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Executive summary

In February 2023, York Consulting LLP was commissioned by Skills for Care to carry out research on effective practice in supporting workforce wellbeing in the adult social care sector. The research involved qualitative consultations with managers and frontline care staff at 15 adult social care organisations in England and Wales.

The aim of the research was to(P)d/F1 12 Tf1 0 0 1 56.6080.753 rgc

1 Background and methodology

Introduction

York Consulting LLP was commissioned by Skills for Care to carry out research to identify effective practice in supporting workforce wellbeing in the adult social care sector. The research was undertaken between February and June 2023.

Workforce wellbeing is important to ensure consistency and quality of care, service sustainability, and to recognise the value and worth of the social care workforce. However, the pandemic and subsequent workforce shortages, together with the cost-of-living crisis, have had a significant impact on workforce wellbeing, in particular in the health and social care sector.¹

Whilst many providers are taking steps to improve workforce wellbeing, the constraints and conditions present in the sector make it very difficult for this to be the case universally or consistently. As a result, participation amongst social care employers in national and local initiatives can vary considerably.²

There is also a question of whether or not wellbeing initiatives can, on their own, act as a counterme

Table 1.1: Research sample

Region	No. of organisations	No. of manager consultations	No. of care worker consultations
National	2	3	2
East Midlands	2	2	-
London	3	3	1
North West	1	2	-
South East	2		

Interpretation and limitations

Although a reasonable amount of detail was gathered during the consultations, the sample was relatively small. As such, it cannot be assumed that the findings conveyed in this report will be representative of any larger groups of either organisations or staff. This is reinforced by the fact that the sample was self-selecting.

In addition, the consultees may not necessarily have relayed everything they do that has a link to workforce wellbeing. The researchers probed for as many examples as possible and are confident in the findings, but it should not be assumed that those findings are entirely exhaustive.

It is also of note that the researchers have not been able (nor were they asked) to assess or evaluate the effectiveness of the wellbeing activities covered in this report. Consultees practice , and they may well be so, but they have not been corroborated via this study.

drawn on the support of an external therapist. A wellbeing analysis is being carried out at the start and at the end of the project to gauge its effectiveness.

Wellness action plans: These plans are implemented for staff returning from a prolonged period of ill health or those dealing with long-

In one of the above cases, adopting a restorative management style was seen as a direct means of improving workforce wellbeing.

was on becoming more pastoral the subsequent improvement in workforce wellbeing was identified as a natural and welcome by-product.

the
There has to be a cultural shift from the top

Care provider East Midlands

Physical wellbeing

Physical wellbeing initiatives are less common amongst the organisations in the sample than mental wellbeing initiatives, although there is a similarly broad array of activities taking place. These include:

EAPs which offer access to apps on mindfulness, yoga, meditation and healthy eating.

Cycle to Work schemes.

Free yoga classes, massage therapy and meditation sessions.

Gym discounts.

Healthy eating guidance and healthy snacks/drinks.

Menopause support (incl. menopause support groups and training).

Private healthcare.

Three of the 15 organisations have a Cycle to Work scheme, three offer free yoga classes, one offers in-house massage therapy and five have a menopause policy (which in some cases includes menopause support groups and training for managers). Two other organisations are considering or planning to introduce a menopause policy. Two of the organisations offer private health insurance to staff in one case this becomes available after a year of employment.

Costs were often cited as the main reason for not offering (more) physical wellbeing initiatives.

Financial wellbeing

Twelve of the organisations in the sample offer some form of financial wellbeing support to their staff. The smaller organisations are more likely to offer needs-based financial support, whereas the larger organisations are more likely to provide financial bonuses or payments to staff. Examples include:

Benefits and rewards platforms/initiatives (e.g. Reward Gateway, Perkbox, Blue Light Card).

Vouchers and gifts (e.g. Love2shop vouchers).

Raffles with cash prizes.

Free eye tests and discounts on prescriptions.

negate the well-documented challenges associated with pay and conditions in adult social care, nor mean that national-level intervention to address these challenges is not needed.

Other wellbeing initiatives

Other initiatives aimed at improving workforce wellbeing and work-life balance include:

Flexible working and contractual arrangements.

Support for overseas/international workers.

Several of the organisations offer flexible working or give employees time off to manage stress levels. One organisation emphasised that they are not restrictive when it comes to contractual arrangements and are open to suggestions from employees regarding working hours and shift patterns. Another organisation has introduced flexible working and shift pattern reviews to support staff affected by menopause. And a small organisation that primarily employs ethnic minority care workers allows extended periods of leave (six to eight weeks), enabling staff to spend time with relatives abroad.

Two of the 15 organisations provide tailored support for international workers in the form of welcome/resettlement packs. These include information on how to register with a GP, find accommodation, claim benefits, convert driving licenses, etc. One of the organisations has also included a list of slang terminology to help international workers settle in.

One organisation

3 Delivery and implementation

Introduction

Some of the wellbeing initiatives

Success factors and effective practice

Managers cited the following success factors for the implementation of effective wellbeing initiatives:

Securing staff buy-in in advance, e.g., by undertaking focus groups, surveys or meetings.

Personalising or tailoring the initiatives (where that is possible) to the different staff

can be because care workers may not trust that managers have their best interests at heart and/or may feel uncomfortable disclosing mental health issues.

Relevance/appropriateness of certain initiatives: In one organisation, a Cycle to Work schemetrust

4 Impacts of the initiatives

Introduction

Several of the organisations in the research sample

Retention has been excellent. Our staff appreciate our commitment to them and know that not many employers would give them loans or be as lenient when it comes to flexible working, so this has really increased staff loyalty. I hope the workforce understands that I want to take them with us as we grow and move forward.

Love in Care

Fewer absences

Three organisations mentioned that they had introduced wellbeing policies to reduce staff absences. One organisation, which has had mandatory mental health training in place for the past four years, stated that stress levels appeared to have gone down and that staff were recording fewer sick days.

Care provider East Midlands

5 Conclusion and considerations

This research has gathered evidence from 15 adult social care organisations of varying sizes, locations and service areas. All of them are alert to the importance of workforce wellbeing and can point to a range of initiatives and activities that they have either already implemented, or intend to implement in the short to medium term. Some employers have developed a universal wellbeing offer that is made available to all staff, whilst others (also) offer bespoke, needs-based support for individual employees.

Some wellbeing initiatives are planned and implemented as part of a wider health and wellbeing agenda, whilst others are ad-hoc initiatives that are introduced in response to certain events or feedback.

It is worth noting that physical and mental wellbeing are often found to be intrinsically linked.³ As such, many of the physical wellbeing initiatives highlighted in this report are also likely to have a positive impact on the mental wellbeing of staff. This should be kept in mind when considering the implementation of certain wellbeing initiatives.

activities in a more structured way, than those without a strategy. It is unclear whether that is the case across the sector as a whole, but within the research sample there appears to be no relationship between the existence of a strategy document (nor the format of that document) and the range or reported effectiveness of wellbeing initiatives available to staff.

and a recognition of wellbeing as a driver of productivity that are key.

A simplistic conclusion to draw from that would be that a wellbeing strategy is especially important. But in reality the research sample is too small to come to an authoritative view on the importance or otherwise of a wellbeing strategy.

A natural next step for wellbeing research in adult social care would be to gather more feedback from frontline care staff. Doing so would enable a more robust assessment of impact and would test whether the

6 Appendix

- What were you hoping to achieve by implementing these particular initiatives (e.g. staff feeling valued, health benefits, higher staff retention, job satisfaction, better staff morale, improved reputation)?

How have the initiatives been implemented?

PROMPTS:

- Who was/is responsible for implementing/delivering the initiatives?
- How did you encourage buy-in (e.g. additional training for managers, senior leaders setting an example)?
- How were the initiatives promoted among staff?
- How much did it cost to implement the initiatives?
- Was additional funding provided to implement the initiatives?
- How have the initiatives been resourced (internally vs. externally)?

How were the initiatives received?

PROMPTS:

- How did staff respond to the initiatives? What was take-up like?
- Were there any initiatives that were particularly popular? If so, why?
- Were there any initiatives that saw little to no take-up? If so, why?

What worked well when implementing and/or delivering the initiatives?

What challenges did you face when implementing and/or delivering the initiatives?

What has been the impact of the initiatives (e.g. staff feeling valued, health benefits, higher staff retention, job satisfaction, better staff morale, improved reputation)?

PROMPTS:

- How did you monitor the effectiveness/impact of the measures (e.g. monitoring productivity levels/absences, gathering staff feedback)?
- To what extent did the impact align with the objectives of your workforce wellbeing programme?

Do you have any examples of effective practice and/or lessons learnt?

Going forward, do you have any plans to expand, revise or change your workplace wellbeing offer? If so, what changes do you plan to implement? Why are you planning to make these changes?

Any other comments?

Check whether respondent gives permission to be named/quoted for the purposes of the research:

Organisation, role, name

Organisation only

Not to be named/quoted

Would you be happy for Skills for Care to re-contact you, potentially with a view to creating some short films on wellbeing?

Discussion guide **care staff**

How long have you worked in health and social care?

What type of organisation do you work for?

What does your role involve? How long have you worked in this role?

Why did you decide to contribute to this research?

Are you aware of any wellbeing initi

Have you made use of any of these initiatives? If so, which ones?

PROBE (if applicable):

- If yes, why did you make use of this initiative/these initiatives?
- If not, why did you not make use of this initiative/these initiatives?

Do you feel that the initiatives were accessible and/or inclusive (i.e. accessible to all employees)?

PROBE:

- If so, in what way?
- If not, why not?

What do you feel has worked well when implementing and/or delivering the initiatives?

What do you feel could have been better in the delivery/implementation of the initiatives?

What difference(s) have the initiative(s) made?

PROMPTS:

- Improved mental and/or physical wellbeing?
- Better work/life balance?
- Increased job satisfaction?
- Feeling valued?
- More likely to stay with employer?
- No impact?

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