Unravelling the Care Workforce: Insights from Current Projects

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Structure of the conversation

Examples of recent and current social care research projects at the LSHTM

- Care workers' wellbeing
- Retention & sustainability of the care workforce (RESSCW)
  - Sub-study: Impact of COVID-19 on the workforce
- Diversity of informal carers experience
- Unmet health and care needs among older people (PRUComm)
- The Adult Social care Staff Evaluation of Reforms to Training (ASSERT)
- ESRC: Centre for Care- a focus on care workforce change

Thinking ahead…

- Gaps and areas of common interest

Developing a scale to measure care workers' wellbeing at work

Two rounds of funding from the National Institute for Health Research (NIHR)
Phase I (2019-2021): Developing a conceptual framework of work-related wellbeing specific to the care workforce
Phase II (2024-2026): Designing a validated scale for Adult Social Care worK-related quality of life (ASCK-WELL)
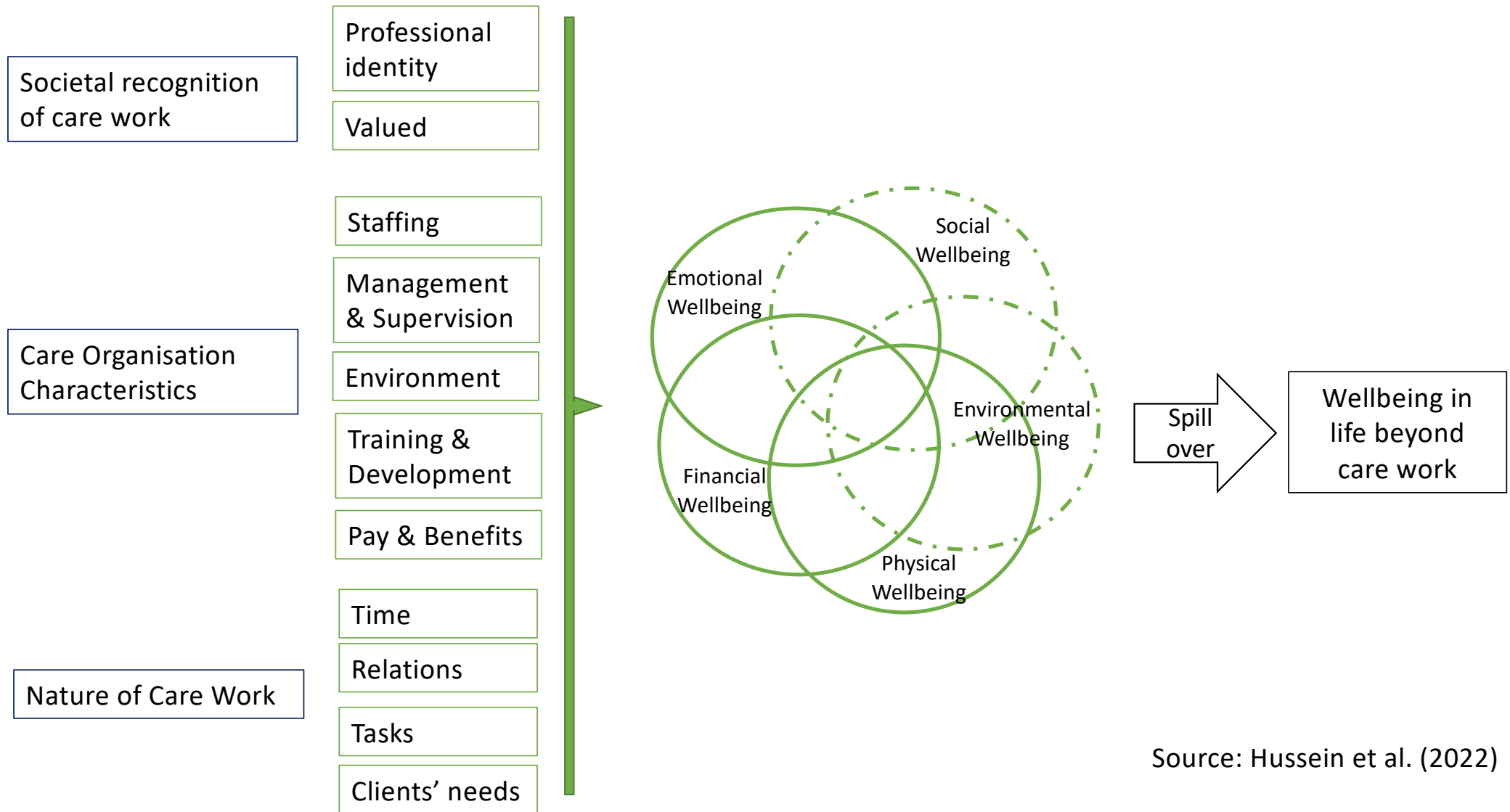
Hussein, S., Towers, A-M., Palmer, S., Brookes, N., Silarova, B., Mäkelä, P. (2022). Developing a Scale of Care Work-Related Quality of Life (CWRQoL) for Long-Term Care Workers in England. *International Journal of Environmental Research and Public Health*. 19(2): 945. https://doi.org/10.3390/ijerph19020945

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Care Workers' Wellbeing at Work

➢ Have several dimensions

  ➢ For example: emotional, physical and financial

➢ Affected by work-related factors that are similar to other work

  ➢ For example, pay and working conditions

➢ Affected by a unique set of features related to care work

  ➢ The relational nature of care work

  ➢ How care work is organised and rewarded

  ➢ How the society perceive the importance of such work

Societal recognition of care work

- Professional identity
- Valued

Care Organisation Characteristics

- Staffing
- Management & Supervision
- Environment
- Training & Development
- Pay & Benefits

Nature of Care Work

- Time
- Relations
- Tasks
- Clients' needs

Emotional Wellbeing

Social Wellbeing

Environmental Wellbeing

Financial Wellbeing

Physical Wellbeing

Spill over

Wellbeing in life beyond care work

Source: Hussein et al. (2022)

Domains, Subdomains & items

Financial Wellbeing	2 sub-domains: 1 -Job security; 2 - Having enough money to meet needs
Mental Wellbeing	3 sub-domains (6 items) : 1- Burnout/exhaustion (3 items); 2- Satisfaction/motivations (2 items); 3- Impact of clients' loss (1 item)
Physical Wellbeing	4 sub-domains: Physical injuries; Adequate equipment to do work; Physical health (aches & pains); Impact on health behaviour (sleep, diet)
Organisational Features	5 sub-domains (11 items): 1- Sufficient staffing (1 item); 2- Management & supervision (3 items); 3- Working environment (2 items); 4- Training & Development (4 items); 5 – Pay & Benefits (1 item)
Nature of care work	4 sub-domains (16 items): 1- Time (4 items); 2- Relations (5 items); 3- Tasks & Responsibilities (5 items); 4- Care client's needs (2 items)
Recognition of Care Work	2 sub-domains (5 items): 1- Feeling valued and respected by (4 items); 2- Professional identity
Work-life spill-over	3 sub-domains: 1- Work limits out of work activities; 2- Positive mood from work improves personal life; 3- Negative work-related thoughts stays out of work

Phase II: ASCK-WELL

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Aims and objectives:

RO1: Finalise a conceptual framework to describe ASCK-WELL

RO2: Develop questionnaire items to reflect every component of the final conceptual framework.

RO3: Establish the extent to which the new instrument is psychometrically (scientifically) robust.

RO4: Develop a practical implementation plan to improve the utility and uptake of the new instrument

Anticipated Impact & Dissemination:

1- A validated ASCK-WELL instrument and co-produced user manual.

2- Two peer-reviewed journal articles: 1- methodological paper; 2- background paper. Both will include PPIE colleagues as co-authors.

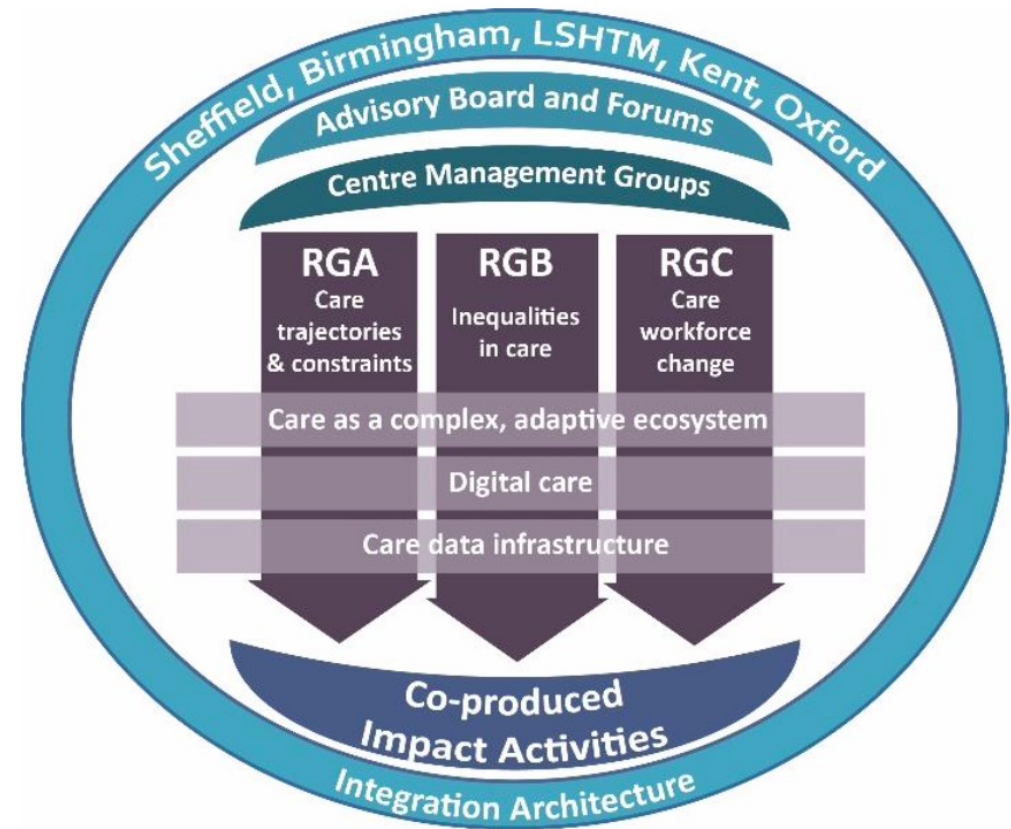3- A final report co-authored by PPIE colleagues

4- Two co-produced blogs/commentaries with care workers and care managers.

5- A co-produced impact logic model

Care workforce change: organisation, delivery & development

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Centre for Care

Sheffield, Birmingham, LSHTM, Kent, Oxford
Advisory Board and Forums
Centre Management Groups

RGA Care trajectories & constraints
RGB Inequalities in care
RGC Care workforce change

Care as a complex, adaptive ecosystem
Digital care
Care data infrastructure

Co-produced Impact Activities
Integration Architecture

Research Group C: Care workforce change - organisation, delivery and development

Led by Prof. Shereen Hussein   **Partners:** CWC, LWF, NCB, Skills for Care, SCIE, TUC

Focus: Change and its impact, direct or indirect, on the workforce and how this affects outcomes

C1: Care policy and system change

System shocks affect recruitment, organising, regulating and delivering care work.

C2: Care in a new climate: continuity and change in work practices

How care work is provided- change through innovations and emerging technologies; how they affect the workforce and their interactions with those who receive care and informal carers.

C3: Care workforce development: skills, diversity, wellbeing and reward

How is the care workforce itself seek to improve care work? Are contemporary system shocks changing how the care workforce experiences work, and how do other actors in the care ecosystem view and value the workforce?

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Core focus and approach

Core focus: Change and its impact, direct or indirect, on the workforce and how this affects care outcomes.

Care Workforce (who)

- Roles, settings, user groups, transitions, integration/interaction with other workforce groups

Drivers for change (why)

- External factors (system shocks)
- Policy direction (reforms)
- Long standing challenges
- Digital technologies and changing preferences

- **Change (what and how)**
  - Desired/forced
  - Paced/accelerated

- **Levels of change (interdependent) and mechanisms**
  - Macro: System/structure
  - Meso: Delivery/provision
  - Micro: Staff level: Individual and collective agency

RQ1: What are the main drivers for workforce change, both paced and sudden?

– Inquiry 1: Understanding the drivers and implications of care workforce change

RQ2: How is the workforce changing in response to different drivers?

– Inquiry 2: The role and impact of digitalisation on care workforce change

RQ3: How does the care workforce drive and respond to change?

– Inquiry 3: How does the care workforce drive and respond to change?

RQ4: What are the current workforce innovations in delivering care?

– Inquiries 4, 5 & 6: The extent and nature of workforce innovation, Identification of current workforce innovation and In-depth study of workforce innovations

RQ5: How do social care employers drive and respond to workforce change?

– Inquiry 7: How do care providers/employers respond to workforce change related to recent policy reforms?

System thinking

The formal care workforce is one part of the structure – feedback loops across different components

Data & records

Growing interest & sources → remain fragmented with some blind spots (potential value in modelling)

Integration

Power imbalance, inequalities, tensions (e.g. social & medical models)

Social Care Policy

Lack of long-term workforce planning

Interaction with other policies (driven by other factors, potential conflicts)

Funding cuts → more limited commissioned services → increasingly privatised sector → impact on formal & informal carers and users of care

Transition

Especially from children to adulthood

Unmet needs

A lack of focus on 'social care' unmet needs- some groups missing, e.g. self-funders

Thank you for listening

Happy to respond to questions

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