

Healthier Working Lives: “A quest to improve care through a collective voice”



The Healthier Working Lives journey started with a question: how can we **improve the working lives of the adult social care workforce**? We knew our project would be centred around the strong belief that **care workers themselves should inform, shape and guide development** in the sector, and share *their* ideas to improve *their* industry.

We know we need to tackle the big challenges facing the care sector including **employee retention**, workplace **effectiveness**, staff **wellbeing** and workforce recruitment and this has steered our work.

Getting started

We began by exploring the experiences and issues from ‘the front lines’ of the care sector – through **interviews with care home workers**, and **deep ethnographic observation** across six different care homes.

Armed with this strong insight and positive engagement, we then embarked on our **co-design process**. We were open with all involved about our mission: we want *your* suggestions, *your* insights, to help us on our quest to improve. Co-design researchers provided an array of **creative, coactive, and interactive** tools to help care home workers and managers **share problems and highlight priorities**.

What happened?

Over months of repeat visits, the groups built **strong relationships**, developed **engagement**, and deep **collaboration**. By acting as a catalyst for this shared space, we fostered more **transparent communication**. Challenges were shared from all perspectives, creating more **understanding** between care workers and their management. Small **localised and internal solutions** began to emerge.

We heard about **existing innovations and useful ideas** that are already having a positive impact for the workforce. We saw first-hand the benefits of **integrating care worker voice** into solution design – **empowering and validating** for individuals, as well as improvements in **workforce culture** more generally.

Meanwhile we identified and involved a handful of leading **Trailblazer Entrepreneurs** who are already partnering with care homes to provide **specialist innovative digital solutions** to improve the wellbeing of staff. These entrepreneurs committed to **collaborate with our care homes**.

Our co-design sessions were just the start of our collaboration. At our retrospective **Workshop**, four groups were formed bringing together care workers, care managers, policy leaders and entrepreneurs from across the care sector, led by a mentor.

Of the four groups, three were taken forward, each addressing a core sector issue: approaches to **workforce training**; integrating **technology and digitisation** to offer more personal care; and learning from successful care homes to **assist recruitment and retention**.

Over 6 months, each group worked together to develop their initial ideas into a clearly defined **“problem statement”**, ready to present to potential **investors and entrepreneurs**.



And now, the work continues

The groups have continued **finalising their problem statements and developing ideas for innovations** which we aim to take forward to policy makers, sector-leaders, investors, and external funders.

Some of the issues raised may be already familiar to employees in the sector, but they are often not seeing the opportunity or solutions to those issues. And many investors and entrepreneurs may not understand the issues as seen by care workers and manager.

We believe our **cross-sectoral, highly participatory, care worker driven approach** could address this gap.

What are our lessons learned?

Our findings address the four core challenges: **retention; effectiveness; wellbeing; and recruitment**. These are referenced within the following core findings.



1. The importance of collective voice and autonomy

People at all levels in the sector have really valuable things to say, and creating a space for these insights to be shared with each other should be prioritised.

Care staff and care managers talking to each other is hugely beneficial: for empowering individual voices, as well as creating a more positive workplace culture. Communication between managers and workers in this way may help introduce **change that is not enforced from the “top down”** but emerges from the workforce.

Engaging workers in decision-making can increase opportunities for autonomy of decision-making by a team, makes solutions more **sustainable**, and is beneficial for both **retention and well-being**. Encouraging more open communication will also **ease tensions** which exist within the job and workforce: for example, between care workers of different backgrounds; over intergenerational differences in approach; day and night shift staff; agency and permanent workers; or ‘local’ workers & migrant workers.

Individuals and organisations raised different issues, and prioritised different things based on their own experiences and needs. **“One size doesn’t fit all”**, and the co-design process in itself reflected the individualisation of both problems and the solutions.

However, knowledge exchange can help here, especially sharing positive ideas and best practice. Another individual or organisation **may already have a solution to your problem** – get out and see what is working elsewhere.

2. “Little things go a long way” for workforce well-being and retention

The problems facing the sector can feel overwhelming, but **little things at an individual or organisation level have a very strong, positive impact for care staff**. These suggestions are relatively **quick and easy to implement**, with minimal barriers and often **low-cost or even free**.

Specific suggestions included tokens of appreciation, such as retail vouchers or an all-staff BBQ; meals or snacks during shifts; access to discount schemes such as a Blue Light card, or discounts at a local leisure centre; and providing internal well-being and mental health programmes, such as fitness challenges or meditation sessions.

We know that **employee well-being is really important for retention**. And organisations with higher retention levels can focus less on recruitment, but also find it easier to attract new people – the sector should learn and (where possible) replicate useful practices from these organisations, especially these ‘little things’ they may not have considered. These comments apply to care managers as well as care workers – managers also need access to support and training to cope with the demands of their job.

3. Give care staff more time with patients to focus on their care

Client care is the core ‘calling’ of the role, and where many care workers describe getting their **job satisfaction**. Innovation, systems, and management decision-making should all centre around the core need to **give care employees more time with those they care for**.

This priority needs to also be applied to digitisation of the sector; any technology and system integration should help create more time for care workers to care, and involve them in design and delivery.

Organisation logistics can also support with this – such as ensuring shift patterns, task management, and travel time between calls are well considered and give workers adequate time to provide high quality care.



4. Change the conversation and who is included in it

Challenges raised by individuals or organisations are a symptom of a disjointed, crisis-ridden sector. However, focussing only on the crisis draws attention away from recognition of **the strengths and initiative of workers in care homes** and their potential to help identify solutions.

Fostering leadership from within the workforce has strong potential for creating sustainable change, and opportunities should be created to help organisations formalise and develop this. New, dedicated roles may address some of the wellbeing and training needs of staff, and create career development opportunities.

In addition, those who make and administer policy need to **interact “down and dirty” with the care workers and managers**. Initiative such as ‘user researchers’ being trialled in other sectors in Scotland are promising, and highlight the benefits that **liaison-focused roles focused on bridging gaps between policy and practice** can have; this approach just hasn’t been applied to the care sector yet.

