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QUALITY OF LIFE AT WORK

What it means for the adult social care workforce in England and recommendations for actions

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INTRODUCTION

This guide draws on a study which aimed to begin developing a *care work-related quality* of life tool for the adult social care workforce in England. We asked what matters most for care workers' quality of life at work, how it was supported by employers and what staff would find helpful in the future. These findings are summarised here, along with recommendations for actions. Our findings come from focus groups and interviews with frontline care workers (n=11), national level stakeholders involved in social care (n=12) and a consensus survey of their views and those of other experts in adult social care (n=35).

The research was undertaken at a time of unprecedented pressure on the social care workforce in England: the COVID19 pandemic. Like the NHS, social care has been on the front line of the pandemic. However, unlike the NHS, social care is not a unified workforce with a professional identity. Social care is delivered by around 18,200 independent providers and many of its workforce are low-paid and under-valued. Turn-over within the sector is high and recruitment challenging, even for those with professional registration, such as social workers. Understanding and supporting people's quality of life at work is paramount if we want to retain skilled staff and ensure the best outcomes for those they care for.

We want to thank all our participants, including our advisory group members, who contributed to the study and shared their experiences and expertise. Together they helped shape the recommendations in this guide, which we hope will inspire social care policy makers and leaders to create positive workplace cultures that nurture the wellbeing of staff and those they care for.

For more information about the study, including presentations and outputs, please see: www.pssru.ac.uk/ascotforstaff/homepage/

PART ONE

WHAT AFFECTS CARE WORKERS' QUALITY OF LIFE AT WORK?

Resources

Working conditions

Leadership

ORGANISATIONAL AND FINANCIAL RESOURCES

The impact of the organisational and financial resources on care workers' quality of life at work was a recurrent theme throughout our consultations. Frontline care workers in all settings frequently mentioned working to a budget, being short-staffed, experiencing high workloads and feeling they did not have the time and resources to support people in the way they wanted to.

Time and resources

Poor funding in the sector has led to many home care workers being paid by the minute and having inadequate paid time to travel between people's homes. This is a particular cause of stress and anxiety.

Frontline care workers talked about the importance of having the right equipment to do their jobs safely and well. Essential equipment (e.g. hoists) must be maintained and replaced when broken or there is a risk to health and wellbeing of both staff and those they care for.

Rates of pay

Low pay left some care workers feeling financially insecure. Managers were concerned that the low pay within the sector led to staff feeling under-valued, contributed to turnover and made it more difficult to recruit. Wages were considered inadequate for the demands and responsibilities placed on care workers.

> " Mainly time, we don't really get as much, well I feel as though I don't get as much time as I'd like to have.
>
> Community support worker

> " if you are hoisting someone up out of bed and the hoist suddenly breaks, subconsciously you're going to quickly go and go under that person and try and save them….you're going to hurt yourself but you don't think about that.
>
> Care worker, care home

> " Low pay – inability to have financially secure life […] Better pay so I do not have to pick up so much overtime to have enough money to provide my needs.
>
> Care worker, care home

National provider organisation

> " Care workers are responsible for life and death situations and should be compensated adequately – they can earn more in a supermarket.

Shift working and schedules

The physical toll of shift-working was mentioned as having a negative impact of care workers' quality of life at home.

However, having choice and control over shift patterns and being able to fit work around their personal lives was considered very important to care work-related quality of life, going some way to mitigate against the negative impact of shift-working.

Training and learning

Investment in the knowledge and skills of staff were highly valued by care workers and stakeholders alike. For staff this was about feeling competent, confident and safe in their caring role and being able to deliver high quality care in line with their own values. Regulated and vocational qualifications were also considered important to workforce retention.

However, all stakeholders recognised that training and skills are not always associated with career progression in social care. Many organisations still lack a career structure, with progression within direct care roles.

> " So I generally work an eight to eight shift….. I find sometimes when I get home that I'm too tired. So I find that I don't want to do anything.
>
> Care worker, care home

> " all the companies working in this sector, they should offer more opportunities to the staff to go to NVQ qualifications….I will change jobs it's because I found the company offering NVQ qualification courses.
>
> Care worker, community support

> " because I suppose what I really enjoy about the job is the interaction with the service users, and the more that I would progress would mean less of the interaction, so there's no real incentive for me to progress at all.
>
> Care worker, community support

THE NATURE AND CULTURE OF CARE WORK

Meaningful work

Although care work was considered to be both mentally and physically demanding, there was also a lot of value placed on the work being meaningful and rewarding. Both care workers and managers described the satisfaction that came from helping others to feel safe, have a good quality of life, to fulfil their wishes, or just to see that they are happy.

Meaningful work was relationship-centred and fulfilling for both the care worker and the person they were supporting. The reciprocity of care is important and should not be overlooked.

Models of care

Care models designed to lead to positive outcomes for people using social care can also have a positive impact on staff wellbeing. Some of the care workers who took part in the focus groups worked for an organisation which followed a family model of care. This model aims to remove the institutional features of formal care that distinguish 'care worker' from 'cared for', such as uniforms. Staff are encouraged to care for the people they support as though they were family members and staff are encouraged to be themselves and let their personalities come through.

" Well I'm a people person so I just love being able to have – be with people and you know, see them enjoy themselves, activities and stuff. And I just like being able to have a chat, you know, … they're really, really happy to see you, are really happy to see you and they like that time with us, which is really nice, it's a nice feeling I think.

Care worker, community support

" And our family members I think definitely do prefer that, because we can wear more colourful things. And stuff that really shows our personality. … and there's like a certain element of almost a bounce effect off us … it means that that rubs off on all our family members. And they are happy.

Care worker, care home

Recognition of skill

Being treated as skilled professionals, trusted and empowered to use their initiative, problem solve and make decisions at the point of care, was highly valued. It was also perceived as a necessity, especially for those working in the community.

Teamwork

Having good relationships and communication within teams was considered an important part of wellbeing at work. Care workers thrive on a sense of belonging. In their roles they rely on colleagues for emotional support, advice and informative handovers between shifts. Where this works well, it can have a positive impact on wellbeing. Where it does not work well, it can be a source of stress.

❝ …and besides we are required to take the decision basically on an everyday or daily basis, and I don't mind, I like it, I like it.

Care worker, community support

❝ I feel like I have quite good relationships with the [team] now, that we can just call each other for advice which is really helpful.

Care worker, community support

❝ you find that if there isn't good communication you sort of don't know what's going on. So you're running round trying to work it out. And that can make your day more stressful.

Care worker, community support

LEADERSHIP

" …the role of leadership and compassionate leadership – where you recognise that your best asset is your workforce. Workforce organisation

Compassion

Social care requires physical and emotional labour from the workforce. Care workers are providing direct, personal care for people who need support, sometimes at the end of their lives. Compassionate leadership, which values, nurtures and supports the workforce, is critical to care worker wellbeing.

Advice and support

Being able to raise concerns and go to team leads and managers for advice and support was considered important to the wellbeing of the workforce. Care work is not 'nine to five' and care workers valued having someone to call for advice and support when working antisocial hours. However, this can take its toll on managers, who can sometimes find it very difficult to 'switch off', even when they are not on-call.

Communication

The timeliness and quality of communication was important for care worker wellbeing. This related to sharing information about clients, as well as constructive feedback on how care quality might be improved.

Diversity and Inclusion

The social care workforce in England is diverse. Workers from minority ethnic groups are disproportionately represented in the social care work force ((21%)[1]. Yet, despite this, professionals from minority ethnic groups are significantly under-represented in social care leadership roles (15% of managers are from minority ethnic backgrounds[1]) and have fewer opportunities for progression[2]. An inquiry into racial inequality in health and social care is currently underway by the Equalities and Human Rights Commission (EHRC)[3]. When thinking about supporting the work-related quality of life of care workers, social care leaders need to be representative of the whole workforce to create sustainable, inclusive and diverse care cultures.

" A little word like thank you made a big change to a support worker.
Manager, community support

" And she's on call twenty-four seven, I mean you know that if you've on a night shift, you've got a problem at two o'clock in the morning, you just give her a ring.
Care worker, care home

" we do an on-call service so we only operate in the office nine to five, out of that it's on call so we all take it in turns with that, but even when I haven't got the on call I'm still on call… don't just kind of switch off, it's there constantly.
Manager, community support

" in some parts of the country… there is a larger workforce of Black and Minority Ethnic workers and I think an understanding of issues around inclusion and diversity is vital in that respect.
Workforce organisation

PART TWO

HOW ARE EMPLOYERS CURRENTLY SUPPORTING STAFF?

SUPPORTING CARE WORKERS' QUALITY OF LIFE AT WORK

We asked what work-place strategies or interventions are currently in place to support care workers' quality at work.

Existing services and interventions were often a mixture of formal (employer-led) and informal (led by teams or particular managers).

Formal, employer-led interventions mentioned by care workers and managers were often tertiary in nature, not bespoke to the care sector and focused on communication pathways to identify and resolve issues:

- Staff surveys and feedback from senior management
- Employee consultative committees for staff to raise issues with senior/executive management and Human Resources
- Employee assistance programmes (confidential helplines, counselling and signposting to further resources and sources of help)
- Financial assistance for staff experiencing hardship during COVID-19

Some employers also offered national reward and retention schemes to staff, such as:

- Discount schemes (e.g. Perkbox)
- Cycle to work schemes (discounted bikes)

Interestingly, secondary interventions designed to support the workforce to cope with the daily demands of their caring roles were only mentioned by managers and people in strategic roles, not by frontline care workers themselves.

Given that such interventions often place responsibility for being 'well' on individuals (e.g. resilience and coping strategies), perhaps these were not perceived (or valued) by staff as formal interventions for supporting their wellbeing at work.

Types of intervention

Primary interventions

Are transformative in nature, address the root cause of the issue. Not all will be within the 'gift' of employers due to chronic underfunding and fragmentation in the social care sector.

Secondary interventions

Are designed to support care workers and managers to cope with and manage workplace stressors. They often focus on strengthening the personal resources of individuals within organisations. Whilst useful, these interventions do not solve the problem and are likely to be short to medium term solutions to long-term issues.

Tertiary interventions

Are remedial in nature, focusing on supporting care workers and managers after their wellbeing has been affected. Whilst these might be highly effective, an important part of healing and valued by staff, use of such interventions means that physical, emotional or psychological harm has already taken place.

(Cooper, C.L. and Cartwright, S. (1997). An intervention strategy for workplace stress. J Psychosomatic Research. 43(1). 7-16. https://doi.org/10.1016/s0022-3999(96)00392-3)

Informal strategies were frequently mentioned and are a strong indicator that organisations are not adequately supporting staff through formal policies and strategies. Managers described going 'over and above' to support their teams through:

- Flexibility of shifts, breaks and annual leave
- Phone calls to 'check in' (even when not working themselves)
- Fortnightly zoom catch-ups
- Treats during shifts (e.g. pay for a takeaway once a month)

Although welcomed by staff, without being part of an organisation-wide strategy, such informal interventions are unlikely to be sustainable and may even lead to staff in teams with less proactive managers feeling unsupported and resentful.

Care workers and managers knew what they needed to improve staff wellbeing: more resources, more time and more staff. However, when asked explicitly what would help their wellbeing at work, they did not talk about these factors again. Instead they seemed to constrain themselves to strategies employers could do now, within current funding models such as:

- Mental health first aiders in each service/team
- Better holiday allowances
- Predictable shift patterns
- Social activities and team building events
- Phone lines/zoom links for lone workers/staff feeling isolated or lonely

None of those interviewed suggested any primary interventions to tackle the causes of poor care worker wellbeing identified in section one.

> " making people more resilient, so that they have the resilience to come through some of these difficult things and ways to – you know, mindfulness etc. So a whole strategy of wellbeing…
>
> Disability charity

> " lots of little ways to make the job easier, like even to the level of, you know, flexibility in terms of leave and people needing absent time. I try to be as absolutely flexible as possible, knowing that if you do that, people won't feel that oppression.
>
> Manager, community support

> " That's always a problem with us. But we manage somehow, but it would be nice if there is a system where for example, if we're short-staffed somebody can come in that helps us out […] Yes.
>
> Care worker, care home

> " I think that maybe those resources, and that softer stuff, may be stuff that needs to be invested in and our commissioners don't give us money for that kind of stuff.
>
> Disability charity

PART THREE

RECOMMENDATIONS FOR ACTION

In part one, we described what frontline care workers, managers and social care stakeholders told us impacts upon care workers' quality of life at work. In part two, we looked at the formal and informal work-place strategies or interventions currently in place to support this. We noted that the focus in most organisations is on secondary and tertiary interventions – strategies and services aimed at helping staff cope with, manage or recover from work-place stressors – rather than primary interventions tackling the root cause. Currently, decades of underfunding in the sector, along with rising costs and the pressure of COVID-19, mean that transformative change is beyond the gift of many social care employers, especially those who rely on publicly funded contracts.In part three, we think beyond these limitations and reflect what the sector has told us they really need to support care workers' quality of life at work. None of this will come as a surprise to the sector but the message is so important that it warrants repeating, again and again, until the sector is heard.

What impacts care workers' quality of life at work?

Organisational and financial resources

- Time and resources
- Rates of Pay
- Shift working and Schedules
- Training and learning

The nature and culture of care work

- Meaningful work
- Models of care
- Recognition of skills
- Teamwork

Leadership

- Compassion
- Advice and support
- Communication
- Diversity and inclusion

Resources

There is an urgent need for investment in the social care workforce to cover the real costs of care. This means better pay and working conditions, including the time and equipment people need to do their job well. In September 2021 the government announced a reform of adult social care funding, which although a welcome step in the right direction, has been widely criticized as not going far enough. There is plenty of evidence to support these criticisms. The Health Foundation's REAL Centre Project recently projected that the government would need to spend an additional £2.5bn to meet future demand alone. For transformative change and to improve quality, this would need to increase to £9.3bn by 2025.

The 4Rs:

Resources

- Better pay
- More time to care
- High quality equipment for themselves and those they care for

Respect

Care workers are increasingly being asked to undertake complex medical tasks, previously performed by regulated health professionals, such as nurses (e.g. catheter care, wound care, insulin injections). They need to be afforded the respect they deserve and be empowered and supported when making 'in the moment' decisions about people's care needs. The care worker role needs to be recognised and valued through professional registration, national qualifications and an agreed career trajectory on a national pay scale.

Respect

- Care worker registration in all nations of the UK
- National qualifications
- Career trajectory on a national pay scale
- Decisional autonomy when providing care

Relationships

Care is not delivered in a vacuum. At its core are people and relationships between people. Yet current models of care, constrained by financial resources, mean that care too often becomes task, not relationship-focused. Care workers want to deliver high quality care, to do so, they need to work in a way that facilitates relationships within the triangle of care: those using services, their families and the social care workforce. Increasing integration between health and social care also means that relationships with multi-disciplinary teams are just as important for care workers to feel supported and empowered in their roles.

Relationships

- Models of care that foster relationship-centred practice.
- Team structures that support frontline staff.
- Inclusion in multi-disciplinary teams

Representative and compassionate leadership

Leadership really matters in adult social care. To support care workers' quality of life at work, the sector needs leaders who represent the whole workforce. Currently people from minority ethnic communities are not as well represented in leadership positions as they could be. This is currently being investigated by the Equality and Human Rights Commission.Outside of care homes, a lot of care is delivered by individuals working alone. Care workers need to feel safe and know there is always someone they can turn to for immediate advice and support. Team leaders and managers need the time and resources to be 'available' to their staff.The workforce looks to its leaders to set the culture and tone of the workplace. Compassionate, communicative, available leaders were highly valued by those we interviewed.

Representative, compassionate leadership

- No blame culture
- Advice and support
- Open communication
- Representative leaders who understand the needs of all parts of their workforce

Summary

Care work is highly rewarding but can also be challenging, with significant emotional and physical demands. To support care workers' quality of life at work, efforts should focus on the **4Rs** : **R**esources, **R**espect, **R**elationship and **R**epresentative, compassionate leadership.

Department of Health Disclaimer

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