifications (37%, 35%, 33% respectively). In terms of organisation types, the private sector (36%) and the voluntary sector (34%) had the highest percentages of carers with no relevant qualifications. It is of interest whether reasons for these differences will be acknowledged.	**Managers**
What do you think about introducing a care work register? Do you think it would make social care more of a profession? Would it create problems for management of social care? What changes might be beneficial to a social care business? Do you think it	Aims are to focus on what changes may be required in ASC regarding management, areas where this may be difficult to implement, and how this is suggested by management to be viable in a variety of ASC environments. To understand if this would be viable. This may make the collection of quantitative data easier in some ways, as all carers would have their own account of activities.	**Managers**

would be viable for all organisations in ASC?		
What do you think about the new CPD and QCF for carers? What do you think about NVQs? Does having IiP status help when managing carers? Are temporary carers (i.e. temporary, bank, pool, agency, casual workers) as qualified as permanent carers? How useful is the new CPD and QCF for carers? Are these qualifications better than NVQs?	Given that the NMDS-SC data documents both NVQs and the CPD QCF, it is of interest what opinions of this are. Qualitative research suggests that both NVQs and new CPD methods are used, it is of interest if newer methods are considered better/more effective.	**Both**
How important would you say people management and development are in adult social care? (i.e. HRM and HRD) Do you think it would be useful for carers? Do you think increased training is the answer to better quality social care?	The differences between organisations highlighted in the quantitative results suggests very different approaches to HRM and HRD, this question aims to extend the quantitative results by gaining understanding of why this may be.	**Managers**
Do you think there are other initiatives which are more effective than Investors in People? What do you think of reflective practice and CPD which are more widely used in the NHS?	To identify manager opinions of current practices, what they think works and ideas for the future, quantitative analysis shows many organisations who are recognised or committed to IiP. It does not document however what companies value about this and if they will continue to be members in the future.	**Managers**
Do you think you need a certain 'disposition' or personality type for care work? Do you think you need a certain 'disposition' or personality type for care work?	This relates to the quantitative factor analysis, where it was unclear what exactly personal reasons related to. Bates (1991) considered that there was a need for a certain disposition to tolerate the difficult work prevalent in social care. It is of interest whether carers and their managers agree with this.	**Both**
Organisation size appears to predict carer qualifications; pay and amount of turnover. Can you think of any reasons why this might be?	Following quantitative findings that organisation size predicts qualification levels (mod med regression), turnover and pay. It is of interest if they have any theory regarding this.	**Managers**

Would you say temporary carers (i.e. any carers with a temporary contract; bank, pool, casual, agency or other temporary workers) are as skilled (i.e. effective, able at delivering good care) as permanent carers? Would you say temporary carers (i.e. any carers with a temporary contract; bank, pool, casual, agency or other temporary workers) are as skilled (i.e. effective, able at delivering good care) as permanent carers?	Quantitative work established that temporary workers had slightly lower qualification levels (contract type permanent vs all temporary explained 2.5% of the variance in qualification level). Bank or pool workers (44%) were also more likely to have no relevant qualifications compared to permanent workers (31%) although temporary (28%) and agency workers (23%) were less likely than permanent workers. It should be noted that the carers own contract type may affect this answer, and should be highlighted in the write up. Quantitative work established that temporary workers had slightly lower qualification levels (contract type permanent vs all temporary explained 2.5% of the variance in qualification level). Bank or pool workers (44%) were also more likely to have no relevant qualifications compared to permanent workers (31%) although temporary (28%) and agency workers (23%) were less likely than permanent workers.	**Both**
What do you think are the most common reasons for leaving care work? Would you say that certain groups of carers are more likely to leave than others? If so why do you think this is? Would you say that certain groups of carers are more likely to leave than others? If so why do you think this is?	Following from quantitative findings (factor analysis), it is unclear what personal reasons might be. A management and carer perspective of dominant reasons why carers leave ASC. This follows from quantitative research, where a factor analysis was conducted (RQ 8) considering reasons for leaving as documented by the NMDS-SC. Agency workers were highly represented, although this could be due to the nature of temporary contracts. Although findings suggested that most common reasons for leaving are those that can be fostered by management: competition from other employers; the nature of work. Personal reasons follows this, and it is unclear from the factor analysis what personal reasons could be, i.e. if they are related to work or not. Therefore this question aims at addressing what these personal reasons might be, and if certain groups are more likely to leave than others.	**Both**

Appendix B: Variables used by each research question and changes made to the data

Variables Used (NMDS-SC Identifier)	Data type	Worker or Provision File?	Changes Made?
Unique Provision identifier (PROVID)	Scale	Both	Merge
RQ1: Do the amount and type of development practices (IiP status; Induction status; highest achieved qualification) significantly differ for temporary workers compared with other permanent workers?			
Qualification quality filter (QualificationFilter)	Nominal	Worker	Used quality flag
Investors in People status (IIPSTAT)	Nominal	Provision	Yes, made into binary rather than three values (IIPSTATel 1316)
Induction status (INDSTAT)	Nominal	Worker	Yes, made into binary rather than three values (INDSTATel 1317)
Highest Qualification achieved (HIQUALEV)	Nominal	Worker	Recoded no qualifications held as 0 and unknown as -1 (HIQUALEVel 1315)
Contract type (EMPLSTAT)	Nominal	Worker	No
RQ2: What levels of qualifications (i.e. NVQ; QCF qualifications) do temporary carers have in comparison with permanent carers?			
Highest Qualification achieved (HIQUALEV)	Ordinal	Worker	Recoded no qualifications held as 0 and unknown as -1 (HIQUALEVel 1315)
Contract type (EMPLSTAT)	Nominal	Worker	Yes, made into three binary variables (CTPermTemp; CTPermBankPool; CTPermAgency 1319-1321)
RQ3: Does contract type (i.e. permanent; temporary; bank or pool; agency) predict level of qualifications when gender and age are controlled for?			
Gender (GENDER)	Nominal	Worker	Yes, made into binary rather than three values (GenderBIN 1318)
Age (AGE)	Scale	Worker	No
Contract type (EMPLSTAT)	Nominal	Worker	Yes, made into one binary variable (PERMvsTEMPel 1327)
Highest Qualification achieved (HIQUALEV)	Ordinal	Worker	Recoded no qualifications held as 0 and unknown as -1 (HIQUALEVel 1315)
RQ4a: Does the level to which staff are qualified change related to organisation size?			
Care Worker Qualifications (JR08Flag)	Nominal	Worker	Flag variable to concentrate on carer qualifications only
Highest Qualification achieved (HIQUALEV)	Ordinal	Worker	Recoded twice; as binary qualified or not qualified and

			as high qualification or low qualification
Investors in People status (IIPSTAT)	Nominal	Provision	Yes, made into binary rather than three values
Induction status (INDSTAT)	Nominal	Worker	Yes, made into binary rather than three values
Organisation size in groups (STAFFSZGP)	Ordinal	Provision	Yes, removed not allocated (StaffSzGpEL 1325)
RQ4b: Does organisation size effect amount of turnover?			
Organisation size in groups (STAFFSZGP)	Ordinal	Provision	Yes, removed not allocated (StaffSzGpEL 1325)
Total leavers over last 12 months (TOTALLEAVERS)	Scale	Provision	No
RQ5: Do different ASC care types (i.e. residential; day; domiciliary care) differ in amount of temporary staff, the level they are qualified, and turnover?			
Care type (MAINSERGP1)	Nominal	Provision	No
Contract type (EMPLSTAT)	Nominal	Worker	No
Total leavers over last 12 months (TOTALLEAVERS)	Scale	Provision	No
RQ6: Do organisation types (i.e. LEA; private; charity) differ in amount of temporary staff and the level to which they are qualified?			
Organisation type (ESTTYPE)	Nominal	Provision	No
Contract type (EMPLSTAT)	Nominal	Worker	No
Highest Qualification achieved (HIQUALEV)	Ordinal	Worker	Recoded no qualifications held as 0 and unknown as -1 (HIQUALEVel 1315)
RQ7: Is pay a significant predictor of work outcomes (i.e. turnover; amount of care work vacancies) moderated by demographics (individual; organisational) and mediated by HRD practices (i.e. highest levels of qualification).			
Pay per hour (WTE_HourlyPay)	Scale	Worker	No
Total leavers over last 12 months (TOTALLEAVERS)	Scale	Provision	No
Highest Qualification achieved (HIQUALEV)	Ordinal	Worker	Recoded no qualifications held as 0 and unknown as -1 (HIQUALEVel 1315)
Gender (GENDER)	Nominal	Worker	Yes, made into binary rather than three values
Age (AGE)	Scale	Worker	No
Organisation size (TOTALSTAFF)	Scale	Provision	No
Organisation type (ESTTYPE)	Nominal	Provision	Yes, dummy coded into three separate variables (LocalAuthority; PrivateOrganisation;

			VoluntaryOrganisation, 1337-1339)
Care type (MAINSERGP1)	Nominal	Provision	Yes, dummy coded into four separate variables (AdultResidential; AdultDay; AdultDom; AdultComCare, 1332-1335)
Investors in People status (IIPSTAT)	Nominal	Provision	Recognised & Committed were made into separate variables 1340; 1341.
Induction status (INDSTAT)	Nominal	Worker	In progress and complete made into separate variables 1342; 1343.
RQ8: Do reasons for leaving as a care worker differ across different ASC contexts? How best can these reasons be summarised?			
Reasons for leaving (REASON01-REASON15)	Nominal	Provision	No

Appendix C: Qualitative research questions with justification, aims and objectives

Research Question	Justification	Relation to Aims
9: Is there a need for a certain 'disposition' or personality type for care work?	To further understand why carers may leave. This relates to the quantitative factor analysis, where it was unclear what exactly personal reasons related to.	**Skills; Opinions of managers and carers; Reasons for leaving** To gain a better understanding of the skills required for ASC and if these skills are acknowledged by both management and carers. To explore the most beneficial methods of managing carers, specifically in terms of HRD.
10: Why does organisation size appear to predict care worker qualifications; pay and amount of turnover?	To understand why organisation size predicts pay; turnover; qualification level, following quantitative findings that organisation size predicts qualification levels (moderated mediated regression RQ7), turnover and pay. Opinions and theories about this are of interest.	**Uses of HRD in ASC** To explore how HRD currently supports carers in ASC and how this may be improved. To explore the most beneficial methods of managing carers, specifically in terms of HRD.
11: What are the most common reasons for leaving work in ASC?	To understand why carers may leave. Following from quantitative findings (factor analysis), it is unclear what personal reasons might be.	**Reasons for leaving; Uses of HRD in ASC** To explore how HRD currently supports carers in ASC and how this may be improved.
12: Do carers and managers differ in their opinions of important skills for care work and the usefulness of training?	To understand the nuances between carers and managers, and if there are any communication breakdowns. Literature suggesting that there are not enough carer opinions, and as a method of gaining knowledge of how to improve care work. More detailed opinions the relationship between managers and carers with regards to training, and potential differences in opinion. Literature suggests that more training is needed, and policy innately points to skilling-up and carers obtaining specialist skills as a form of raising the status of care work. It is of interest what these groups think of the training offered and if it is deemed useful (and why).	**Skills; Opinions of managers and carers** To gain a better understanding of the skills required for ASC and if these skills are acknowledged by both management and carers. To explore the most beneficial methods of managing carers, specifically in terms of HRD.

Appendix D: Justification for care worker questions

Questions for Care workers	Justification
How do you show new carers what they should be doing? Is this informal? Do managers encourage this? **Do you think this method works instead of more formal training? (Why?) Would you like to see any changes?**	This raises the question of whether an area such as ASC, which is extremely high in soft skills (Atkinson & Lucas 2013), has inbuilt processes of effectively sharing tacit knowledge which is often not directly acknowledged by management protocols. In other words, how do carers share knowledge informally, and is this a main way of learning the soft skills required in ASC? It is of interest if carers also think this is effective (e.g. through shadowing other workers, mentoring, training or another strategy). Quantitative research considering induction did not cover the informal aspects of on job learning that the literature comments on (Tadd et al 2011), this question is included in order to gain more information regarding informal learning processes and if they are generally acknowledged as important in ASC.
How useful is the new CPD and qualification credit framework for carers? Are these qualifications better than NVQs?	To gain awareness of if this has improved staff confidence, competence and quality of care. Tadd et al (2011) highlight the inadequacy of both content and delivery of 'much existing training' as of 2011, it is of interest if this has changed with implementation of the Qualifications and Credit Framework (QCF). Quantitative research suggests that both NVQs and new CPD methods are used, it is of interest if the newer methods are considered better or more effective.
Do you see care work as skilful? Important for society? Would you say that others think care work is skilful? How does acknowledgement of care skills make you feel? Do you think managers value these skills? How do care work skills differ to nurses skills?	Ultimately, does acknowledgement of these skills (from management; society) enhance intention to stay in social care? While Cameron & Moss (2007) were interested in whether care work was similar across different countries, and if understandings of practice differed, the current aims are to build on this through establishing if skills, practices and status differs across different organisation types, sizes and areas of care (domiciliary; residential; day care). How do carers classify the skills required in care work? Do they value it and see it as 'skilful'? How is this (or isn't this) reflected in policy/management views of care work for older people? **Nursing question:** It is of interest how the skills of nurses are differentiated from carers given that nursing is a profession and care work is not, even though they are both 'feminine' gendered areas of work. Aims were to explore the view of professionalizing social care. No quantitative data was provided in the NMDS-SC regarding this, and the question is included in order to establish differences between managers and carers. This is also exploring the relationship between skills and turnover in greater depth than achieved in the moderated mediated regressions (RQ 7).
What are the most important skills for effective and high quality care in ASC?	In order to ascertain whether soft skills are believed 'necessary' or extras, or maybe even that tacit skills are invisible (Atkinson & Lucas 2013).

	Differences between managers and carers will be explored here, fulfilling the aim of establishing opinions of soft skills.
Would you say temporary carers (i.e. any carers with a temporary contract; bank, pool, casual, agency or other temporary workers) are as skilled (i.e. effective, able at delivering good care) as permanent carers?	Given that outsourcing staff is considered to lower the skill set of the workforce and thus the quality of care delivered (Rubery & Urwin 2011; Grugulis & Vincent 2009; Cunningham & James 2009), the current research focuses on whether there is a high temporary workforce in the organisation, and whether they are qualified in a similar way to the permanent workforce. It could be argued that a skilled workforce can only ever be as skilled and effective as its least qualified staff member, and therefore if the proportion of temporary workers is high, then the workforce may be largely unskilled and potentially ineffective. This follows from the quantitative results, which suggest that temporary workers are not as qualified, and it is of interest what opinions of this are. It should be noted that the carers own contract type may affect this answer, and should be highlighted in the write up. Quantitative work established that temporary workers had slightly lower qualification levels (contract type permanent vs all temporary explained 2.5% of the variance in qualification level). Bank or pool workers (44%) were also more likely to have no relevant qualifications compared to permanent workers (31%) although temporary (28%) and agency workers (23%) were less likely than permanent workers.
Do you think you need a certain 'disposition' or personality type for care work?	This relates to the quantitative factor analysis, where it was unclear what exactly personal reasons related to. Bates (1991) considered that there was a need for a certain disposition to tolerate the difficult work prevalent in social care. It is of interest whether carers agree with this.
What are the most common reasons why carers leave? Would you say you get enough training? Is it helpful/useful training? Would you rather have something else (for example; mentoring, coaching, supporting?) Would you like more time for talking and forming a relationship with clients?	Cameron & Moss (2007) raise some interesting questions in their research considering European approaches to social care. Namely; is there enough training? Is it the most helpful/useful training? Should it instead be mentoring/coaching/supporting? Should there be further emphasis upon social/emotional aspects of social care, as is currently delivered in Swedish social care? To understand how much training carers would like, what they think is needed and if this should change. In line with the overall aim to gain awareness of how HRM/HRD supports workers. The differences in opinions between managers and carers about quantity and type of training and ideas for the future.
Would you say that certain groups of carers are more likely to leave than others? If so why do you think this is?	(NMDS-SC) Pay a reason for leaving agency workers (33%) and perm (10%). Conditions of employment: Agency 27%, perm 11%. Nature of work bank or pool (35%), perm (9%). Competition from employers agency 33%, perm 11%. Bank or pool workers were more likely to transfer to another employer 27% than any other contract: agency 14%, temporary 11%, permanent 9%. Career development was highest for agency workers 18%, followed by apprentices who are not directly employed 13%. This follows from quantitative research, where a factor analysis was conducted (RQ 8) considering reasons for leaving as documented by the NMDS-SC. Agency workers were highly represented, although this could be due to the nature of temporary

	contracts. Although findings suggested that most common reasons for leaving are those that can be fostered by management: competition from other employers; the nature of work. Personal reasons follows this, and it is unclear from the factor analysis what personal reasons could be, i.e. if they are related to work or not. Therefore this question aims at addressing what these personal reasons might be, and if certain groups are more likely to leave than others.
Is there anything else here that I haven't mentioned and you think is important?	In order to make sure that interviewees have the chance to mention anything else they think is important.

Appendix E: Justification for manager questions

Questions for Managers	Justification
How are new carers trained when they start work? Who would be considered 'not applicable' for training?	To understand if the induction received is organisational induction or work related? Which type would be preferred? Or more needed? Regarding the Torrington et al distinction between different types of induction. It is of interest what is more relevant in each care setting. Quantitative research considering induction displayed high levels of staff who were deemed 'not applicable' it is of interest who may be considered not applicable for induction.
Why do you currently provide ongoing support and training for the workforce? Are there any wider benefits to this? If so, what are these benefits? **In what ways would you like to improve people management and development? (Considering both general areas to improve and specific processes) Are there any restrictions on this?**	Are job based learning approaches useful? (e.g. coaching; mentoring; learning through peers) What may be inhibiting progress with this? Relating to aims regarding the usefulness of HRM and HRD in ASC, and various differences between managers and carers. The differences in opinions about quantity and type of training and ideas for the future.
What skills are required for carers in ASC? How does this affect management in a social care context? How would you say these skills differ to nurses skills?	While Cameron & Moss (2007) were interested in whether care work was similar across different countries, and if understandings of practice differed, the current aims would like to establish if skills, practices and status differs across different organisation types, sizes and areas of care (domiciliary; residential; day care). How do managers classify the skills required in care work? Do they value it and see it as 'skilful' or are they invisible skills (Atkinson & Lucas 2013)? How is this (or isn't this) reflected in policy/management views of care work for older people?] Nurses question: re professionalization of social care. Recent initiatives have focused on providing trainees with the correct guidance to be seen as a 'profession' (The Guardian 2014[1]). Does acknowledgement of these tacit skills enhance engagement, motivation and intention to stay in social care? Aims are to understand the importance of tacit skills in ASC, are they less important than prescriptive tasks within social care, and how does perception of this differ between managers and carers? No quantitative data was provided in the NMDS-SC regarding this, and the question is included in order to establish differences between managers and carers. This is exploring the relationship between skills and turnover in greater depth than achieved in the moderated mediated regressions (RQ 7).
What would you say are the most important skills for effective and high quality care in ASC?	In order to ascertain whether soft skills are believed 'necessary' or extras, or maybe even that tacit skills are invisible (Atkinson & Lucas 2013). This is a direct comparison between the views of carers. Differences between managers and carers will be explored here, fulfilling the aim of establishing opinions of soft skills.

Do you think you need a certain 'disposition' or personality type for care work?	This relates to the quantitative factor analysis, where it was unclear what exactly personal reasons related to. Bates (1991) considered that there was a need for a certain disposition to tolerate the difficult work prevalent in social care. It is of interest whether managers agree with this.
Do you provide training to address turnover? Are there wider benefits to this? If so, why? If not, what are the reasons why? Would you like to provide more training & development in the future targeting turnover? Do you target particular groups of carers?	How do current training and development practices target intention to stay? Methods of encouraging retention - intention to stay; are these methods useful in ASC? This links to the first aim, understanding what HRD provisions there are and why. Also the last quantitative RQ 8 exploring reasons for leaving, may give a better understanding of why certain groups are more likely to leave.
Do you think there is enough training? Is it the most helpful/useful training? Should it instead be mentoring/coaching/supporting? Should there be further emphasis upon relationships in care work? Are there any major restraints with the training you provide? Do you provide training for casual/temporary/zero hours staff (if you have them)?	Cameron & Moss (2007) raise some interesting questions in their research considering European approaches to social care. Namely; is there enough training? Is it the most helpful/useful training? Should it instead be mentoring/coaching/supporting? Should there be further emphasis upon social/emotional aspects of social care, as is currently delivered in Swedish social care? To understand how much training managers would like to provide, and any restraints. What they think is needed and if this should change. In line with the overall aim to gain awareness of how HRM/HRD supports workers. The differences in opinions between managers and carers about quantity and type of training and ideas for the future.
How does the type of organisation (i.e. type of social care provided; type of business; size of organisation) influence the care delivered by that organisation? Please explain why or why not?	Voluntary organisations may have a culture which enables staff to tolerate extreme violence from service users (Baines & Cunningham 2011): It is of interest here how the type of care organisation may greatly affect staff engagement, motivation and psychological contract due to the overall culture of the firm. Thus, the type of organisation will be considered during the quantitative work, in order to establish differences in turnover rate. - could it be lower amongst these staff due to their perception of what their role is? Hussein & Manthorpe's (2011) longitudinal research also established that although domiciliary care may be attractive due to flexibility in hours, adult domiciliary care settings along with adult residential care settings were among the highest turnover sectors. In contrast, care worker turnover rates were considerably lower among those providing health care services, such as home nursing as part of social care. Highest vacancies were highlighted in adult domiciliary and community care settings in comparison to lowest care vacancies in adult day care and health services. The qualitative research will aim to establish what differs in these environments through conducting interviews in a variety of different settings. To gain further knowledge of HRD provisions in different areas and highlight any areas of need. As an extension of the quantitative work; in terms of organisation size, turnover was generally found to increase

	as the amount of employees increased. In terms of sector, healthcare, residential and home care were the most likely to have no relevant qualifications (37%, 35%, 33% respectively). In terms of organisation types, the private sector (36%) and the voluntary sector (34%) had the highest percentages of carers with no relevant qualifications. It is of interest whether reasons for these differences will be acknowledged.
Organisation size appears to predict carer qualifications; pay and amount of turnover. Can you think of any reasons why this might be?	Following quantitative findings that organisation size predicts qualification levels (mod med regression), turnover and pay. It is of interest if they have any theory regarding this.
What do you think are the most common reasons for leaving care work?	Following from quantitative findings (factor analysis), it is unclear what personal reasons might be.
What do you think about introducing a care work register? Do you think it would make social care more of a profession? Would it create problems for management of social care? What changes might be beneficial to a social care business? Do you think it would be viable for all organisations in ASC?	Hussein & Manthorpe (2011) call for more research to identify the relative contributions of managers and HR staff, how they might affect turnover and the ways in which organisational cultures may be fostered or changed. Rainbird suggests that training can enhance the status and pay of low paid work such as social care. Rainbird et al (2011) suggest that increased training and employee support is currently an area of management prerogative with few incentives for employers to provide holistic development programmes. However, it is currently unclear if regulation surrounding this area would increase training and support or have the impact of making it difficult for small and micro organisations to progress in their care offerings due to meagre resources. Aims are to focus on what changes may be required in ASC regarding management, areas where this may be difficult to implement, and how this is suggested by management to be viable in a variety of ASC environments. To understand if this would be viable. This may make the collection of quantitative data easier in some ways, as all carers would have their own account of activities.
What do you think about the new cpd and qualification credit framework for carers? What do you think about NVQs? Does having IiP status help when managing carers? Are temporary carers (i.e. temporary, bank, pool, agency, casual workers) as qualified as permanent carers?	Outsourcing staff is considered to lower the skill set of the workforce and thus the quality of care delivered (Rubery & Urwin 2011; Grugulis & Vincent 2009; Cunningham & James 2009), focus is on whether there is a documented high temporary workforce, and whether they are qualified in a similar way to the permanent workforce. It could be argued that a skilled workforce can only ever be as skilled and effective as its least qualified staff member, and therefore if the proportion of temporary workers is high, then the workforce may be largely unskilled and potentially ineffective. Rainbird et al (2011: 3734-3735) talked about IiP status: “The significance of IIP lays in its significance for developing a strategic approach to managing training. She argued that it had required them to look at their processes and to formalise them, which they had now done on several occasions through the re-accreditation process. However, this was not a passive relationship to an external accrediting body. As an IIP panel member herself, she saw this not only as a benchmark for ensuring that the

	organisation was effective, planned its operations and communicated with its staff, but these wider connections represented a source of management learning for herself". Given that the NMDS-SC data documents both NVQs and the CPD QCF, it is of interest what opinions of this are. Comparing carers and managers opinions about temporary staff. Here, the one's own contract type may affect the response.
How important would you say people management and development practices are in adult social care? (i.e. HRM and HRD) Do you think it would be useful for carers? Do you think increased training is the answer to better quality social care?	Understand if and how HRD may be useful to ASC, along with potential alternatives to the formalised training often currently in place. Policy has focused upon training in social care for decades, with the general consensus being that more training relates to better care. Could it be possible that training is not the answer? Rather that different strategies, more comprehensive management and ongoing support could be more important within this domain? The differences between organisations highlighted in the quantitative results suggests very different approaches to HRD, this question aims to extend the quantitative results by gaining understanding of why this may be.
Do you think there are other initiatives which are more effective than Investors in People? What do you think of reflective practice, mentoring and CPD practices which are more widely used in the NHS?	Rainbird Leeson & Munro (2011: 3735) highlight the importance of other methods to encourage high quality care: "Although she recognised the significance of the inspection system for demonstrating the standards of care in a home, she felt that because inspectors spend relatively little time with residents, it was necessary to gain other forms of recognition of the quality of care. She felt that awards that involved continuing professional development and carers reflecting on practice were important to staff understanding that they were providing a high standard of care and gaining external recognition for their skills." Tadd et al (2011) also highlighted the importance of a reflective practice approach rather than "a 'tick box', checklist approach to learning." To identify manager opinions of current practices, what they think works and ideas for the future, quantitative analysis shows many organisations who are recognised or committed to IiP. It does not document however what companies value about this and if they will continue to be members in the future.
Is there anything else here that I haven't mentioned and you think is important?	In order to make sure that interviewees have the chance to mention anything else they think is important.

Appendix F: Questions where manager and care worker responses were compared

(Carers & Managers) What are the most important skills for effective and high quality care in ASC?	In order to ascertain whether soft skills are believed 'necessary' or extras, or maybe even that soft skills are invisible (Atkinson & Lucas 2013). This is a direct comparison between the views of carers, as Atkinson & Lucas highlight how these skills may be invisible to management. It is of interest how these are thought of across different organisations and if carers also believe that soft skills are necessary. Differences between managers and carers will be explored here, fulfilling the aim of establishing opinions of soft skills.
(Carers) Do you see care work as skilful? Important for society? Would you say that others think care work is skilful? How does acknowledgement of care skills make you feel? Do you think managers value these skills? How do care work skills differ to nurses skills? **(Managers): What skills are required for carers in ASC? How does this affect management in a social care context? How would you say these skills differ to nurses skills?**	Ultimately, does acknowledgement of these skills (from management; society) enhance intention to stay in social care? No quantitative data was provided in the NMDS-SC regarding this, and the question is included in order to establish differences between managers and carers. This is exploring the relationship between skills and turnover in greater depth than achieved in the moderated mediated regressions (RQ 7).
(Carers) Would you say you get enough training? Is it helpful/useful training? Would you rather have something else (for example; mentoring, coaching, supporting?) Would you like more time for talking and forming a relationship with clients? **(Managers): Do you think there is enough training? Is it the most helpful/useful training? Should it instead be mentoring/coaching/supporting? Should there be further emphasis upon relationships in care work? Are there any major restraints with the training you provide?**	To understand how much training carers would like, what they think is needed and if this should change. In line with the overall aim to gain awareness of how HRD supports workers. The differences in opinions between managers and carers about quantity and type of training and ideas for the future.
(Carers) Would you say temporary carers (i.e. any carers with a temporary contract; bank, pool, casual, agency or other temporary workers) are as skilled (i.e.	Comparing carers and managers opinions about temporary staff. Here, the one's own contract type may affect the response.

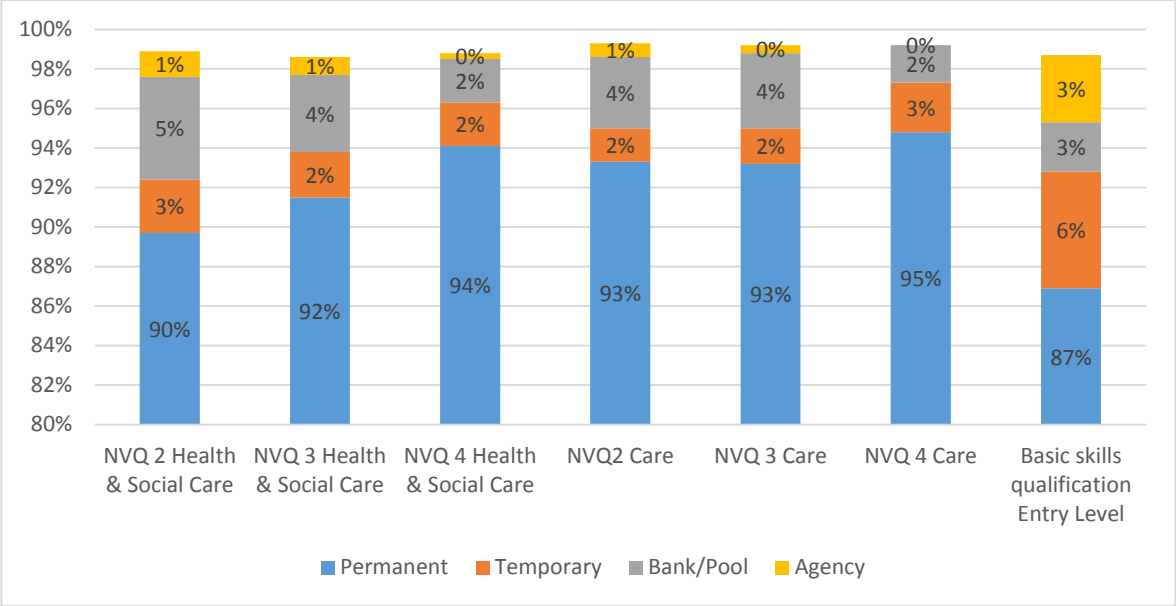
effective, able at delivering good care) as permanent carers? **(Managers) What do you think about the new CPD and QCF for carers? What do you think about NVQs? Does having IiP status help when managing carers? Are temporary carers (i.e. temporary, bank, pool, agency, casual workers) as qualified as permanent carers?**	
Do you think you need a certain 'disposition' or personality type for care work?	Comparing carers and managers opinions about personality types and care work.

Appendix G: Number and percentage of qualification level by contract type

Highest Level Qualification	**Permanent**	**Temporary**	**Bank/Pool**	**Agency**
Entry/Level 1 **(% within employee's status in main job)**	2,813 (0.5%)	265 (1.0%)	124 (0.3%)	196 (1.5%)
Level 2 (% within employee's status in main job)	105,553 (18.0%)	3,992 (15.6%)	6,008 (12.6%)	1,664 (12.7%)
Level 3 **(% within employee's status in main job)**	68,855 (11.7%)	2,253 (8.8%)	3,031 (6.4%)	725 (5.5%)
Level 4 or above **(% within employee's status in main job)**	57,379 (9.8%)	2,202 (8.6%)	3,310 (7.0%)	882 (6.7%)
Other relevant qualification **(% within employee's status in main job)**	30,703 (5.2%)	1,452 (5.7%)	1,434 (3.0%)	1,159 (8.8%)
Other qualification **(% within employee's status in main job)**	11,983 (2.0%)	1,114 (4.4%)	1,056 (2.2%)	187 (1.4%)
No qualification **(% within employee's status in main job)**	183,916 (31.3%)	7,057 (27.6%)	20,755 (43.7%)	3,033 (23.1%)
Not recorded or unknown **(% within employee's status in main job)**	126,833 (21.6%)	7,248 (28.3%)	11,800 (24.8%)	5,307 (40.3%)
Total **(% within employee's status in main job)**	588,035 (100%)	25,583 (100%)	47,518 (100%)	13,153 (100%)

Appendix H: Amount and percentage of qualifications by contract type

NVQ/Diploma achieved	Permanent	Temporary	Bank/Pool	Agency	Total
NVQ2 Health and Social Care (% within Health & Social Care NVQ Level 2)	88,309 (90.8%)	2,643 (2.7%)	5,051 (5.2%)	1,283 (1.3%)	97,286 (100%)
NVQ3 Health and Social Care **(% within Health & Social Care NVQ Level 2)**	48,261 (92.8%)	1,202 (2.3%)	2,039 (3.9%)	489 (.9%)	51,991 (100%)
NVQ4 Health and Social Care **(% within Health & Social Care NVQ Level 2)**	6,706 (95.3%)	157 (2.2%)	151 (2.1%)	25 (.4%)	7,039 (100%)
NVQ2 Care (% within Health & Social Care NVQ Level 2)	29,402 (94.0%)	537 (1.7%)	1,116 (3.6%)	221 (.7%)	31,276 (100%)
NVQ3 Care (% within Health & Social Care NVQ Level 2)	13,203 (94.0%)	251 (1.8%)	531 (3.8%)	58 (.4%)	14,043 (100%)
NVQ4 Care (% within Health & Social Care NVQ Level 2)	2,459 (95.7%)	64 (2.5%)	46 (1.8%)	1 (0)	2,570 (100%)
Basic skills qualification Entry Level (% within Health & Social Care NVQ Level 2)	3,365 (88.0%)	230 (6.0%)	97 (2.5%)	133 (3.5%)	3,825 (100%)
Basic skills qualification Level 1 (% within Health & Social Care NVQ Level 2)	2,802 (88.3%)	232 (7.3%)	75 (2.4%)	64 (2.0%)	3,173 (100%)
Basic skills qualification Level 2 (% within Health & Social Care NVQ Level 2)	2,870 (91.0%)	198 (6.3%)	55 (1.7%)	31 (1.0%)	3,154 (100%)



NVQ/Diploma achieved	Permanent	Temporary	Bank/Pool	Agency	Total
Level 2 Award Awareness of Dementia (% within total of this qualification)	3,697 (91.9%)	210 (5.2%)	85 (2.1%)	30 (0.7%)	4,022 (100%)
Level 3 Award Awareness of Dementia (% within total of this qualification)	846 (91.8%)	33 (3.6%)	34 (3.7%)	9 (1.0%)	922 (100%)
Level 2 Certificate Dementia Care (% within total of this qualification)	2,698 (93.2%)	69 (2.4%)	112 (3.9%)	16 (0.6%)	2,895 (100%)
Level 3 Certificate Dementia Care (% within total of this qualification)	682 (94.6%)	20 (2.8%)	14 (1.9%)	5 (0.7%)	721 (100%)
Level 2 Award Emergency First Aid (% within total of this qualification)	10,706 (89.8%)	791 (6.6%)	365 (3.1%)	65 (0.5%)	11,927 (100%)
Level 2 Diploma Health & Social Care (% within total of this qualification)	7,136 (87.0%)	418 (5.1%)	382 (4.7%)	270 (3.3%)	8,206 (100%)
Level 3 Diploma Health & Social Care	5,068 (86.7%)	451 (7.7%)	228 (3.9%)	96 (1.6%)	5,843 (100%)

(% within total of this qualification)					
Level 2 Diploma in Health & Social Care Dementia pathway ***(% within total of this qualification)***	1,015 (77.7%)	201 (15.4%)	39 (3.0%)	51 (3.9%)	1,306 (100%)
Level 3 Diploma in Health & Social Care Dementia pathway ***(% within total of this qualification)***	665 (87.5%)	51 (6.7%)	18 (2.4%)	26 (3.4%)	760 (100%)

Appendix I: Awards, Certificates and Diplomas by contract type [Quantitative Results Chapter]

NVQ/Diploma achieved	Permanent	Temporary	Bank/Pool	Agency	Total
Level 2 Certificate Assisting & Moving Individuals in Social Care ***(% within total of this qualification)***	1,770 (83.7%)	112 (5.3%)	200 (9.5%)	33 (1.6%)	2,115 (100%)
Level 3 Award (Providing Induction) Assisting & Moving Individuals in Social Care ***(% within total of this qualification)***	364 (80.7%)	45 (10.0%)	33(7.3%)	9 (2.0%)	451 (100%)
Level 2 Certificate in Preparing to work in Adult Social Care ***(% within total of this qualification)***	762 (82.3%)	36 (3.9%)	77 (8.3%)	51 (5.5%)	926 (100%)
Level 3 Certificate in Preparing to work in Adult Social Care ***(% within total of this qualification)***	338 (94.2%)	15 (4.2%)	5 (1.4%)	1 (0.3%)	359 (100%)
Award in Preparing to work in Adult Social Care ***(% within total of this qualification)***	787 (85.3%)	79 (8.6%)	26 (2.8%)	31 (3.4%)	923 (100%)
Level 2 Awareness of stroke care management ***(% within total of this qualification)***	283 (89.8%)	13 (4.1%)	18 (5.7%)	1 (0.3%)	315 (100%)
Level 3 Awareness of stroke care management ***(% within total of this qualification)***	44 (89.8%)	4 (8.2%)	1 (2.0%)	*	49 (100%)
Award in basic awareness of Diabetes (% within total of this qualification)	615 (89.8%)	17 (2.5%)	49 (7.2%)	4 (0.6%)	685 (100%)
Certificate in working with individuals with Diabetes ***(% within total of this qualification)***	62 (86.1%)	3 (4.2%)	3 (4.2%)	4 (5.6%)	72 (100%)
Level 2 Award Awareness of End of Life Care ***(% within total of this qualification)***	801 (92.1%)	27 (3.1%)	25 (2.9%)	17 (2.0%)	870 (100%)

Level 3 Award Awareness of End of Life Care ***(% within total of this qualification)***	741 (93.9%)	19 (2.4%)	21 (2.7%)	8 (1.0%)	789 (100%)
Certificate in Working in End of Life care ***(% within total of this qualification)***	997 (95.0%)	15 (1.4%)	32 (3.0%)	6 (0.6%)	1,050 (100%)
NVQ/Diploma achieved	**Permanent**	**Temporary**	**Bank/Pool**	**Agency**	**Total**

Appendix J: Highest qualification percentage by organization size

	Organisation Size			
	Micro	Small	Medium	Large
Not recorded/Unknown (% within staff size)	8,152 (21.7%)	66,252 (24.2%)	75,265 (23.7%)	11,714 (23.4%)
No qualifications held (% within staff size)	8,686 (23.1%)	70,819 (25.9%)	113,079 (35.6%)	18,333 (36.6%)
Entry or Level 1 (% within staff size)	224 (0.6%)	1,473 (0.5%)	1,254 (0.4%)	485 (1.0%)
Level 2 (% within staff size)	4,893 (13.0%)	46,681 (17.1%)	55,353 (17.4%)	8,394 (16.8%)
Level 3 (% within staff size)	4,725 (12.6%)	36,789 (13.5%)	28,594 (9.0%)	4,595 (9.2%)
Level 4 or above (% within staff size)	6,244 (16.6%)	29,500 (10.8%)	24,569 (7.7%)	3,611 (7.2%)
Other relevant social care qualification (% within staff size)	2,595 (6.9%)	15,702 (5.7%)	13,630 (4.3%)	2,443 (4.9%)
Any other qualification(s) (% within staff size)	2,025 (5.4%)	6,022 (2.2%)	5,846 (1.8%)	515 (1.0%)
Total (% within staff size)	37,544 (100%)	273,238 (100%)	317,590 (100%)	50,090 (100%)

Appendix K: Qualifications by ASC sector

	Adult Residential	Adult Day Care	Adult Domiciliary	Adult Community Care
Not recorded or unknown (% within ASC sector)	89,289 (23.7%)	4,264 (21.2%)	52,554 (25.8%)	11,709 (21.1%)
No qualifications held (% within ASC sector)	129,809 (34.5%)	3,358 (16.7%)	67,413 (33.1%)	7,753 (14.0%)
Entry or level 1 (% within ASC sector)	1,154 (0.3%)	225 (1.1%)	1,326 (0.7%)	368 (0.7%)
Level 2 (% within ASC sector)	63,091 (16.8%)	4,261 (21.2%)	44,092 (21.6%)	4,223 (7.6%)
Level 3 (% within ASC sector)	43,623 (11.6%)	3,955 (19.7%)	19,571 (9.6%)	5,019 (9.1%)
Level 4 or above (% within ASC sector)	28,292 (7.5%)	1,779 (8.8%)	7,473 (3.7%)	18,755 (33.9%)
Other relevant social care qualification (% within ASC sector)	16,938 (4.5%)	1,661 (8.3%)	7,752 (3.8%)	4,493 (8.1%)
Any other qualification(s) (% within ASC sector)	3,928 (1.0%)	621 (3.1%)	3,498 (1.7%)	3,066 (5.5%)
Total	376,124 (100%)	20,124 (100%)	203,679 (100%)	55,386 (100%)

Appendix L: Qualifications by organization type

	Statutory local authority (adult services)	Statutory local authority (generic or other services)	Statutory local authority owned	Private sector	Voluntary sector
Not recorded or unknown (% within organisation type)	15,712 (12.9%)	419 (24.1%)	1,951 (23.6%)	117,270 (27.3%)	25,851 (21.7%)
No qualifications held (% within organisation type)	17,653 (14.5%)	354 (20.4%)	2,037 (24.6%)	153,336 (35.8%)	40,912 (34.4%)
Entry or level 1 (% within organisation type)	1,249 (1.0%)	12 (0.7%)	9 (0.1%)	1,841 (0.4%)	314 (0.3%)
Level 2 (% within organisation type)	23,079 (18.9%)	67 (3.9%)	1,170 (14.1%)	68,881 (16.1%)	22,265 (18.7%)
Level 3 (% within organisation type)	17,171 (14.1%)	139 (8.0%)	1,272 (15.4%)	40,874 (9.5%)	14,169 (11.9%)
Level 4 or above (% within organisation type)	27,678 (22.7%)	441 (25.4%)	1,225 (14.8%)	26,787 (6.2%)	7,074 (5.9%)
Other relevant social care qualification (% within organisation type)	12,004 (9.8%)	230 (13.3%)	392 (4.7%)	15,899 (3.7%)	5,893 (5.0%)
Any other qualification(s) (% within organisation type)	7,579 (6.2%)	73 (4.2%)	215 (2.6%)	3,992 (0.9%)	2,491 (2.1%)
Total (% within organisation type)	122,125 (100%)	1,735 (100%)	8,271 (100%)	428,880 (100%)	118,969 (100%)

Appendix M: Sample Characteristics for Research Question 7

	Percent		N	Percent
Gender		Organisation size		
Male	17.3	Micro	37,544	5.3
Female	81.0	Small	273,238	38.9
Not recorded	1.7	Medium	317,590	45.2
Age		Large	50,090	7.1
Under 18	0.2	Not recorded	24,405	3.5
18-19	1.3	Organisation type		
20-24	8.9	Local authority (adult services)	122,125	17.4
25-29	10.0	Local authority owned	8,271	1.2
30-34	9.5	Health	3,829	0.5
35-39	9.2	Private sector	428,880	61.0
40-44	11.0	Voluntary or third sector	118,969	16.9
45-49	13.2	Other	20,793	2.9
50-54	13.6	ASC Sector		
55-59	11.2	Residential	376,124	53.5
60-64	6.7	Day	20,124	2.9
65-69	2.6	Domiciliary	203,679	29.0
Over 70	1.0	Community care	55,386	7.9
Not recorded	1.6	Healthcare	9,237	1.3
		Other	38,317	5.5

Appendix N: Factor loadings using the Kaiser Criterion, Oblimin results, Pattern Matrix, Structure Matrix and Rotated Component Matrix for Research Question 7

Factor loadings for the components using the Kaiser criterion

Component Matrix[a]

	Component				
	1	2	3	4	5
Personal reasons	**.788**				
Nature of the work	**.777**		-.315		
Transferred to another employer	**.685**	**-.466**			
Resignation for other or undisclosed reasons	**.574**				
Retirement	**.539**		**.390**		
Dismissal	**.515**				
Pay	**.407**	**.623**			
Conditions of employment	.314	**.543**			
Competition from other employers	**.367**	**.536**			
Other		**.394**			
Death			**.561**		
End of contract term			**.531**	**-.376**	
Redundancy			**.489**	**-.438**	
Reason not known				**.681**	**-.406**
Career development					**.708**

Extraction Method: Principal Component Analysis.

a. 5 components extracted.

b. Factor loadings over .40 appear in bold

Oblimin results

Component Correlation Matrix

Component	1	2	3
1	1.000	.234	.197
2	.234	1.000	.122
3	.197	.122	1.000

Extraction Method: Principal Component Analysis.

Rotation Method: Oblimin with Kaiser Normalization.

Structure Matrix

	Component		
	1	**2**	**3**
Nature of the work	.852		
Personal reasons	.847		
Transferred to another employer	.826		
Resignation for other or undisclosed reasons	.602		.364
Pay		.751	
Competition from other employers		.649	
Conditions of employment		.629	
Dismissal	.367	.493	
Other		.453	
Career development			
Death			.599
Retirement	.424	.313	.554
End of contract term			.546
Redundancy			.486
Reason not known			

Extraction Method: Principal Component Analysis.

Rotation Method: Oblimin with Kaiser Normalization.

Varimax 3 factor loadings

Rotated Component Matrix[a]

	Component		
	1	**2**	**3**
Nature of the work	**.850**		
Transferred to another employer	**.837**		
Personal reasons	**.835**		
Resignation for other or undisclosed reasons	**.574**		.311
Pay		**.753**	
Competition from other employers		**.646**	
Conditions of employment		**.635**	
Other		**.456**	
Dismissal		**.453**	
Career development			
Death			**.595**
End of contract term			**.549**
Retirement	**.348**		**.511**
Redundancy			**.494**
Reason not known			

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 4 iterations.

b. Factor loadings over .40 appear in bold

Pattern Matrix[a]

	Component		
	1	**2**	**3**
Transferred to another employer	.868		
Nature of the work	.868		
Personal reasons	.843		
Resignation for other or undisclosed reasons	.563		
Pay		.766	
Competition from other employers		.653	
Conditions of employment		.650	
Other		.467	
Dismissal		.421	
Career development			
Death			.599
End of contract term			.559
Redundancy			.507
Retirement			.475
Reason not known			

Extraction Method: Principal Component Analysis.

Rotation Method: Oblimin with Kaiser Normalization.

a. Rotation converged in 5 iterations.

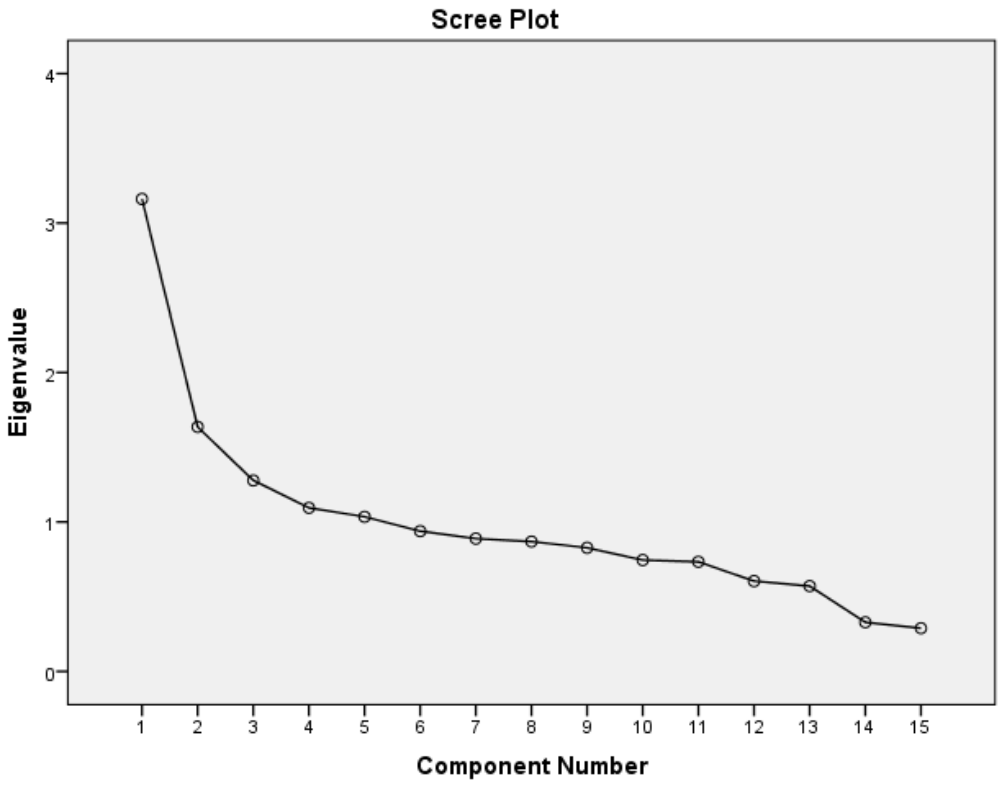
Appendix O: Table of unrotated loadings & screeplot for Research Question 8

Component Matrix[a]

	Component				
	1	2	3	4	5
Personal reasons	.788	-.262	-.197	.042	.094
Nature of the work	.777	-.256	-.315	-.133	-.019
Transferred to another employer	.685	-.466	-.143	-.142	.059
Resignation for other or undisclosed reasons	.574	-.268	.163	.076	-.235
Retirement	.539	.022	.390	.025	-.164
Dismissal	.515	.237	.054	.292	.157
Pay	.407	.623	-.145	-.048	-.194
Conditions of employment	.314	.543	-.115	-.184	-.157
Competition from other employers	.367	.536	-.013	-.175	-.165
Other	.228	.394	-.039	.197	.289
Death	.211	.005	.561	.227	.217
End of contract term	.137	-.025	.531	-.376	.115
Redundancy	.081	.004	.489	-.438	-.130
Reason not known	.109	-.028	.242	.681	-.406
Career development	.223	.173	.080	.097	.708

Extraction Method: Principal Component Analysis.

a. 5 components extracted.



Appendix P: Table of Aims and related qualitative themes [Qualitative Results Chapter]

Aim	Themes
1. To investigate the prevalence and type of HRD practices within ASC.	**Management of care** **Assessments and regulations**
2. To investigate the relationship of HRD practices with pay, individual and organisational demographics and worker turnover.	**Care worker specific** **Perceptions of care**
3. To explore the uses of HRD in different ASC contexts, what HRD practices are considered the most useful for a care worker role, and opinions of skill use in the sector.	**Management of care** **Assessments and regulations**
4. To explore the influences of pay on turnover in ASC organisations.	**Care worker specific** **Perceptions of care**