



Research into effective practice in supporting workforce wellbeing

July 2023

Written by York Consulting LLP

Table of contents

Acknowledgements.....	3
Executive summary	4
1 Background and methodology.....	6
2 Types of wellbeing initiatives.....	10
3 Delivery and implementation	17
4 Impacts of the initiatives	20
5 Conclusion and considerations	23
6 Appendices	25

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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 identify examples of effective practice in workforce wellbeing by determining what has worked well and what could be improved going forward. The consultations explored different types of wellbeing initiatives that are currently in place, their impact on the adult social care workforce, as well as examples of challenges and lessons learnt.

Whilst some of the initiatives identified in this research appear to be relatively common, others are organisation specific. For instance, most organisations have some form of Employee Assistance Programme in place, but few have the resources or capacity to provide comprehensive financial incentives (e.g., loans, salary advances) or to support employees with their mental health and/or wellbeing on a one-to-one basis.

Mental wellbeing initiatives appear to be more commonplace than those focused on physical wellbeing, although there is naturally some overlap between the two. In some cases, this is due to physical wellbeing benefits, e.g. Cycle to Work schemes, subsidised gym memberships or private healthcare, being more costly for employers to implement.

Financial wellbeing benefits were often cited as the most valued initiatives by employees, in particular due to the cost-of-living crisis. Among the employers that offer financial benefits, these can include bonuses, salary advances, loans, one-off payments, and other financial incentives, such as achievement awards with cash prizes or referral schemes.

When asked about their reasons for implementing the wellbeing initiatives, the organisations typically cited issues such as staff retention and absences, as well as work ethic and morale. Several also remarked that addressing the needs of their workforce was “*the right thing to do*” and that their focus on staff wellbeing was part of a broader agenda towards adopting more restorative and supportive management styles.

Securing buy-in from managers and providing bespoke support based on individual staff needs (e.g., tailored wellness action plans, needs-based one-to-one counselling, discretionary loans based on individual circumstances) were highlighted as key success factors for effective wellbeing initiatives. The most common challenges appear to be around communication and engagement, with staff sometimes not being aware of what is available to them. Accessibility issues can also exist, with many benefits only available online or via apps which can act as a barrier for those less confident with technology.

Whilst impact is difficult to assess with a sample of this size, several organisations suggested that addressing workforce wellbeing issues had contributed to better staff retention, fewer absences, better work ethic and improved staff morale.

Within the 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. Rather, it is the culture of the organisation, managers' attitudes towards wellbeing, and a recognition of wellbeing as a driver of productivity that are key.

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 'effective practice' examples cited by managers are viewed that way by the recipients and users of them. Obtaining this feedback from care workers at scale will not be straightforward, but it is needed if Skills for Care wish to understand workforce wellbeing in their sector in greater depth.

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 workforce wellbeing initiatives can, on their own, act as a countermeasure to other sector-wide challenges, such as workforce shortages and pay and conditions. It seems plausible that they could have a mitigating effect, but not to the point that those issues don't also require specific intervention.

This research has sought to identify effective wellbeing initiatives by capturing real-life examples of what works in supporting workforce wellbeing. The findings in this report have been arranged thematically and are supported by quotes and short case studies.

Research method

The study was based on a programme of qualitative research with managers and frontline care workers at 15 adult social care organisations in England and Wales.

A total of 23 individuals contributed to the research: 18 managers and five frontline care workers. Table 1.1 provides an overview of the organisations by region.

The organisations were recruited through Skills for Care via existing networks and contacts, and through newsletters and other outreach activities.

Consultations typically lasted between 30 and 60 minutes. Quotes from some of those consultations are included in subsequent chapters of this report, in all cases with the permission of the consultee.

¹ Skills for Care, Health and wellbeing strategies – discovery work, 2023. [Unpublished]

² Skills for Care, Health and wellbeing strategies – discovery work, 2023. [Unpublished]

Discussion guides were designed for the consultations and covered the following themes:

- The types of wellbeing initiatives that have been implemented.
- Why they have been implemented and how they have been received by staff.
- The impacts of the initiatives.
- Examples of effective practice, lessons and challenges.

It proved difficult to arrange consultations with care workers. Doing so was dependent on managers brokering introductions, and whilst they often said they were willing to do so, in only three of the organisations did this result in care workers contributing to the research. Whilst difficult to pinpoint precisely, this is likely to have been down to one or both of the following factors:

- The managers did not invite care workers to take part in the study (perhaps because they changed their mind or forgot).
- The managers did invite care workers to take part, but the care workers chose not to.

In addition, two care workers who agreed to a consultation did not attend the meeting and did not reply when approached to re-arrange.

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	3	-
South West	1	1	-
West Midlands	2	2	2
Yorkshire and the Humber	2	2	-
TOTAL	15	18	5

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 identified them as 'effective practice', and they may well be so, but they have not been corroborated via this study.

2 Types of wellbeing initiatives

Introduction

The organisations in the research sample use an array of approaches to support the wellbeing of their workforce. These range from outsourced Employee Assistance Programmes (EAPs) to bespoke activities such as loans and one-to-one support.

At the time of the research, five organisations had an organisation-level wellbeing strategy and seven were in the process of developing one. Three did not have a strategy nor were planning one.

Three organisations shared their wellbeing strategies with the research team. They vary in length and detail and each has a different area of focus:

- **Strategy 1:** A one-page document that includes the organisation's mission statement, provides definitions of wellbeing and stress, and introduces the role of an Employee Wellbeing Coordinator.
- **Strategy 2:** A 'people strategy' which lists the organisation's values, its aims for the workforce, how those aims will be achieved and how success will be measured.
- **Strategy 3:** A two-year stress and wellbeing strategy with tangible actions for each year and a rationale as to why they are being implemented (e.g., to improve resilience, increase staff retention and reduced absences).

The research has found nothing to suggest that the organisations with a wellbeing strategy are necessarily doing more, or anything more effective, on workforce wellbeing than those without. Nor is it the case that only the largest organisations in the sample have a wellbeing strategy. In both cases, however, the small sample needs to be kept in mind.

Mental wellbeing

Mental wellbeing initiatives in place across the sample include:

- EAPs.
- Mental health training and/or dedicated mental health first aiders (e.g., Mental Health First Aid Champions).
- Restorative supervision and leading with compassion.
- One-to-one support and group therapy.

- Occupational health reviews and referrals.
- Signposting to organisations that provide support, e.g., The Care Workers' Charity and NHS Wellbeing Hubs.
- Staff recognition and achievement awards, e.g., Employee of the Month schemes.
- Free webinars on mindfulness and work-life balance.
- Group wellbeing sessions and peer support.
- Drop-in surgeries for employees to discuss wellbeing issues.

Nine organisations reported having an EAP in place and two were considering introducing one. The EAPs usually provided access to virtual counselling (sometimes capped at a specific number of sessions) and mental health support, and in one case also offered bereavement support. A manager in one of the smaller organisations in the sample explained that an EAP was currently too expensive for them to introduce.

Mental health training or support was mentioned by five of the 15 organisations. One of these has made mental health training mandatory for all staff and has introduced Mental Health First Aid Champions. The others have either arranged mental health first aid training for managers and/or introduced mental health initiatives based on peer support. The following are examples of such practices:

- **Bright Line:** An internal support service run by a national care provider with approximately 600 employees. Bright Line is serviced by the organisation's mental health first aiders and provides signposting support to staff.
- **Health and Wellbeing Champion:** One organisation arranged for a member of staff to go on a health and wellbeing course and created a paid role for this individual alongside their existing role, to provide mental health and wellbeing support to staff.

Another organisation undertakes individual risk assessments for all employees in accordance with the Health and Safety Executive's Management Standards for work-related stress. And one organisation, in particular, has launched several targeted initiatives focused on improving the mental health of staff. Aimed at reducing absence rates, these include:

- **Ecotherapy:** A pilot project aimed at members of staff with high levels of absence. The ecotherapy project uses green space on the organisation's premises and has

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-term health conditions. They involve regular check-ins and support, for example supporting the employee to attend counselling or medication reviews, and making sure they take scheduled breaks. Each plan is bespoke and includes reasonable adjustments that are tailored to the needs of the individual.
- **Active Care project:** Under this project, when a staff member is signed off by a doctor due to stress and/or anxiety, they receive additional one-to-one support and a call with a therapist. A meeting is also scheduled with the staff member's manager to discuss the triggers of the stress/anxiety issues.

The above are, however, the exception in the research sample. More commonly the approaches are group sessions, peer support initiatives, catch-ups and check-ins with managers, and/or virtual counselling sessions that can be accessed via an EAP.

Wellbeing Café

A care provider in the East Midlands launched a monthly wellbeing café in response to the death of one of its residents from an aggressive brain tumour. The young person's death had a considerable impact on staff wellbeing, so a group session with tea and cake was arranged to allow staff to come together, address the events, and acknowledge and process them together. Based on positive feedback from staff, the decision was made to run these sessions on a monthly basis to support staff with any emotional challenges they may be facing in their role.

Three organisations cited a change in management style and a focus on leading with compassion as a means of improving workforce wellbeing. A manager in one of these organisations explained that staff had previously not felt able to admit they were struggling with mental health issues, which was leading to unexplained absences. The organisation is now focused on developing a more compassionate culture across the full staff team.

Another organisation has started running group sessions on reflective supervision for team leaders to encourage a shift in management style. The sessions are being designed in-house and cover topics such as checking in with staff, asking how work is affecting them and asking how happy they are. The initiative in question is still in the pilot phase but is aimed at supporting managers to adopt more pastoral approaches and put these into practice with their staff.

In one of the above cases, adopting a restorative management style was seen as a direct means of improving workforce wellbeing. In the other two cases, the organisation's focus was on becoming more pastoral – the subsequent improvement in workforce wellbeing was identified as a natural and welcome by-product.

“It doesn't matter how many initiatives you put in place, it's about changing the culture and people's mindsets. There has to be a cultural shift from the top down.”

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 universal, one-off bonuses or payments to staff. Examples include:

Rewards:

- 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.
- Free sanitary products.

Financial support:

- Staff bonuses and financial incentives.
- Pay rises in line with inflation.
- Hardship grants, loans and salary advances.
- Weekend enhancement rates and shift bonuses for staff who pick up extra shifts.
- Financial advice and guidance sessions/leaflets.
- Paying for counselling (on an ad-hoc basis).
- Paying for taxis during bus/rail strikes.

Six organisations highlighted a competitive pay and benefits package as one of their main financial incentives. For instance, a national organisation with 600 employees pays the Real Living Wage and recently gave all staff a 10.1% pay rise in line with inflation. Similarly, an organisation with 150 employees in the South East recently increased the pay of all staff on the National Living Wage by 10% (the rest of the workforce received between 5% and 8%). The same organisation also gave a one-off cost-of-living bonus of £300 to all staff. Another organisation with 100 employees in the West Midlands has increased wages for all frontline staff, funded by a pay freeze for senior managers.

Even though improvements to pay and benefits packages are primarily about recruitment and retention, the organisations that implemented them also demonstrated an awareness of how the cost-of-living crisis is impacting their employees. As such, pay rises and bonuses were seen not just as a way of improving staff retention, but also as a means of contributing towards better staff wellbeing.

The research suggests that the most popular initiatives typically involve some kind of financial support, for example in the form of hardship grants, salary advances or loans. Five organisations said that they offer, or are planning to offer, other forms of financial support to their staff. For example:

- One has provided loans to staff on a case-by-case basis to help with unexpected costs, especially throughout the pandemic (e.g., loans for flights home).
- Two have implemented salary advance schemes, which allow employees to access pay they have already earned. The schemes are run in-house. One has a small admin fee (see the box below), but neither charge interest. The schemes have been well received by staff.
- One provides hardship grants which can be spent on travel costs or other essential purchases.

‘Early Pay’ scheme

This initiative was introduced by a medium-sized organisation providing residential and community care. It allows staff to access overtime salary immediately as opposed to waiting for it to be reflected in their pay packet. There is a cost of £2.75 to withdraw the money. According to feedback from managers, the initiative has been very well received, particularly during the cost-of-living crisis.

Two organisations also mentioned that they run a referral scheme with financial incentives for staff members who refer a new employee. In some instances, this involves cash incentives of up to £400.

Financial initiatives, such as cash incentives, salary advances, discounts and bonuses have been very well received and, where available, are accessed frequently by staff. In one organisation this includes a benefits platform that allows staff to gather points that they can then convert into Asda vouchers.

Whilst the research has identified examples of well-received financial support for staff, that does not imply that such support is widely available across the sector. It also doesn't

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 with a diverse workforce also highlighted the importance of considering the impact of cultural and religious festivals on staff from certain faiths, for instance by supporting members of the workforce during Ramadan and Eid and ensuring those who are fasting take regular breaks.

“We try not to make daytime meetings compulsory during Ramadan because we know some of the staff will be fasting.”

Care provider – East Midlands

3 Delivery and implementation

Introduction

Some of the wellbeing initiatives uncovered during the research had been introduced via a formal company-wide roll-out, while for others it had been more ad hoc. On many occasions, they had been introduced in response to staff feedback or to build on activities that had been introduced during the pandemic.

Implementing the initiatives had usually been a smooth process. Newsletters, Teams channels and flyers/leaflets had been used to raise awareness, although some consultees did highlight challenges (explained below) in relation to staff and manager buy-in, as well as communication and engagement.

Rationale for implementation

When asked about their reasons for implementing wellbeing initiatives, the managers in the sample usually cited one or more of the following reasons:

- **Staff retention:** i.e., to reduce turnover and facilitate succession planning. One organisation stated that they were, *“losing more people than we were recruiting, so something had to change.”*
- **Reducing absences:** Including, and in some cases specifically, absences occurring because of mental health.
- **Feedback from staff:** Feedback on how to improve staff wellbeing has been captured via staff surveys, at meetings and through positive responses to one-time initiatives such as the Wellbeing Café.
- **Company culture:** A number of the organisations are trying to transition to more restorative approaches to management. One organisation summarised this as *“doing the right thing by the staff”* and expressed a desire to change the often-negative narrative around adult social care by creating a more supportive work environment.

“It’s the right thing to do, it can be as simple as that. When people are shown kindness, that’s reflected in their actions.”

Dynamic Social Support (DSS)

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 roles or departments in the organisation.
- Taking the cultural diversity of the workforce into account.

Colleague Advisory Group

A national residential and community care organisation has launched a Colleague Advisory Group, which meets quarterly. The group is made up of employees who act as a point of liaison between frontline care workers and the senior management team. During the meetings, managers aim to gather feedback on staff benefits and wellbeing, including what is going well, what could be better, and what type of initiatives or incentives staff would like to see.

“It’s very important to know your staff and the scenarios in which they operate, so you know how to best support them collectively, but also individually, as some may need reasonable adjustments.”

Sir Josiah Mason Trust

Challenges and lessons learnt

In the main, the organisations were positive about the rollout and implementation of the initiatives. However, some challenges were highlighted, including:

- **Communication and engagement:** This was the most common challenge and relates to how effectively the initiatives were promoted, and therefore understood, among staff. In some organisations, awareness appears to have been quite low – this can be caused by newsletters or other forms of digital communication not reaching frontline care staff, especially if they don’t access computers at work.
- **Staff buy-in:** Encouraging staff to engage and make use of the initiatives had occasionally been a challenge. Managers in one organisation explained that this

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 scheme had been introduced, but the geography of the local area meant that commuting by bicycle was not a viable option for most staff. Another organisation had circulated flyers promoting discounts on holidays via the Perkbox rewards platform, but one of the care workers consulted as part of this research pointed out that *“few people can afford a holiday right now.”*
- **Accessibility:** Many of the wellbeing initiatives are app-based or are only accessible online. This can act as a barrier to participation for some staff who are not confident using that kind of technology.

Funding and resourcing

Funding and resourcing of wellbeing initiatives varies among the organisations that contributed to the research. Three organisations have allocated resources and funding to create designated roles to oversee the company’s workforce wellbeing agenda. Some also have internal wellbeing budgets, although they were not all able to specify the exact amounts. Of those that could:

- An organisation in the South East with 150 employees has an annual wellbeing budget of £29,000.
- An organisation in the West Midlands with 100 employees estimates their annual health and wellbeing spend to be approximately £10,000.

4 Impacts of the initiatives

Introduction

Several of the organisations in the research sample have only recently introduced or formalised their workforce wellbeing approaches. As such, a number of the activities are still in their early stages and gauging their impact is difficult. Despite this, and as explained below, there are some early indications of positive effects, although these were often highlighted by individual organisations and are not necessarily representative of the research sample as a whole.

Five of the organisations in the sample said they had processes in place to assess the take-up and effectiveness of the initiatives, including:

- 'You Said, We Did' campaign.
- Monitoring EAP usage.
- Focus groups with employees.
- Employee wellbeing surveys.
- Monitoring and analysis of staff absence.

All of the organisations with these processes in place either have a workforce wellbeing strategy or are in the process of developing one.

Staff retention

One of the key areas of impact – highlighted by eight of the 15 organisations – is staff retention. Whilst none of the organisations has sought to prove (empirically) the link between wellbeing and retention, there are some encouraging examples:

- One organisation stated that their average length of service had risen from three to five years in the years after they had begun focusing more on workforce wellbeing. The ensuing stability within the teams is thought to have led to more positive relationships with the individuals for whom the organisations provide care and support.
- Other organisations said their wellbeing policies were making staff feel recognised and valued, which in turn was thought to be improving retention and helping with succession planning.

“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. Whilst not formally measured, there appears to have been a link between stress levels and the company’s mental health training policy, with the reduction in sick days coinciding with the introduction of the mandatory mental health training.

A care provider that has begun adopting a more pastoral and restorative management approach suggested that this had helped with staff feeling more comfortable addressing mental health issues – with fewer absences as a result.

Engagement and morale

Some organisations claimed that proactively engaging employees in the workforce wellbeing agenda had led to them feeling more valued and empowered to share their ideas and perspectives. For example, one organisation pointed out that their subsidised gym membership had only been introduced because a staff member had suggested it.

According to two care providers, improved staff wellbeing has also resulted in a stronger work ethic/morale, which in turn has had a positive impact on quality of care.

“I knew that ultimately there would be a knock-on effect on care.”

Care provider – East Midlands

One of the organisations also pointed out that arranged social events and get-togethers had become so popular that employees were choosing to come in on their days off to attend them.

"It's like a second home for them."

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.

The research also suggests that buy-in from senior leadership and management is central to a workforce wellbeing agenda being successfully embedded within an organisation. This means that wellbeing initiatives should be considered and meaningful, as opposed to tokenistic.

Had the sample been larger, then more and different initiatives would doubtless have been uncovered. Those presented in this report should therefore not be considered exhaustive, but there are very few, if any, other published reports that bring together this many examples of workforce wellbeing practices in adult social care. The report could therefore act as a useful starting point for an 'ideas for workforce wellbeing' article which could be circulated across the sector.

Any such article or resource would, however, need to be positioned carefully. The organisations in the sample are confident that their initiatives deliver positive results, or will do in the future, but the research has gathered little by way of objective evidence to prove that (primarily because it was difficult to engage frontline care workers in the study). In sharing the examples with the sector, it may therefore be better to position them as 'ideas' rather than 'top tips'.

A hypothesis at the outset of the study was that organisations with a workforce wellbeing strategy would be more active in terms of wellbeing activities, and would approach those

³ See, for example: <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/physical-health-and-mental-health>.

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. Rather, it is the culture of the organisation, managers' attitudes towards wellbeing 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 document isn't especially important. Certainly that is true if the strategy isn't implemented effectively or if the initiatives that flow from it don't benefit staff. 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 'effective practice' examples cited by managers are viewed that way by the recipients and users of them. Obtaining this feedback from care workers at scale will not be straightforward, but it is needed if Skills for Care wish to understand workforce wellbeing in their sector in greater depth.

Finally, it is important to consider the impact of wider, sector-related issues and challenges in the context of any workforce wellbeing agenda. Workforce wellbeing initiatives, whilst welcome, should not be seen as a 'fix' for wider issues faced by the social care sector, such as pay, working conditions and the impact of the cost-of-living crisis.

6 Appendix

Discussion guide – managers

- What type of organisation do you work for? Number of employees?
- What does your role involve?
- Why did you decide to contribute to this research?
- Does your organisation have a workforce wellbeing strategy?

PROBE IF YES:

- What was the reason for introducing it? How long has it been in place?
- Who was responsible for introducing/writing it?
- What does it contain?
- Has it informed any of the wellbeing initiatives you have implemented within your organisation?
- What kind of wellbeing initiatives have you implemented within your organisation?

PROMPTS:

- Support for menopause?
- Wellbeing of international recruits?
- Leading with compassion and inclusivity?
- Supporting the physical, emotional and moral challenges of social care?
- Financial wellbeing? (Discounts, loans etc)
- Why did you choose to implement these particular initiatives? How long have these initiatives been in place?

PROMPTS:

- How were wellbeing needs identified? Were the initiatives based on staff feedback?

- 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 initiatives that have been implemented within your organisation? If so, what are they?

PROMPTS:

- Healthy eating guidance and support
- Menopause support
- Promoting work/life balance
- Promoting exercise (e.g. gym discounts)
- Occupational health support
- How were you made aware of these initiatives (e.g. newsletter, team meetings, intranet, line management meeting)?

- 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?
- Are there any wellbeing initiatives that are not currently being offered by your organisation which you feel would be beneficial? If so, what are they?
- Do you feel that it is important for your employer to have a health and wellbeing programme? If so, why?
- What message would you want to share with other workers?

- 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

Skills for Care West Gate
6 Grace Street
Leeds
LS1 2RP

Telephone: 0113 245 1716
Email: info@skillsforcare.org.uk
Web: www.skillsforcare.org.uk