Picker

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Staff experiences in social care

Expert roundtable

In health and social care, there is a growing understanding of the link between workforce experience and outcomes for patients and people who draw on care and support – not just in terms of their own experiences of care but in multiple quality measures, including clinical outcomes.

The NHS measures the experiences of its workforce each year, through the National NHS Staff Survey, coordinated by Picker on behalf of NHS England and NHS Improvement. In social care, there is no equivalent. So, in summer 2021, when the Health and Social Care Committee highlighted that 44% of staff in NHS acute and community health organisations had reported work-related stress, it could not offer comparable figures for social care. But the evidence points to staff under pressure, with 8% vacancies across the sector and rising sickness absence rates.

One of the recommendations from that report was to extend the NHS Staff Survey into social care. The aim would be to fill the information gap around the experiences of the adult social care workforce nationally, providing data comparable to that available for the NHS. But is this what is needed, and would it be workable?

In December 2021, we put those questions to the sector itself, through a roundtable discussion focusing mainly on care homes and home-based care for older people. This briefing summarises the themes that arose on the day. The event was run under Chatham House rules, so quotes are not attributed to any individual and the opinions expressed should not be taken as the view of all participants. Nevertheless, this briefing represents our summary of the views expressed by an experienced and knowledgeable group of sector experts (details provided on page 6).

What do we already know about the social care workforce?

The opening part of the discussion painted a picture of a passionate and dedicated workforce facing growing pressures. However, there is a lack of consistent evidence on workforce experience, making it difficult to assess the scale of challenges faced by staff and how experiences are changing over time.

Many people are attracted to social care because of their passion. Work in this sector can be satisfying and meaningful, enabling people to embody their personal values professionally.

The social care workforce is extremely diverse. It spans staff in multiple types of organisation, in roles ranging from care assistant or leader to therapist or chef. Some seek a career progression or job security, while others want the opportunity for local, part-time work with the flexibility of a zero-hours contract.

Evidence around work experience in the sector is patchy. Much data is gathered, but little is known about certain groups, including exiters (those who leave within six months), returners (those who leave the sector but then return) and managers – who play a huge role in the satisfaction and retention of their team members.

Where data is gathered, there is little synthesis, with no national or local infrastructure to develop a consistent, standardised set, by occupational group.

Because of this lack of joined-up data gathering, many staff voices go unheard. Similarly, there is little opportunity for people who use services to contribute meaningfully to these debates.

The sector has changed but many staff are still hanging in there. Why is that? Because they really do feel they can make a difference to people's lives and that, above all else, is what drives them.

What are the issues that need addressing?

People working in social care often perform challenging, high-stakes roles where the consequences of mistakes can be severe – but there is a sense that many feel their pay and recognition does not reflect their responsibilities. Participants felt that to address retention and recruitment, the sector must create a positive environment where workers felt safe and valued.

Expectations have increased hugely in the past decade. In residential and home-based care, more skill and dedication are expected than ever before. Today's home care workers do many tasks that used to be carried out by district nurses.

Workers want parity of esteem with healthcare. Many social care staff receive lower pay and recognition than those in healthcare, despite high levels of vulnerability – especially during the pandemic.

Social care pay seldom reflects the demands of the job. Many staff are leaving because they feel the ratio of reward to responsibility, risk and vulnerability is unfair. Especially in recent years, the stress, emotional commitment and personal risk seem disproportionate when compared with retail roles available for the same terms and conditions. And the higher the vacancy rates, the more stressful the work, leading to a vicious circle.

Leadership is important – and leaders' needs must be met too. Culture and leadership has a major effect on morale. Worker esteem is highest in organisations with a value-driven leadership culture. At the same time, many leaders (particularly care home managers) are leaving the sector: leading a care home is a highly skilled role that entails much juggling and social care leaders feel more isolated and less supported than their NHS peers.

Staff face a high level of risk and lack professional safety. People at all levels, from care-home managers to home care workers, carry a huge burden of risk without the infrastructure available to their NHS peers. This is even greater when the care worker is one player in a full support package alongside other teams. Unexpected events often occur in this type of role. A trusting, supportive culture enables staff to focus on their work rather than trying to avoid blame in these situations.

One of the reasons I personally am no longer an operating director of care homes and social care settings is because I like to sleep at night. And I found that those two things were quite difficult to attain together, because of the huge amount of risk that you carry in those contexts – often without the same clinical infrastructure that the NHS has. I always felt I was one well-meaning but ill-judged decision away from a crisis...

When you're working with a vacancy rate of up to 20%, you have to train people fast and get them working.

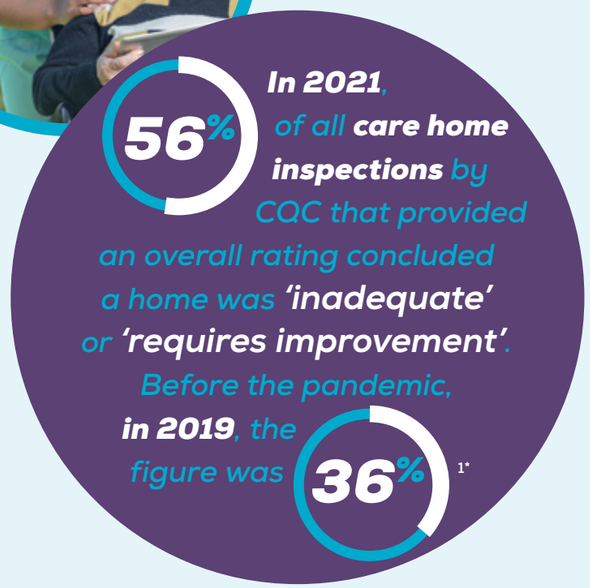
Fragmentation causes problems. The fragmented nature of the sector, makes it hard to develop collective bargaining to give employees a formal voice. That feeds into wide variation in pay rates and conditions of employment – which, in turn, creates problems with retaining and managing staff. In Wales and Scotland, work is underway to develop a more coherent social care sector.

There is a lack of a training infrastructure. This is especially the case among small- and medium-sized social care providers. This makes it difficult to invest in staff and, in some organisations, contributes to a flat workforce structure with few career development opportunities. Some felt that take-up of the new nursing associate role had been low because there isn't the training infrastructure to support its introduction.

Cuts and commissioning models increase pressure. The constraints around commissioning and purchasing create a lack of autonomy and the sense of being unable to support people properly. Services must be highly focused on counting every penny, and every minute, spent. If a care worker has to stay longer because of an emergency, this is often followed by wrangling with commissioners to recoup the payment. Commissioning decisions affect terms and regulations too: since austerity, councils have paid social care providers in arrears, making it harder for organisations to offer staff longer-term contracts. This can make it difficult for employers to ensure that they have flexibility within their workforces to meet users' needs.

I tell my team members 'I can't wave a magic wand and make the fundamental difficulties in your daily work better here and now. I wish I could. This is what I think we can do as an organization, and this is what we're trying to lobby for – to change policy and direction of travel at a national and societal level. But I'm sorry, guys, I can't magic up new people tomorrow to help take that stress off you.'

Low CQC inspection ratings affect morale. In recent times, there have been considerably more care homes rated 'inadequate' than 'outstanding'. There is a sense from providers that the threat of negative ratings makes people in the sector feel vulnerable.



1* Whilst care homes are only one part of social care, they are used as an illustrative example and to reflect discussion of inspections at the roundtable. Figures are based on data from the CQC syndication API: note that inspections with a recorded outcome of 'inspected but not rated' or 'insufficient evidence to rate' are excluded. It is also important to note the changing circumstances around care home inspections during the last two years: both the number of care homes and the number of care homes rated by CQC have decreased substantially. These and other factors may influence the change in the distribution of ratings over time, so no simple explanation can be assigned to this.

What would improve workforce experiences in social care?

Given the potential of the social care sector to offer fulfilling, rewarding employment, discussions in the final part of the event discussed whether it would be helpful to identify those things that bring job satisfaction and enjoyment and make sure they are present across social care, highlighting gaps and ways forward. The debate focused mainly on data, but some additional themes also arose. These are presented later in the section.

Improving worker experience through better data

Accessing better data on the experience and composition of the social care workforce is important. Capturing the picture systematically – especially to clarify the situation nationally – would be helpful. For example, this could help highlight need during the pandemic. If this were done comprehensively – perhaps through a register – this might help with better communication with co-workers, tracking capacity and following Covid testing data. Ideally this data should reflect the broad range of roles in the social care workforce, including those in unregulated professions.

How do we create something that builds understanding rather than condemnation, that delivers parity of esteem with health, and that enables positivity to be drawn out and communicated? I think it may ultimately be a combination of using some existing resources and then finding the gaps to create the evidence that influences change nationally.

Staff voice is important and so is action. A key benefit of gathering data is to show staff their voice has been heard, as this is an important source of motivation and job satisfaction. It is also important that the organisation acknowledges the insights, uses them in a meaningful way, and then co-designs improvements with staff.

The NHS Staff Survey has benefits, but social care may need another approach. There is value in digging deeper into workforce experiences, although perhaps by harnessing existing sources of data and building on these, rather than developing an entirely new structure. The table below highlights some of the arguments for and against the use of a model based on the NHS Staff Survey (as recommended in the Health and Social Care Committee report).

We mustn't always be like moths around the NHS candle. We can do these things. Rather than package it up as taking part in the NHS Staff Survey, maybe there is mutual learning, respecting and learning from each other, rather than trying to impose – as the Capacity Tracker probably did – an NHS way of seeing the world.

Perceived pros and cons of an approach based on the National NHS Staff Survey model

The case for a tool based on the approach used by the NHS Staff Survey

- The NHS Staff Survey is an Official Statistic. It provides high level of detail, granularity and hierarchy, supported by the more fast-paced Quarterly Pulse Surveys – allowing flexibility. It provides a local and national picture, including trends over time and benchmarks providers against each other. All this could benefit social care.
- Some NHS trusts use the NHS Staff Survey effectively to get a detailed understanding of experiences of staff in particular departments or types of role. Some use it to support five-year strategic plans, as part of longer-term cultural change programmes.
- The NHS Staff Survey has been valuable for understanding the experiences of staff from different backgrounds including on race, equality and disability. This has led to national resources to drive change and better understand harassment, bullying and abuse and how to address them, and has promoted these issues to 'business as usual' for boards around the country.
- Strong data helps with lobbying for change – for example, to justify funding increases.
- For reasons of parity, if the wellbeing of NHS staff is valued enough to require an Official Statistic, the same should be done for social care.
- In the NHS, data is referenced regularly. Politically and tactically, if social care produced stronger data, this may enable the sector to present itself more effectively and gain a stronger foothold in discussions with the NHS – locally, regionally and nationally.
- A national survey may help to create a sense of cohesion and help individual managers feel that they are part of a larger support network.

The case for an alternative approach

- Because social care organisations are much smaller than NHS trusts, service managers use a range of staff experience tools and often feel that they have a good understanding of how their staff feel.
- A new national survey will not automatically improve the workforce experience. If decision makers saw the findings, there still may not be enough resources to respond meaningfully to them.
- There could be some other mechanism for collecting views of people from social care to show that their views count too – so they can have their say on what the sector is like.
- This work could be bolted onto other existing work. For example, if the Health and Social Care Bill goes through, the CQC's role in overseeing integrated care systems may include asking questions about the workforce. The National Care Forum (NCF) has been doing staff surveys of all its members for a long time and presents findings to local and national government, as do unions and home care associations. Skills for Care is piloting a new approach with some local authorities.
- Social care reforms may present an opportunity as the Care Act is underpinned with wellbeing. Perhaps the reform process should involve the social care workforce and people who use services in conversations about commissioning.
- Not all organisations use the NHS Staff Survey well, as seen in fluctuating employee engagement scores, and it does not always lead to improvement.
- Existing organisations in the social care sector may be well placed to organise or support new approaches to understanding workforce experience, building on existing activities and collections.

Other ways to improve worker experience in social care

A new, positive narrative is needed across social care. Social care saw its profile rise during the pandemic. There is a need to capitalise on that and develop a positive narrative around the sector, to combat the 'contagious, negative narrative'. Recruitment campaigns should raise awareness about opportunities for career progression – from apprenticeships in nursing to physiotherapy or catering. They should also highlight all the potential rewards of working in the sector – including salary and working conditions but also intrinsic rewards, such as satisfaction and shared values.

Data must be shared through storytelling. Once data is available, it must be brought alive through stories that reflect the sector's successes, inspire people and promote the enthusiasm that is still seen even after this difficult period.

It is important to learn from the opportunities presented by Covid, alongside the challenges. The pandemic offered glimpses of positive, encouraging new ways of working – for example, with some clients having greater flexibility to self-direct their own support. This reflects policy commitments in recent years and an expectation of greater self-direction will provide important context to workforce experiences.

Even where funding is tight, there is much that organisations can do to improve staff retention and morale – for example, looking at the details such as tea and toilet breaks and managing rotas in a way that supports staff work–life balance.

Summary

The roundtable sparked a rich discussion and participants expressed a wide range of opinion but agreed on the following points of consensus:

- Stronger data about the composition and experience of the social care workforce could offer a range of benefits to individuals working in social care and to the profile of the sector more broadly.
- Social care is fundamentally different from the NHS in its size and scope and therefore may need a differentiated approach rather than a one-size-fits-all solution. Simply transplanting an existing approach from the health service – such as the NHS Staff Survey – may not succeed in recognising the specific needs and requirements of the social care sector.
- To build the evidence base , a first step may be to use and synthesise the existing data, to develop a baseline, before looking at what additional data is needed.

Attendees List

Nadra Ahmed	National Care Association
Kelly Andrews	GMB Trade Union
George Coxon	Pottles Court and Summercourt Care Homes
Zoe Evans	NHS England and NHS Improvement
Diane French	Picker
Chris Graham	Picker
Richard Humphries (chair)	Independent consultant and policy adviser
Ian Kessler	King's College London
Jill Manthorpe	King's College London
Tim Parkin	Think Local Act Personal
Karen Rogers	Herefordshire Care Homes
Raina Summerson	Agincare Group
Jane Townson	Homecare Association

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