The Adult Social Care workforce and their work-related quality of life

Findings on work related quality of life and wellbeing – wave 1

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Executive summary

This report presents findings from a research project undertaken by Ipsos in partnership with University of Kent and Skills for Care, on behalf of the Department of Health and Social Care (DHSC). The research involved an online survey with members of the adult social care (ASC) workforce in England between August and October 2023, to measure their wellbeing and work-related quality of life (WRQoL). This executive summary provides an overview of the key findings from analysis of weighted data for 7,233 survey participants. The analysis is based on overall results for all participants as well as comparing findings by individual characteristics such as job role, working hours and ethnicity. This provides a descriptive analysis of association and care should be taken to avoid assuming causation.

Overall wellbeing

Participants were asked four questions about their overall wellbeing, taken from the UK Measures of National Wellbeing provided by the Office for National Statistics (ONS). These questions cover life satisfaction, happiness, feelings of worthwhileness and anxiety (see Chapter 3 for an overview of findings for each measure).

Looking across these four questions, the wellbeing of the ASC workforce is mixed. While two in five (41%) rate their life satisfaction as high or very high, a quarter (26%) rate their life satisfaction as low. Ratings of happiness are equally split, with just under half (45%) rating their happiness as high or very high and just over one in four (28%) rating their happiness as low. Similarly, when asked if they feel the things they do in life are worthwhile, half (52%) provide a high or very high rating, whereas one in five (18%) provide a low rating. Anxiety is very common within the ASC workforce, with two in five people (42%) rating their anxiety as high when asked how anxious they felt the day before the survey.

Some groups within the ASC workforce are more likely to report better overall wellbeing across the four ONS measures than the workforce as a whole. This includes registered managers, personal assistants, occupational therapists, people employed by local authorities and those working in home care services.

Ratings of wellbeing are also related to age, number of hours contracted to work and household income. People aged 55 or over, those contracted to work 1 to 20 hours per week and those who live in households with an annual income over £52,000 or more consistently report higher mean scores across the ONS wellbeing measures than the workforce as a whole.

Work related quality of life

The survey included two measures of work-related quality of life (WRQoL) – Van Laar (Understanding and measuring the work-related quality of life among those working in adult social care: A scoping review) and the Adult Social Care Outcomes Toolkit Workforce measure (ASCOT-Workforce). The Adult Social Care Outcomes Toolkit (ASCOT) is a suite of measures developed by the University of Kent to measure the ‘social care-related quality of life’ (SCRQoL) of people using social care services. The ASCOT suite of measures were designed to be sensitive to the impact of social care (known as Long-term Care, internationally) and have been thoroughly validated and tested, and are now used extensively in the UK and around the world to inform evidence-based policy, practice, research and evaluation. ASCOT-Workforce was developed for this survey and more information is provided in this report and the technical report.

There is some overlap between the two measures (Van Laar and ASCOT-Workforce), which was intentional, to help decide which measure is best suited for future waves of the survey. The Van Laar

measure was developed by the University of Portsmouth and is designed to understand the WRQoL across any given workforce. The measure has previously been used in research with NHS Trusts, Trade Unions, and other large UK organisations such as the BBC and the Royal National Lifeboat Institution (RNLI). ASCOT-Workforce on the other hand, was developed by University of Kent to measure care work-related quality of life and accounts for the particular context and challenges of working in ASC. As outlined below, both measures provide similar results in relation to WRQoL among the ASC workforce in England.

Van Laar measure

The Van Laar measure includes six factors[1] which are combined into an overall score. The average scores for each are provided on a scale of 1 to 5, with a high average score indicating good WRQoL for the factor it relates to:

- General Wellbeing (GWB) with an average score of 3.15 for the ASC workforce, which indicates low to moderate levels of wellbeing.
- Control at Work (CAW) with an average score of 3.16, which indicates low to moderate levels of control at work. This is in line with the ASCOT-Workforce measure on autonomy.
- Stress at Work (SAW), which has the lowest mean score (2.36) across the 6 factors, which indicates fairly high levels of stress among the ASC workforce.
- Home-Work Interface (HWI)[2], Working Conditions (WCS) and Job and Career Satisfaction (JCS), with mean scores of 3.41, 3.53 and 3.55 respectively, which indicate moderate levels of wellbeing across the ASC workforce.
- The overall score for the ASC workforce is 3.27, which indicates a low to moderate level of wellbeing.

Personal assistants, registered managers and occupational therapists have consistently higher scores across the six Van Laar factors indicating a higher level of overall WRQoL than the workforce as a whole.

ASCOT-Workforce measure

As previously mentioned, the ASCOT-Workforce measure differs from the Van Laar measure as it is designed specifically to be sensitive to the impact of social care work. This means capturing the aspects of a person's quality of life most impacted by working in ASC and taking into account the specific challenges of working in the sector. The resulting measure can be described as a care work-related quality of life (CWRQoL). The measure consists of thirteen domains: making a difference, relationships with the people cared for, autonomy, time to care, worrying about work, self-care, safety, professional relationships, support in the role, competency, career path, financial security and feeling valued.

Around seven in ten (69%) of the ASC workforce say they are able to make a difference in people's lives, with one in four (25%) able to make as much difference as they would like and around two in five

[1] Easton, S. and Van Laar, D. (2018). User manual of the Work-Related Quality of Life Scale. Portsmouth: University of Portsmouth. 2nd Ed. ISBN: 9781861376633.

[2] HWI factor addresses issues relating to work-life balance and the extent to which an employer is perceived to support someone's home life

(44%) able to make some difference. Personal assistants (84%) are more likely to agree with this statement compared to any other job role in ASC workforce. Most participants (86%) also say they have a good relationship with the people they care for.

Around two thirds (65%) say they have freedom and independence to make decisions and carry out tasks as part of their day-today work. Personal assistants (82%), registered managers (75%) occupational therapists (74%) and those working in home care services (76%) all report higher levels of autonomy than the overall workforce. Just over half also say they have the time they need, or adequate time, to do their job well (52%), and a slightly lower proportion (48%) say they do not have time to do their job well. People working in home care (69%) and community services (57%) are more likely to say they have enough time to do their job well.

Over half (52%) of the workforce say they worry about work outside of working hours, including one in six (16%) who constantly worry about it. Registered managers (77%), social workers (62%) and those working in deputy or other managerial roles (67%) are more likely to say they worry about work. A similar proportion of the workforce (54%) also say they are rarely able to look after themselves at work or not able to look after themselves well enough.

The majority (80%) of the ASC workforce feel safe at work, while one in five (20%) say they do not feel adequately safe (16%) or do not feel safe at all (five per cent). This is despite half of the workforce experiencing or witnessing physical violence, harassment, abuse and bullying from the people they care for or support over the last 12 months. Feeling unsafe is more common than average among people in direct care roles (23%), in particular care workers or assistant care workers (25%).

Most (83%) participants say their relationships with their colleagues and the people they work with are as good as they want them to be or good enough. Around two thirds (64%) of the ASC workforce feel highly or adequately supported in their role, while one third (36%) say they do not feel supported in their role, and one in ten (10%) say they do not feel supported at all. As with feelings of safety at work, care workers and assistant care workers are the job role least likely to say they feel supported (57%).

Nine in ten (89%) of the ASC workforce feel they have the skills and knowledge, or adequate skills and knowledge, to do their job well. Three in five (59%) say they have adequate opportunities to develop and progress in ASC or as many as they would like. Around two in five (41%) say they have some opportunities but not enough, or no opportunities, to develop and progress. In the Van Laar measure participants were also asked to what extent they agree or disagree with the statement: ‘I am satisfied with the opportunities available for me here’. Around two in five (42%) agree with this statement while under a third (29%) disagree and the same proportion say they neither agree nor disagree. This indicates that having opportunities to develop and progress does not necessarily equate with being satisfied with these opportunities.

Seven in ten (68%) of the ASC workforce say they do not have enough, or they do not have any, financial security. Only around one third (32%) say they are financially secure. As to be expected, participants living in a household with an annual income of up to £25,999 (which is the case of 34% of the ASC workforce) are more likely to say they do not have enough, or do not have any, financial security (78%) compared with the overall workforce. In contrast, those with an annual household income of £52,000 to £99,999 (48%) and £100,000 and above (49%) are more likely they have financial security compared with the workforce average (32%). However, only one in ten members of the ASC workforce (11%) live in a household with an annual income of £52,000 or more before tax.

Over three quarters (76%) of the ASC workforce say the cost of living is too high, and two thirds (64%) state their hourly rate of pay is too low. Low income or pay is the most frequently cited motivation for leaving their job (67%). This indicates that pay and financial pressures are a key concern for the workforce.

Participants were evenly split on whether their role is valued by other people. Just over half (54%) say their role is not at all valued or not as valued as they would like, while under half (46%) say their role is highly or adequately valued. The job role where people are least likely to feel valued is social workers, with around three quarters (72%) stating they do not feel valued by other people. Less than three in ten social workers (28%) feel their role in social care is highly or adequately valued by other people.

Across the ASCOT-Workforce domains, there is also a clear pattern of personal assistants, registered managers, occupational therapists reporting higher than average levels of CWRQoL. In contrast, social workers, nurses and nursing associates, care workers and assistant care workers tend to provide more negative responses to many of the ASCOT-Workforce domains. These differences are also reflected in the overall scores by job role. Across the domains those working in home care services report higher levels of CWRQoL than those working in residential care homes.

Experiences of physical violence, harassment, abuse and bullying

Physical violence, harassment abuse and bullying from people cared for or supported are common: around half (49%) of the ASC workforce has experienced or witnessed physical violence and (46%) have experienced or witnessed harassment, bullying or abuse in the last 12 months. Nurses and nursing associates, senior care workers and registered managers are more likely than average to say they have experienced or witnessed physical violence from the people they care for or support.

Physical violence from colleagues, managers, family members of the people cared for, or members of the public is much less common (7% to 13% have experienced or witnessed physical violence from these sources in the last 12 months). Experiences of physical violence from managers or team leaders, or colleagues are more common among nurses and nursing associates (12% to 14%), care workers and assistant care workers (9% to 12%), and senior care workers (8% to 15%). Harassment, bullying or abuse from colleagues, managers, family members of the people cared for or the public are slightly more prevalent (between 13% and 33%).

Encouragingly, when there are incidents of physical violence, harassment, bullying or abuse, they usually get reported. Over nine in ten (95%) said incidents of physical violence were reported and over three quarters (78%) say incidents of harassment, bullying or abuse were reported. Bullying and harassment is a significant contributor to staff turnover with around one in five (17%) of people who are considering leaving their current role citing this as a reason for wanting to leave.

Learning and development

Three in five participants (61%) say they had an appraisal, annual review or development review over the last 12 months. This is around 20 percentage points lower than in the 2022 NHS staff survey.

Among those who had an appraisal or review over the last 12 months, only half agree it has helped them agree clear objectives for their work (51%) or left them feeling that their work was valued by their organisation or employer (51%). Again, this is lower than in the 2022 NHS staff survey with 82% of NHS staff agreeing with this statement.

Over half of the ASC workforce agree they have opportunities to improve their knowledge and skills (56%) and they are offered challenging work (55%). However, only two in five (39%) agree there are opportunities for them to develop their career in their organisation or with their individual employer. Agreement on all of these statements is lower than those reported in the 2022 NHS staff survey. This has clear implications for retention: over a third of people who are considering leaving their current job cite lack of career opportunities or progression (37%), and just under a quarter cite lack of learning and development offer (23%).

Registered managers, social workers and occupational therapists are more likely to agree they have opportunities for professional development compared with the workforce as a whole.

Intentions to leave

In light of the above findings, it is perhaps unsurprising to see that intention to leave is high across the ASC workforce: a third (34%) agree that as soon as they can find another job they will leave their organisation or employer. This is twice the proportion of NHS staff who agreed with this statement in 2022. Intention to leave their current job is higher than average among care workers and assistant care workers, social workers, people working in residential care and those with a low household income.

For those who are considering leaving, the most common destination is a job outside of health and social care (29%), followed by a job in the NHS or healthcare (18%). Only one in eight would want to move to a job with a different social care organisation or employer (13%), suggesting that there is a challenge of retaining staff in the sector, not just within roles.

Participants in the survey provide many reasons for wanting to leave their current role, which reflects the findings throughout the report. This includes income or salary being too low (67%), impact on health and wellbeing e.g. stress, burnout (67%), lack of recognition for the adult social care sector (48%), lack of career opportunities or progression (37%), and employment terms and conditions such as zero-hour contracts, lack of paid overtime, lack of sick pay and maternity pay (31%).

Sub-group analysis

Some groups of the workforce consistently report lower than average ratings on many of the topics covered in the survey. They include:

- People working in residential care (unweighted base 1,634): In comparison with the workforce overall or with people working in other types of services such as home care, they score lower on all but one of the ASCOT-Workforce statements (competency). They are also more likely to experience or witness physical violence at work and are less likely to agree they benefited from appraisals and reviews, when they have had one. The proportion of this group who agree that they have opportunities to improve their knowledge and skills, or that they are able to access learning and development opportunities, is also lower than the workforce overall and then other types of services. Unsurprisingly, their intention to leave their current role is higher than average.

- Nurses and nursing associates (unweighted base 97): In comparison with the average or with other job roles, they report lower scores on nine of the ASCOT-Workforce statements: making a difference, relationships with people cared for or supported, autonomy, time to care, worry about work outside of their working hours, self-care, safety, professional relationships, and career pathway. They are also more likely than average to experience physical violence from the people they care for or support (65%). Only half of them had an appraisal or review in the last 12 months (50%), and they are more likely than average to disagree that they have opportunities to develop

their career in their organisation (53%), opportunities to develop their skills and knowledge (35%), and that they are able to access the right learning and development opportunities when they need to (40%).

- Social workers (unweighted base 502): This group has more negative scores on many ASCOT-Workforce domains compared with the workforce overall, including making a difference, relationships with the people cared for and supported, autonomy, time to care, worrying about work outside of their working hours, self-care, competency, and feeling valued. One in five has experienced or witnessed physical violence from the family or friends of the people they support over the last 12 months (20%), and one in seven (15%) has experienced physical violence from members of the public. Harassment, bullying or abuse are also more commonly experienced or witnessed, whether from the people cared for or supported (58%) or from their family members or friends (57%). Despite being positive about financial security and opportunities for professional development, three in five agree that they often think about leaving their organisation, with three quarters of those who intend to leave mentioning impact on health and wellbeing e.g., stress or burnout, as a reason (74%).

The following groups stood out as having higher levels of wellbeing and work-related quality of life than other groups on at least some domains:

- Personal assistants (unweighted base 263): This group have better wellbeing scores than most other groups in the workforce (e.g., 6.42 mean life satisfaction compared with 5.74 for the workforce as whole). They also score better on most care work-related quality of life measures including being able to make a difference, relationships with people supported, autonomy, having enough time, worrying about work, self-care, feeling safe, good professional relationships and feeling supported, as well as the overall CWRQOL score. Personal assistants are also less likely to state an intention to leave the workforce, despite being more likely than other groups to say they don't have enough opportunities to develop. This group are less likely to have experienced or witnessed physical violence or harassment and bullying than other groups, though they are also less likely to report it when it does occur.

- Occupational therapists (unweighted base 262): This group report higher levels of life satisfaction and feeling that the things they do in their life are worthwhile. They also report higher scores than overall on autonomy and feeling safe. However, like other registered professionals they are more likely than direct care workers to report not having enough time, not having enough skills or knowledge, and their role not being valued. This group has a lower intention to leave than other groups, higher financial security and is less likely to experience physical violence and bullying and harassment than other groups.

- People who work 1-20 hours per week (unweighted base 698): This group report higher levels of general wellbeing, career satisfaction, control at work and lower levels of stress at work for the Van Laar measures. This group are also more likely to say they have autonomy in their job role.

- People who have an average household income of over £52,000 per year before tax (unweighted base 1,114): This group reports higher general wellbeing and control at work. They are also more likely to say they have autonomy at work, and they feel challenged by the work they do. It should also be noted that the types of job roles within this income bracket vary considerably. For example, just over one in ten (13%) of the 8% of the workforce who live in a household with an annual income of £52,000 to £99,000 before tax are care workers or assistant care workers, the same

proportion are support or outreach workers (13%), 7% are personal assistants, and 41% work in a manager (including registered managers), director, or supervisor role.

- Ethnicity (unweighted base: Mixed ethnic background – 127, Asian ethnic background – 278, Black ethnic background – 611): For some questions, participants from ethnic minority backgrounds are more likely to report positive experiences. For example, participants from Asian and Black ethnic minority backgrounds report higher general wellbeing than average. They also report higher than average scores for career satisfaction, and those from Asian ethnic backgrounds report a higher level of control at work, while people from Black ethnic backgrounds report lower levels of stress at work compared to the average. Similarly, people from Asian ethnic backgrounds have a significantly higher CWRQoL compared with all other ethnic groups. Participants from Asian and Black ethnic backgrounds are also more likely to say they are making a difference at work, that they have autonomy at work, they feel valued, and appraisals have helped to improve how they do their job.

  However, these ethnic groups are also more likely to have negative experiences. For example, participants from Black ethnic backgrounds are less likely to say they have financial security and are more likely to say their financial responsibilities are too large, there is uncertainty about their job security, there is insufficient or no pay for travel between visits, and the number of hours worked is too low or uncertain. People from Asian ethnic backgrounds are more likely than the workforce overall to witness or experience physical violence than average from mangers or team leaders, colleagues and members of the public.

Differences between subgroups in response to the domains of CWRQoL, questions about destinations and reasons for intentions to leave, access to learning and development and experience of harassment, bullying and violence provide insights into how the actions required to tackle the challenges faced by the workforce will vary by job role, work setting or service and the individual characteristics of workers.

1 Aims and methodology

1.1 Aims of the project

The Department of Health and Social Care (DHSC) commissioned Ipsos in partnership with Skills for Care and the University of Kent to design, develop and conduct a survey of the ASC workforce to measure wellbeing and work-related quality of life (WRQoL).

With over 1.62 million jobs, the adult social care (ASC) workforce is very large and affected by a high vacancy rate, a high turnover rate, limited opportunities for career progression, minimal standardisation of training and qualifications, low pay, and low staff morale. These challenges and barriers are likely to become more pressing as the population requiring care grows. In response to these challenges, the government is investing in recruitment and retention by supporting better workforce training, recognition and career progression.

In this context, a survey of the ASC workforce's wellbeing and work-related quality of life was commissioned. The survey data will help DHSC to evaluate the impact of the policies outlined in the People at the Heart of Care: adult social care reform white paper and Next Steps to Put People at the Heart of Care, and ongoing work to support the workforce's WRQoL. In addition, the project is intended to provide rich data on demographics and specific factors related to wellbeing and WRQoL in the sector to assess equality impacts within the ASC workforce. The survey data supplements existing evidence in the Adult Social Care Workforce Dataset (ASC-WDS) and addresses some of its gaps and limitations.

This chapter provides a summary of the methodology for the development and the first wave of the survey. Full details are available in the technical report. A second wave of the survey is expected to take place in 2024.

1.2 Overview of the methodology

A phased approach was adopted to develop, design and conduct the survey. This included:

- A Rapid Evidence Review of existing measures of subjective wellbeing and WRQoL, conducted by University of Kent.
- Development and testing of a new measure of care-work related quality of life specific to the adult social care sector. This involved focus groups to test and refine the ASCOT-Workforce domains, and cognitive interviews to test key questions, with members the ASC workforce.
- Questionnaire design, led by Ipsos in close collaboration with University of Kent and Skills for Care.
- A pilot survey conducted online, led by Ipsos with dissemination of the pilot link by Skills for Care and University of Kent.
- Mainstage survey, conducted online, hosted by Ipsos with dissemination of the survey link by Skills for Care.
- Data linking with ASC-WDS, conducted by Skills for Care and Ipsos.

- Psychometric analysis of Van Laar (WRQoL) and ASCOT-Workforce (CWRQoL) measures, conducted by University of Kent.

1.3 Expert Reference Group

To inform the project, an Expert Reference Group (ERG) of senior stakeholders was formed. It comprised of members with a range of views and expertise, including:

- Charity and third-sector organisations working in ASC.
- Professional and regulatory bodies for the workforce.
- ASC workforce policy experts.
- Academics with specialist knowledge of the ASC workforce.
- Representatives of local government.
- Trade unions.
- Organisations representing care providers.

The ERG met three times, and members made a significant contribution to the project, by providing:

- Input into the approach and methodology.
- Input into the content of the questionnaire and the choice of measures of work-related quality of life and wellbeing.
- Advice on methods for disseminating the survey to the target audience, and support with dissemination efforts, to help achieve the targeted number of responses and the quotas.
- Contribution to the analysis and interpretation of the findings.

1.4 Rapid evidence review of existing measures

University of Kent undertook a rapid evidence review of the quality of the scales for measuring WRQoL identified in an international scoping review conducted prior to this project[3]. As two of the seven scales under consideration were not available in English, five were included in the review. Quality and relevance to the adult social care workforce in England was assessed using stringent international standards (the COSMIN checklist). None of the measures were developed with the social care workforce in the UK and none were suitable for use in economic evaluation. Nonetheless, taking into account these limitations, one measure stood out as being the most relevant and thoroughly tested: the work-related quality of life scale (WRQoL) (Van Laar et al., 2007, Understanding and measuring the work-related quality of life among those working in adult social care: A scoping review), designed and tested by the University of Portsmouth. The WRQoL Scale is designed to measure quality of working life and consists of 23 statements, measuring six factors: Job and Career Satisfaction, General Well-Being, Stress at

[3] Silarova, B., et al., Understanding and measuring the work-related quality of life among those working in adult social care: A scoping review. Health Soc Care Community, 2022. 30(5): p. 1637-1664.

Work, Control at Work, Home-Work Interface[4] and Working Conditions. A 24th statement "I am satisfied with the overall quality of my working life" is usually included to provide an outcome variable for measuring the reliability and validity of the items. Participants rate the extent to which they agree/disagree with each one. Originally developed to be used in healthcare in the UK, the scale has since been extensively used with various populations including healthcare workers globally and those working in adult social care in the UK.

1.5 Development of a new measure of care work-related quality of life

WRQoL is a complex concept originating in the field of industrial-organisational psychology. Most of the work conducted, and measures developed, in this area have been outside of health and social care settings and there is a lack of agreement about how it should be defined and measured (Silarova et al, 2022, Understanding and measuring the work-related quality of life among those working in adult social care: A scoping review). Therefore, the team at University of Kent also explored how the ASCOT suite of measures[5] could be extended to include a workforce quality of life measure. The ASCOT measures are designed specifically to be sensitive to the impact of social care. For the workforce, this means capturing the aspects of a person's quality of life most impacted by working in social care and taking into account the specific challenges and impact of working in the adult social care sector. The resulting measure can be described as a care work-related quality of life (CWRQoL).

This measure partly overlapped with the Van Laar WRQoL measure, but it was considered essential that the two sets of measures were asked in full during the first wave of the survey to decide which measure of WRQoL was best suited to the ASC workforce in the long-term. The decision to include both measures was made jointly with the ERG and explained to survey participants to reduce the risk of drop out.

Prior to the design of the questionnaire, Ipsos conducted three focus groups with members of the ASC workforce recruited by Skills for Care, to test and discuss the ASCOT-Workforce domains identified by University of Kent, building on their previous work with the sector.

In addition, 20 cognitive interviews were conducted by Ipsos with participants in a range of roles in adult social care. These interviews were primarily used to test the ASCOT-Workforce questions designed by University of Kent, and ensure the questions were understood as intended and the response options were appropriate.

The findings from these development activities are documented in separate analysis notes.

1.6 Questionnaire design

The survey questionnaire covered the following measures and topics:

- Screening questions to ascertain eligibility for the survey and quota information.

[4] Home-work interface factor addresses issues relating to work-life balance and the extent to which an employer is perceived to support someone's home life

[5] The Adult Social Care Outcomes Toolkit (ASCOT) is a suite of measures developed by the University of Kent to measure the 'social care-related quality of life' (SCRQoL) of people using social care services. The ASCOT suite of measures were designed to be sensitive to the impact of social care (known as Long-term Care, internationally) and have been thoroughly validated and tested, and are now used extensively in the UK and around the world to inform evidence-based policy, practice, research and evaluation.

- Van Laar measure, which is an existing robust and validated measure of WRQoL.
- The ASCOT-Workforce measure, which is a care work-related quality of life (CWRQoL) of the adult social care workforce based on ASCOT principles.
- ONS wellbeing measure.
- Number of hours contracted to work per week, paid and unpaid overtime, burnout, learning and personal development, harassment/bullying/abuse, intention to leave the workforce.
- Permission for data linking with employer data from ASC-WDS.
- Demographics. This included some questions to identify members of the workforce who have come from abroad and/or are working on a health and care visa, with the aim to look at equality issues between them and members of the workforce who are UK citizens.
- Permission for recontact for wave 2.

The final questionnaire is available in the appendix the technical report.

The survey was designed to be completed online using an open link as there is no comprehensive sample frame covering the whole of the ASC workforce in England.

1.7 Pilot

A small-scale pilot in two regions was conducted between 1 and 7 August 2023 to identify any potential issues before launching the mainstage survey. It achieved 110 responses. Analysis of the pilot data focused on:

- Fieldwork outcomes and dropouts.
- Survey length.
- Level of response for the answer options ‘Don’t know’, ‘Prefer not to say’ and ‘Other, please specify’.
- Achieved sample profile based on pre-determined quotas.
- Permission for linking survey responses with the ASC-WDS.

Overall, the analysis of the pilot outcomes was reassuring. The number and proportion of dropouts at different points in the survey did not indicate any major issues with the different sections of the survey. In addition, the pilot achieved a good demographic spread across participants and helped to identify harder to reach groups.

Based on the findings from the pilot survey, the following changes were made for the mainstage survey:

1. The introduction to the survey was reviewed to ensure that it clearly conveyed the importance of the survey to participants. This was to help minimise dropouts at the introduction stage.
2. The order of the ASCOT-Workforce and Van Laar WRQoL sections were alternated for half of the sample. This meant that half of the participants would complete the Van Laar WRQoL section

followed by ASCOT-Workforce, while the other half would complete ASCOT-Workforce followed by Van Laar WRQoL. This was to help mitigate the impact of the repetition between these two sections and to determine if one section had a higher dropout rate than the other, regardless of the order.

3. An additional message was included between the Van Laar WRQoL and ASCOT-Workforce sections to warn participants that the upcoming section would cover similar topics as the previous one and explained why this was the case.

4. Some codes were added, clarified or tweaked to help reduce the number of 'other please specify' responses that would require coding.

1.8 Survey sample and recruitment

As there is no sample frame of the adult social care workforce, the survey was designed to be carried out by using an open link. The ASC workforce was then invited to take part using invitations sent through Skills for Care networks. A dissemination plan was created by Skills for Care which detailed how the survey link would be shared with the ASC Workforce. This can be found in Chapter 1 of the technical report.

Sample quotas were set up for the survey fieldwork, using information available from ASC-WDS. These quotas were agreed with DHSC and within the consortium. Quotas were set by: job role, service type, employer type, gender, age, ethnicity, and region. Although overall the sample was designed to be representative of the ASC workforce, where specific groups in the workforce are small, quotas larger than their representation in the population were set. This was to ensure there would be sufficient cases in these sub-groups for analysis purposes. These groups included people in professional roles (social workers, occupational therapists, nurses or nursing associates working in ASC), personal assistants, people working for a day centre or providing community care, people employed by a local authority or an individual employer using direct payments, people aged under 25, and people from ethnic minority backgrounds.

Quotas were closely monitored during the survey and Skills for Care's dissemination efforts were adjusted accordingly as fieldwork progressed. Table 1.1 shows the profile of the achieved sample (unweighted) and the population profile to which the data were weighted (weighted profile) using information about the ASC workforce from the ASC-WDS. More information on the quotas set, and the weights applied is available in Chapter 2 of the technical report.

1.9 Mainstage fieldwork

The mainstage survey was launched on 17 August and closed on 20 October 2023 (9 weeks). All eligible survey responses received during this time are included in the results (7,133) together with the 110 pilot cases, resulting in a total sample size of 7,243.

This is well in excess of the initial target of 3,000 completes. DHSC decided to keep the fieldwork open for all quota groups after quickly reaching the initial target, in light of the sector's interest in the survey, the workforce's willingness to take part and to increase the size of the longitudinal sample available for wave 2.

A telephone mode was made available for those who preferred or were unable to complete the survey online. Only one response was completed by phone.

1.10 Summary sample profile

Table 1.1: The characteristics of the achieved sample cases included in analysis.

The profile of the achieved sample is outlined in the table below (the unweighted profile). This also shows the weighted profile which reflects the population profile based on the ASC-WDS 2022-23. Further information about the approach to weighting can be found in Chapter 3 of the technical report.

Please note the following points about the job role categories:

- When asked about their job roles, some participants reported that they were both registered managers and nurses/nursing associates. The information provided below and used for sub-group analysis is based on the job role participants mentioned first as we considered this to be their primary role.

- A very small number of people in the job role 'nurses and nursing associates' are allied healthcare professionals (roles which were back coded into this category during data processing).

Job Role	**Unweighted profile**	**Weighted profile**
Direct Care	58.79%	75.66%
Senior manager, director, owner, Middle manager or below but not RM, Other or multiple roles	19.92%	17.90%
Registered managers	9.39%	1.52%
Social worker	6.94%	1.44%
Occupational therapist	3.62%	1.37%
Nurse/ nursing associate	1.34%	2.11%
Job setting	**Unweighted profile**	**Weighted profile**
Residential nursing home	9.08%	16.73%
Residential care home (not nursing)	13.42%	18.49%
Day service	3.30%	2.03%
Domiciliary care	41.48%	42.47%
Community (support and outreach, LA services, reablement)	25.31%	13.96%
Other/ multiple services/ other residential/ other not in ASC-WDS (e.g. shared lives, respite, hospice, other)	7.40%	6.33%
Employer	**Unweighted profile**	**Weighted profile**
Local authority or other	31.81%	13.61%
Independent	65.31%	78.58%
Direct payments (individual employer)	2.88%	7.82%

Age	**Unweighted profile**	**Weighted profile**
Under 34	14.07%	27.59%
35-44	19.05%	20.77%
45-54	27.64%	22.31%
55 and over or unknown	39.24%	29.33%
Gender	**Unweighted profile**	**Weighted profile**
Female	81.90%	79.79%
Male	16.09%	18.47%
Other or unknown	2.00%	1.74%
Ethnicity	**Unweighted profile**	**Weighted profile**
White	78.93%	72.62%
Other Ethnicity or unknown	21.07%	27.38%
Region	**Unweighted profile**	**Weighted profile**
Eastern	6.15%	10.66%
East Midlands	10.45%	9.45%
London	6.01%	13.83%
North East	8.83%	5.31%
North West	12.57%	14.14%
South East	21.51%	15.62%
South West	13.34%	10.62%
West Midlands	8.28%	10.64%
Yorkshire and the Humber	12.84%	9.72%
Base	**7,233**	**7,233**

The base in this table is 7,233 as 10 cases were excluded from the analysis dataset because they worked in children's social care.

Table 1.2: Further demographic information included in the sample.

Sexual orientation	**Unweighted profile**	**Weighted profile**
Straight/Heterosexual	86.9%	86%
Gay or lesbian	4%	4%
Bisexual	3.1%	4%
Other sexual orientation	0.7%	1%
I would prefer not to say	5.3%	5%
Marital status	**Unweighted profile**	**Weighted profile**
Single, that is, never married and never registered in a civil partnership	16.2%	22%
Married	44.7%	41%
In a registered civil partnership	1%	1%
Cohabiting with a partner but not married or in a civil partnership	16.4%	17%
Separated, but still legally married	3.2%	3%
Separated, but still legally in a civil partnership	*	*
Divorced	11.4%	9%
Formerly in a civil partnership which is now legally dissolved	*	*
Widowed	2.7%	2%
Surviving partner from a civil partnership	*	*
Prefer not to say	4.2%	4%
Disability	**Unweighted profile**	**Weighted profile**
Yes	33.7%	33%
No	60.9%	61%
I would prefer not to say	5.3%	5%

Children or young people under 18 in the household	Unweighted profile	Weighted profile
No children under 18 in household	68.9%	66%
Yes child(ren) aged 0-4	7.2%	10%
Yes child(ren) aged 5-10	11.1%	13%
Yes child(ren) aged 11-14	11.3%	12%
Yes child(ren) aged 15-17	9.9%	9%
Prefer not to say	2.2%	2%
Unpaid care	**Unweighted profile**	**Weighted profile**
No	59.9%	62%
Yes, 9 hours a week or less	17.1%	15%
Yes, 10 to 19 hours a week	7.5%	7%
Yes 20 to 34 hours a week	4.4%	4%
Yes, 35 to 49 hours a week	2.8%	4%
Yes, 50 or more hours a week	3.8%	4%
Don’t know	1%	2%
Prefer not to say	3.4%	4%
Level of education	**Unweighted profile**	**Weighted profile**
Degree level or above, SVQ Level 5	38.9%	30%
Other Higher Education below degree level, SVQ Level 4	9%	8%
A levels, NVQ level 3 and equivalents	19.9%	24%
GCSE/O level grade A*-C or equivalents	13.7%	16%
Qualifications at level 1 and below	5.2%	6%
Another type of qualification	5.5%	6%
No qualification	2.3%	3%
Prefer not to say	5.4%	6%
Base	**7,233**	**7,233**

1.11 Data analysis and data linkage

The final data from the mainstage and pilot were checked. Ten cases were removed from the final data as their responses showed that they worked in children's rather than adult social care. This resulted in a dataset for analysis of 7,233 cases.

The final data were weighted using information on the profile of the ASC workforce from ASC-WDS data from October 2023, to ensure that the results are representative of the entire ASC workforce, rather than just the achieved sample. Table 1.1 shows the profile of the achieved sample by key characteristics and the profile after weighting for all the factors used in weighting. More details about the weighting approach can be found Chapter 3 of the technical report.

During the survey participants were asked for permission to link their survey responses with data about their employer from the ASC-WDS. This allows important information relevant for work related quality of life, such as staff turnover and training opportunities to be included in analysis. Participants who agreed were asked to provide the details of their workplace which was used to look up the Care Quality Commission (CQC) location ID (where available). The employer and CQC ID information was shared with Skills for Care (without other identifying or survey information) and Skills for Care used this to identify their establishment in ACS-WDS and shared this with Ipsos who matched information about the employer onto the survey data (removing the establishment identifier).

Of the 7,233 participants included in the final dataset, 1,077 were successfully matched with data about their workplace from the ASC-WDS. The reasons for lack of a match included permission not being given for linkage (3,619), the necessary information for matching not being provided (965) or a match not being possible with the information provided because the information provided was insufficient or the workplace was not in the ASC-WDS (1,572). The profile of those for whom there was a match (1,077) was broadly consistent with the overall profile of the sample (more detail is provided in the technical report). For individual measures within the ASC-WDS data, information for analysis was less than 1,077 owing to missing values in the ASC-WDS and filtering rules on the ASC-WDS data. Analysis was carried out to explore the links between overall CWRQOL (ASCOT-Workforce) and turnover (overall and for direct care workers), workforce size and vacancy rate. This showed no significant associations. Analysis by whether or not training was compulsory showed some associations but because of the relatively low level of matching, more analysis is needed to investigate the quality of matched data. Therefore, analysis of linked ASC-WDS data is not included in this report.

1.12 Psychometric testing

Since this is the first time that the new ASCOT-Workforce measure has been used and the survey included another WRQoL scale and wellbeing questions, University of Kent have carried out analysis of ASCOT-Workforce's psychometric properties. This included evaluation of:

- Structural validity using exploratory factor analysis (EFA): This was conducted separately on the sample by role/context sub-group to explore whether and how the 13 ASCOT-Workforce items form a scale or measure.

- Internal consistency using Cronbach's alpha:[6] This analysis evaluated the internal agreement between the items within a measure. An alpha of ≥.70 was taken to be acceptable.

- Construct validity using hypothesis testing: Construct validity is an evaluation of whether a measure measures what we expect it to measure. With ASCOT-Workforce, we expect it to measure care work-related quality of life (that is, work-related quality of life experienced by the adult social care workforce). We assessed construct validity of the ASCOT-Workforce by convergent validity. This refers to whether a measure is associated to other measures of the same construct or similar constructs as we would expect it to. Hypotheses are articulated in advance and then tested by correlation analysis. Acceptable construct validity is accepted if >75% of hypothesised associations are observed. As there is no existing measure of CWRQoL, we considered the association between ASCOT-Workforce and measures of similar constructs: (1) work-related quality of life (WRQoL) (Van Laar et al, 2007) and (2) ONS wellbeing items of life satisfaction, feeling life is worthwhile, happiness and anxiety.

In summary, ASCOT-Workforce (13 items) was found to have good psychometric properties. It has a single factor structure as a measure of CWRQoL and acceptable internal consistency and construct validity.

The details of these analyses are outlined in the technical report.

1.13 Interpretation of the findings

The report comments on differences in the data between different sub-groups within the total sample surveyed, for example, differences in views between registered managers, care workers and social workers. Only differences which are large enough to be statistically significant at the 95% confidence interval are commented on in this report. In addition to being statistically significant, only sub-group differences which are interesting and relevant to the question being analysed are commented. A guide to statistical reliability is provided in the technical report. It should be noted that the report contains only descriptive overall and bivariate analysis by individual characteristics such as job role, ethnicity etc, which may be related. Multivariate analysis is beyond the scope of this report. However, initial exploratory multivariate analysis has been carried out as part of quality assurance processes which demonstrate that the relationship between overall CWRQoL and job role, ethnicity and intention to leave remains even when controlling for these factors as well as age and gender. This report provides an overview of the main relationships without controlling for other characteristics and care should be taken to avoid assuming causation. The data from this survey provides rich potential for future multivariate analysis to explore the factors affecting CWRQoL in more depth and how different factors may interact.

Survey participants were permitted to give a 'don't know' or 'prefer not to say' answer to most of the questions. In line with the other ASCOT-Workforce measures and the standard Van Laar WRQoL scale, don't know and prefer not to say were not offered for those questions. On questions about experiences of physical violence, harassment and bullying where 'don't know' or 'prefer not to say' were offered these responses were excluded from the analysis. For other questions these responses are referred to in the report where they form a substantial proportion of participants or are meaningful as responses.

[6] Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. Psychometrika, 16, 297–334.

Where percentages do not sum to 100, this is due to computer rounding, the exclusion of 'don't know' or 'prefer not to say' categories, or participants being able to give multiple answers to the same question. Throughout the report asterisk (*) denotes any value of less than half of one per cent but greater than 0%. In all charts, the base sizes included relate to the unweighted data.

A note on terminology:

- Independent employer includes those working for private and not-for-profit care providers, independent employers and those who are self-employed.
- Individual employers are those employing personal assistants, often but not always funded by a direct payment. This category mainly but not only includes personal assistants.

1.14 Acknowledgement

Ipsos, Skills for Care and University of Kent would like to thank all those in the adult social care workforce who participated in the survey, focus groups or cognitive testing interviews and shared their views with us. Members of the Expert Reference Group (ERG) have given valuable input by sharing their views with us, helping to shape and guide the research, and disseminating the survey link through their networks and contacts. This includes:

- Methodist Homes (MHA).
- National Care Forum.
- British Association of Social Workers.
- The Care Workers Charity.
- Registered Nursing Home Association.
- Think Local Act Personal.
- Manchester Metropolitan University.
- Unison.
- Community Catalysts.
- Homecare Association.
- Care England.

Finally, we would also like to thank DHSC for their help and guidance throughout the research.

2 Overall wellbeing

The chapter explores the overall wellbeing of the ASC workforce, using measures of life satisfaction, feelings of happiness and anxiety, and how worthwhile they feel the things they do in life are. The questions were taken from the UK Measures of National Wellbeing provided by ONS. These are harmonised standards for measuring personal wellbeing, and therefore are used in many surveys across the UK. It is worth noting that questions on personal wellbeing were asked after the questions on work-related quality of life (Van Laar and ASCOT-Workforce), and the answer codes chosen by participants may have been influenced by these earlier questions.

Key Findings

- The overall wellbeing of the ASC workforce is mixed. While two in five (41%) rate their life satisfaction as high or very high, a quarter (26%) of the adult social care workforce rate their life satisfaction as low.
- Ratings of happiness are equally mixed, with just under half of the ASC workforce (45%) rating their happiness as high or very high, while just over one in four (28%) rate their happiness as low.
- Over half of the workforce (52%) provide a high or very high rating when asked If they feel the things they do in their life are worthwhile, whereas one in five (18%) provided a low rating.
- Anxiety is very common within the ASC workforce, with two in five people (42%) rating their anxiety as high when asked to consider how anxious they felt the day before the survey.
- Groups of the ASC workforce who are more likely to report better wellbeing include registered managers; personal assistants; occupational therapists; people employed by local authorities, and those working in a home care service.
- Ratings of wellbeing are also related to age, number of hours contracted to work and household income. People aged over 55, those who worked 1-20 hours per week and those who live in household with an income over £52,000 consistently report higher mean score across the ONS wellbeing measures.

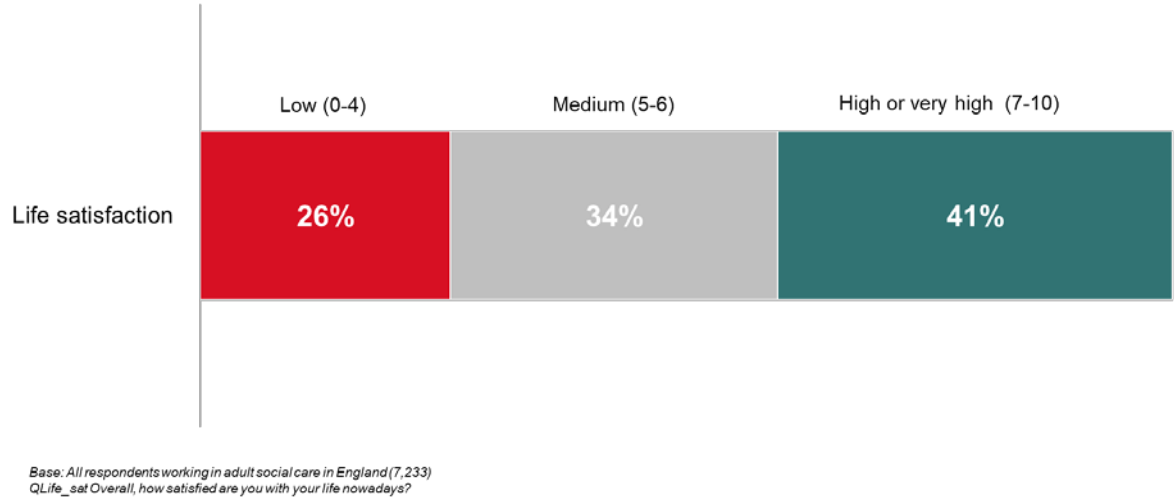
2.1 Satisfaction with life

2.1.1 Overall

A quarter of the Adult Social Care workforce rate their life satisfaction as low.

Participants were asked to rate their satisfaction with their life nowadays on a scale of 0 to 10, with 0 representing not at all satisfied and 10 completely satisfied. Based on the response from each participant a mean score was calculated. Across all participants the mean score for satisfaction with life is 5.74. A quarter (26%) of the ASC workforce rate their life satisfaction as low (i.e., giving it a score of 4 or below) and 41% rate it as high or very high (scores of 7 or above). This is in line with the results for Van Laar statement ‘I am satisfied with my life’ reported in chapter 4, where just under a quarter of the workforce (23%) disagree with the statement and 44% agree.

Figure 1: Overall life satisfaction, on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".



Base: All respondents working in adult social care in England (7,233)
QLife_sat Overall, how satisfied are you with your life nowadays?

2.1.2 Sub-group differences

A number of sub-group differences can be observed, with the most notable relating to job role, type of employer, number of hours contracted to work, household income and age.

Looking at job roles, registered managers (mean score of 6.14), personal assistants (6.42), occupational therapists (6.53), people in managerial position with no direct care responsibilities (6.32), and social workers (5.99), all report a higher than average mean score for life satisfaction. Life satisfaction is significantly lower than average among care workers and assistant care workers (5.52, with 29% rating their life satisfaction as low).

People employed by a local authority or by an individual employer also report higher life satisfaction (mean score of 6.21 and 6.34 respectively) when compared with the whole ASC workforce, and also when compared with people working for the independent sector (5.6). Related to this, life satisfaction is lower than average among people working in residential care (5.42) compared with people working in home care services (6.01) or across multiple services (6.26).

People contracted to work 36 hours or more per week have the lowest mean score for life satisfaction (5.53) when compared with people on a zero-hour contact (5.95), those contracted to work 1 to 20 hours (6.33) and those contracted to work 21 to 35 hours (5.77).

Differences by household income partly reflect some of the above differences: life satisfaction is higher than average among people reporting an annual household income of £52,000 or more (6.43 for a household income of £52,000 to £99,999), or lower than average among those reporting a household income of up to £25,999 (5.27).

Life satisfaction is higher among people aged 55 and over (6.09), compared with younger members of the workforce (5.38 for people aged under 35, 5.61 for those aged 35 to 44 and 5.82 for those aged 45 to 54).

2.2 Feeling things they do in life are worthwhile

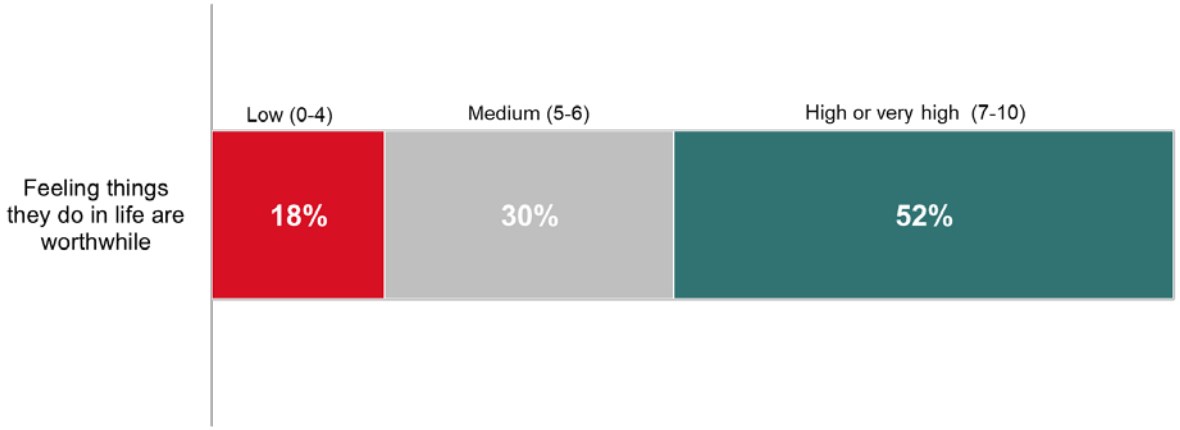
2.2.1 Overall

Over half of the ASC workforce (52%) provide a high or very high rating when asked if they feel the things they do in their life are worthwhile.

Participants in the survey were asked to what extent they felt the things they do in their life are worthwhile on a scale of 0-10, with 0 representing 'Not at all' and 10 representing 'Completely'.

The mean score for all participants is 6.42, which indicates that generally members of the workforce feel they have worthwhile things in their life. However, the findings are spread out: just under one in five (18%) rate how worthwhile they feel the things they do in life are as low (defined by a score of 0 to 4), whereas just over half (52%) choose a high score (7 to 10, including 18% providing ratings or 9 or 10) which suggests a high level of worthwhile things in their life.

Figure 2: To what extent participants feel that the things they do in their life are worthwhile, on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".



Base: All respondents working in adult social care in England (7,233)
QLife_worth Overall, to what extent do you feel that the things you do in your life are worthwhile?

2.2.2 Sub-group differences

Important sub-group differences can be observed in relation to job role, type of employer and services, number of hours contracted to work, and age.

Looking across the different job roles in the adult social care workforce, higher mean scores for doing things in their life that are worthwhile can be observed among occupational therapists (7.14), and registered managers (6.79), and personal assistants (7.07) – these are higher than every other job role in ASC. The lowest mean scores are observed among nurses and nursing associates (6.17), senior care workers (6.19), and care workers and assistants care workers (6.27).

Participants working in homecare services (6.75), and those working in other/multiple care services (6.68) report higher mean scores than the overall workforce (6.42) and people working in residential care (6.13).

Participants employed by a local authority (6.74) or by an individual employer (7.13) also report a higher mean score compared to the overall workforce (6.42) and compared with those working in the independent sector (i.e., employed by a private or not for profit care provider, a staffing agency or self-employed) (6.3).

Participants who work with older people with (6.34) and without (6.33) dementia report a higher mean score than participants who work with people aged 18 to 64 with mental health conditions (6.06).

Participants contracted to work 1 to 20 hours per week (6.92) report a higher mean score than the overall workforce, while those contracted to work 36 hours or more report a lower than average mean score (6.22).

Mean scores increase with age, with members of the adult social care workforce aged over 55 reporting the highest mean score (6.86) and those aged under 25 the lowest (5.68).

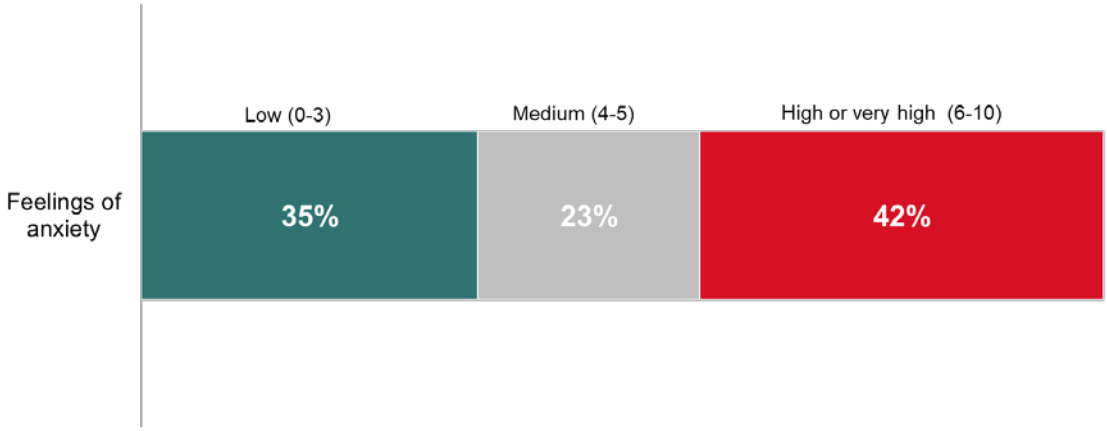
2.3 Feelings of anxiety

2.3.1 Overall

Over two in five people in the adult social care workforce (42%) rate their anxiety as high when asked to consider the day before they completed the survey.

Asked how anxious they felt the day before completing the survey, on a scale of 0 to 10 where 0 is not at all anxious and 10 is completely anxious, the mean score is 4.78, with 42% of the workforce rating their anxiety as high (scores of 6 to 10 out of 10). In line with this, 44% of the adult social care workforce agree with the statement 'Recently, I have been feeling unhappy and depressed' (Van Laar measure).

Figure 3: Overall, how anxious participants felt yesterday on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".



Base: All respondents working in adult social care in England (7,233)
QLife_anx Overall, how anxious did you feel yesterday?

2.3.2 Sub-group differences

Sub-group differences are similar to those observed for the other wellbeing measures.

Looking at job roles, the lowest levels of anxiety are reported by personal assistants (4.21). Their mean score for anxiety is significantly lower than care workers and assistant care workers (4.86), support and outreach workers (4.83), occupational therapists (4.85), and social workers (5.08), registered managers (4.81), and people in deputy or other manager roles, team leaders or supervisors (4.94). Some of these differences are in line with analysis conducted by ONS in 2013, which showed that people in higher managerial and professional occupations give higher scores for 'anxious yesterday' levels on average than those in lower supervisory and technical occupations.

Ratings of anxiety differ by the service they work in: they are higher among people working in residential care (mean score of 4.95) than among those working in home care (4.5) or day care (4.34).

Ratings of anxiety are also related to the number of contracted hours: it is highest among people working 36 hours or more per week (4.94), in comparison with people on a zero-hour contract, those contracted to work 1 to 20 hours or 21 to 35 hours per week, who all report lower levels of anxiety (4.39, 4.54 and 4.69 respectively).

Mean scores for anxiety reduce with age (5.25 for people aged under 35, 4.95 for people aged 35 to 44, and 4.32 among people aged 55 and over) and decrease as household income increases (mean score of 5.01 for people with a household income of up to £25,999 compared with 4.87 for household income of £26,000 to £51,999, 4.55 for £52,000 to £99,999 and 4.22 for £100,000 and over).

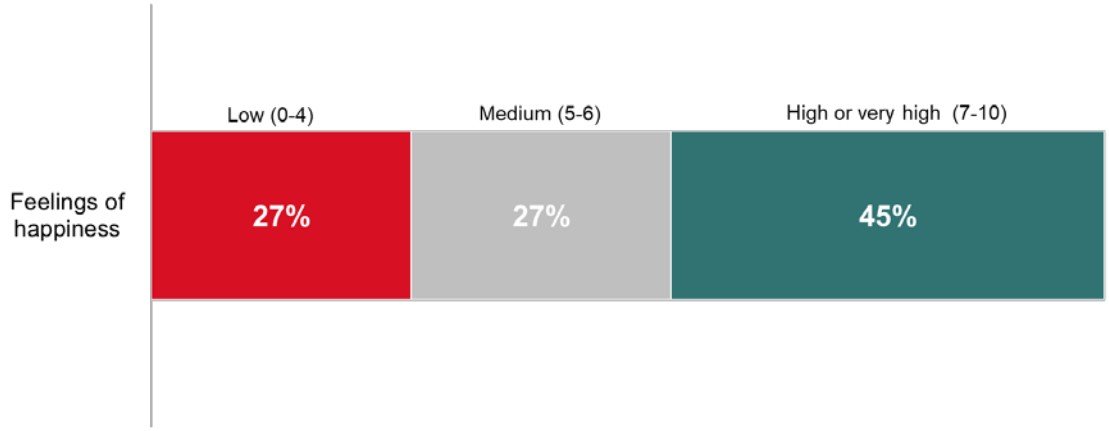
2.4 Feelings of happiness

2.4.1 Overall

Overall, ratings of happiness yesterday are mixed.

Participants were asked, overall, how happy they felt yesterday on a scale of 0-10, with 0 representing 'Not at all' and 10 representing 'Completely'. Across the adult social care workforce, the mean score for feeling happy yesterday is 5.9. Just under half (45%) of the workforce rate their happiness as high (scores of 7 to 10) when thinking of the day prior to their completion of the survey, while just over one in four (27%) rate it as low (scores of 0 to 4).

Figure 4: Overall, how happy participants felt yesterday on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".



Base: All respondents working in adult social care in England (7,233)
QLife_hap Overall, how happy did you feel yesterday?

As outlined in chapter 4, participants were also asked to what extent they agreed with the statement 'Recently I have been feeling reasonably happy all things considered'. Responses provided at this question are equally polarised, with a similar proportion of the ASC workforce agreeing and disagreeing with the statement (41% and 26% respectively).

2.4.2 Sub-group differences

Sub-group differences are consistent with those observed for other measures of personal wellbeing.

Those working in particular job roles report higher levels of happiness compared to the overall mean score of 5.9. This includes personal assistants (6.6), occupational therapists (6.46), registered managers (6.15), and people in other managerial roles in adult social care with no direct care responsibilities (6.37). These differences by job roles are consistent with the differences observed on the Van Laar measure 'Recently I have been feeling reasonably happy all things considered'.

Feelings of happiness also vary depending on the type of adult social care services participants are working in. Participants working in home care services (6.26), and other/multiple adult social care services (6.16) report higher mean scores for feelings of happiness than the overall workforce. Participants employed by local authorities (6.23), also report higher levels of happiness.

Reported happiness also varied by level of household income, with the mean score on happiness increasing with annual household income (5.47 for those on a household income of £25,999 or less, and 5.88 for those with a household income of £26,000 to £51,999 and 6.4 for participants with a household income of £52,000-£99,999 and 6.42 for those with a household income of over £100,000).

Differences by number of hours contracted to work and age are in line with those previously observed. People working 1 to 20 hours per week reporting the highest mean score (6.55) and those contracted to work 36 hours or more the lowest (5.67). Mean score for ratings of happiness increases with age (from 5.52, 5.72 and 6.02 respectively for those aged under 35, between 35 and 44 or between 45 and 54, to 6.29 for those aged 55 or over).

2.5 Comparisons with other data

The overall mean scores on the four wellbeing measures observed in the survey differ from those in the general population published by the Office for National Statistics (ONS).[7] Scores are lower in this survey than in the general population for life satisfaction (5.74 v 7.45), how worthwhile things they do are (6.42 v 7.73), happiness (5.9 v 7.39), and higher for anxiety (4.78 v 3.23). This may partly reflect the location of the questions after detailed questions asking them to reflect on their work-related quality of life. However, sub-group differences are in line with those found in the general population with scores generally improving with age up to early middle age. The ONS figures also show that those in semi-routine occupations (which is the category for care workers) have lower scores than those in lower managerial, administrative or professional occupations (category for registered professionals) for life satisfaction (7.28 v 7.69), how worthwhile (7.69 v 7.90), happiness (7.28 v 7.49) and higher scores for anxiety (3.38 v 3.20).

Of the personal characteristics examined in the ONS analysis, age is most strongly related to life satisfaction. Previous research has shown the relationship between age and life satisfaction to be S-shaped (Measuring National Well-being - Office for National Statistics). That is, life satisfaction is higher on average for younger adults, dropping to its lowest point when people are in their 40s, rising again as people near retirement age, and falling again as people enter their 80s. This is important as 46% of the weighted sample are aged 45 to 64, and a further 21% are aged 35 to 44. It is therefore possible that some of the low mean scores observed for personal wellbeing among the ASC workforce could reflect the age variations in personal wellbeing observed among the general public.

[7] General population data from the Annual Population Survey April 2022 to March 2023. Office for National Statistics.

3 Work-related quality of life

This chapter provides an overview of work-related quality of life across the adult social care workforce. The first section (3.1) outlines the findings from the Van Laar measure of work-related quality of life by looking at the six combined factors which make up the Van Laar measure. The chapter then outlines the overall findings from the ASCOT-Workforce domains based on the ASCOT-Workforce scoring (section 3.2) before going on to detail participant responses to the thirteen questions included in ASCOT-Workforce measure. The differences between the two sets of measures and the rationale for including both of them in the survey are explained in sections 1.4 and 1.11.

Key Findings

- The six factors included in the Van Laar measure show moderate levels of work-related quality of life among the ASC workforce. The ASC workforce has a lower mean score than UK NHS norms for three factors: General Wellbeing (GWB), Control at Work (CAW), and Stress at Work (SAW), The mean score is fairly similar for factors: Home-Work Interface (HWI) and Job and Career Satisfaction (JCS). The ASC workforce report a higher mean score compared to UK NHS norms for Working Conditions (WCS). These comparisons are indicative only as NHS norms date back from 2003 and are based on two NHS Trusts in the South East of England.

- Overall, personal assistants, registered managers and occupational therapists have a higher mean score across the six Van Laar factors indicating a higher level of work-related quality of life when compared with the ASC workforce as a whole.

- Looking at the findings from the ASCOT-Workforce measure, there is also a clear pattern of personal assistants, registered managers, occupational therapists and those working in home care having better care work-related quality of life across the ASCOT-Workforce domains than the workforce average. Social workers, nurses or nursing associates, and care workers tend to report more negative responses across the ASCOT-Workforce domains.

- Across the workforce seven in ten (69%) say they are able to make a difference in people's lives and most (86%) say they have a good relationship with the people they care for.

- Around two thirds (65%) say they have freedom and independence to make decisions and carry out tasks as part of their day-to-day work. Just over half (52%) say they have the time they need or adequate time to do their job well, and a slightly lower proportion (48%) say they do not.

- Over half (52%) say they worry about work outside of working hours. Reported levels of worry are highest for registered managers and social workers. A similar proportion (54%) say they are not able to look after themselves at work.

- Most of the ASC workforce (80%) feel safe at work and over eight in ten (83%) say they have good relationships with their colleagues and the people they work with.

- Around two thirds (64%) of the ASC workforce feel supported in their role. Most (89%) feel they have the skills and knowledge they need to do their job well and almost three in five (59%) say they have opportunities to develop in their role.

- Almost seven in ten (68%) state they do not have financial security. Most (76%) of the ASC workforce feel the cost of living is too high and two thirds (64%) say their hourly pay rate is too low.

3.1 Van Laar work related quality of life (WRQoL)

The Van Laar WRQoL scale consists of six factors (aspects of WRQoL) that contribute to an individual's overall work-related quality of life. It is based on participants' responses to 23 question statements. Participants are asked to answer each question on a 5-point scale with 1 representing 'strongly disagree' and 5 representing 'strongly agree'. The findings across the six factors are described below and include:

General Wellbeing (GWB), Home-Work Interface (HWB)[8], Job and Career satisfaction (JCS), Control at Work (CAW), Working Conditions (WCS), Stress at Work (SAW). The list of agree/disagree statements included in each individual factor are provided in Chapter 6 of the technical report. A high average score (on a scale of 1 to 5) indicates a good WRQoL for the factor it relates to.

Comparisons with the latest NHS Workforce Van Laar scores

Throughout this section the mean scores from the survey are compared with the NHS UK norm scores[9] provided by Easton and Van Laar in 2018, using data from a 2003 survey with 953 healthcare workers (Van Laar, D.L., Edwards, J., & Easton, S. (2007). The Work-Related Quality of Life (WRQoL) Scale for Healthcare Workers. Journal of Advanced Nursing 60(3) 325-333). These norm scores have not been updated since 2003 so they do not take into account the impact of the austerity and of the COVID-19 pandemic, whose consequences have affected the wellbeing of the population as a whole and the working circumstances of the health and social care workforce. In addition, the 2003 survey that was used to generate the NHS UK norm scores only covered two NHS Trusts in the South East of England. Comparisons with the NHS UK norm scores are therefore indicative only.

3.1.1 Overall WRQoL score

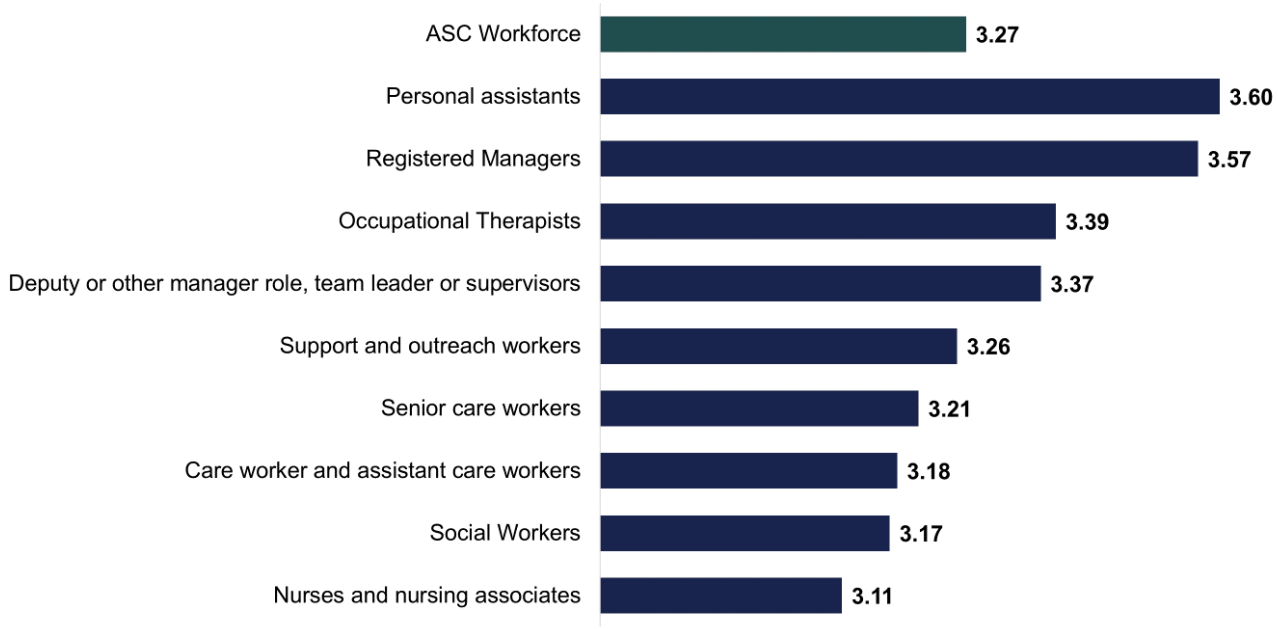
The six factors listed above and described in more details later in this chapter can be combined into one overall WRQoL score. The overall WRQoL mean score is 3.27 for the ASC workforce. This is lower than the NHS UK norm in 2003 (3.44).

The same sub-groups stand out as for analysis of individual factors. There is a relationship between job role and the Van Laar overall WRQoL score with personal assistants (3.6) and registered managers (3.57) having the highest overall scores and nurses and nursing associates (3.11) and social workers (3.17) having the lowest overall scores.

[8] Home-work interface factor addresses issues relating to work-life balance and the extent to which an employer is perceived to support someone's home life

[9] See table 7-2 in Easton, S. and Van Laar, D. (2018). User manual of the Work-Related Quality of Life Scale. Portsmouth: University of Portsmouth. 2nd Ed. ISBN: 9781861376633.

Figure 3.1: Van Laar General overall score by job role



Base: All respondents working in adult social care in England (7,233, bases for individual categories range from 97 to 1,998)
Van Laar: Overall WRQoL by job role (Which of the following adult social care roles best describes the role you currently work in?)

There are also differences by type of service and time in role with people working in home care services (3.49) and people who have been in their role for up to six months (3.55) having higher overall WRQoL scores. There are ethnic differences with people of Asian ethnic background (3.41) having the highest overall WRQoL score.

The table below summarises the overall WRQoL score and the average across the six factors included in the Van Laar measure for the ASC workforce.

Table 1.3: WRQoL score summary table for the ASC workforce

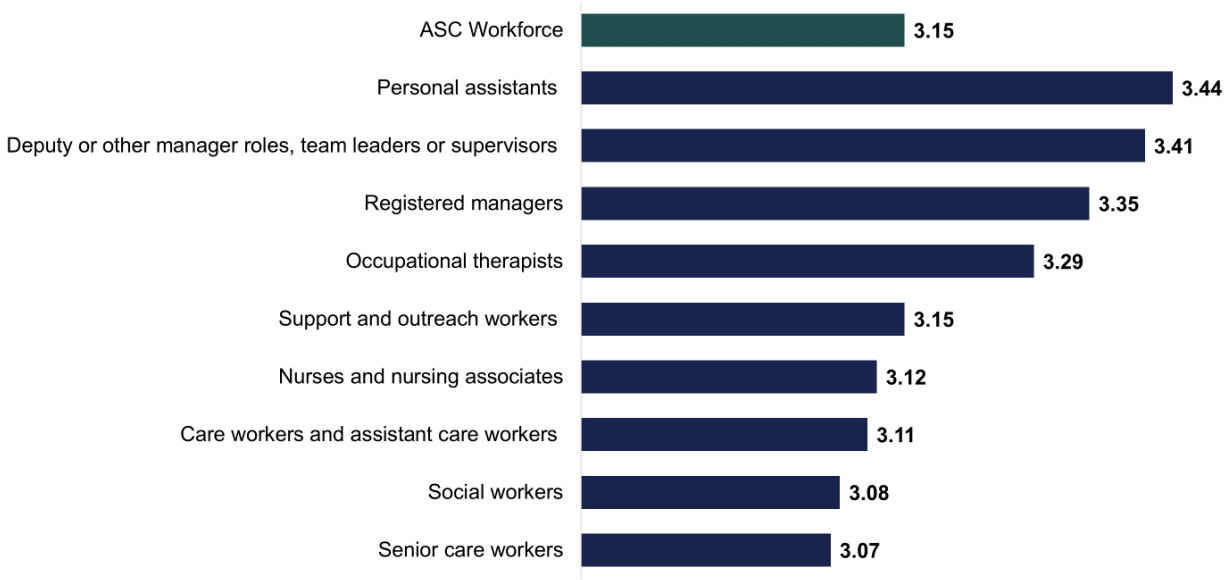
WRQoL Factor	Score
Overall	3.27
General Wellbeing (GWB)	3.15
Home-Work Interface (HWI)	3.41
Job and Career Satisfaction (JCS)	3.55
Control at Work (CAW)	3.16
Working Conditions (WCS)	3.53
Stress at Work (SAW)	2.36

3.1.2 General Wellbeing (GWB)

The general wellbeing (GWB) factor assesses a participant's general feeling of happiness and life satisfaction, it is based on six questions related to psychological wellbeing and physical health. It recognises that both psychological wellbeing and physical health can affect a participant's work performance, either positively or negatively.

Overall, the average score for the GWB factor was 3.15, indicating a moderate level of wellbeing across the ASC workforce. This is lower than the mean for NHS staff in 2003 (3.62).

Figure 3.2: Van Laar General Wellbeing (GWB)



Base: All respondents working in adult social care in England (7,233, bases for individual categories range from 97 to 1,998)
Van Laar: General Wellbeing factor by job role (Which of the following adult social care roles best describes the role you currently work in?)

Looking at job roles, personal assistants, registered managers and occupational therapists report higher general wellbeing compared with the overall workforce (3.44, 3.34 and 3.29 respectively vs 3.15), and also compared with social workers (3.08), and people in other direct care roles i.e., care workers or assistant care workers (3.11), senior care workers (3.07), and support and outreach workers (3.15).

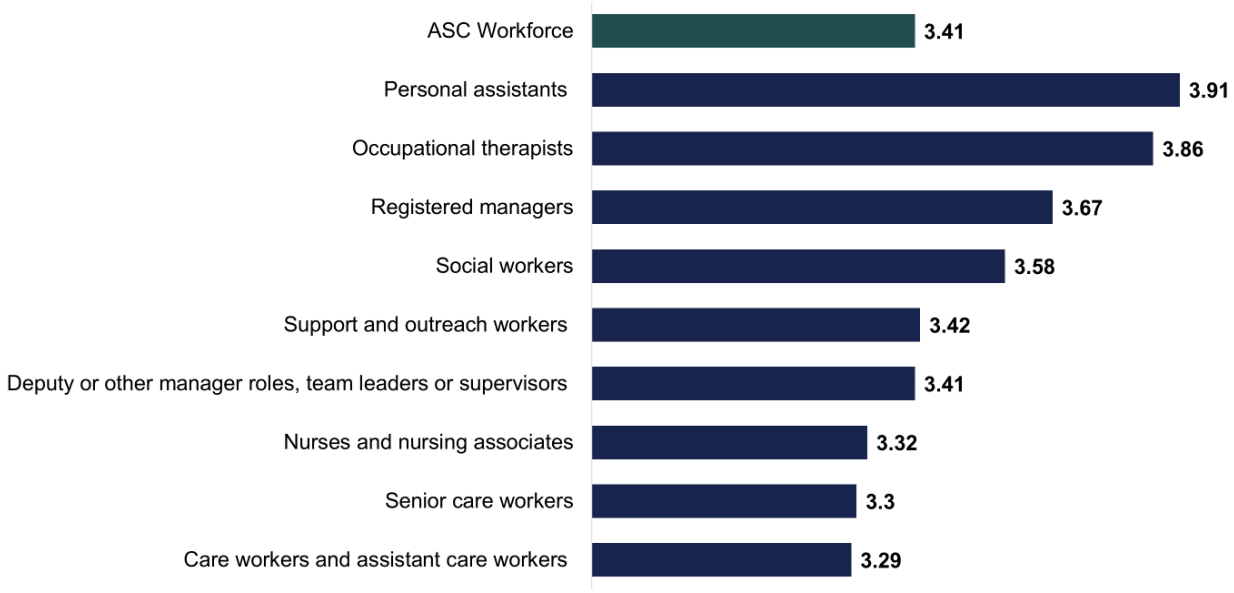
The average score for GWB is higher among participants working in home care (3.35) compared with any other service types reported on, in particular care homes (3.01). Other sub-groups who reported higher general wellbeing compared to the overall workforce include:

- Participants working 1-20 hours per week (3.42).
- Participants aged 55 and over (3.21).
- Participants from Black ethnic backgrounds (3.26).
- Participants from Asian ethnic backgrounds (3.37).
- People living in a household with an annual income of at least £52,000 (3.33 for £52,000 to £99,999 and 3.37 for £100,000 and above).

3.1.3 Home-Work Interface (HWI)

The Home-Work Interface (HWI) factor focuses on work-life balance and an employer's offer of support. It acknowledges the importance of balancing demands from both home and work and highlights the extent to which the employer is perceived to support employees' family and home life. The ASC workforce has a mean score of 3.41 for the Home-Work Interface factor. This is similar to the mean score for NHS staff in 2003 (3.48).

Figure 3.3: Van Laar Home-Work Interface (HWI)



Base: All respondents working in adult social care in England (7,233, bases for individual categories range from 97 to 1,998)
Van Laar: Home-Work Interface factor by job role (Which of the following adult social care roles best describes the role you currently work in?)

Differences by job roles are broadly consistent with those observed for the general wellbeing factor. Job roles recording a high HWI score include personal assistants (3.91), occupational therapists (3.86) registered managers (3.67), and social workers (3.58) – their scores are higher than the workforce average (3.41) and also higher than the mean HWI scores for nurses and nursing associates (3.32), care workers (3.29), senior care workers (3.3) and support and outreach workers (3.42).

Differences by type of services are consistent with those previously observed, with people working in home care reporting a higher HWI score (3.59) than people working in care homes overall (3.24). Those employed by an individual employer (3.82) had a significantly higher score than those working for a local authority (3.58, still higher than the average of 3.41) or independent employers (which includes private or not for profit care providers) (3.34).

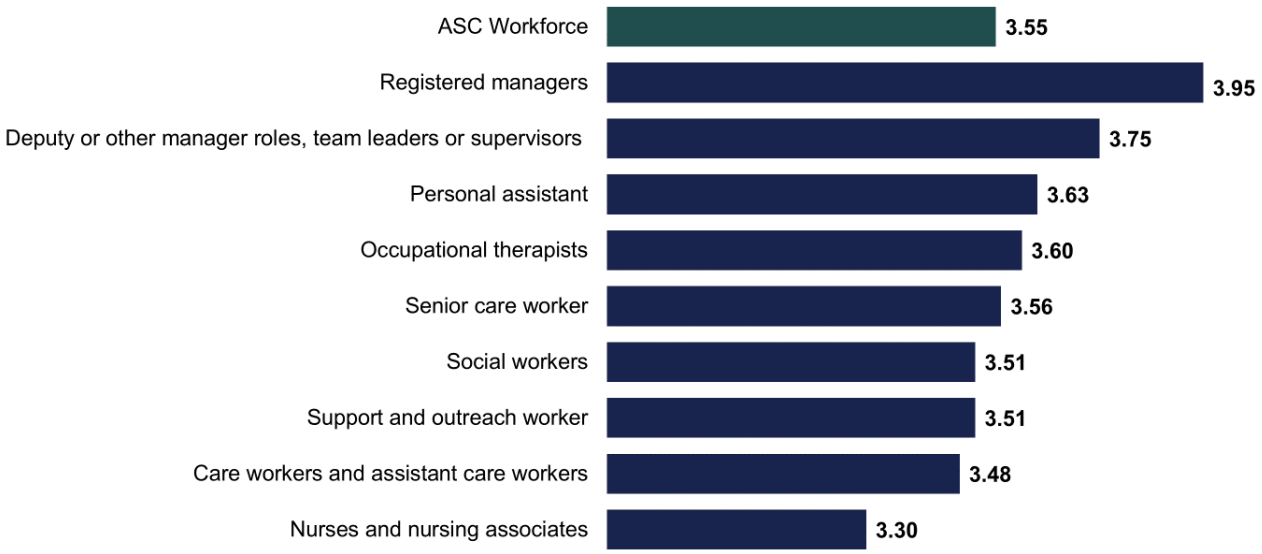
Other sub-groups who reported a higher HWI score than average include:

- Participants who had been employed in their current role for up to six months (3.61).
- Participants who are working 1-20 hours per week (3.81).
- Participants not working on a health and care visa (3.57).

3.1.4 Job and Career Satisfaction (JCS)

The Job and Career Satisfaction (JCS) factor is designed to measure the extent to which participants feel their workplace offers a sense of achievement, high self-esteem, and the fulfilment of their potential. The JCS factor focuses on the positive aspects of work that contribute to an individual's overall wellbeing, including a sense of accomplishment and personal growth. The average score amongst ASC workers was 3.55, which is the highest score of the six factors. Again, this is similar to the mean score for NHS staff in 2003 (3.50).

Figure 3.4: Van Laar Job and Career Satisfaction (JCS)



Base: All respondents working in adult social care in England (7,233, bases for individual categories range from 97 to 1,998)
Van Larr: Job and Career Satisfaction factor by job role ((Which of the following adult social care roles best describes the role you currently work in?)

Two job roles report a lower than average JCS score: care workers and assistant care workers (3.48), and nurses and nursing associates (3.30). In contrast, the mean JCS score is higher than average among registered managers (3.95) and people working as 'deputy or other manager role, team leader or supervisor' (3.75).

Corresponding to the findings for the general wellbeing and HWI factors, JCS scores were higher among staff working in home care services (3.72) compared with the overall ASC workforce (3.55) and with those working in care homes (3.42).

Other groups reporting a higher than average JCS score include:

- People who have been in their role for up to six months (3.88).
- People contracted to work 1 to 20 hours per week (3.69).
- People from Asian (3.69) or Black (3.67) ethnic backgrounds.

3.1.5 Control at Work (CAW)

The concept of Control at Work (CAW) refers to an employee's perception of their ability to exercise an appropriate level of control within their work environment. This perception of control is linked to various aspects of work, including the opportunity to contribute to decision-making processes that affect them. Overall, the ASC workforce reported a moderate level of control at work (CAW), with a mean score of 3.16. This is lower than the mean score for NHS staff in 2003 (3.43).

Figure 3.5: Van Laar Control at Work (CAW)

Base: All respondents working in adult social care in England (7,233, bases for individual categories range from 97 to 1,998)
Van Larr: Control at work factor by job role ((Which of the following adult social care roles best describes the role you currently work in?)

Differences by job roles are consistent with those previously observed**.** Job roles with a lower than average CAW score are care workers and assistant care workers (2.95), social workers (3.02), and support and outreach workers (3.08). This is in contrast with registered managers (3.82), people in deputy or other manager roles, team leaders or supervisors (3.51), personal assistants (3.48) and occupational therapists (3.35), whose average CAW scores are higher than average.

Consistent with other factors, those working in home care services score highly for the CAW factor (3.36), in comparison with those working in care homes overall (2.98) and in nursing homes specifically (2.94).

Other groups reporting a higher than average CAW score include:

- People contracted to work 1 to 20 hours per week (3.29).
- People living in a household with an annual income of £52,000 or more (3.45 for £52,000 to £99,999 and 3.35 for £100,000 or above).
- People from Asian ethnic backgrounds (3.34).
- People who have been in their role for up to six months (3.33).

3.1.6 Working Conditions (WCS)

The Working Conditions (WCS) factor assesses an individual's satisfaction with their working conditions, security at work, and available resources to do their job effectively. While JCS focuses on the extent to which the workplace provides individuals with positive aspects of work, such as personal development, goals, promotion, and recognition, the WCS factor reflects the degree to which the workplace meets an individual's basic requirements and their experience of the physical work environment, as dissatisfaction with this can have adverse effect on employee WRQoL. Overall, the ASC workforce report fairly good working conditions with a mean score of 3.53. This is significantly higher than the mean score for NHS staff in 2003 (3.45).

Figure 3.6: Van Laar Working Conditions (WCS)

Base: All respondents working in adult social care in England (7,233, bases for individual categories range from 97 to 1,998)
Van Larr: Working Conditions factor by job role (Which of the following adult social care roles best describes the role you currently work in?)

Differences are consistent with those observed for the other factors.

On job roles, care workers (3.44), nurses and nursing associates (3.2), and social workers (3.27) stand out as the job roles with a lower than average mean score, while the mean WCS scores for personal assistants (3.98), registered managers (3.97), and people in a deputy or other manager role, team leader or supervisor (3.71) are higher than average.

Looking at type of service, those working in a home care services (3.85) report a higher score compared with the overall workforce (3.53) and with those working in care homes overall (3.31) and those working in nursing homes specifically (3.26).

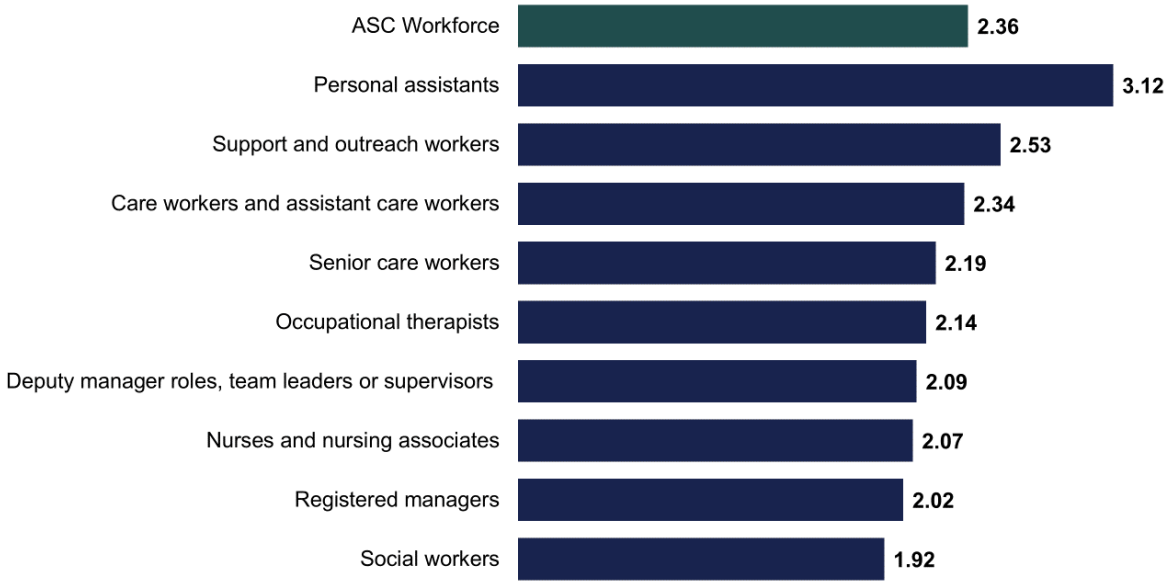
Those contracted to work 1 to 20 hours per week and those living in a household with an annual income of £52,000 to £99,999 also report a higher WCS than average (3.8 and 3.71 respectively compared with 3.53).

3.1.7 Stress at Work (SAW)

The Stress at Work (SAW) factor assesses the extent to which someone perceives they have excessive pressures and/or feels undue levels of stress at work. SAW is defined by the concept that people's experience of stress varies and is based on the individual's perception of the situation they experience and whether they consider they can manage. A higher score indicates that someone is less affected by stress, while a lower score indicates a negative experience of stress at work.

Overall, the mean score for this factor was 2.36, which is the lowest mean score of the six factors from the Van Laar measure of WRQoL. This is also lower than the mean score for NHS staff in 2003 (2.69).

Figure 3.7: Van Laar Stress at Work (SAW)



Base: All respondents working in adult social care in England (7,233, bases for individual categories range from 97 to 1,998)
Van Larr: Stress at work factor by job role (Which of the following adult social care roles best describes the role you currently work in?)

The score is lower than average (indicating higher level of stress at work than average) among managerial and professional staff, in particular social workers (1.92), registered managers (2.02), nurses and nursing associates (2.07), people in deputy or other manager role, team leader or supervisor (2.09) and occupational therapists (2.14). This is in contrast with support and outreach workers (2.53) and personal assistants (3.12) whose mean scores of SAW are higher than average (indicating lower levels of stress at work).

Other sub-groups who reported a higher SAW score and therefore less stress at work include:

- People from Black ethnic backgrounds (2.69).
- Participants contracted to work 1-20 hours (2.82) and 0 hours (2.69).
- Participants working on a health and care visa (2.64).

3.2 ASCOT-Workforce Care work related quality of life

The questionnaire included another measure of WRQoL, focused on care work-related quality of life (CWRQoL). It was developed as part of the ASCOT suite of measures (see sections 1.4 and 1.11 for more detail). As mentioned earlier, the ASCOT-Workforce measure was developed by the University of Kent specifically for the ASC workforce as part of this project.

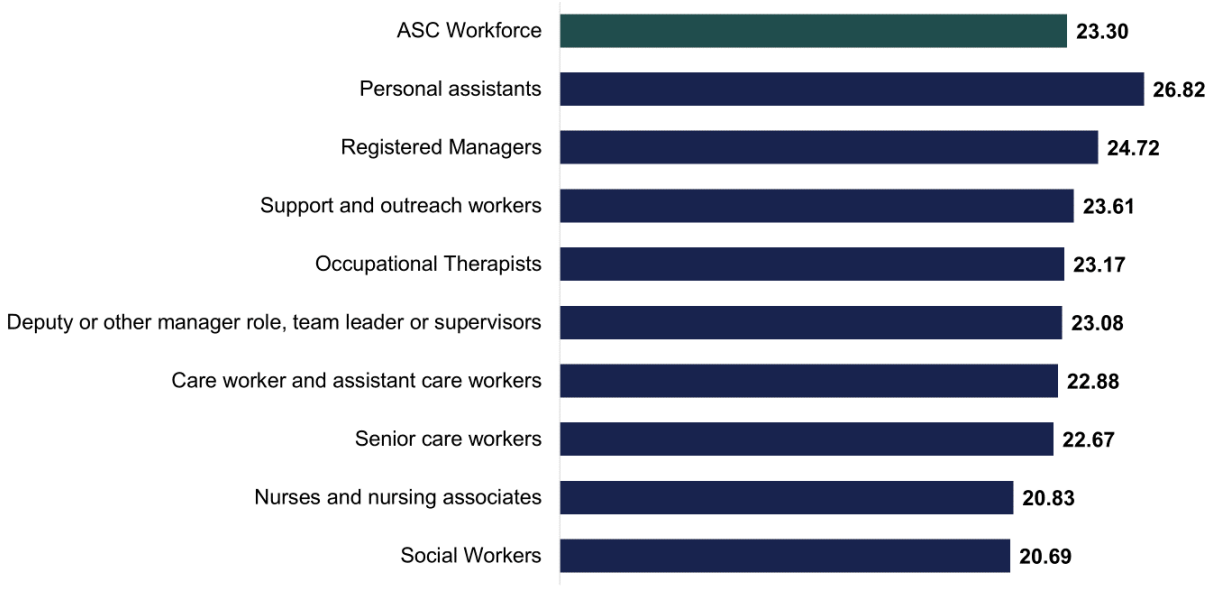
The ASCOT-Workforce scale included 13 domains asked as 13 questions. This measure captures the aspects of a person's quality of life most impacted by working in social care and takes into account the specific challenges and impact of working in the adult social care sector. Each question included four answer categories with statements which reflect four levels of need which could be scored and combined into one overall measure with values from 0 (worst) to 39 (best):

- Statement 1 (ideal) = 3
- Statement 2 (no needs) = 2
- Statement 3 (some needs) = 1
- Statement 4 (high level needs) = 0

In section 3.3 the findings are presented for each domain separately. In this section we present the overall scores using means. For the participants in the survey across the ASC workforce the overall mean score was 23.30.

Analysis by job role shows significant differences in CWRQoL (ASCOT-Workforce). The highest overall score was found among personal assistants (26.82) who had a significantly higher overall score than all other job roles except registered managers (24.72). The lowest scores were found among social workers (20.69) and nurses and nursing associates (20.83) who had significantly lower scores than personal assistants and registered managers. Differences between the other job roles were not statistically significant. These findings are in line with those for the overall Van Laar WRQoL for which personal assistants and registered managers had significantly higher overall WRQoL scores than any other job roles, and social workers, nurses and nursing associates reporting the lowest score.

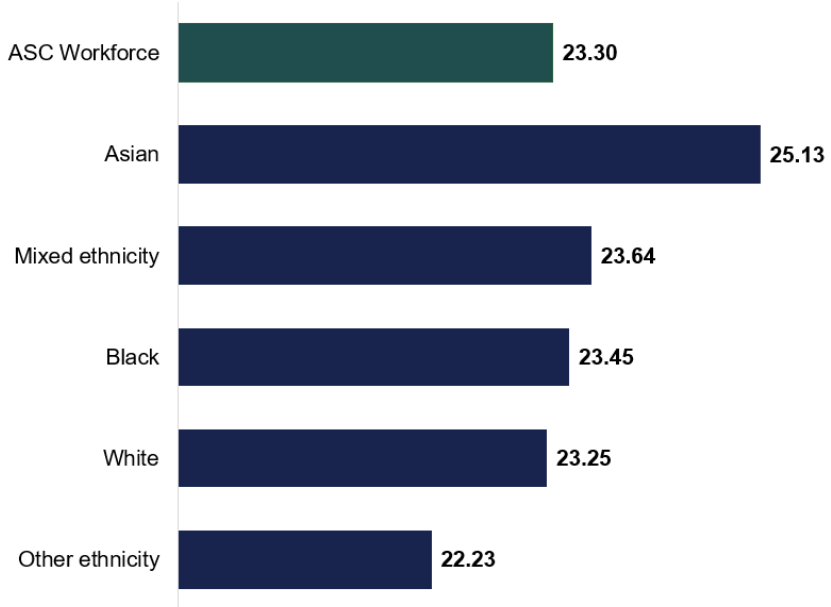
Figure 3.8: ASCOT-Workforce CWRQoL overall score by job role.



Base: All respondents working in adult social care in England (7,233, bases for individual categories range from 97 to 1,998)
ASCOT-Workforce overall CWRQoL by job role (Which of the following adult social care roles best describes the role you currently work in?)

Analysis by ethnicity showed that members of the workforce of Asian ethnic backgrounds (25.13) had significantly higher CWRQoL than other ethnic groups (Black (23.45), White (23.25), other ethnicity (22.23)). This is also in line with findings for the Van Laar WRQoL for which members of the workforce of Asian (and Black) ethnic backgrounds had significantly higher WRQoL scores than those of White and other ethnic backgrounds.

Figure 3.9: ASCOT-Workforce CWRQoL overall by ethnicity.

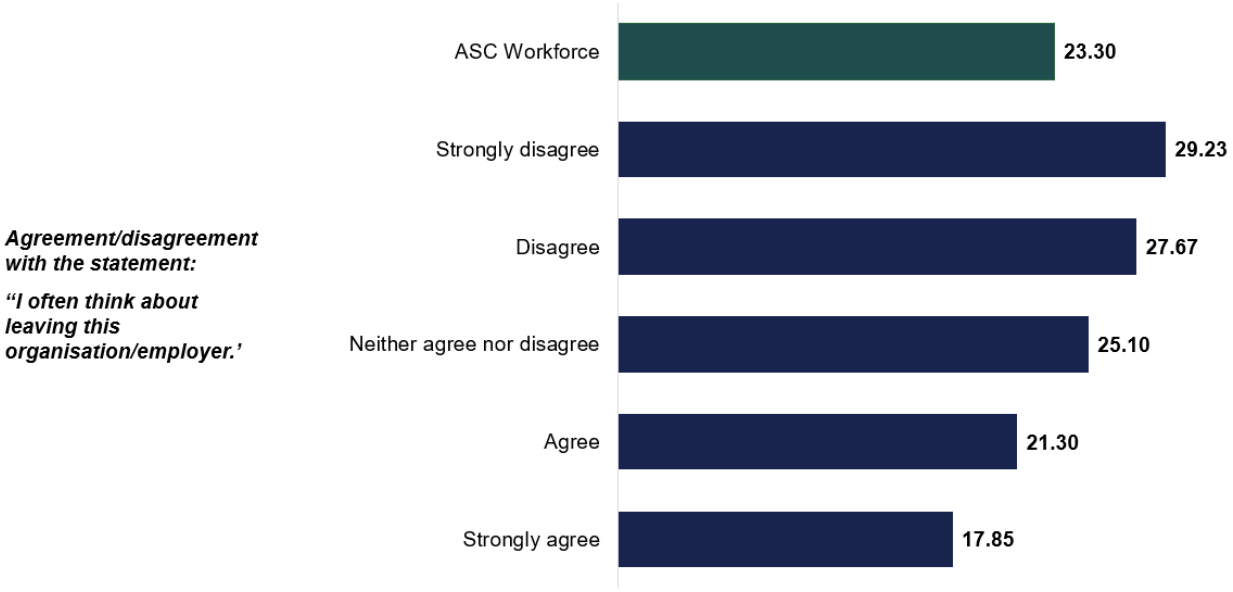


Base: All respondents working in adult social care in England (7,233, bases for individual categories range 127 to 5,709)
ASCOT-Workforce overall CWRQoL by ethnicity

There was a clear association between CWRQoL (ASCOT-Workforce) and intention to leave (see chapter 6, section 6.1 for more detail). Those who agreed that they often think about leaving their organisation or employer (17.85 strongly agree and 21.30 agree) have significantly lower ASCOT-

Workforce CWRQoL scores than those who disagreed (29.23 strongly disagree and 27.67 disagree) or who neither agreed nor disagreed (25.10). Similar patterns were found for all three questions about intention to leave (including intention to look for a new job or leave their employer as soon as they find a new job). This is a clear indication that there is a link between CWRQoL and turnover in the workforce, whether moving jobs within the sector or leaving all together.

Figure 3.10: ASCOT-Workforce CWRQoL overall score by intention to leave.



Base: All respondents working in adult social care in England (7,233, bases for individual categories range from 852 to 1,831)
ASCOT-Workforce overall CWRQOL by intention to leave 'I often think about leaving this organisation /employer'

The individual domains for ASOCT-Workforce are reported on by stating the percentage of responses to each answer code, in the same way as a standard survey question. A score is not provided for each domain, but at an overall level. The table below outlines the top and bottom net percentages for each of the thirteen domains included in the ASCOT-Workforce measure. Further detail on the findings for each domain are outlined in the next section.

Table 1.4: Summary of ASCOT-Workforce domains

ASCOT-Workforce Domain	**Percentage (n=7,233)**
Making a difference	**Percentage**
Able to make a difference (1. I am able make as much difference as I would like + 2. I am able to make some difference)	69%
Not enough, or no difference (3. I am able to make some difference but not enough + 4. I am not able to make any difference)	31%

Relationship with people supported	Percentage
Good (1. As a good as I want them to be + 2. Good enough)	86%
Not good (3. Not as good as I would like + 4. Not at all good)	14%
Autonomy	**Percentage**
Has freedom and independence (1. As much freedom and independence as I want + 2. Adequate freedom and independence	65%
Note enough or no freedom and independence (3. Some freedom and independence + 4. No freedom and independence)	35%
Time to care	**Percentage**
Has enough (1. I have the time I need + 2.I have adequate time)	52%
Does not have enough (3. I do not have enough time + 4.I do not have time to do my job well and it is having a negative effect on me)	48%
Worry about work outside of working hours	**Percentage**
Hardly ever or occasionally worry (1. I hardly ever worry about work + 2. I occasionally worry about work)	48%
Often or constantly worry (3. I often worry about work + 4. I constantly worry about work)	52%
Self-care	**Percentage**
Able to look after myself (1. I am able to look after myself as well as I want + 2. I am able to look after myself well enough)	46%
Sometimes not or rarely able to look after myself (3. Sometimes I am not able to look after myself well enough + 4. I am rarely able to look after myself well enough)	54%

Safety	Percentage
Feel safe (1. I feel safe + 2. Generally, I feel adequately safe)	80%
Does not feel safe (3. I feel less than adequately safe + 4. I don't feel at all safe)	20%
Professional relationships	**Percentage**
Good (1. As good as I want them to be + 2. Good enough)	83%
Not good (3. Not as good as I would like + 4. Not at all good)	17%
Support in the role	**Percentage**
Feel supported (1. I feel highly supported + 2. I feel adequately supported)	64%
Does not feel supported (3. I do not feel as supported as I would like + 4. I do not feel at all supported)	36%
Competency	**Percentage**
Has the knowledge and the skills (1. I have the skills and knowledge I need + 2. I have adequate skills and knowledge)	89%
Does not have the knowledge and the skills (3.I have some skills and knowledge but not enough + 4. I do not have the skills and knowledge I need)	11%
Career pathway	**Percentage**
Has opportunities (1. I have as many opportunities as I would like + 2. I have adequate opportunities)	59%
Does not have enough or no opportunities (3. I have some opportunities but not enough + 4. I have no opportunities)	41%

Financial security	Percentage
Has financial security (1. I have as much financial security as I want + 2. I have enough financial security)	32%
Does not have financial security (3. I do not have enough financial security + 4. I do not have any financial security)	68%

Feeling valued	Percentage
Feel valued (1. My role is highly valued by others + 2. My role is adequately valued by others)	46%
Does not feel valued (3. My role is not as valued as I would like by others + 4. My role is not at all valued by others	54%

3.3 Findings from ASCOT-Workforce

This section outlines the findings from each of the thirteen individual domains of ASCOT-Workforce in more detail.

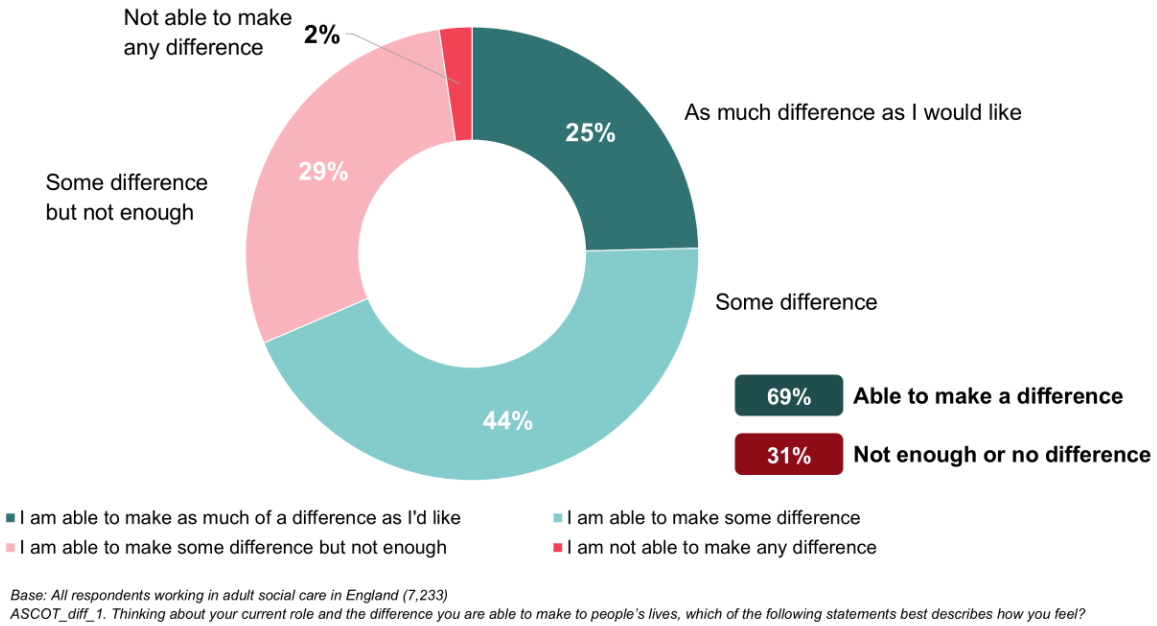
3.3.1 Making a difference

Around seven in ten (69%) of the ASC workforce say they are able to make a difference in people's lives.

Participants in the survey were asked to think about their current role and the difference they are able to make in people's lives. 'Making a difference' was defined as how they are able to support people to lead the lives they want.

Overall, 69% of the ASC workforce say they are able to make a difference, and within this 25% say they are able to make as much of a difference as they would like. However, around one third (29%) say they are able to make some difference but not enough and two per cent say they are not able to make any difference in their current role.

Figure 3.11: How much difference participants are able to make in people's lives in their current role.



Base: All respondents working in adult social care in England (7,233)
ASCOT_diff_1. Thinking about your current role and the difference you are able to make to people's lives, which of the following statements best describes how you feel?

Participants working as social workers or nurses are least likely to say they are able to make a difference.

Looking across the types of job roles included in the ASC workforce, personal assistants stand out, with 84% of this group saying they are able to make a difference (including 46% who say they are able to make as much difference as they would like). This is higher than the workforce average (69%), and higher than nurses and nursing associates (54%) and social workers (41%), who stand out as the job roles with the most negative views on the difference they are able to make. In particular, social workers are the job role most likely to say they are able to make some difference in people's lives but not enough (58%, twice as much as the workforce average of 29%).

There are also differences across types of service, with those working in home care services more likely to state they are able to make a difference (81%) compared with the overall workforce (69%) and with those working in care homes specifically (61%).

There are also differences by ethnicity. People from Black and Asian ethnic backgrounds are more likely to say they are making a difference compared with those from White ethnic backgrounds (82% and 75% respectively vs 66%).

The length of time that a member of the workforce has been working in their role also appears to impact on whether they feel they are making a difference. Around a third (35%) of members of the workforce who have been in their current role for more than ten years state they are not able to make enough of a difference. This is a higher proportion than those working in their role for up to six months (19%) and one year to five years (28%).

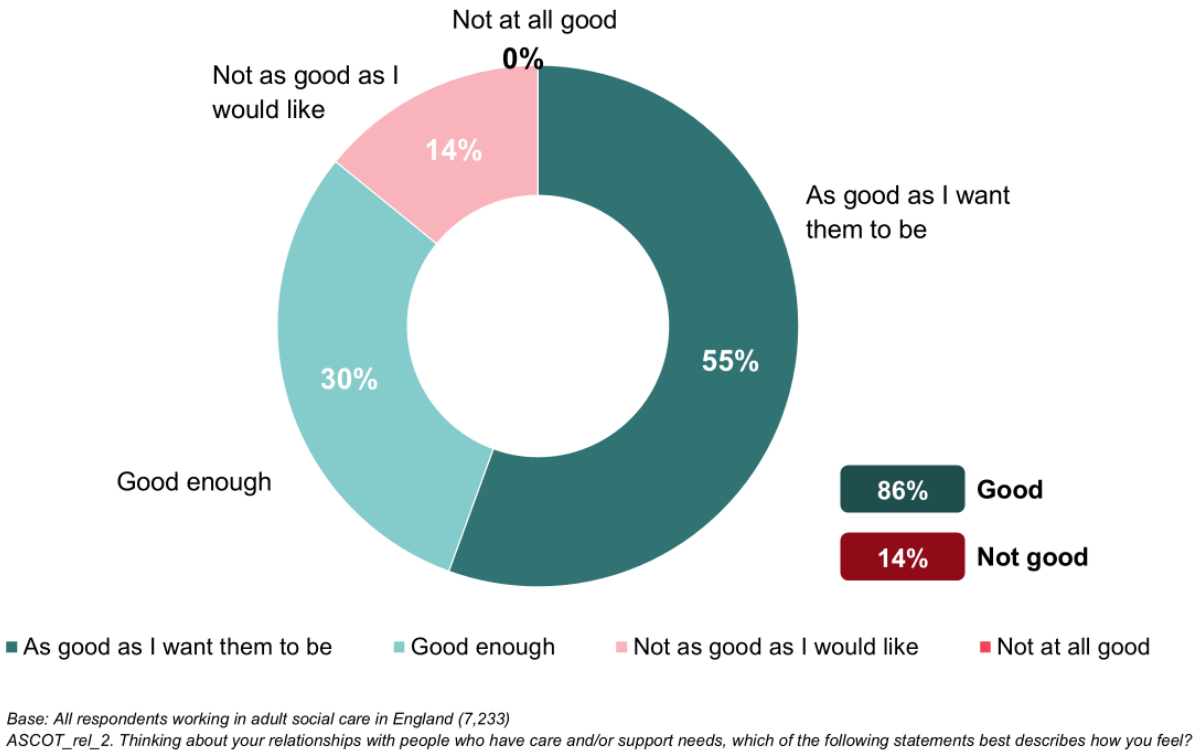
3.3.2 Relationships with the people supported

Most of the participating ASC workforce say they have a good relationship with the people they care for.

Participants were asked to think about their relationships with people who have care and support needs, and which statements best described their feelings, focusing on the person or people they have contact with and the quality of the relationship.

Nearly nine in ten (86%) of the ASC workforce say they have a good relationship with people with care and support needs, while one in seven (14%) say their relationships are not good.

Figure 3.12: Relationships with people who have care and support needs.



Base: All respondents working in adult social care in England (7,233)
ASCOT_rel_2. Thinking about your relationships with people who have care and/or support needs, which of the following statements best describes how you feel?

Looking at the different job roles included in the survey, social workers, nurses and nursing associates stand out once again. One third of them (31% for nurses and nursing associates, 28% for social workers) say their relationships with people who have care and/or support needs are not good, compared with one in seven for the overall ASC workforce (14%). These nurses and nursing associates and social workers are also those least likely to say they are able to make a difference to people's lives. In contrast, only one in ten support and outreach workers (11%) and one in twenty personal assistants (6%) say their relationships are not good (compared with 14% among the workforce overall).

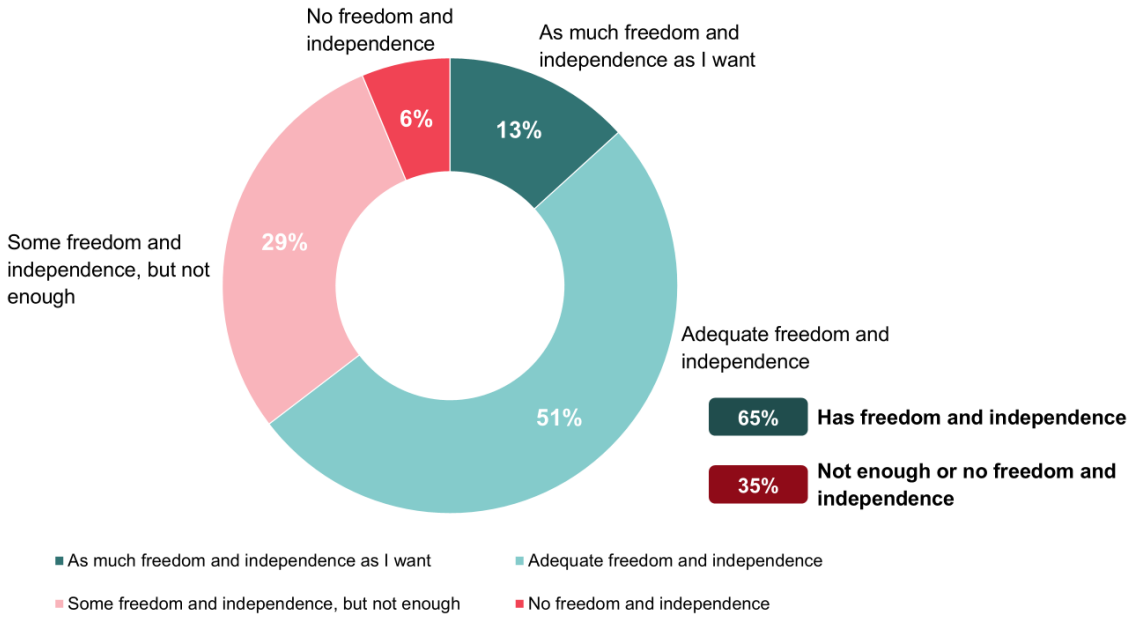
People working in home care or community services are more likely to say they have good relationships compared with those working in residential care homes (93% and 89% respectively vs 79%).

People from Asian and Black ethnic backgrounds are also more likely to say they have good relationships compared with people from White ethnic backgrounds (92% and 90% respectively vs 84%).

3.3.3 Autonomy

Around two thirds (65%) of the ASC workforce say they have freedom and independence to make decisions and carry out tasks as part of their day-to-day work, including over half (51%) stating they have 'adequate freedom and independence'. Three in ten members of the workforce state they have some but not enough freedom in their role (29%) and one in twenty (6%) say they have no freedom and independence.

Figure 3.13: Freedom and independence to make decisions and carry out tasks as part of day-to-day work.



Base: All respondents working in adult social care in England (7,233)
ASCOT_aut_3. Think about how much freedom and independence you have to make decisions and carry out tasks as part of your day-to-day work. Which of the following statements best describes how you feel?

Registered managers, personal assistants, occupational therapists and those working in home care report higher levels of autonomy.

Across the ASC workforce there are job roles and service types where people are more likely to report having freedom and independence to make decisions and carry out day to day tasks. This includes:

- People working as personal assistants (82%), registered managers (75%) and occupational therapists (74%), compared with social workers (51%), nurses and nursing associates (53%), care workers and assistant care workers (59%) and senior care workers (64%). Having no or not enough freedom and independence to make decisions and carry out day-to-day tasks is most common among social workers (49%).

- People working in home care services (76% say they have freedom and independence, vs 54% for people working in residential care, and 65% overall).

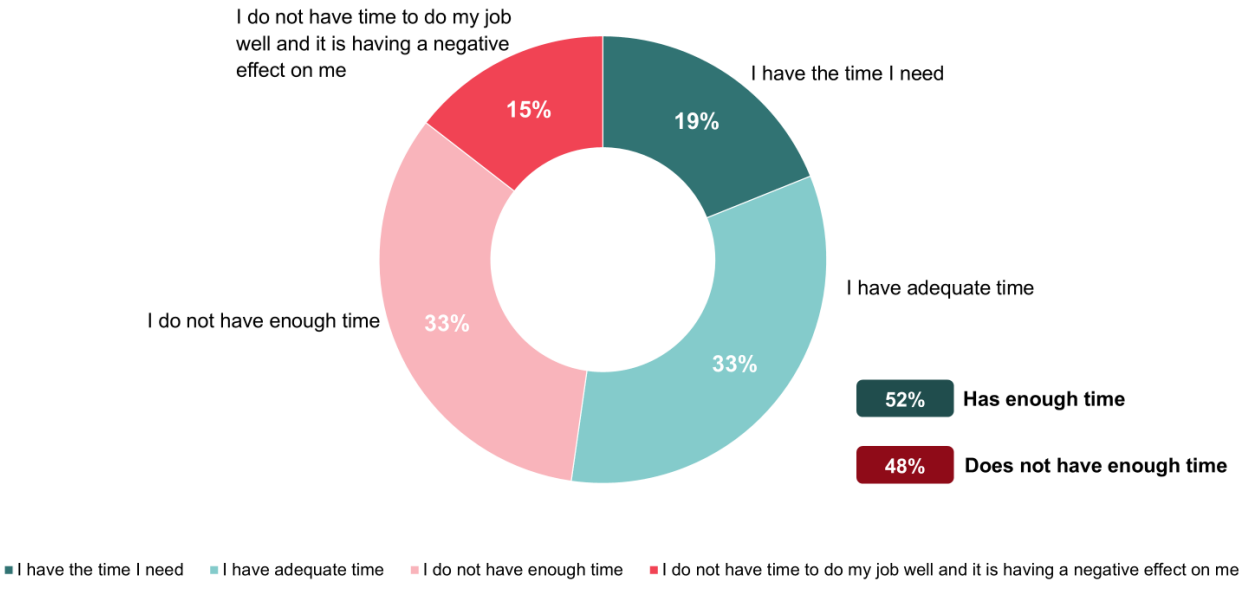
Perceptions of autonomy at work are also more prevalent than average among people who have been in their role for less than 6 months (74%), people from Asian ethnic backgrounds (68%), people contracted to work 1 to 20 hours per week (73%), and people with an annual household income over £52,000 up to £99,999 a year (70%).

3.3.4 Time to care

Participants were asked to think about the time they need to do their job well, and which statement best describes how they feel. Statements ranged from 'I have the time I need' to 'I do not have time to do my job well and it is having a negative effect on me'.

Perceptions are evenly split, with just over half (52%) of the ASC workforce saying they have the time they need or adequate time to do their job well, and a slightly lower proportion (48%) saying they do not. This includes over one in ten (15%) of the ASC workforce who say they do not have enough time to do their job well and that it was having a negative impact on them.

Figure 3.14: Time needed to do your job well.



Base: All respondents working in adult social care in England (7,233)
ASCOT_time_4. Thinking about the time you need to do your job well, which of the following statements best describes how you feel?

There are important differences by job roles:

- Over four in five personal assistants say they have enough time (83%), and over three in five support or outreach workers (64%) – this is significantly higher than the workforce average of 52%.
- Not having enough time is much more common among people in professional or managerial roles. In particular, 78% of social workers, and 68% of occupational therapists and 65% of nurses and nursing associates say they do not have enough time to do their job well. The proportions are similar among registered managers (63%) and people in deputy or other manager roles, team leaders or supervisors (69%) – compared with 48% for the workforce as a whole.
- Three in ten social workers (30%) say they do not have enough time to do their job well and this is having a negative effect on them, which is twice the workforce average (15%) and higher than other job roles.
- There is less consensus among care workers or assistant care workers, where 56% feel they have enough time (still higher than the workforce average) and 44% feel they do not.

Differences by type of services are consistent with those previously observed: people working in home care and community services are more likely to say they have enough time to do their job well (69% and

57% respectively, compared with 52% on average). This is the case for only 40% among people working in residential care homes. In fact, three in five people working in care homes say they do not have enough time to do their job well (60%) – higher than the workforce average (48%).

Other groups within the ASC workforce who are more likely than average to report having enough time to do their job well include:

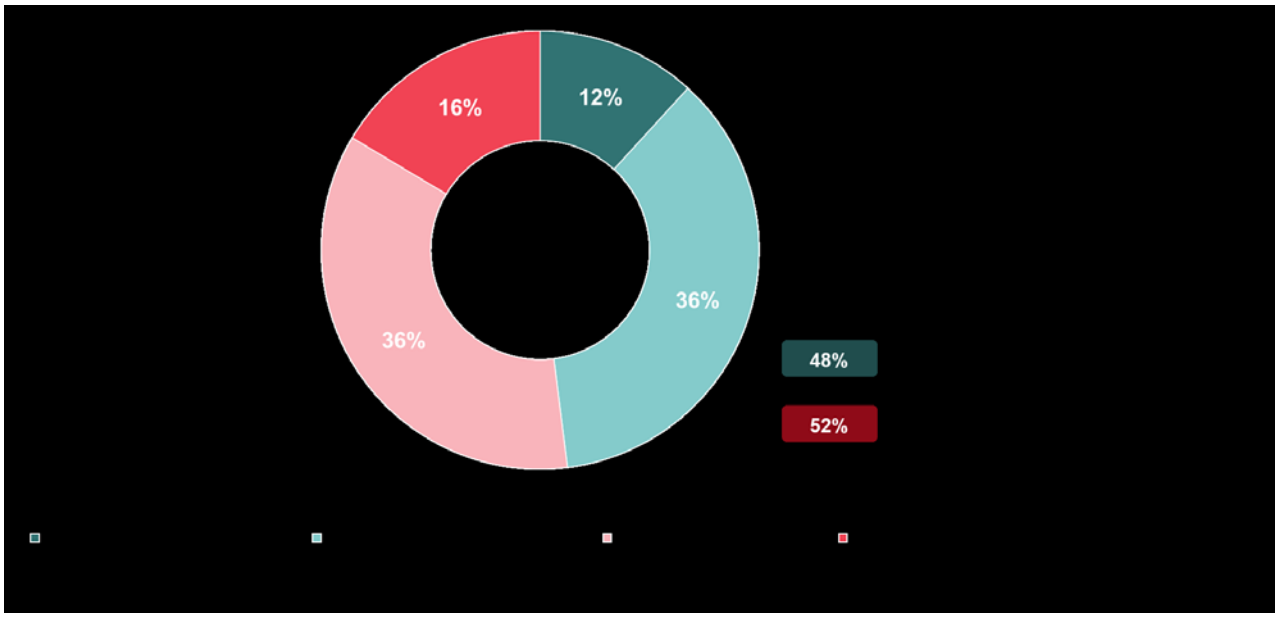
- People who have been in their role for up to six months (70%) or for six to twelve months (63%) vs 51%, one to five years; 50%, five years up to ten years; and 48%, more than ten years.
- People under the age of 35 (57%).
- Those from Asian or Black ethnic backgrounds (67% each).
- Those employed on a health and care visa (71%) – this is likely to be related to the type of jobs they do, with few of them working in a registered profession or in a managerial role.

3.3.5 Worrying about work

Participants were asked how much they worry about work outside of their working hours, considering the people they care for or support and the tasks they need to do in their working hours.

The workforce is evenly split in how much they worry about work outside working hours. Over half (52%) of participants say they worry about work outside of working hours. Within this 36% state they often worry about work and 16% say they constantly worry about work. A similar proportion of the workforce (48%) say they do not worry about work outside of their working hours, including around one in ten (12%) who state they hardly ever worry.

Figure 3.15: Worry about work outside of working hours.



Reported levels of worrying about work outside working hours are highest among registered managers (77%), social workers (62%), and those working as deputy or other managers, team leaders or supervisors (67%). These proportions are significantly higher than the overall ASC workforce (52%). In particular, over a third of registered managers say they constantly worry about work (35%). Personal

assistants and support and outreach workers are less likely than average to worry about work (37% and 47% respectively).

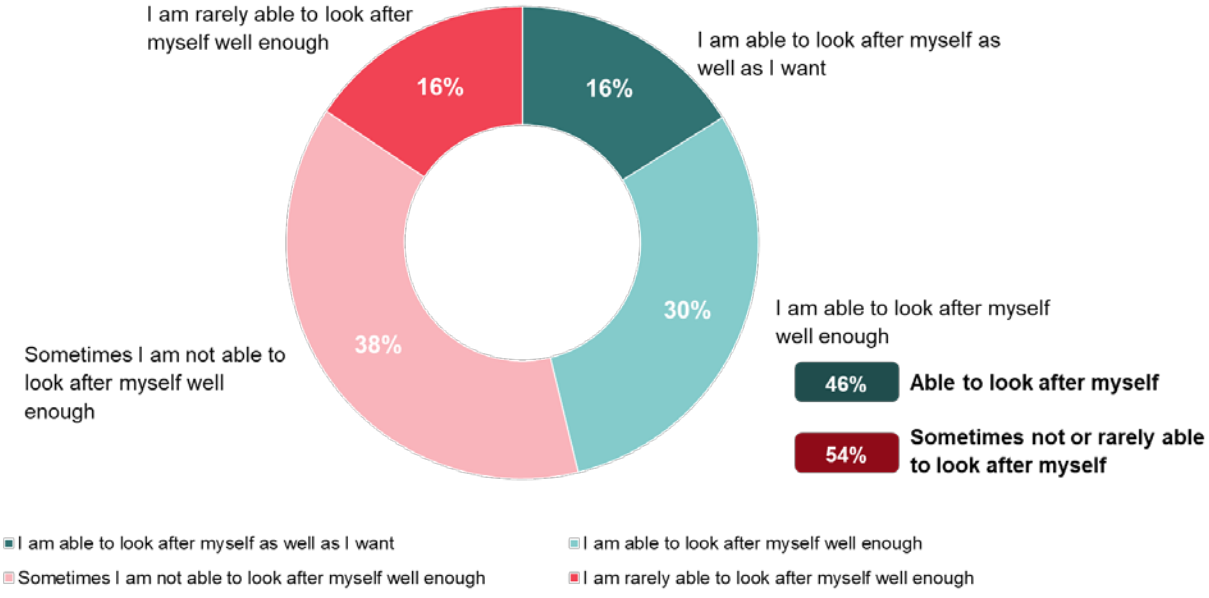
People working in residential care are also more likely to say they worry compared with those working in community, day and home care services (59% vs 52%, 49% and 42% respectively). Looking at the types of job responsibilities, people who manage staff providing direct care (67%) and those conducting care assessments, and planning and advising (63%) are also more likely to worry compared with those providing direct care (52%).

3.3.6 Self-care

Participants were asked to think about looking after themselves at work and to select a statement which best describes how they feel. 'Looking after yourself at work' was defined as having time to take a comfort break and time to eat, drink and rest.

Just over half of the ASC workforce (54%) say they are not able to look after themselves at work. This includes two in five (38%) stating that they sometimes are not able to look after themselves well enough and 16% saying they are rarely able to look after themselves well enough.

Figure 3.16: How able participants are to look after themselves at work.



Base: All respondents working in adult social care in England (7,233)
ASCOT_look_6. Thinking about looking after yourself at work, which of the following statements best describes how you feel?

Looking at differences by job roles, again personal assistants and support or outreach workers stand out as those reporting higher than average levels of self-care at work (64% and 50% are able to look after themselves at work, compared with 46% on average). These are the only two job roles where the proportion who can look after themselves exceeds the proportion who cannot. Not being able to look after oneself at work is particularly common among nurses and nursing associates (68%), social workers (64%), and senior care workers (62%), when compared with the workforce average (54%).

Differences by type of service are consistent with those previously observed: people working in home care services are more likely to say they are able to look after themselves while at work (56%) compared with staff working in residential care homes (40%) and community care (49%).

The following sub-groups are more likely than average to say they can look after themselves at work:

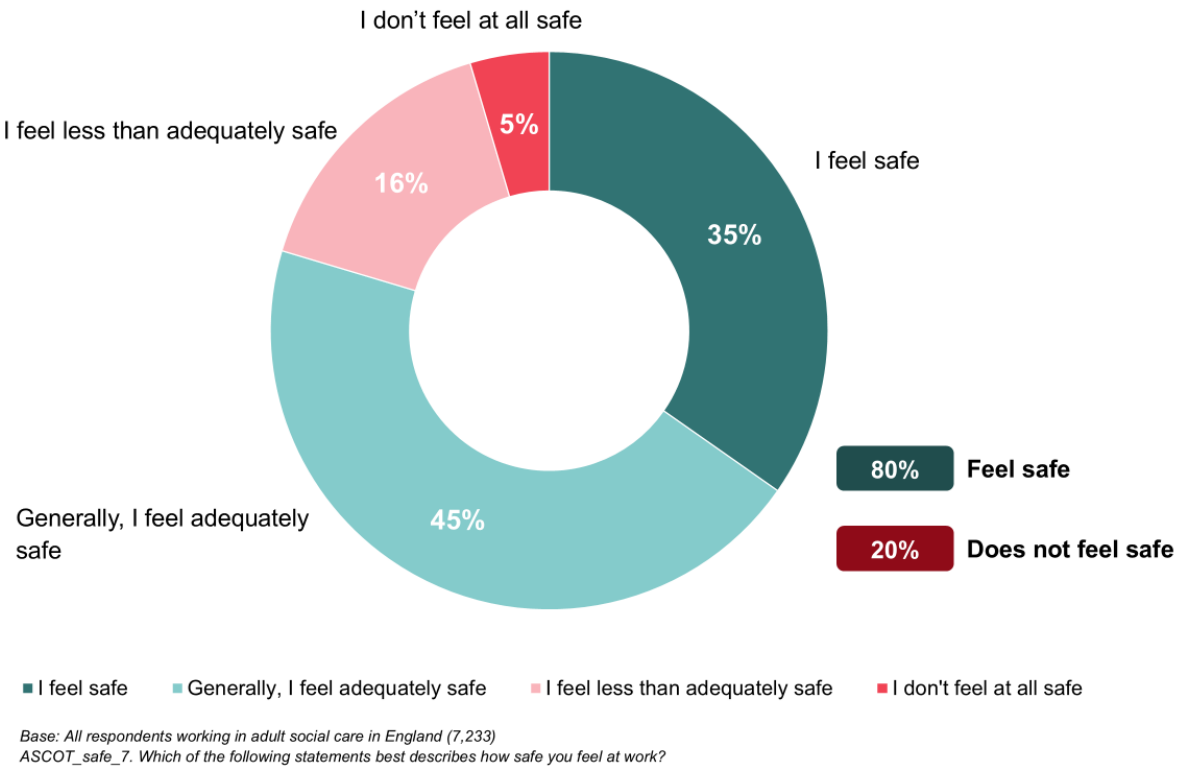
- People aged 55 and over (50% vs 44% of participants aged under 35).
- Males (52% vs 45% of females).
- People with no qualifications (60% vs 43% of participants educated to degree level or above).

There are also differences based on the type of people the workforce is caring for. For example, participants caring for older people with dementia and without dementia are more likely to say they are not able to look after themselves (60% and 59% respectively vs 54% overall).

3.3.7 Safety

Participants were asked how safe they feel at work. 'Feeling safe at work' was defined as how safe they felt doing their job and included fear of physical harm from tasks such as lifting and handling or risk of infection or physical abuse and psychological harm such as verbal or emotional abuse. Most of the ASC workforce (80%) feel safe at work, with 35% stating they feel safe and 45% saying generally, they feel adequately safe. However, one in five (20%) say they do not feel safe at work, with 16% stating they do not feel adequately safe, and one in twenty (five per cent) saying they do not feel at all safe.

Figure 3.17: How safe participants feel at work.



Base: All respondents working in adult social care in England (7,233)
ASCOT_safe_7. Which of the following statements best describes how safe you feel at work?

In the Van Laar scale participants are also asked to what extent they agree or disagree with the following statement: 'I work in a safe environment'. At this question, around two thirds (64%) agree, while 14% disagree and around one in five (21%) say they neither agree nor disagree.

Differences by job roles show that feeling unsafe is more common than average among people in direct care roles (23%) in particular care workers or assistant care workers (25% vs 20% overall). It is also more common among nurses and nursing associates (28%), and senior care workers (23%), when compared with personal assistants (11%), occupational therapists (9%) and registered managers (8%).

Other groups who are more likely to say they do not feel safe include:

- Participants working in residential care settings (29% vs 20% overall). This is more than double the proportion who don't feel safe among those working in home care services (13%).
- Participants caring for or supporting working-age people with mental health conditions (24% vs 20% overall).

Participants employed on a health and care visa are more likely to say they do not feel safe at work.

Around a third (34%) of participants employed on a health and care visa say they do not feel safe at work compared with a quarter (24%) of those not employed through a visa. Similarly, participants are more likely to say they feel unsafe if:

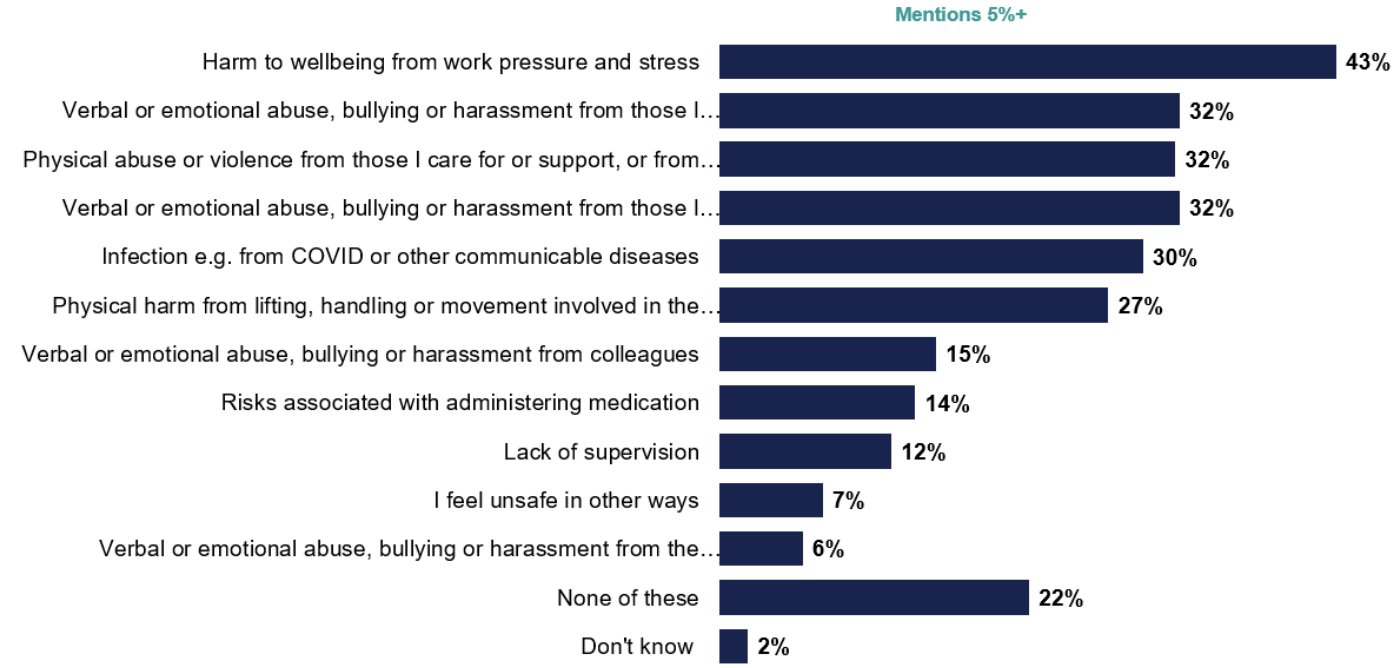
- They are not a UK citizen (29% vs 19% of UK citizens).
- They are from an Asian or Black ethnic background (27% and 29% respectively vs 18% of people from White ethnic backgrounds).
- They live in a household with an annual income of up to £25,999 (25% vs 20% of the overall workforce).

3.3.8 Reasons for not feeling safe

Regardless of their response to the question above, participants were invited to consider a list of risks and asked which of them made them feel unsafe doing their job. Just over a fifth (22%) of them said 'none of these' to indicate they did not feel unsafe.

The reason most frequently chosen for feeling unsafe is harm to wellbeing from work pressure and stress (43%), which is in line with the earlier findings on the Van Laar factor Stress at Work that shows high level of stress among the workforce. Other reasons, cited by a third of the workforce, are physical abuse or violence and verbal or emotional abuse, bullying or harassment from those they care for or support, or from their family members or friends (32% for physical abuse, and the same for verbal and emotional abuse). Three in ten mention infection e.g., from COVID or other communicable diseases (30%), and a slightly lower proportion physical harm from lifting, handling or movement involved in the job or the physical conditions at work (27%).

Figure 3.18: Reasons for feeling unsafe at work.



Base: All respondents working in adult social care in England (7,233)
ASCOT_safe_7_follow. Which, if any, of the following risks make you feel unsafe doing your job?

Harm to wellbeing from work pressure and stress is a reason more frequently mentioned by some job roles: seven in ten social workers (72%), three in five nurses and nursing associates (63%), over half of occupational therapists (56%) and people in deputy or other manager role, team leaders or supervisors (54%), mentioned this.

Senior care workers, care workers and assistant care workers are more likely than average to mention the following reasons for feeling unsafe in their role:

- Physical abuse or violence from those their care for or support, or from their family members or friends (42% and 35% respectively, compared with 32% on average).
- Physical harm from lifting, handling or movement involved in the job or the physical conditions at work (31% and 38% respectively, compared with 27% on average).
- Infection e.g., from COVID-19 or other communicable diseases (35% among senior care workers, as opposed to 30% on average).
- Risks associated with administering medication (21% among senior care workers, as opposed to 14% on average – a reason also mentioned by 30% of nurses and nursing associates).

Some risks appear to particularly affect members of the workforce supporting working-age people with a learning disability or autism, or a mental health condition. These relate to:

- Physical violence from those they care for or from their family members or friends (mentioned by 37% and 41% respectively as reasons for making them feel unsafe in their role, compared with 32% on average).

- Verbal or emotional abuse, bullying and harassment from those they care for or support or from their family members or friends (mentioned by 35% and 42% as reasons for making them feel unsafe vs 32% on average).
- Verbal or emotional abuse, bullying or harassment from colleagues (19% each vs 15% for the overall workforce).
- Risks associated with administering medication (17% and 19% vs 14% overall), and
- Lack of supervision (15% and 16% vs 12% on average).

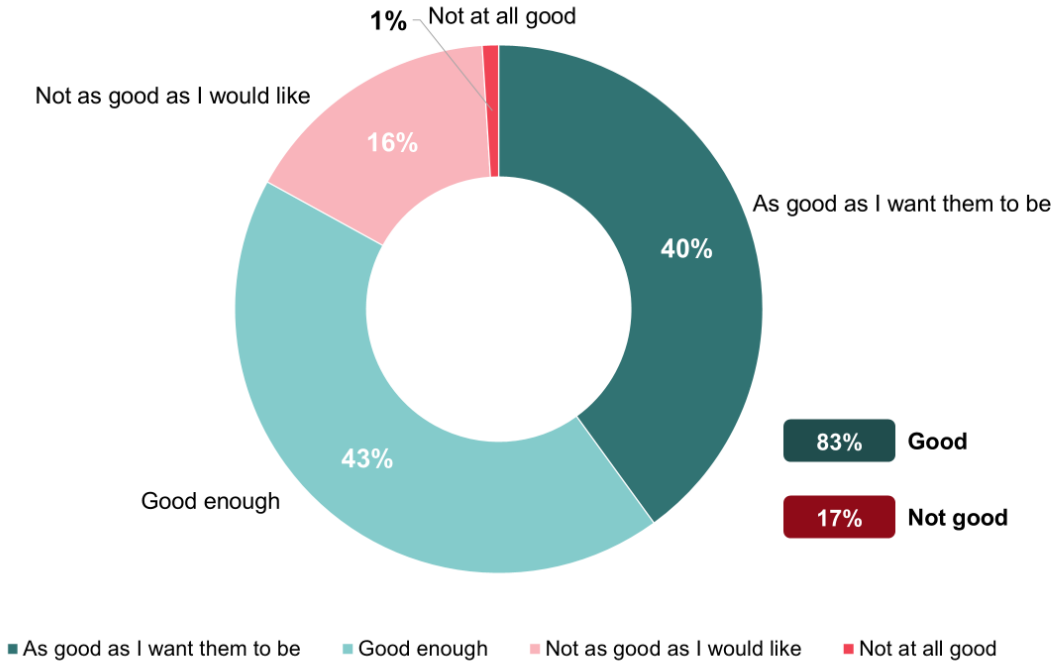
Those most likely to choose the code 'none of these' to indicate they do not feel unsafe doing their job are personal assistants (41%), registered managers (33%), people in deputy or other manager role (28%), and people working in home care (33%).

3.3.9 Professional relationships

Participants were asked about their professional relationships with colleagues and the people they work with such as family members and other health and social care professionals.

Over eight in ten (83%) of the ASC workforce say they have good relationships with their colleagues and the people they work with. This includes two in five (40%) saying their professional relationships are as good as they want them to be. Around one in five (17%) state their working relationships are not good, with 16% saying they are not as good as I would like.

Figure 3.19: Professional working relationships with colleagues and people participants work with.



Base: All respondents working in adult social care in England (7,233)
ASCOT_prof_rel_8. Thinking about your professional relationships with colleagues or people you work with, which of the following statements best describes how you feel?

Nurses and nursing associates and those working in residential care are more likely to say their professional relationships are not good.

Over a quarter (27%) of nurses and nursing associates say their working relationships with colleagues are not good compared with one in six among the overall ASC workforce (17%). Personal assistants and registered managers are more likely than average to report good professional relationships (93% and 89% respectively, compared with 83% overall).

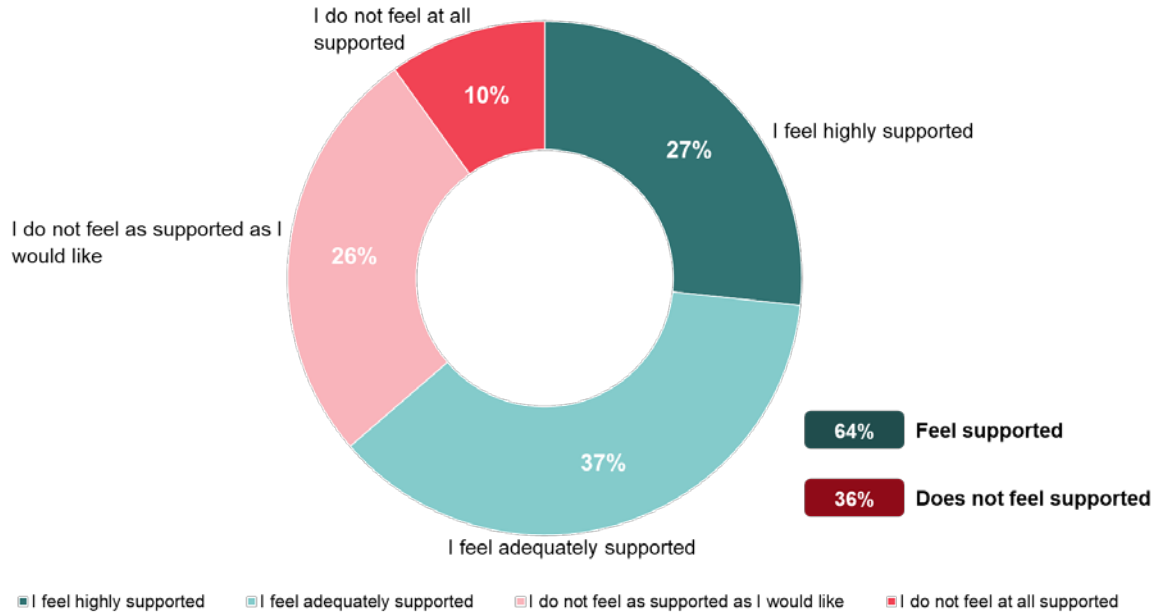
Similarly, a fifth of those working in residential care (21%) report poor relationships with colleagues, rising to a quarter among those who work in nursing homes specifically (24%), compared with just one in ten among those working in home care services (10%).

Differences can also be observed by household income: a fifth of people living in a household with an annual income of up to £25,999 (19%) rate their professional relationships as not as good as they would like or not at all good. Just under half (48%) of participants in this income group work as care workers or assistant care workers, and just under a quarter (22%) are support or outreach workers.

3.3.10 Support in the role

Around two thirds (64%) of the ASC workforce feel supported in their role, with 27% stating they feel highly supported and 37% saying they feel adequately supported. Supported means the extent to which they feel respected and encouraged by their manager or employer. Around one third (36%) say they do not feel supported in their role, with one in ten (10%) saying they do not feel supported at all.

Figure 3.20: How supported participants feel in their role.



Base: All respondents working in adult social care in England (7,233)
ASCOT_supp_9. Thinking about how supported you are in your role, which of the following statements best describes how you feel?

Care workers and assistant care workers are the job role least likely to say they feel supported (57%). In contrast, around three quarters or more of occupational therapists, registered managers, people in deputy or other manager roles, team leaders or supervisors say they feel supported (74%, 78%, and 73% respectively), rising to 85% among personal assistants.

Other sub-groups in the ASC workforce who are more likely to say they do not feel supported include:

- People working in residential homes (46% do not feel supported), rising to half (50%) among people working in nursing homes, compared with 36% of the overall ASC workforce, and only a quarter among people working in home care services (26%).

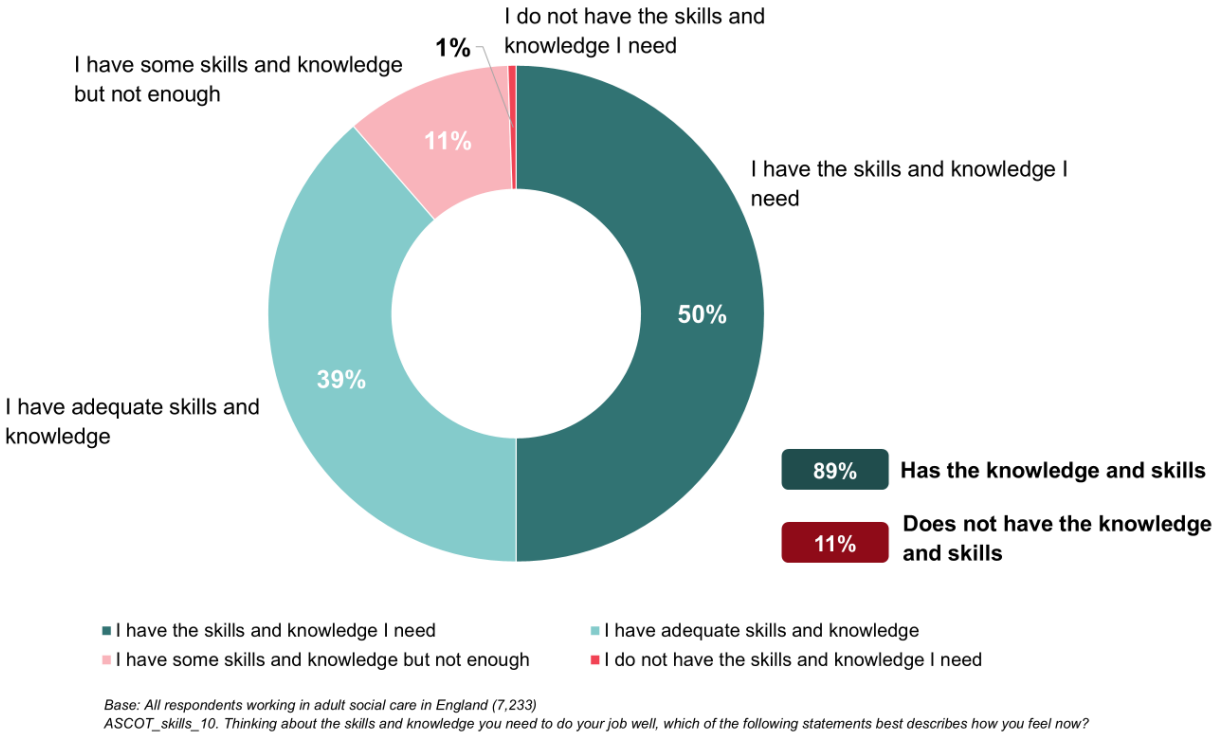
- People who have been in their role for more than ten years (40% vs 29% of participants who have been in their role for six to 12 months).
- People working in services which care for older people with dementia (41% vs 36% of the overall ASC workforce).
- People living in a household with an annual income of up to £25,999 (42%) or between £26,000 up to £51,999 (34%), as opposed to those with an annual household income of £52,000 to £99,999 (28%). This difference was also observed in terms of professional relationships.

3.3.11 Competency

Participants were asked to think about the skills and knowledge they need to do their job well and which statement would describe how they feel. This included skills and knowledge obtained through training, education, personal or life experience and shadowing other colleagues.

Most (89%) of the ASC workforce feel they have the skills and knowledge they need to do their job well, including two in five (39%) stating they have adequate skills and knowledge. Around one in ten (11%) say they have some skills and knowledge but not enough and only one per cent say they do not have the skills and knowledge they need.

Figure 3.21: Skills and knowledge.



Base: All respondents working in adult social care in England (7,233)
ASCOT_skills_10. Thinking about the skills and knowledge you need to do your job well, which of the following statements best describes how you feel now?

The Van Laar scale included a statement about training received. In the survey, participants were asked to what extent they agree or disagree with the statement: 'I am satisfied with the training I receive in order to perform my present job'. Overall, around two thirds (64%) of the workforce agree with the statement while just under one in five (18%) say they disagree. This suggests that the higher level of skills and knowledge reported in the ASCOT-Workforce measure are acquired not only through formal training.

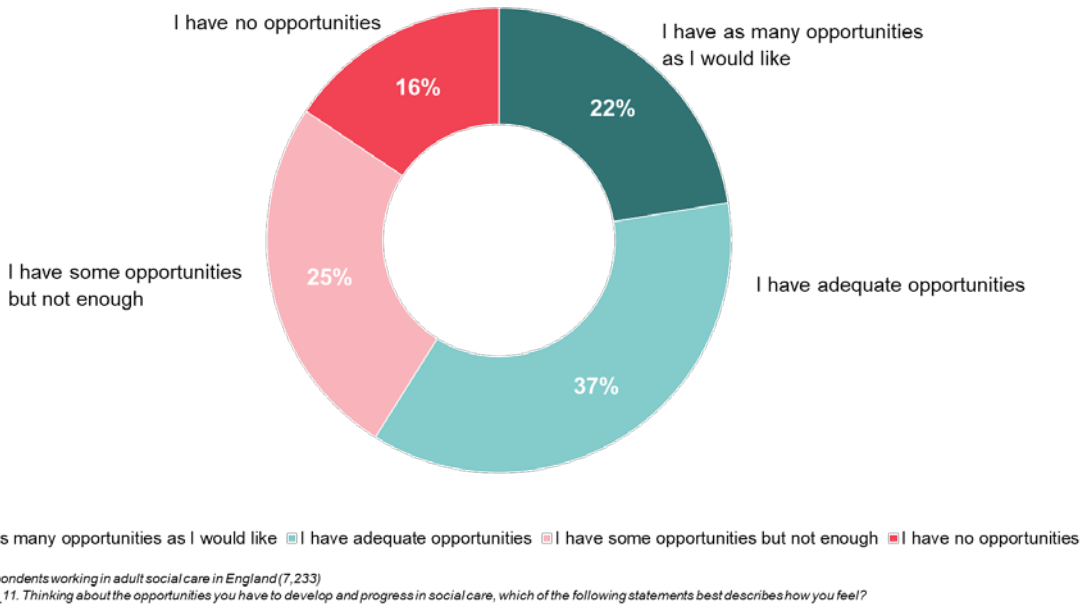
Looking at the ASCOT-Workforce measure, there are some key differences across the ASC workforce in relation to the skills and knowledge they have to do their job well. For example:

- Registered managers are more likely to say they have the skills and knowledge they need (96% vs 89% of the overall ASC workforce).
- Social workers and occupational therapists are more likely to say they do not have all the skills and knowledge they need (17% for each vs 11% overall of the ASC workforce).
- People working on a health and care visa are twice more likely than people who are not employed on a health and care visa to say they have some of the skills they need but not enough (20% compared with 10%).

3.3.12 Career pathway

Participants were asked to think about the opportunities they have to develop and progress in social care. Almost three in five (59%) say they have as many opportunities to develop as they would like, with one in five (22%) stating they have as many opportunities as they would like, and over a third (37%) saying they have adequate opportunities. Around two in five (41%) say they do not have adequate opportunities to develop and progress, within this a quarter (25%) of the ASC workforce say they have some opportunities but not enough, and 16% said they have no opportunities.

Figure 3.22: Opportunities to develop and progress in social care.



Base: All respondents working in adult social care in England (7,233)
ASCOT_asp_11. Thinking about the opportunities you have to develop and progress in social care, which of the following statements best describes how you feel?

In the Van Laar measure, participants were also asked to what extent they agree or disagree with the statement: 'I am satisfied with the career opportunities available for me here'. Around two in five (42%) agree with this statement while under a third (29%) disagree and the same proportion say they neither agree nor disagree. This indicates that having opportunities to develop and progress does not necessarily equate with being satisfied with these opportunities.

Looking at differences by job roles for the ASCOT-Workforce measure, around half of personal assistants (49%) and occupational therapists (51%) say they have some opportunities but not enough or no opportunities to develop, which is more than the workforce average of two in five (41%). However,

this lack of opportunity to progress does not seem to impact on intentions to leave. Both personal assistants and occupational therapists are more likely than average to say they disagree with the statement they often think about leaving their employer (55% and 36% vs 29% on average), disagree they will probably look for a new employer in the next 12 months (59% and 46% vs 35% on average), and disagree they will leave their employer as soon as they can find another job (67% and 53% vs 38% average).

Having opportunities to develop and progress is much more common among registered managers (76%) and people working as deputy or other manager role, team leader or supervisor (66%), compared with the workforce average (59%).

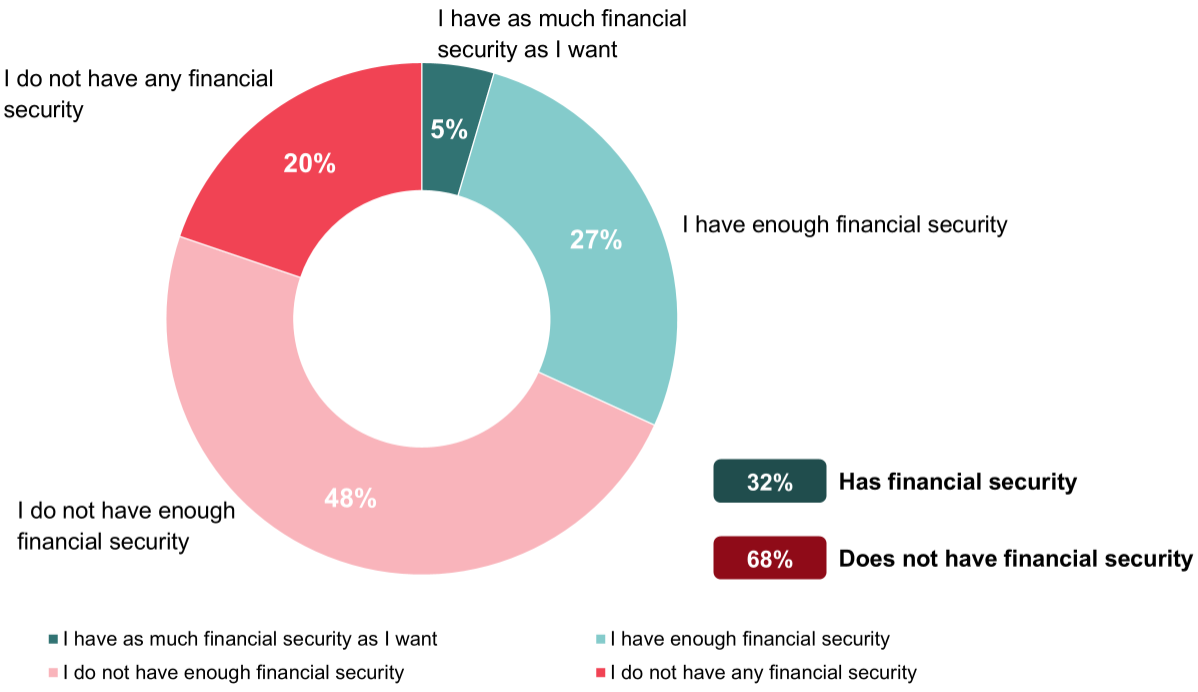
Differences by type of services are in line with those previously observed: people working in home care services are more likely to say they have opportunities to develop (64%) when compared with the workforce average (59%) and also compared with people working in residential nursing homes (52%).

3.3.13 Financial security

Participants in the survey were asked which statements best described their financial security. Financial security was defined as whether their household income meets their needs and the needs of dependents. Participants were asked to think about their pay and other benefits such as pension or sick pay they may receive.

Seven in ten (68%) of the ASC workforce state they do not have financial security, with just under half (48%) saying they do not have enough financial security and a fifth (20%) stating they do not have any financial security. Around one third (32%) of the ASC workforce say they are financially secure, with 5% stating they have as much financial security at they want, and just over one in four (27%) saying they have enough financial security.

Figure 3.23: Financial security.



Base: All respondents working in adult social care in England (7,233)
ASCOT_income_12. Thinking about your financial security which of these statements best describes how you feel?

Occupational therapists, social workers and those employed by local authorities report higher levels of financial security.

Lack of financial security can be observed across all job roles, but the lowest level of financial security is among those in direct care roles (care workers and assistant care workers (29%), senior care workers (28%), support or outreach workers (28%)). The highest levels of financial security are observed among some registered professionals and managers. There are two roles where just over half of people in those roles report feeling financially secure: occupational therapists (54%) and registered managers (52%), which is significantly higher than the overall ASC workforce (32%). To a lesser extent social workers (37%) are also more likely than average to say they are financially secure.

These differences are reflected in differences by type of employers, with 45% of people working for a local authority saying they are financially secure, as opposed to only 29% among those working in the independent sector or self-employed, and 36% of those working for an individual employer.

People working in residential care are less likely to say they have financial security compared with those working in home care services (28% vs 35%), though in both types of services financial insecurity is much more common than financial security.

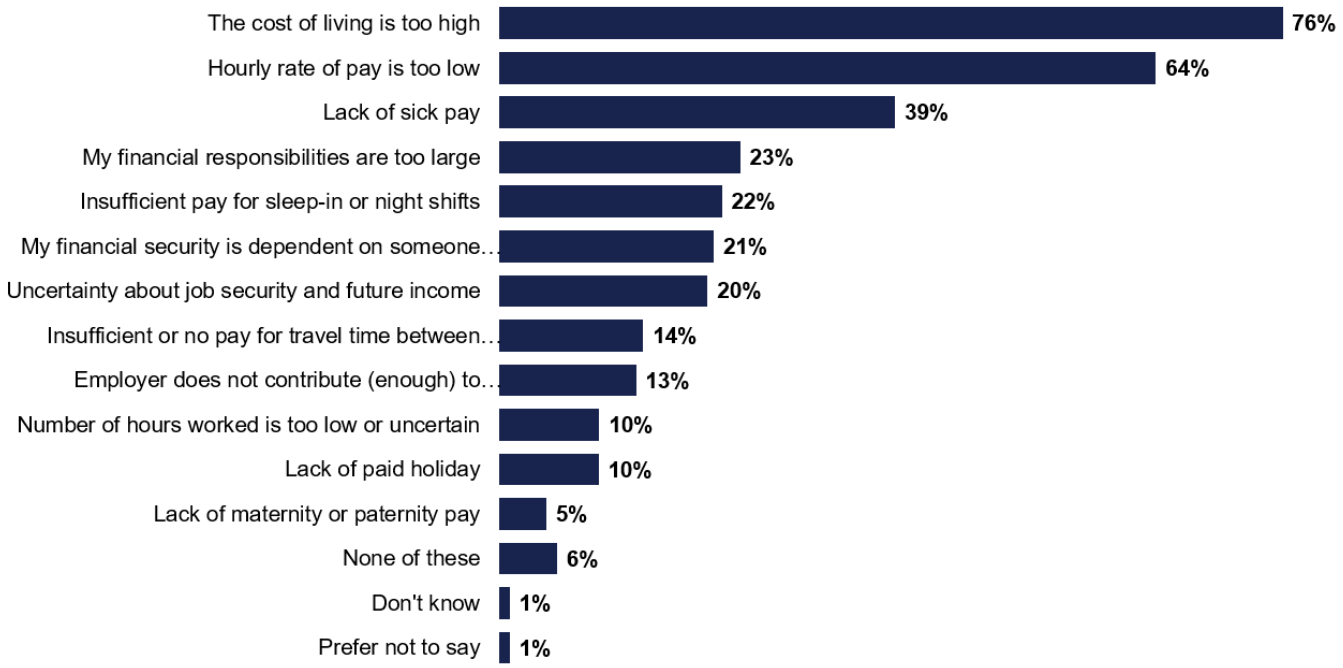
There are also differences in levels of financial security across demographic groups:

- Age: Participants aged 55 or over are more likely to say they are financially secure (37% vs 32% overall).
- Ethnicity: Participants from Black ethnic backgrounds are less likely to say they have financial security (25%), whereas participants from an Asian ethnic background are more likely to say they do have financial security (41%) compared with 32% overall.
- Annual income: Participants with an annual household income of up to £25,999 are less likely to say they have financial security (22% vs 48% of those with a household income over £52,000 or above).

Most of the ASC workforce feel the costs of living is too high and two thirds (64%) say their hourly pay rate is too low.

Participants were also asked a follow up question about their current financial circumstances. Over three quarters (76%) of the ASC workforce say the cost of living is too high, and two thirds (64%) state their hourly rate of pay is too low. Around two in five (39%) also say there is a lack of sick pay, and one in five (22%) say there is insufficient pay for sleep-in or night shifts. A similar proportion of participants also state their financial responsibilities are too large (23%), their financial security is dependent on someone else’s income (21%), and there is uncertainty about job security and future income (20%).

Figure 3.24: Financial circumstances.



Base: All respondents working in adult social care in England (7,233)
ASCOT_income_12. Which of these, if any, apply to you?

People working in direct care more commonly say the hourly rate of pay is too low (70% vs 64% on average), they have insufficient or no pay for travel between visits (16% vs 14% on average) and there is insufficient pay for sleep-in night shifts (26% vs 22% overall). Care workers or assistant care workers (70%), senior care workers (74%) and support or outreach workers (71%) are more likely to say the hourly rate of pay is too low compared with personal assistants (59%), occupational therapists (42%) and nurses and nursing associates (45%). Nurses and nursing associates are more likely to cite a lack of sick pay (54% vs 39% overall).

People working in residential care (69%) and community services (72%) more commonly say their hourly rate of pay is too low compared with the workforce average (64%). People working in residential care are also more likely to state there is a lack of sick pay (49% vs 39% on average). Those working in home care services are the group most likely to say they have insufficient or no pay for travel between visits (29% vs 14% overall, 14% of those working in the community and 6% of those working in residential care), they have uncertainty about job security and future income (25% vs 20% on average), and the number of hours worked is too low or uncertain (22% vs 10% on average).

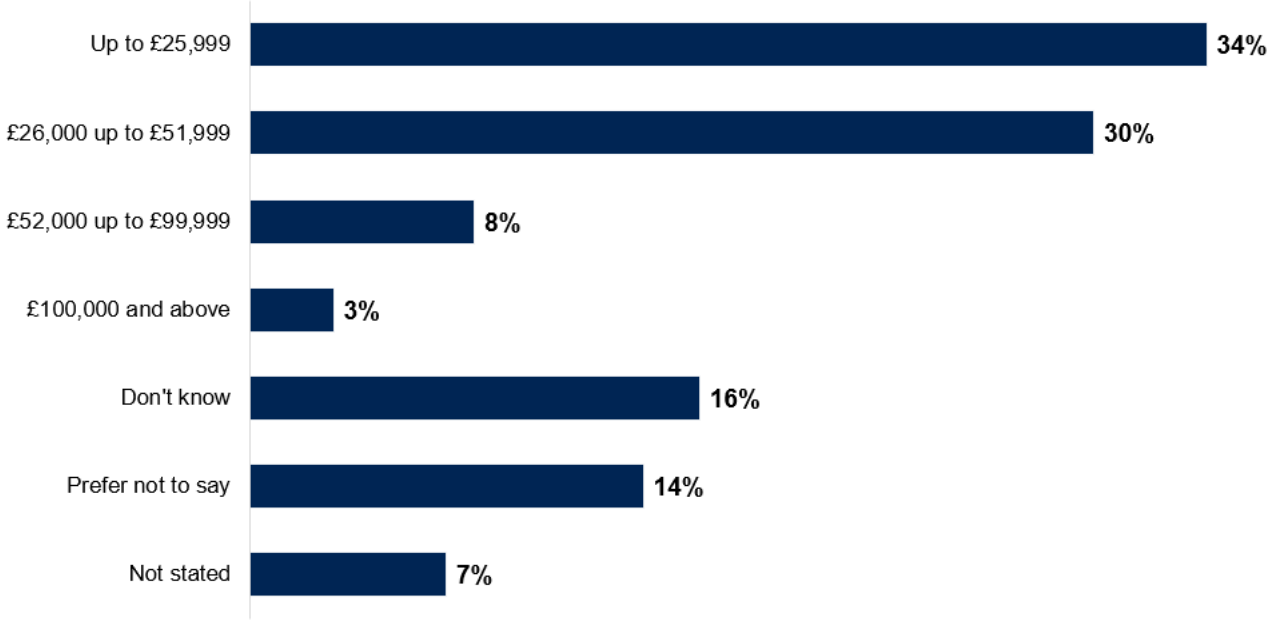
There are also differences across demographics:

- Age: People under 35 and those ages 35 to 44 are more likely to say the cost of living is too high (80% and 81% respectively vs 76% on average).
- Gender: Males are more likely to say the hourly rate of pay is too low (70%) compared with females (63%).
- Ethnicity: People from a Black ethnic background are more likely to say their financial responsibilities are too large (30% vs 23% on average), there is uncertainty about job security and future income (25% vs 20% on average), there is insufficient or no pay for travel between visits

(22% vs 14% on average), and the number of hours worked is too low or uncertain (17% vs 10% on average).

Participants in the survey were also asked to provide their annual household income. Around a third of the workforce (34%) have an annual household income of up to £25,999, with a similar proportion (30%) having an annual income of £26,000 up to £51,999. Around one in ten (eight per cent) have a household income of £52,000 up to £99,999, and only three per cent have a household income of £100,000 or above.

Figure 3.25: Annual household income.



Base: All respondents working in adult social care in England (7,233)
R27_m_hhincome_new ANNUAL INCOME

Participants working as care workers or assistant care workers are more likely to have a household income of up to £25,999 (44% vs 34% overall). Social workers (41%), occupational therapists (42%), nurses and nursing associates (42%) and registered mangers (43%) more commonly have a household income of £26,000 to £51,999 (vs 30% overall). Occupational therapists (eight per cent), nurse and nursing associates (eight per cent) and registered managers (five per cent) are also more likely to say their household income is £100,000 or above (three per cent overall).

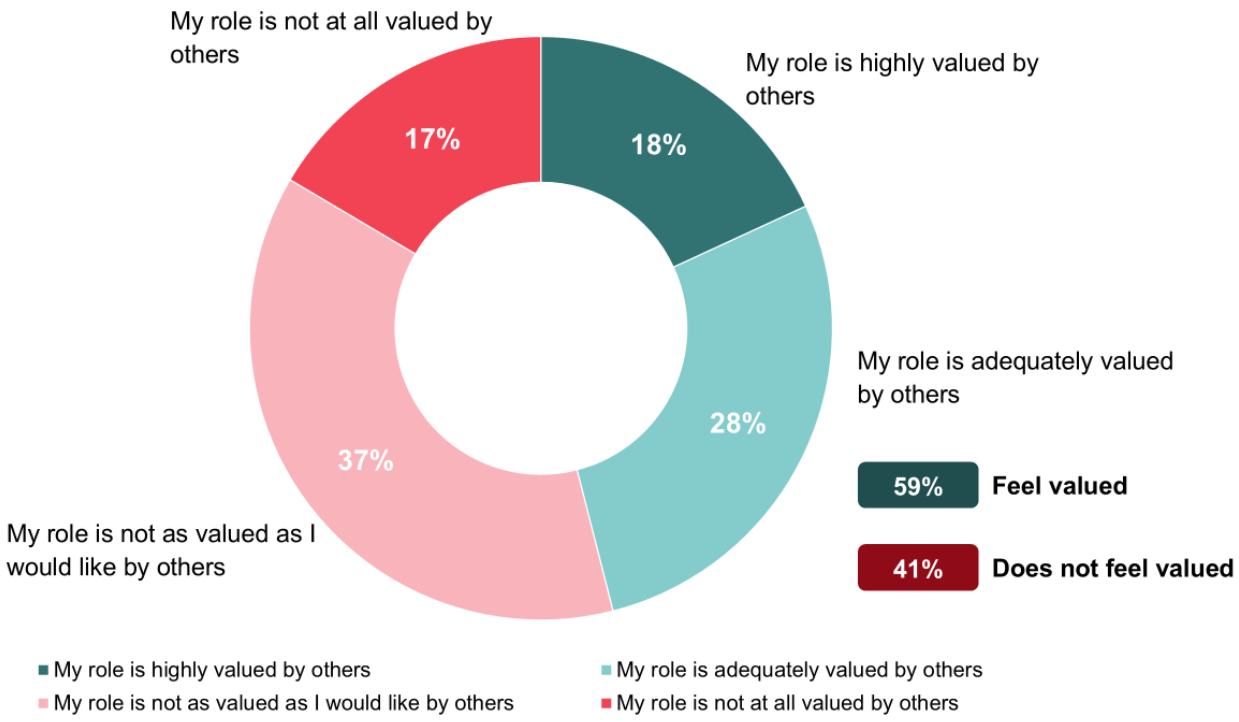
People working on a health and care visa and those who are not UK citizens are more likely to have a household income of up to £25,999 (55% and 50% respectively vs 34% on average). Similarly, people from Asian and Black ethnic backgrounds are also more likely to live in household with an annual income of up to £25,999 (44% and 50% respectively vs 34% on average).

3.3.14 Feeling valued

Participants were asked to think about their role in social care and how valued it is by other people. They were asked to think about the public, people they know, and the views expressed in the media. The ASC workforce is evenly split on whether their role is valued by other people.

Just over half (54%) say their role is not valued, while under half (46%) say their role is valued. Around one in five state their role is highly valued (18%), while a similar proportion (17%) say their role is not valued at all by others.

Figure 3.26: Feeling valued.



Base: All respondents working in adult social care in England (7,233)
ASCOT_asp_13. Thinking about how your role in social care is valued by other people, which of the following best describes how you feel?

The job role where people are least likely to feel valued is social workers, with 72% of them saying their role is not valued, which is more than other job roles. The most frequently chosen response by social workers and occupational therapists is that their role is not as valued as they would like by others (53% and 47% respectively, compared with 37% on average).

Three in five people working in residential care (60%) say their role is not valued, and again this is more than in home care (46%) and community care services (54%).

Differences on feeling valued are also found by demographics:

- Ethnicity: feeling valued is more common among people from Asian or Black ethnic background than among White people (67% and 62% respectively vs 46%).
- Visa and citizenship: people working on a health and care visa (64%), and people who are not UK citizens (57%), are more likely than average to report feeling valued (46%).

4 Experiences of harassment, abuse and bullying

The chapter explores how frequently the Adult Social Care workforce has been exposed to physical violence, harassment, abuse and bullying over the last 12 months, involving the people they care for and support and their family members, their managers and other colleagues and members of the public. The survey also included a question about whether the last incident they had witnessed or experienced had been reported.

The questions were adapted from the NHS staff survey and the changes made to the question wording to make them appropriate for the ASC workforce and the settings they work in means the findings reported here are not directly comparable with the NHS staff survey results. The NHS staff survey asked about incidents experienced, while the question in the ASC Workforce survey asked participants about incidents they have experienced or witnessed. This is because research has shown that witnessing physical violence, harassment, abuse and bullying can also have a significant impact on the witness's mental health (Can employees be emotionally drained by witnessing unpleasant interactions between coworkers? A diary study of induced emotion regulation).

Key Findings

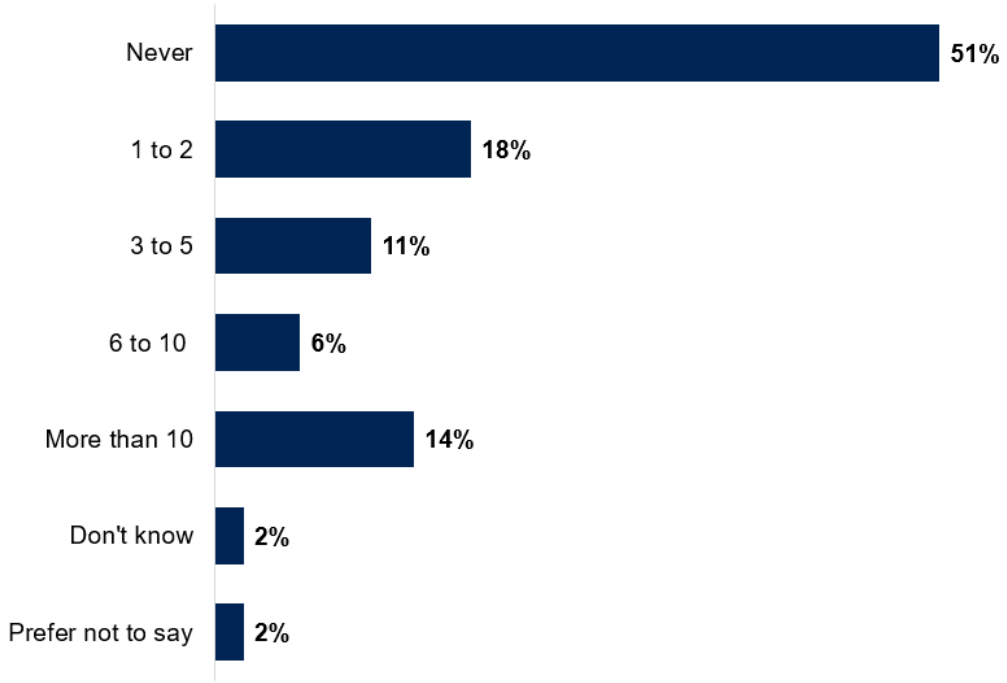
- Half of the ASC workforce has experienced or witnessed physical violence (49%) or harassment, bullying or abuse (46%) from people they care for and support in the last 12 months.
- Physical violence from colleagues, managers, family members of the people cared for, or members of the public are less common (7% to 13% of the ASC workforce have experienced or witnessed physical violence from these sources in the last 12 months)
- Harassment, bullying or abuse from colleagues, managers, family members of the people cared for, or members of the public are slightly more prevalent (between 13% and 33% have experienced or witnessed bullying or harassment from these sources over the last 12 months).
- Job role, type of service and employer worked for, and personal demographics such as ethnicity and citizenship are associated with whether or not people experience and report incidents. These findings are in line with those on perceptions of feeling safe at work, as reported in Chapter 3.

4.1 Experience of physical violence from the people they care for or support

Half (49%) of the ASC workforce has experienced or witnessed physical violence from the people they care for or support in the last 12 months, including one in seven (14%) who have experienced it more than 10 times.

Participants were asked how many times they have personally experienced or witnessed physical violence in the last 12 months on a scale from never to more than 10 times. It should be noted that in the NHS staff survey participants were asked to report only on their own experience, rather than including what they had witnessed.

Figure 4.1: Experienced or witnessed physical violence from people they care for or support.



Base: All respondents working in adult social care in England (7,233)
Q. Phy_vio From people you care for or support. In the last 12 months how many times have you personally experienced or witnessed physical violence while working in adult social care?

As a comparison, in the follow up question to the ASCOT-Workforce safety domain question, one in three people (32%) cite the risk of physical abuse or violence from those they care for or support, or from their family members or friends, as a reason that makes them feel unsafe doing their job – this is reported in chapter 3 section 3.3.8. This means that although half of the workforce report having experienced or witnessed physical violence from the people they care for or support in the last 12 months, not all of them feel unsafe doing their job as a result.

There are important differences by job role: experiencing or witnessing physical violence from the people cared for or supported is much more prevalent than average among nurses and nursing associates (65%), senior care workers (63%), and to a lesser extent registered managers (55%) and people in other managerial roles providing direct care (58%). In contrast, occupational therapists (21%), social workers (34%) and personal assistants (21%), are less likely than average to report such experiences over the last 12 months.

In terms of the type of service, physical violence from the people cared for or supported is most common among staff working in residential care (70%), followed by day care (62%). Home care is the service type where staff are least likely to be affected by physical violence (26%).

Differences by type of employers are in line with those identified by type of service and job role, with members of the workforce working for individual employers (22%) and local authorities (33%) least likely to report physical violence from the people they support, and those working for an independent employer (e.g.) more likely to do so (54%), when compared with the workforce average (51%).

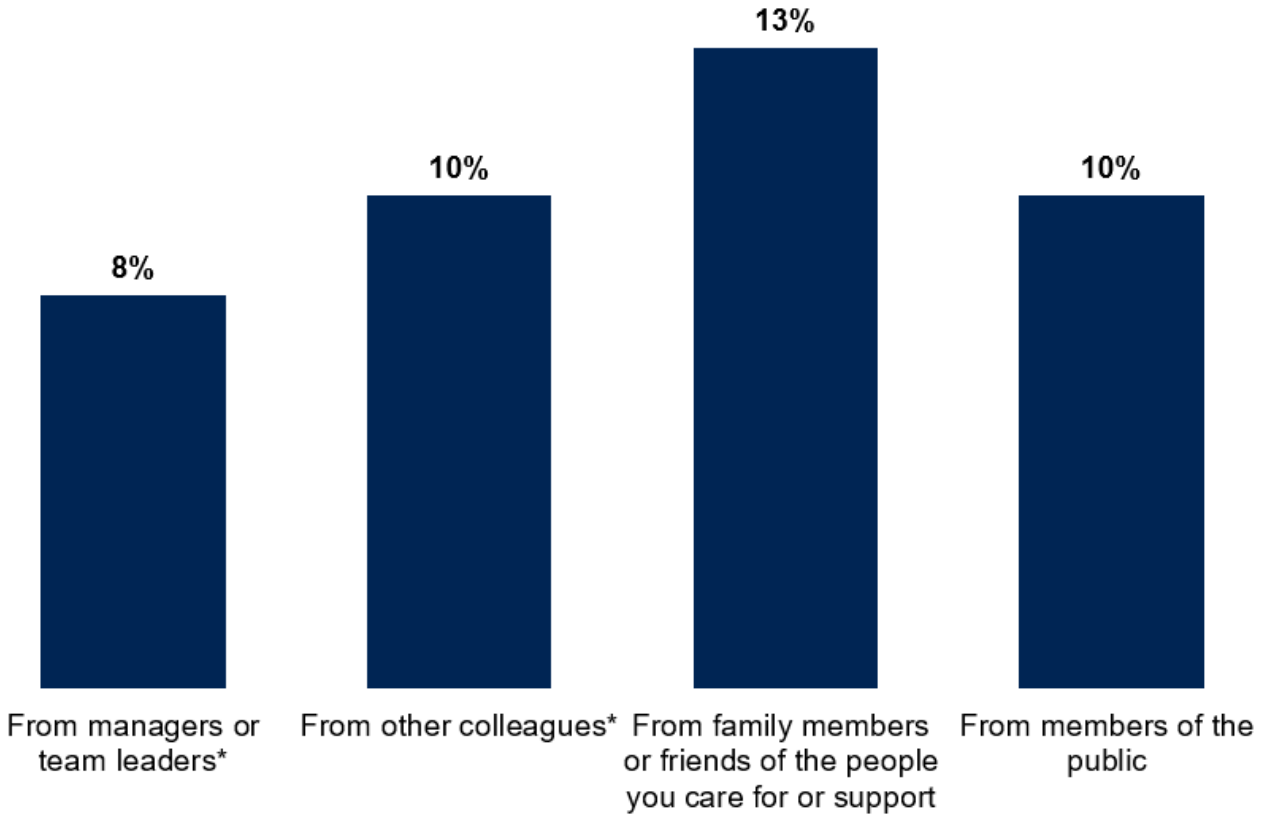
Differences can also be observed depending on the group of service user people work with: experiences of physical violence are more likely to be reported by members of the ASC workforce working with people of working age with learning disability and/or autism (56%), with a mental health condition (57%), or with older people with dementia (53%), when compared with the average (51%).

Those who reported no religious affiliation (51%) were more likely than those with a religious affiliation (48%) to report having experienced or witnessed physical violence from those being cared for or supported. Those who identified as lesbian, gay, bisexual or another sexual orientation (61%) were more likely than heterosexual participants (48%) to have experienced or witnessed physical violence from those being cared for or supported.

4.2 Experience of physical violence from other sources (not those receiving care or support)

A small proportion of the ASC workforce has experienced or witnessed physical violence from family members or friends of the people they care for or support (13%), colleagues (10%), members of the public (10%) and managers or team leaders (8%), and over the last 12 months. This is low in comparison with the proportion of the workforce who has experienced physical violence from the people they care for or support (51%) over the same period.

Figure 4.2: Experienced or witnessed physical violence from other sources.



*Base: * All respondents working in adult social care excluding those working as personal assistants and/or Self-employed / Independent (6,728 for managers and team leaders, 6,739 for other colleagues). Base excludes those who said don't know or prefer not to say*

All respondents working in adult social care in England (7,096 for family members or friends, 7,090 for members of the public). Base excludes those who said don't know or prefer not to say

Q.Phy_vio In the last 12 months how many times have you personally experienced or witnessed physical violence while working in adult social care? Percentage reporting at least once.

Also, as seen in chapter 3 section 3.3.8, only 2% of the workforce report physical abuse or violence from colleagues, and only 4% report physical abuse or violence from the general public, as reasons making them unsafe doing their job, indicating that experiencing physical violence does not necessarily make them feel unsafe doing their job.

In relation to job role, reporting experiences of physical violence from managers or team leaders, or colleagues is more common among nurses and nursing associates (12% and 14% respectively), care workers and assistant care workers (9% and 12%), and senior care workers (8% and 15%), when compared with occupational therapists (2%, and 1% respectively have experienced or witnessed physical violence from these sources), and social workers (3%, and 4% respectively).

Looking at violence from family members or friends of people they care for or support, it is notable, however, that social workers, and nurses and nursing associates, are the most impacted occupations (20% and 26% for violence from family members or friends people supported), with social workers also more likely than average to experience violence from members of the public (15%, higher than people in direct care roles 9%). This might reflect the specificities of their work (with social workers being frequently out working with people in the community).

Looking at type of service, physical violence is more commonly reported by those working in residential care settings. Physical violence by family members or friends of those cared for or supported tends to be most common in residential care homes overall (17%, increasing to 20% in care homes with nursing), which is higher than in home care and day care settings (11% and 9% respectively). This pattern can also be observed for physical violence from managers and team leaders and from other colleagues.

From an employer perspective, people employed by a local authority are less likely than average to experience or witness physical violence from managers and team leaders (4%) or colleagues (6%) which is less than people working for the independent sector (7% and 11% respectively) or for ‘other employer’ (primarily made up of the NHS, with 16% for both sources of violence). In relation to violence from members of the public it is notable that one quarter of those working for other types of employers (25%) are impacted, which exceeds the adult social care workforce average (10%). The same pattern is observed about violence from family members of people supported, experienced by over a fifth of people working for other employers (22%), as opposed to 13% among the workforce as a whole.

In relation to the demographics of participants, those from Asian ethnic backgrounds are more likely to witness or experience physical violence than average when it comes to violence from managers or team leaders (12% compared with 7% for the workforce as a whole), from colleagues (21% vs 10%), or from members of the public (18% vs 10%).

A similar pattern can be observed among non-UK citizens, who are more likely than UK citizens to experience violence from managers or supervisors (12% compared with 7%), and from other colleagues (16% vs 10%).

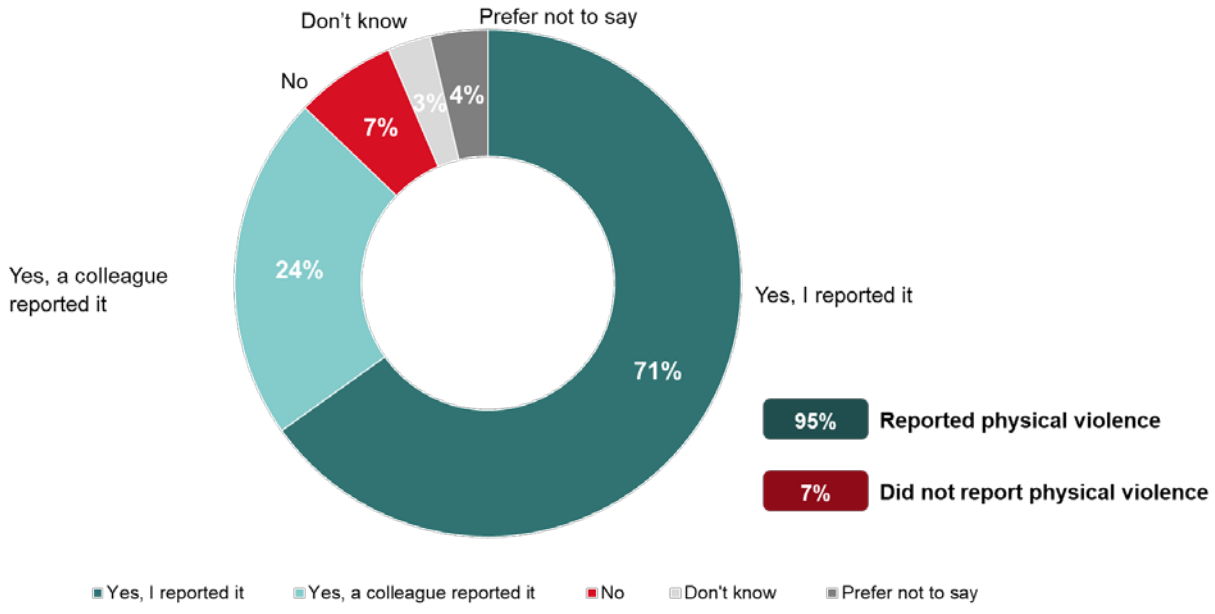
Those who reported a religious affiliation were more likely than those without a religious affiliation to report having experienced or witnessed physical violence from managers or team leaders (9% vs 5%) and from other colleagues (13% vs 7%). However, there was no difference in the incidence of physical violence from family or friends of those cared for or members of the public by religious affiliation.

Those who identified as lesbian, gay, bisexual or another sexual orientation were more likely than heterosexual participants to have experienced or witnessed physical violence from family or friends of those cared for (19% vs 12%) or members of the public (13% vs 9%). There was no difference in reports of physical violence from managers or team leaders or colleagues.

4.3 Reporting incidents of physical violence experienced or witnessed while working

When incidents of physical violence are experienced or witnessed while working in ASC, they usually get reported, either by the person who experienced or witnessed the incident (71% said they reported the last incident) and/or by a colleague (24%). Only 7% say the last incident of physical violence that they experienced or witnessed did not get reported.

Figure 4.3: Reporting incidents of physical violence experienced or witnessed while working.



Base: All respondents who had experienced or witnessed physical violence while working in the last 12 months (3,490)
QPhy_vio_report The last time you experienced or witnessed physical violence while working, did you or a colleague report it?

Some job roles are less likely than average to say the last incident they experienced or witnessed over the last 12 months got reported, namely social workers (15% say neither they nor a colleague reported it), and personal assistants (27% did not report). This is in contrast with registered managers who are by far the most likely to say they reported the last incident they witnessed or experienced (83%), well above the workforce average (71%).

Looking at type of services, incidents of physical violence are less likely to get reported when experienced or witnessed by staff working in home care services (16% of them did not report it, compared with 7% for the workforce as a whole and 2% for staff working in day care), and most likely to be reported when experienced by staff working in residential care homes (73% of them reported it).

Participants employed by an individual employer are less likely to report incidents of physical violence (17% of them do not report) than those employed by a local authority (6% do not report) or by an independent employer (7%). This is related to the above difference by type of service: 91% of people working in care homes have an independent employer.

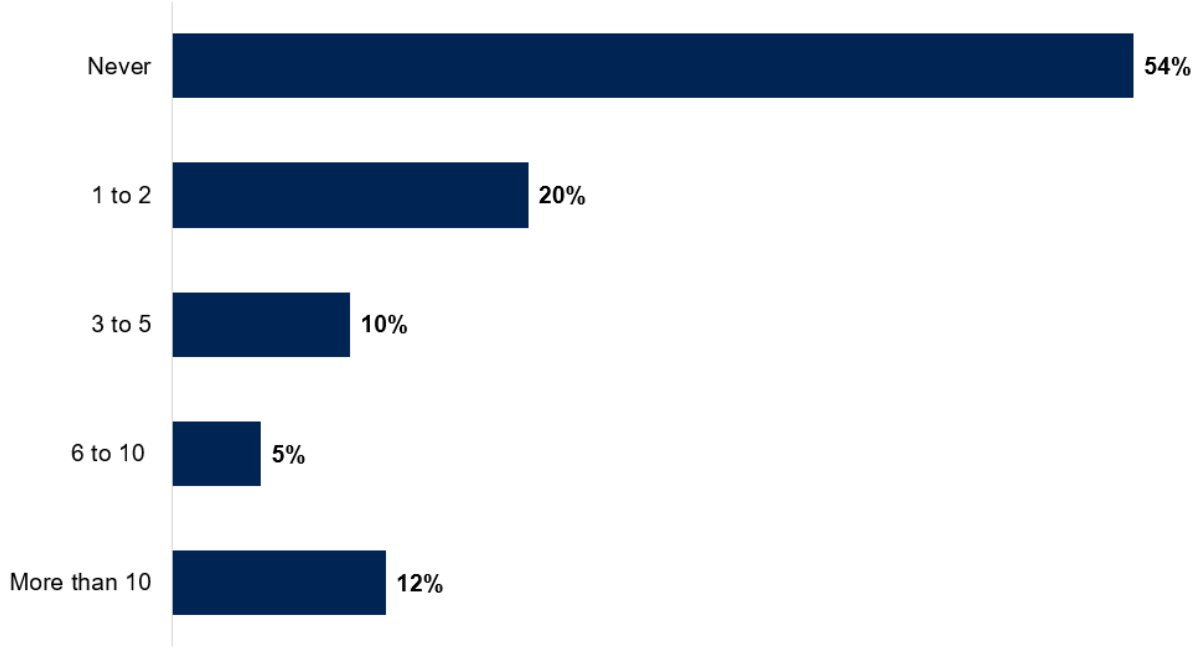
Looking at ethnicity and citizenship, incidents of physical violence are less likely to get reported when experienced or witnessed by staff from mixed ethnic backgrounds (14% did not report it, compared with 6% among people from White ethnic backgrounds) – this is an important finding as people from mixed ethnic backgrounds are also more likely than white people to experience or witness physical violence from the people they support or care for (63% vs 49% for white people). A similar pattern is observed among non-UK citizens (11% did not report) compared with UK citizens (7% did not report). This is

particularly interesting as non-UK citizens are more likely to experience or witness physical violence from managers, team leaders and other colleagues than UK citizens, as outlined in the section above.

4.4 Experience of harassment, bullying or abuse from the people they care for or support

Almost half (46%) of the ASC workforce has experienced or witnessed harassment, bullying or abuse from the people they care for or support in the last 12 months.

Figure 4.4: Experienced or witnessed harassment, bullying or abuse from people they care for of support in the last 12 months.



Base: All respondents working in adult social care in England (7,042) Base excludes those who said don't know or prefer not to say.

Q. Har_bull. From people you care for and support. In the last 12 months, how many times have you personally experienced or witnessed harassment, bullying or abuse while working in adult social care?

This is broadly in line with the proportion of people (32%) who report that the risk of verbal or emotional abuse, bullying or harassment from those they care for or support, or from their family members or friends as a reason for feeling unsafe doing their job – as reported in chapter 3, section 3.3.8.

In relation to job role, experience of harassment, bullying or abuse from the people cared for or supported particularly affects social workers (58% have experienced or witnessed this over the last 12 months), senior care workers (54%) and those in other deputy or other manager roles, team leaders or supervisors (52%) when compared with the workforce overall (46%). In contrast, personal assistants (17%) are less likely than average to say they have experienced or witnessed this over the last 12 months. Nurses and nursing associates (23%), and senior care workers (16%) are more likely than other groups to report having experienced or witnessed harassment, bullying or abuse more than 10 times in the last 12 months. Those working in residential care (19%) or working with people with a learning disability or autism (16%) or with a mental health condition (16%) are also more like to have experienced or witnessed harassment, bullying or abuse more than 10 times in the last 12 months.

Experience of harassment, bullying or abuse from the people cared for or supported are much more common among staff working in care homes (57%, rising to 62% in nursing homes) than among staff in home care services (31%), day care settings (45%) and community settings (48%).

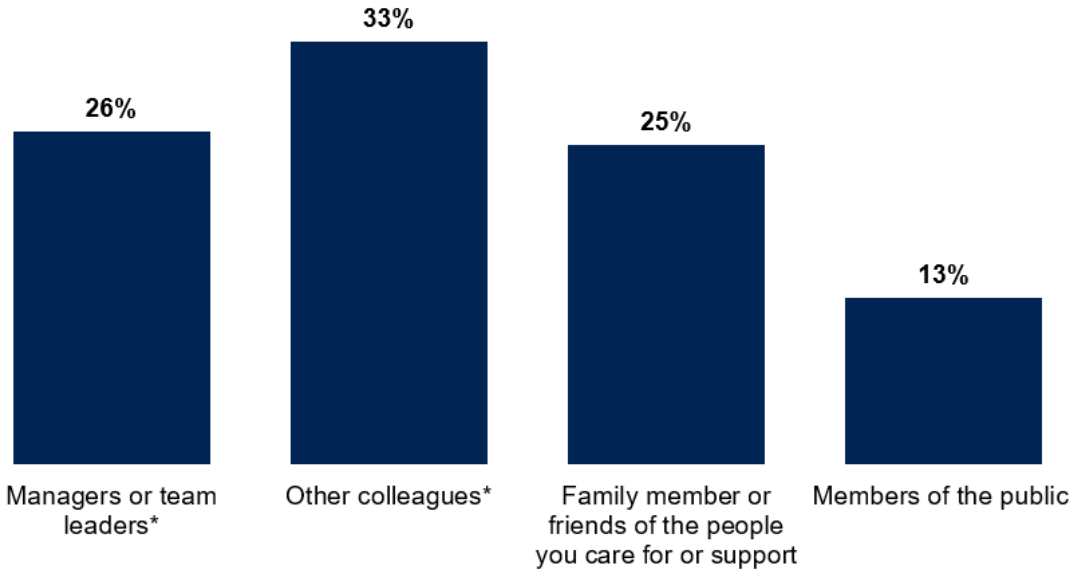
Related to the differences noted above, those working for an independent employer are more likely to say they have experienced or witnessed harassment, bullying or abuse from the people they care for or support over the last 12 months (50% do) than staff employed by a local authority (42% do), and those working for an individual employer (19%).

In line with earlier findings, experience of harassment, bullying or abuse from the people cared for or supported are more common among non-UK citizens (52%) than among UK citizens (45%). Those who identified as lesbian, gay, bisexual or another sexual orientation (55%) were more likely than heterosexual participants (45%) to have experienced or witnessed harassment, bullying or abuse from those being cared for or supported.

4.5 Experience of harassment, bullying or abuse from other sources (not those who are receiving care or support)

In the last 12 months, one third (33%) of the ASC workforce has experienced or witnessed harassment, bullying or abuse from other colleagues, a quarter (26%) from managers or team leaders, a quarter (25%) from family members or friends of people they care for or support and one in seven (13%) from members of the public.

Figure 4.5: Experienced or witnessed harassment, bullying or abuse from other sources.



*Base: * All respondents working in adult social care excluding those working as personal assistants and/or Self-employed / Independent (6,694 for managers and team leaders, 6,697 for other colleagues). Base excludes those who said don't know or prefer not to say*

All respondents working in adult social care in England (7,090 for family members or friends, 7,062 for members of the public). Base excludes those who said don't know or prefer not to say

Q. Har_bull. In the last 12 months, how many times have you personally experienced or witnessed harassment, bullying or abuse while working in adult social care? Percentage reporting at least once.

When asked about safety as a follow up to the ASCOT-Workforce safety domain question, one in seven (15%) members of the workforce cite verbal or emotional abuse, bullying or harassment from colleagues, and one in twenty (6%) cite verbal or emotional abuse, bullying or harassment from members of the public, as reasons for feeling unsafe doing their job – as reported in chapter 3 section 3.3.8.

In relation to job role, experience of harassment, bullying or abuse from managers, team leaders, and other colleagues is more prevalent than average amongst nurses (42% from managers or team leaders), and less common among registered managers (20% from managers or team leaders) and social workers

and occupational therapists (26% and 18% respectively experience harassment, bullying or abuse from other colleagues) and support and outreach workers (22% from managers and team leaders).

Looking at harassment, bullying and abuse from the family members or friends of people cared for, people in direct care roles are less likely than average to say they experience this (21%). Personal assistants are the job role least likely to experience or witness harassment, bullying or abuse from family members or friends of people cared for (16%). People in managerial positions (37% among registered managers, 35% among those in managerial position who do not provide direct care) or professional job roles (49% for social workers, occupational therapists and nurses combined) are more likely to experience or witness harassment, bullying or abuse.

In terms of the type of service, the pattern is similar to that previously observed: those working in residential care homes are more likely to have experienced or witnessed harassment, bullying or abuse in the last 12 months (32% from managers or team leaders, 40% from other colleagues, 26% from family members or friends of people they care for or support), when compared with people working in home care settings (20%, 23%, and 22% respectively) and those working in community care (21%, 30%, and 19% respectively).

Experiencing or witnessing harassment, bullying or abuse from family members or friends of people cared for or supported is more common among UK citizens than among non-UK citizens (26% compared with 18%), and among people who are not working on a health and care visa (23% vs 12% among those on a heath and care visa).

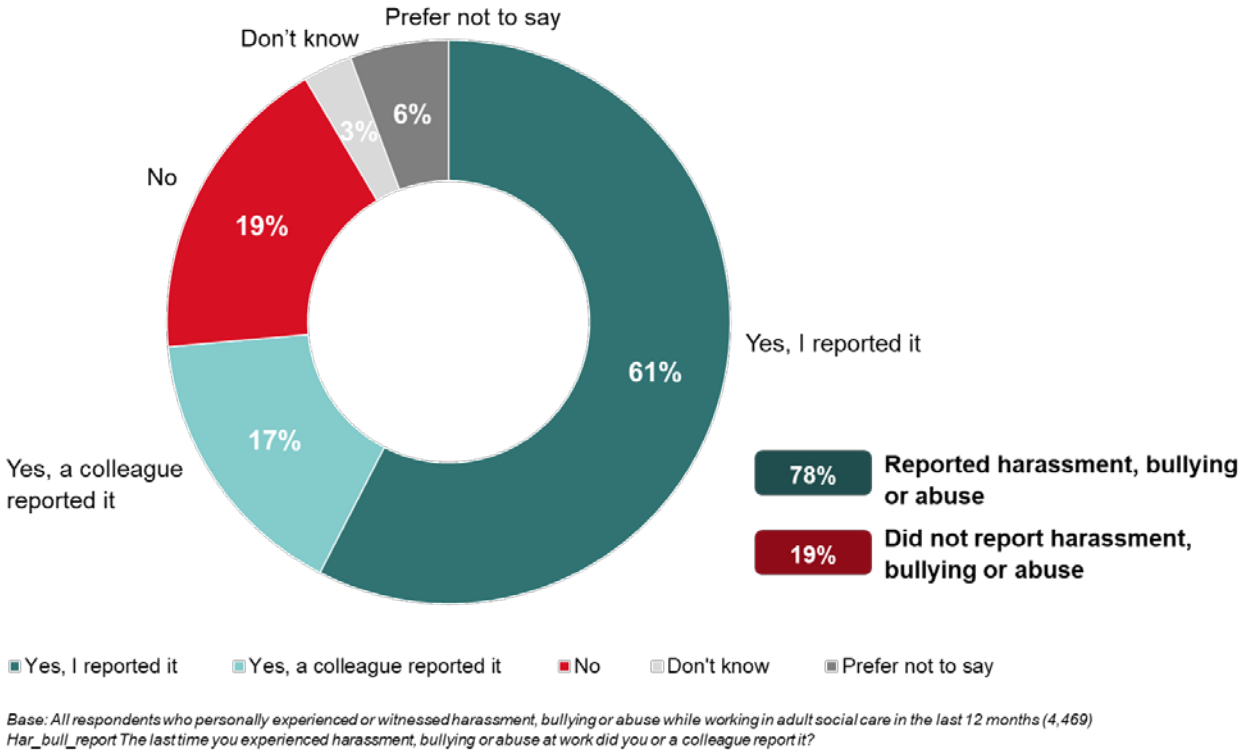
Those who reported a religious affiliation were less likely than those without a religious affiliation to report having experienced or witnessed harassment, bullying or abuse from family or friends of those cared for (22% vs 28%) or members of the public (12% vs 14%).

Those who identified as lesbian, gay, bisexual or another sexual orientation were more likely than heterosexual participants to have experienced or witnessed physical violence from managers or team leaders (31% vs 25%), colleagues (46% vs 31%), family or friends of those cared for (34% vs 24%) or members of the public (20% vs 12%).

4.6 Reporting incidences of harassment, bullying or abuse experienced or witnessed while working

Participants were asked whether they or a colleague had reported incidents of harassment, bullying or abuse that they had experienced or witnessed while working. Of those who witnessed or experienced harassment, bullying or abuse, 78% say the last incident they experienced or witnessed was reported, either by the participants themselves (61%) or a colleague (17%).

Figure 4.6: Reporting incidents of harassment, bullying or abuse experienced or witnessed while working.



Base: All respondents who personally experienced or witnessed harassment, bullying or abuse while working in adult social care in the last 12 months (4,469)
Har_bull_report The last time you experienced harassment, bullying or abuse at work did you or a colleague report it?

Job roles less likely than average to say the last incident they experienced or witnessed got reported are personal assistants, social workers and occupational therapists (40%, 37%, and 31% respectively say it was not reported). Registered managers are by far the most likely to report incidents themselves (68%).

In terms of the type of service, a quarter of people working in home care services (25%) say the last incident they experienced or witnessed did not get reported, rising to three in ten (29%) among people working in other/ multiple services – this is higher than the workforce average of 19%, and higher than the proportion in residential care (18%), day care (14%), and community care (15%).

Over a third of people working for an individual employer (36%) and a quarter of those working for a local authority (25%) say the last incident of harassment, bullying or abuse they experienced or witnessed did not get reported, which is higher than the workforce overall (19%) and higher than among those working for an independent employer (18%).

5 Learning and development

This chapter looks at the prevalence and impact of appraisals, annual or development reviews among the ASC workforce, and the opportunities available to them to develop their knowledge, skills and careers. Questions about learning and development were taken from the NHS staff survey.

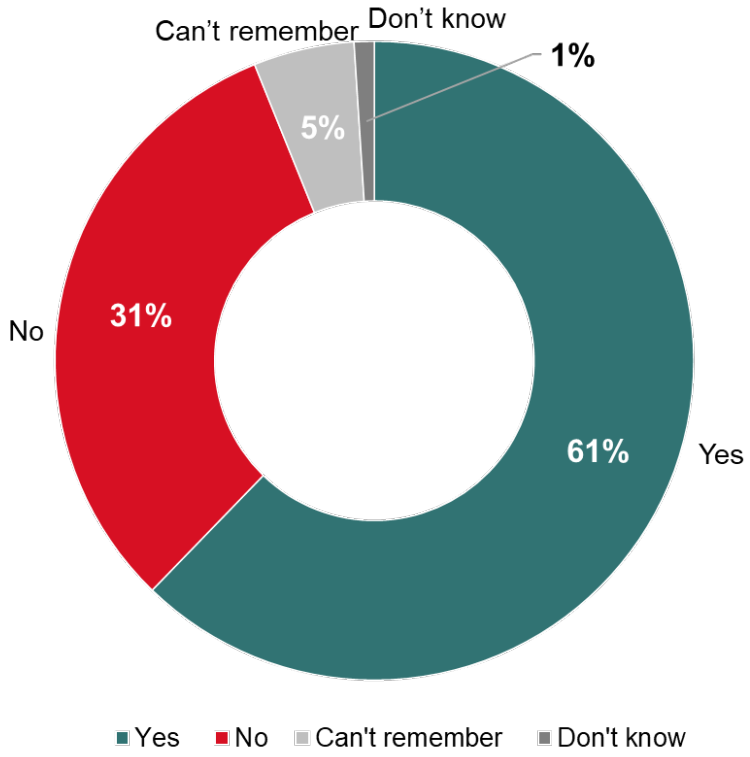
Key Findings

- Three in five members of the workforce (61%) say they had an appraisal, annual review or development review over the last 12 months. This is about 20 percentage points lower than in the 2022 NHS staff survey.
- Around half (51%) of the ASC workforce who had an appraisal or review over the last 12 months agree their appraisal has helped them agree clear objectives for their work and left them feeling that their work was valued by their organisation or individual employer.
- Over half of the ASC workforce agree they have opportunities to improve their knowledge and skills (56%) and that they are offered challenging work (55%). However only two in five (39%) agree that there are opportunities for them to develop their career in their organisation or with their individual employer. Agreement on all these statements is lower than among NHS staff in 2022.
- Registered managers, people in other managerial and supervisory roles, social workers and occupational therapists are more likely to agree they have opportunities for professional development, compared with the workforce as a whole.

5.1 Appraisals, annual reviews and development reviews - overview

Three in five members of the workforce (61%) of the ASC workforce say they had an appraisal, annual review or development review in the last 12 months, while around a third (31%) state they have not had any type of appraisal or annual review. An annual review meeting was defined as usually being with a line manager or the person who employs them to discuss performance and career development.

Figure 5.1: Had an appraisal, annual review or development review in the last 12 months.



Base: All respondents working in adult social care in England (7,233)
Q.Appra. In the last 12 months, have you had an appraisal, annual review, or development review?

This is lower than reported in the 2022 NHS staff survey, where 81% of NHS staff said that in the last 12 months, they had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review – a wording not strictly identical but similar to the ASC workforce survey.

Managers with no responsibility for direct care and occupational therapists are most likely to say they had an appraisal.

Seven in ten occupational therapists (72%) and managers with no responsibility for direct care (71%) say they have had an appraisal in the last 12 months. This is higher than the overall ASC workforce (61%). Looking at those working in direct care, senior care workers (67%) and support or outreach workers (65%) are more likely to say they had an appraisal compared with personal assistants (28%) who are the job role least likely to say they have had an appraisal in the last 12 months.

Participants working in local authorities are also more likely to have had an appraisal or review in the last 12 months compared to those working for other types of employers (70% vs 62% for people working for an independent employer, 37% for those working for an individual employer, and 57% among those working for other types of employers).

Other sub-groups that are more likely to say they have had an appraisal in the last 12 months include:

- Participants working 36 hours or more (64% vs 61% overall).

- Participants from White ethnic backgrounds (63% vs 53% of participants from Asian ethnic backgrounds).

Looking at the ethnicity of the ASC workforce, the above differences are in contrast to the Van Laar statement 'I have a clear set of goals and aims to be able me to do my job' where participants from Asian and Black ethnic backgrounds are more likely to agree with this statement than participants from White ethnic backgrounds (84% and 83% respectively vs 75%). However, the Van Laar scale responses may reflect clarity about the tasks required of them, rather than overall career or development objectives.

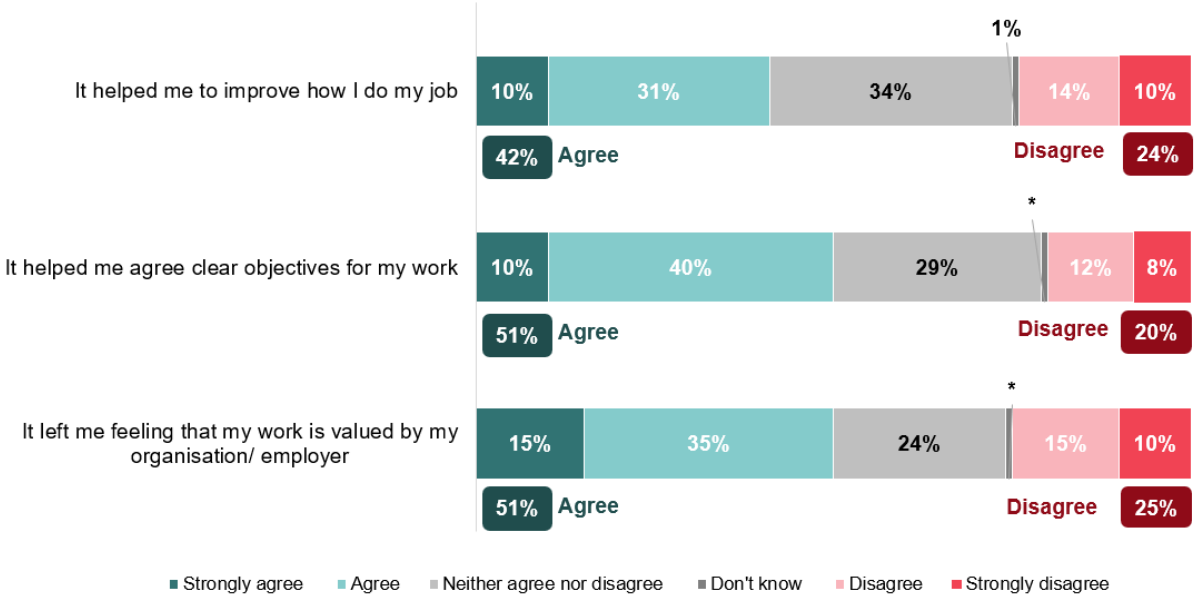
5.2 Impact of appraisals for the individual

Around half (51%) of the ASC workforce agree their appraisal has helped them agree clear objectives and left them feeling valued.

Participants who had an appraisal, annual review or development review in the last 12 months were asked to what extent they agreed with three statements about the impact of the meeting. The statements included: 'It helped me to improve how I do my job'; 'It helped me to agree clear objectives for my work'; and 'It left me feeling that my work is valued by my organisation / individual employer'. The results show that the potential benefits of an annual review are not always realised.

Just over half of the ASC workforce agree that their most recent appraisal helped them to agree clear objectives for their work (51%), and it left them feeling that their work is valued by their organisation or individual employer (51%). However, a lower proportion (42%) agree that the appraisal helped them to improve how they do their job. Around a quarter of the workforce disagree that their most recent appraisal helped them to improve how they do their job (24%) or left them feeling valued (25%), and a fifth disagree that it helped them agree clear objectives for their work (20%).

Figure 5.2: Impact of most recent appraisal, annual review or development review.



Base: Adults working in adult social care in England who had an appraisal in the last 12 months (4,224)
QAppraisal_impact Thinking about your most recent appraisal, annual review or development review, to what extent would you agree with the below statements?

In terms of job roles, registered managers are more likely to agree that appraisals had a positive impact on their role. This can be seen across all three statements:

- 50% agree their appraisal has improved how they do their job.

- 62% agree it helped them agree clear objectives for their work.
- 69% agree it left them feeling their work is valued by their organisation.

In comparison, those working in a direct care role are less likely to agree with all three statements (41%, 49%, and 50%, respectively).

Despite being the job role least likely to have had an appraisal over the last 12 months, personal assistants are more likely to agree that appraisals left them feeling valued by their employer compared to all other direct care staff (82% vs 49% for care workers or assistant care workers, 48% for support or outreach workers, and 47% for senior care workers).

There are other sub-groups who are more likely to agree they obtained benefits from their appraisals:

- Agreement with each of the three statements about the benefits of appraisals is higher among people working for a home care service than among people working in residential care (63% vs 43% for it left them feeling valued, 55% vs 47% for it helped me agree clear objectives for my work, and 46% vs 38% for it helped me to improve how I do my job).
- Participants who have been working in their role for up to six months are more likely to agree their last appraisal helped them agree clear objectives for their work (68%) compared with those in their role for five to ten years (47%) or more than ten years (46%).
- Participants from Black and Asian ethnic backgrounds are more likely to agree that appraisals help them improve how to do their job compared with participants from a White ethnic background (61% and 53% respectively vs 38%).

5.3 Opportunities for personal development

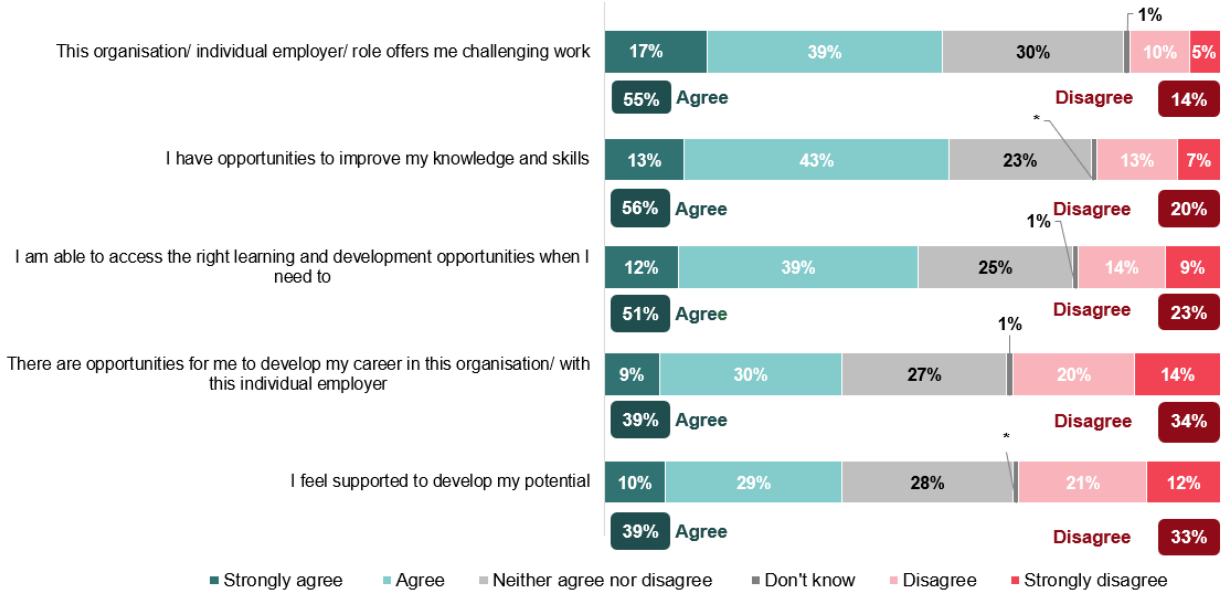
Participants were asked to what extent they agree with five different statements, all related to opportunities for personal development in their role, on a five-point scale from strongly agree to strongly disagree. The statements were:

- This organisation/individual employer/role offers me challenging work.
- There are opportunities for me to develop my career in this organisation/with this individual employer.
- I have opportunities to improve my knowledge and skills.
- I feel supported to develop my potential.
- I am able to access the right learning and development opportunities when I need to.

About half of the ASC workforce feel they have opportunities for personal development, however around third do not feel there are opportunities to develop their career.

Around half of the ASC workforce agree their organisation, individual employer or role offer challenging work (55%), that they have opportunities to improve their knowledge and skills (56%) and they are able to access the right learning and development opportunities when they need to (51%). In contrast, around a third (34%) disagree that there are opportunities for them to develop their career or they feel supported to develop their potential (33%).

Figure 5.3: Opportunities for personal development.



Base: All respondents working in adult social care in England (7,233)
QPer_dev_A. To what extent do these statements reflect your view of your organisation as a whole /individual employer/ role?

The 2022 NHS staff survey also used an agree/disagree scale when asking these statements so findings between the two surveys are directly comparable. On all five statements, levels of agreement are higher in the 2022 NHS staff survey than in the ASC workforce survey:

- This organisation offers me challenging work: 71% agree in the NHS staff survey vs 55% in the ASC workforce survey.
- There are opportunities for me to develop my career in this organisation: 56% vs 39%.
- I have opportunities to improve my knowledge and skills: 69% vs 56%.
- I feel supported to develop my potential: 55% vs 39%.
- I am able to access the right learning and development opportunities when I need to: 57% vs 51%.

5.3.2 Challenging work

Around half of the ASC workforce say they are offered challenging work.

Over half (55%) of participants agree their organisation, individual employer or role offers them challenging work, while 14% say they disagree with this statement and around a third (30%) say they neither agree nor disagree.

Social workers and occupational therapists are most likely to agree their organisation offers them challenging work (88% and 87% vs 55% overall), whereas participants working in direct care are least likely to agree (49% vs 55% overall). Among direct care staff, personal assistants are most likely to disagree with this statement (20% vs 14% overall).

Other sub-groups that are more likely to agree they are offered challenging work include:

- Participants from White ethnic backgrounds (58% vs 46% of participants from Black ethnic backgrounds and 45% of participants from Asian ethnic backgrounds).
- Participants who are UK citizens (57% vs 49% of non-UK citizens).
- Participants with an annual household income of £52,000 to £99,999 (70% vs 50% of participants with an annual household income of up to £25,999).

5.3.3 Career development opportunities

Just under two in five (39%) of participants agree there are career development opportunities with their employer.

Around two in five (39%) agree with the statement 'there are opportunities for me to develop my career in this organisation/ with this individual employer'. Within this, just under one in ten (9%) strongly agree and 30% agree. In contrast around a third (34%) say they disagree, with 14% saying they strongly disagree and one in five (20%) stating disagree. Just over a quarter (27%) say they neither agree nor disagree.

The results for this question are in line with those for the Van Laar statement 'I am satisfied with the career opportunities available for me here' (reported in Chapter 3), where 42% of the workforce agree with the statement and 29% disagree. Similarly, the results from the ASCOT-Workforce domain about career pathways, (also reported in Chapter 3 section 3.3.12) show that three fifths (59%) say they have opportunities to develop, and two fifths (41%) say they do not.

Registered managers (49%), people working in other managerial or supervisory roles (55%), and social workers (54%) are most likely to say they agree there are career opportunities with their employer compared to the overall workforce (39%). Similarly, those conducting care assessments, planning and advising as part of their role are also more likely to agree (42% vs 39% of the overall ASC workforce).

In contrast, over half (53%) of nurses and nursing associates disagree there are career development opportunities and just under half of personal assistants (46%) disagree with this statement, significantly higher than senior care workers (32%), care workers and assistant care workers (35%), and support or outreach workers (35%).

The less time participants have spent in their role, the more they feel there are career development opportunities. Participants with up to six months in their role are more likely to agree there are development opportunities compared with those with between 5 and 10 years and more than 10 years in their role (59% vs 35% and 33% respectively).

There are also differences in terms of household income, participants with a household income between £52,000 and £99,999 are more likely to agree there are career opportunities (46% do) compared with those with a household income of less than £25,999 (36%).

5.3.4 Opportunities to improve knowledge and skills

Almost six in ten (56%) participants agree they have opportunities to improve their knowledge and skills.

Participants were asked to what extent they agree with the statement 'I have opportunities to improve my knowledge and skills' on a 5-point scale from strongly agree to strongly disagree. Almost six in ten (56%) of the ASC workforce agree with this statement, while one in five (20%) say they disagree.

Looking at ASCOT-Workforce domain about competency, participants were asked ‘Thinking about the skills and knowledge you need to do your job well, which of the following statements best describes how you feel now?’, the majority of participants (89%) say they have the skills and knowledge they need and one in ten (11%) say they do not (Chapter 3, section 3.3.11). This suggests that although most people feel they have sufficient skills to do their job well, fewer than six in ten have opportunities to improve their skills and knowledge, which they might need to do if they want to develop or advance their career.

Registered managers (69%), people working in other managerial or supervisory roles (68%), social workers (68%), and occupational therapists (66%) are most likely to agree that they have opportunities to improve their knowledge and skills (compared with 56% of the overall workforce). Personal assistants (33%) and nurses and nursing associates (35%) are most likely to disagree.

As with career development opportunities, the less time participants have spent in their role, the more likely they are to agree with this statement. Participants with up to six months in their role feel are more likely to agree (71%) compared with participants who have been in their role between 5 and 10 years (52%) and more than 10 years in their role (52%).

Agreement they have the skills and knowledge they need is also higher among people working for a home care service (58%) when compared with people working in residential care (52%).

5.3.5 Support to develop potential

Two in five (39%) of the ASC workforce agree they feel supported to develop their potential.

Participants were asked to what extent they agree with the statement ‘I feel supported to develop my potential’. Two in five (39%) participants say they feel supported to develop their potential, while a third (32%) say they disagree.

The results of this question are similar to those observed at the Van Laar statement ‘‘I am encouraged to develop new skills’, where just under half of the workforce (49%) agree with the statement and 24% disagree.

Agreement with the statement about feeling supported to develop their potential is higher among registered managers (57%), people in other managerial or supervisory roles (51%), social workers (46%) and occupational therapists (48%) compared with the workforce overall (39%).

Similar to other statements, participants who have been working in their role for up to six months are more likely to agree they are supported to develop their potential (56%) compared with participants in their role between 5 and 10 years (35%), and more than 10 years (35%).

There are also differences in terms of household income and participants feeling supported. Participants with a household income between £52,000 and £99,999 (48%) are more likely to agree with this statement compared with participants from a household income of less than £25,999 (34%).

5.3.6 Access to learning and development

Half of the ASC workforce (51%) say they are able to access learning and development opportunities as they need.

Participants were asked to what extent they agree with the statement ‘I am able to access the right learning and development opportunities when I need to’. Half of participants (51%) agree with this

statement, while just under a quarter (23%) say they disagree. A similar proportion (25%) state they neither agree nor disagree.

Around two-thirds of registered managers (66%) agree that they have access to learning and development opportunities, compared with a third of nurses and nursing associates (34%) and two in five of personal assistants (39%). Similarly, participants working in home care services (55%) are more likely to agree with this statement compared with those working in a residential care home generally (46%) or in a nursing home specifically (44%).

Differences in terms of length of time in the role and household income are consistent with those previously observed:

- Agreement that they are able to access learning and development opportunities as they need is higher among people who have been working in their role for up to six months (58%) compared with participants in their role between 5 and 10 years (48%).
- People with an annual household income between £52,000 and £99,999 (56%) are more likely to agree with this statement compared with participants from a household income of less than £25,999 (47%).

6 Intentions to leave

This chapter explores intentions to leave the ASC workforce among survey participants. The questions included in the survey were taken from the NHS staff survey and adapted to the social care sector. This section outlines how often participants consider leaving their role, whether they will look for a new job, their likely destination if they leave their current role and the reasons for leaving.

Key Findings

- Intention to leave current job is high among the ASC workforce: a third (34%) agree that as soon as they can find another job, they will leave their employer or organisation. This is twice the proportion of NHS staff who agreed with this statement in 2022.
- Intention to leave current job is higher than average among care workers and assistant care workers, social workers, and among people working in residential care and those with a low annual household income.
- For those who are considering leaving, the most common destination is a job outside health and social care (29%), followed by a job in the NHS or healthcare (18%). Only one in eight would want to move to a job with a different social care organisation /employer (13%).
- The workforce cite many reasons for leaving their current role, which reflect findings in previous chapters and include: income or salary being too low (67%), impact on health and wellbeing (67%), lack of recognition for the adult social care sector (48%), lack of career opportunities or progression (37%), and employment terms and conditions e.g. zero hours contract, lack of paid overtime, lack of sick pay, lack of maternity pay (31%).

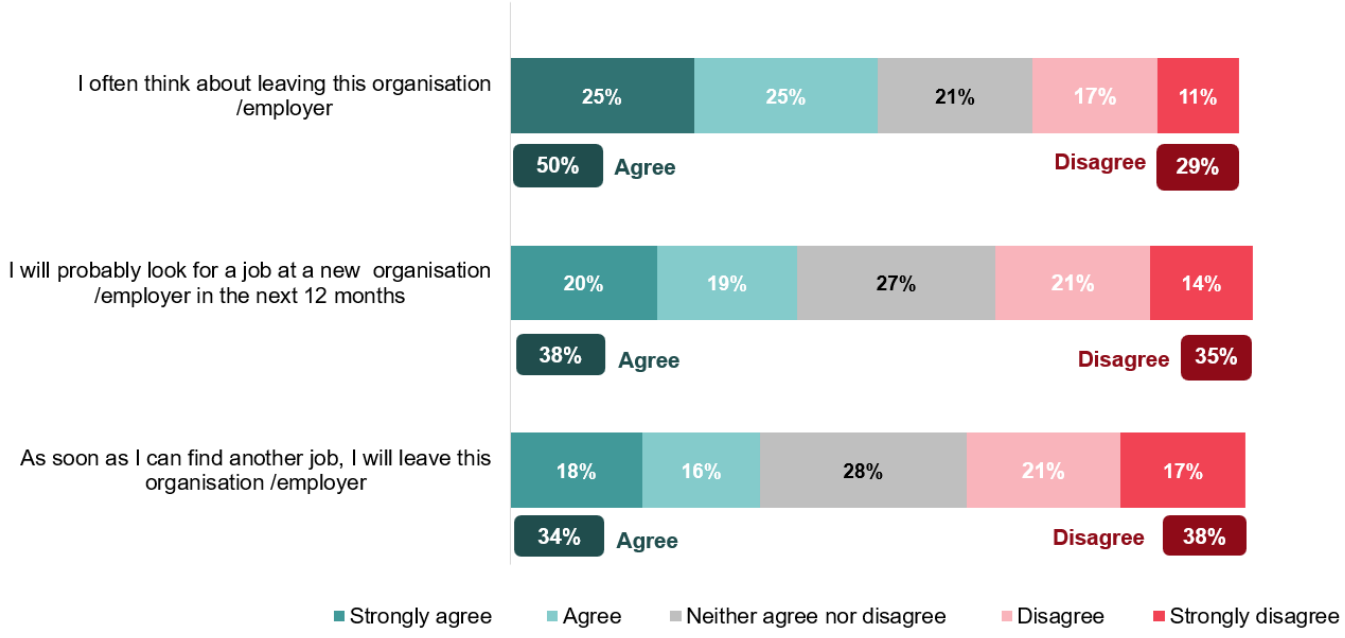
6.1 Intention to leave

Participants were asked to what extent they agree or disagree with three statements which measured their intention to leave their organisation or employer. This included:

- I often think about leaving this organisation /employer.
- I will probably look for a job at a new organisation/ employer in the next 12 months.
- As soon as I can find another job, I will leave this organisation /employer.

Overall, half of the ASC workforce (50%) agree they often think about leaving their organisation or employer, while two in five (38%) say they will probably look for a new job in the next 12 months and a third (34%) agree they will leave their organisation or employer as soon as they find another job. This is significantly higher than the findings reported in the 2022 NHS staff survey, where a third (32%) agree that they often think about leaving their organisation, a quarter (24%) agree that they will probably look for another job in the next 12 months, and 17% agree that they will leave their organisation as soon as they can find another job.

Figure 6.1: Intentions to leave the ASC workforce.



Base: Respondents working in adult social care in England (not including those self-employed) (7,087)
Q.Intention_to_leave. To what extent do you agree or disagree with these statements?

Looking across job roles, agreement with the statement 'I often think about leaving this organisation /employer' is higher than average among social workers (59%), and care workers or assistant care workers (55%). Intention to leave their organisation or employer is particularly high among care workers and assistant care workers: they are the job role most likely to agree that they will probably look for a job at a new organisation/ employer in the next 12 months (42% vs 38% on average), and that as soon as they can find another job, they will leave their organisation/ employer (39% vs 34% on average). In particular, one in five care workers or assistant care workers strongly agree that they will leave this organisation/ employer as soon as they can find another job (21% vs 18% on average).

In contrast, personal assistants (55%), registered managers (40%), and to a lesser extent occupational therapists (36%) are those most likely to disagree that they often think about leaving their organisation (vs 29% of the overall workforce). These three job roles are also more likely to disagree they will probably look for a new organisation or employer in the next 12 months (59%, 49% and 46% respectively vs 35% overall).

Participants working in residential care (58%) are more likely to agree they often think about leaving their organisation compared with those working in day care services (47%) and home care services (41%). Those working in residential care are also most likely to say they will probably leave their organisation in the next 12 months (46%, rising to 50% among those working in nursing homes specifically vs 38% overall) and they will leave as soon as they can find another job (41%, rising to 47% among staff working in nursing homes specifically vs 34% overall).

Across the three statements, there are also differences by household income. Those who have a household income of up to £25,999 are more likely than average to agree they often think about leaving (56% vs 50% overall), they will probably look for a new job in the next 12 months (44% vs 38% overall) and they will leave their organisation as soon as they can find another job (41% vs 34% overall).

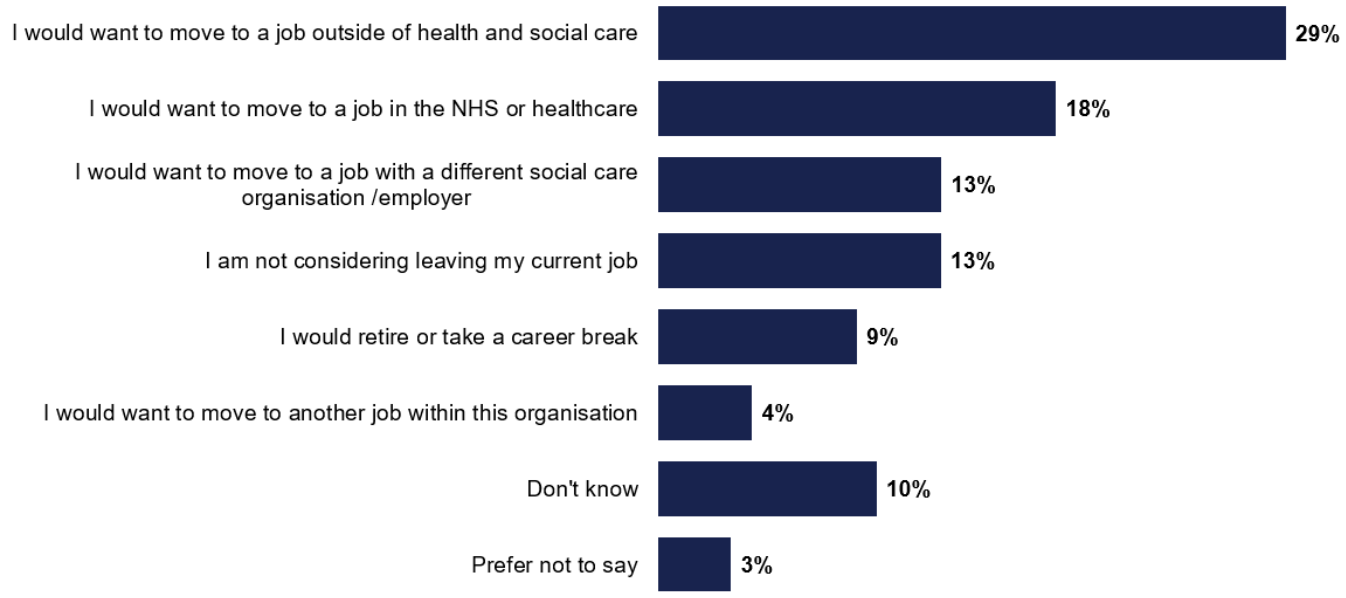
Participants from a Black ethnic background more commonly agree they will look for a new job in the next 12 months (44%) compared with participants from White ethnic backgrounds (37%) and leave their organisation as soon as they can find another job (44% vs 31%). Similarly, half of participants working on a health and care visa (50%) agree they will leave their employer as soon as they can. This is significantly higher than the workforce average (34%) and than non-UK citizens who are not employed on a health and care visa (39%).

6.2 Destination to leave

Participants who said they were thinking about leaving or would be looking for a new job in the next 12 months were asked what their most likely destination would be.

Three in ten members of the ASC workforce (29%) who intend to leave their organisation or employer say they would want to move to a job outside of health and social care. Just under one in five (18%) say they would want to move to a job in the NHS or healthcare, while around one in ten say they would want to move to a job with a different social care organisation (13%), or they would like to retire or take a career break (9%). A similar proportion also say they do not know what their likely destination would be, and just under one in twenty (four per cent) state they would want to move to another job within the same organisation.

Figure 6.2: Destination of participants who are considering leaving the adult social care workforce.



Base: All respondents working in adult social care in England who expressed any intention to leave the workforce (5,202)
Q.Destination_leave. If you are considering leaving your current job, what would be your most likely destination, what would be your most likely destination?

Looking across the different job roles in the sector, particular sub-groups are more likely to select different destinations:

- Registered managers more commonly say they would want to move to a job outside of health and social care (41% vs 29% overall).
- Just under a quarter of senior care workers (24%), care workers and assistant care workers (23%) say they would want to move to a job in the NHS or healthcare (compared with 18% overall).

- A quarter of social workers (24%) say they would want to move to a job with a different social care employer (compared with 13% overall).
- Just under one in five (18%) of nurses and nursing associates say they would retire or take a career break (compared with 9% overall).

The following groups are more likely than average to choose NHS and the healthcare sector more generally as their most likely destination:

- 22% of staff working in residential homes, rising to three in ten (30%) among those working in nursing homes specifically (compared with 18% overall).
- Those with a household income of up to £25,999 (22% vs 18% overall).
- People from Black and Asian ethnic backgrounds (48% and 35% respectively) compared with people from a White ethnic background (12%).
- People working on a health and care visa (66% vs 25% of people not employed through this visa).
- Those who have been in the role for up to six months (38%), six months to 12 months (36%) and one year to five years (23%), compared with 18% overall.

6.3 Motivation to leave

Participants who said they were considering leaving their current job were asked about the reasons which had led to this.

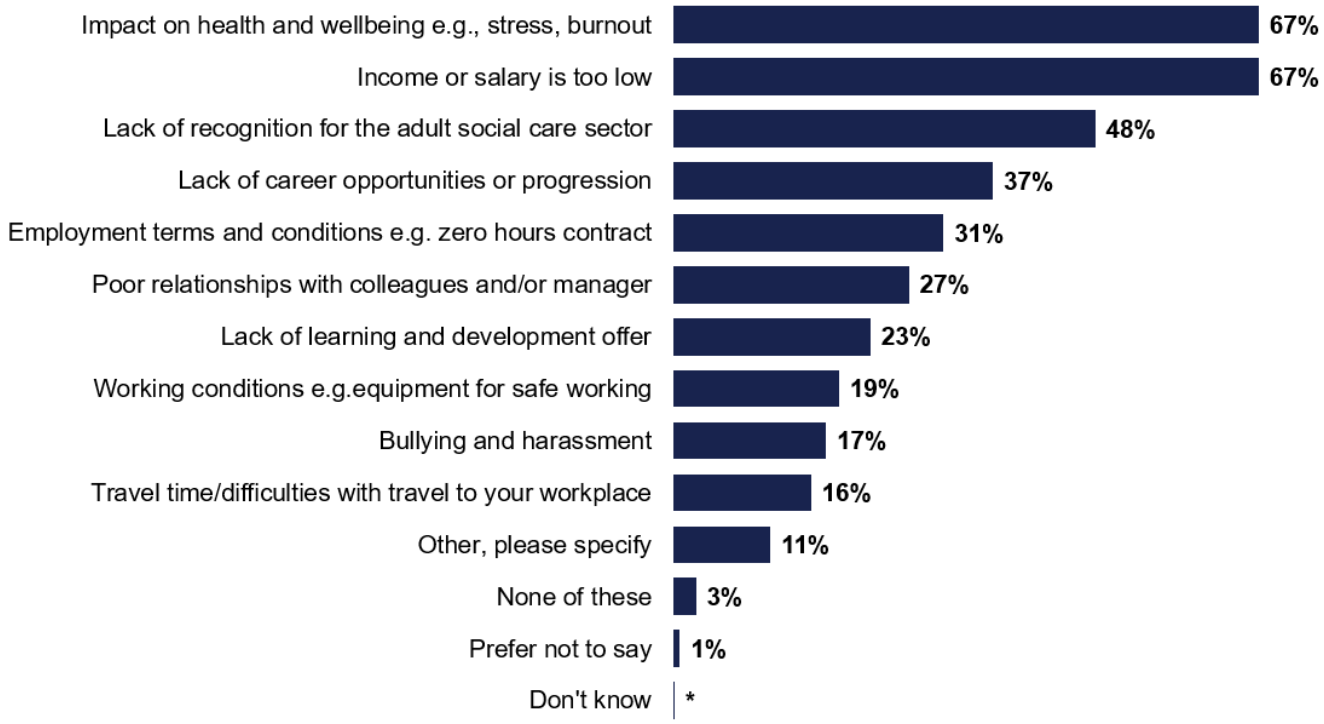
Around seven in ten (67%) say they are considering leaving because the income or salary is too low, while the same proportion (67%) state it is due to the impact of stress and burnout on their health and wellbeing. These reasons echo the findings on financial security and stress reported in chapter 3.

Around half (48%) say it is due to a lack of recognition for the ASC sector and two in five (37%) say a lack of career progression is one of the reasons they intend to leave their current job, reflecting findings on professional development reported in chapter 5.

Other reasons given by participants include:

- Employment terms and conditions such as zero-hour contracts, lack of paid overtime sick pay or a lack of maternity pay (31%).
- Poor relationships with colleagues and/or managers (27%).
- Lack of learning and development offer (23%).
- Working conditions such as equipment for safe working, access to technology and internet and cleanliness (19%).
- Bullying and harassment (17%).

Figure 6.3: Reasons for considering leaving current job.



Base: All respondents working in adult social care in England who expressed any intention to leave the workforce and are considering leaving their current job (3,722)
Factor_to_leave. For which of the following reasons, if any, are you considering leaving your current job?

Income or salary being too low is a key concern across the ASC workforce, however people caring for or supporting working-age people with a learning disability or autism (73%), mental health conditions (74%) and physical disabilities (73%) are all more likely to select this reason. Similarly, people aged under 35 more commonly select this reason (75% vs 67% overall).

Impact on health and wellbeing due to stress and burnout is also an important issue for the whole workforce, but it is even more commonly cited as a reason to leave by registered managers (82%), people in deputy or other manager role, team leader or supervisor roles (74%), and social workers (74%) compared with the overall ASC workforce (67%). This reason is also more commonly given by people working in residential care (72%).

Participants working on zero-hour contracts are most likely to leave because the income or salary is too low (75%, in comparison to 54% of participants working 1-20 hours) or because of employment terms and conditions (69%, in comparison to the 31% workforce average) – a reason also very commonly cited by people working in home care (43%).

7 Conclusion and recommendations for wave 2

This chapter outlines the strengths and limitations of the findings. It then identifies areas that would benefit from further analysis, and the points to consider for future waves of the survey.

7.1 The strength of the research

The findings provide a clear and coherent picture of the ASC workforce in England, in terms of overall wellbeing, work-related quality of life (WRQoL), experiences of harassment, abuse, and bullying, learning and development, and intention to leave. These findings are based on a large sample size of 7,233, more than twice the number of responses originally anticipated, showing the workforce's willingness to participate in the research and have their voices heard. There were extensive engagement activities and a large and diverse number of channels used to distribute the survey link, led by Skills for Care with support from many organisations and high-profile stakeholders in the sector. This means the survey reached a diverse sample of the ASC workforce in England, with representation from all the job roles, types of services and types of employers that the survey aimed to include, as well as from a people with a range of demographic characteristics.

The development of the survey benefited from the active engagement of an expert reference group with representatives from across the sector, and collaborative working between Ipsos, University of Kent, and Skills for Care. This engagement and collaborative working brought a range of expertise to the research, including academic knowledge of WRQoL, questionnaire design and testing, sample design and engagement with the sector. These were all valuable in developing the content of the questionnaire and the phrasing of the questions, setting sample quotas for the fieldwork, designing the communications about the survey and in disseminating the survey invitation to the workforce.

7.2 Methodological limitations of the research

As well as strengths, the survey has some methodological limitations. As there is no comprehensive and robust sampling frame of the ASC workforce in England, the online survey was conducted using an open link, with the invitation to take part widely and extensively disseminated to the workforce through varied and numerous channels. The dissemination channels and approach were adjusted as fieldwork progressed to help meet the quotas, and weights were applied to ensure the profile is aligned with the known profile of the ASC workforce taken from the ASC-WDS. However, this is less methodologically robust than surveys conducted with a random probability sample drawn from a comprehensive and up-to-date sampling frame.

The use of an open link online survey was carefully controlled and managed to ensure the responses were genuine. Our approach to monitoring survey responses included looking at the time taken to complete the survey, the countries from which responses were submitted and time of the day when they were completed. The combinations of answers were also monitored to ensure they seemed genuine. To further limit the risk of fraudulent responses, it was decided not to use incentives. These extensive checks did not identify any suspicious responses.

Quotas which over-represented their numbers in the workforce were set on specific groups of the workforce, such as registered professionals, people aged under 25, and people from ethnic minorities. This was to ensure that the number of cases in these sub-groups would be large enough for robust

analysis. Some of these were challenging to achieve and the findings do not include as many nurses and nursing associates as intended. While differences between nurses and other job roles were observed for some questions, more statistically significant differences between nurses and other job roles might have emerged at other questions if a larger number of nurses had been reached. Similarly, the number of responses from people aged under 25 was too low to use this as an age group on its own. This means the analysis by age was conducted with a different breakdown (under 35 years, 35 to 44, 45 to 54, 55 and over).

Success in over-sampling some small groups such as social workers and occupational therapists, and challenges reaching some groups such as younger workers in ethnic minority groups in London, resulted in some very large weights meaning the weighting efficiency was lower than on a standard quota sample.

7.3 Additional analysis

With such as a large number of responses, the survey data can be broken down by a large number of sub-groups, as shown on the data tables. The analysis in this report primarily focuses on job roles, type of service, type of employer, length of time in the role, household income, ethnicity, citizenship, health and care visa, as these showed a consistent and coherent pattern throughout the data.

Additional analysis could be conducted on some demographics such as gender, sexual orientation, disability, caring responsibilities, marital status, the presence of children in the household and highest level of education. While this may not show a consistent pattern throughout, this could provide additional insight into some of the findings e.g., on experience of harassment and views on financial security.

Associations between participant characteristics also mean that it can be challenging to fully understand the underlying reasons for differences between sub-groups when using cross sectional analysis. For example, differences by household income may relate to the types of job role of those in lower income households or the age of participants. Multivariate analysis, which is beyond the scope of this report, could provide valuable insights into the underlying factors and how combinations of workforce characteristics adversely affect wellbeing or work-related quality of life. Exploratory analysis for quality control purposes shows that the cross-sectional descriptive associations presented in this report remain even after controlling for other factors. For example, even when controlling for ethnicity, gender, age and household income, differences in CWRQoL remain significant. Further multivariate analysis is needed to explore this in more depth.

Another area for further analysis relates to the drivers of intention to leave. Section 3.2 shows there is a clear association between CWRQoL (the ASCOT workforce measure) and intention to leave. Clearly identifying the main factors driving intention to leave would help target remedial actions to improve retention. In addition, some participants in the longitudinal sample will have left the workforce by the time wave 2 takes place. If numbers are sufficient, data collected at wave 2 could be used to conduct additional analysis focusing specifically on people who have actually left the ASC workforce since wave 1, also using their wave 1 responses.

Any additional analysis using the data set will require approval from DHSC.

7.4 Next steps

The findings highlight many of the issues impacting recruitment and retention that 'People at the Heart of Care: adult social care reform white paper' aims to address. These findings can be used as a baseline to assess the impact of policy interventions. The findings of this survey will help DHSC plug existing data gaps around wellbeing and work-related quality of life, establish a baseline to measure both of these concepts and other workforce experiences over time. The findings from wave 1 of the survey will also be used as a starting point for further analysis in future waves of the survey.

The survey was commissioned by DHSC, but the findings are relevant to a wide range of organisations including, but not limited to, local authorities, care providers and their umbrella organisations, individual employers, members of the workforce including those in managerial and supervisory roles, organisations representing or supporting the workforce, and organisations representing different groups in the sector.

Through the expert reference group there is already strong engagement with the research and findings, but the intention is that the research provide insights and clear ideas for action for stakeholders beyond those already involved in the expert reference group.

Indeed, while some levers for change rest with local and central Government, there are steps that could be taken by employers to improve the WRQoL of the ASC workforce, for example:

- Signposting sources of support to improve overall wellbeing.
- Ensuring that the leadership of ASC organisations stands up against physical violence, bullying and harassment in the workplace, whatever the source; supports a culture in which the workforce feel confident in reporting concerns; and addresses these issues when they are reported.
- Ensuring members of the workforce have a meaningful appraisal or review once a year, with clear objectives that motivate them.
- Helping members of the workforce make the most of opportunities currently available for learning and development.
- Understanding more about differences in experience between different job roles and work settings and tackling challenges which are specific to these or learning from positive experiences.

7.5 Considerations for future waves of the survey

The second wave of the survey is expected to take place in 2024. Ahead of this the following points need to be considered:

- Permission for recontact at wave 2: 3,159 participants gave permission for recontact for further research within the next two years and most of these provided a valid email address. This could form the basis of the sample for wave 2, with a fresh sample needed to top-up certain groups based on the profile of the longitudinal sample. Ahead of wave 2 the sample profile and size, and the balance between the longitudinal and the fresh samples need to be considered. In addition, some participants from the longitudinal sample will have left the ASC workforce by the time wave 2 takes place, and a decision needs to be made regarding their eligibility (if they are included, they would require different questions).

- Importance of the longitudinal sample: Being able to track a cohort of workers over time and understand how their experiences have changed will provide useful insight. It will also ensure critical information is available to assess the impacts of current reforms along with the targeting of future interventions. Continuing the level of engagement with the survey from the ASC sector for future waves will be important for future analysis and the value gained from the survey.

- Van Laar vs ASCOT-Workforce measure: a decision needs to be made regarding which measure is best to include in the survey going forward. The analysis conducted to inform this decision is reported in chapters 5 and 6 of the technical report. The analysis of the two measures shows that the key relationships with workforce characteristics are consistent. Psychometric analysis provides preliminary evidence that the ASCOT-Workforce items form a single-factor scale of CWRQoL, which has acceptable internal consistency and construct validity. While ASCOT-Workforce and its two follow-up questions take twice as long as Van Laar to complete, the proportions of people dropping out while completing either one of these measures first are similar. The advantages of ASCOT-Workforce are that as answer codes are specific to each question it has a lower risk of satisficing and 'straight lining' than Van Laar. In addition, ASCOT-Workforce aligns with other measures in the ASCOT suite. Importantly it was developed with the adult social care workforce and so is tailored to aspects of work-related quality of life which are relevant, and the measure as a whole recognises the specific impact of care work. The advantages of Van Laar are its shorter completion time, and the availability of indicative comparative data on the NHS and other health and care workforces (although the latest comparative NHS data is from 2003, before the austerity and the COVID-19 pandemic, and only covers two NHS trusts in the South East of England).

- Questionnaire content for the longitudinal sample: routing will need to be added to take into account responses provided at wave 1, as some demographics may not need to be asked again (e.g., age, sex at birth, gender, religion). Additional questions specifically for the longitudinal sample could be considered.

- Physical violence, abuse and bullying: In wave 1 of the survey, participants were asked whether they had experienced or witnessed incidents of physical violence, abuse or bullying in the last 12 months. The question was based on those included in the 2022 NHS Staff survey, which asked about experiencing these incidents. For the ASC Workforce survey, it was decided to expand the question (to include witnessing incidents, rather than just experiencing them) to acknowledge that witnessing incidents can have an emotional impact on the ASC workforce. For future waves, in light of the high proportion of the workforce experiencing and witnessing incidents, separate questions should be asked about witnessing and experiencing incidents. This could allow for more direct comparison with findings from the NHS Staff survey and a better understanding of the prevalence of these experiences in the ASC workforce.

- The international workforce: 148 participants employed on a health and care visa agreed to be re-contacted within 12 months of the survey to be invited to take part in a follow-up study focusing specifically on the experiences of people with a health and care visa. A further 155 participants who are not on a health and care visa but do not hold UK citizenship have also given permission for recontact for further research. The survey highlighted different experiences among people on a health and care visa and those who do not hold UK citizenship, compared with those who have UK citizenship. If DHSC wants to explore these further, we would suggest doing this qualitatively in light of the small sample sizes.

- Incentives for follow-up research: with the longitudinal sample and/or the international workforce: to minimise the risk of fraudulent responses no incentives were offered at wave 1. To maximise participation in follow-up research, and taking into account that any follow-up would use the contact details provided at wave 1 and therefore not be at risk of fraudulent responses, incentives should ideally be offered as a small thank you for people's repeated engagement with the research.

Our standards and accreditations

Ipsos' standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a "right first time" approach throughout our organisation.

ISO 20252

This is the international specific standard for market, opinion and social research, including insights and data analytics. Ipsos in the UK was the first company in the world to gain this accreditation.

Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos UK endorse and support the core MRS brand values of professionalism, research excellence and business effectiveness, and commit to comply with the MRS Code of Conduct throughout the organisation & we were the first company to sign our organisation up to the requirements & self-regulation of the MRS Code; more than 350 companies have followed our lead.

ISO 9001

International general company standard with a focus on continual improvement through quality management systems. In 1994 we became one of the early adopters of the ISO 9001 business standard.

ISO 27001

International standard for information security designed to ensure the selection of adequate and proportionate security controls. Ipsos UK was the first research company in the UK to be awarded this in August 2008.

The UK General Data Protection Regulation (UK GDPR) and the UK Data Protection Act 2018 (DPA)

Ipsos UK is required to comply with the UK General Data Protection Regulation and the UK Data Protection Act; it covers the processing of personal data and the protection of privacy.

HMG Cyber Essentials

A government backed and key deliverable of the UK's National Cyber Security Programme. Ipsos UK was assessment validated for certification in 2016. Cyber Essentials defines a set of controls which, when properly implemented, provide organisations with basic protection from the most prevalent forms of threat coming from the internet.

Fair Data

Ipsos UK is signed up as a 'Fair Data' Company by agreeing to adhere to twelve core principles. The principles support and complement other standards such as ISOs, and the requirements of Data Protection legislation. .

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About Ipsos Public Affairs

Ipsos Public Affairs works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. Combined with our methods and communications expertise, this helps ensure that our research makes a difference for decision makers and communities.