Evidence Brief: Social Care Workforce

Contents

HEE Knowledge Management Team, October 2020

Produced by the HEE Knowledge Management team Evidence Briefs offer a quick overview of the published reports, research and evidence on a workforce-related topic. A starter for 10 on the evidence if you will.

Please acknowledge this work in any resulting paper or presentation as:
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Key publications – the big picture

The state of the adult social care sector and workforce in England October 2020, Skills for Care

This report provides a comprehensive analysis of the adult social care workforce in England and the characteristics of the 1.52 million people working in it. Topics covered include: employment information, recruitment and retention, demographics, pay, qualification rates and future workforce forecasts.

Download a copy of the report and the infographic showing all the key findings.

Potential impact of COVID-19 government policy on the adult social care workforce September 2020, Institute for Employment Studies

This report is the output of a project conducted by IES and commissioned by the Health Foundation. Its purpose was to identify how government COVID-19 related policy may have impacted upon the adult social care workforce in England. The project had a particular focus on Test and Trace, and the ways in which policy changes may have enabled and incentivised the necessary behaviours of care workers.

Digital innovation in adult social care: how we've been supporting communities during COVID-19 September 2020, Local Government Association

The Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) commissioned the Institute of Public Care at Oxford Brookes University to work with councils in capturing examples of social care digital innovation across local government in a new report.

Beyond COVD: new thinking on the future of adult social care September 2020, Social Care Institute for Excellence *Free SCIE registration and log in required*

COVID-19 has had a devastating impact on social care. By June 2020 there had been more than 30,500 excess deaths among care home residents, and social care staff have been more than twice as likely to die from COVID-19 as other adults. Deep-rooted inequalities in society have also been amplified by the crisis, as have the sector's fragile finances and the low pay and conditions experienced by many care workers. This position paper for commissioners and senior managers working in the health and social care sector sets out the findings of Beyond COVID: new thinking on the future of adult social care.

Adult social care and COVID-19: assessing the impact on social care users and staff in England so far July 2020, Health Foundation

Our analysis on the scale of the impact of COVID-19 on social care in England during the first phase of the pandemic.

The impact of COVID-19 on the adult social care workforce 2020, Skills for Care

This page contains Skills for Care analysis of a survey distributed by Care Management Matters looking at the impact of COVID-19 on the adult social care workforce, particularly recruitment and retention. The survey was completed on 31 March 2020, by 211 adult social care providers.

Health and social care committee enquiry submission on social care funding and workforce 25th June 2020, NHS Confederation

Earlier this month, the NHS Confederation submitted evidence to the House of Commons Health and Social Care Committee's inquiry, Social Care: Funding and Workforce. The Committee's inquiry into social care has been seeking to establish how much extra money would need to be spent by the government over the next five years to counteract the impact of a shortage of care on the NHS. The inquiry also seeks to establish the impact of shortages in the social care workforce and the policy solutions required.

Who cares? Attracting and retaining care workers for the elderly June 2020, OECD

This report presents the most up-to-date and comprehensive cross-country assessment of long-term care (LTC) workers, the tasks they perform and the policies to address shortages in OECD countries. It highlights the importance of improving working conditions in the sector and making care work more attractive and shows that there is space to increase productivity by enhancing the use of technology, providing a better use of skills and investing in prevention. Population ageing has outpaced the growth of workers in the long-term care (LTC) sector and the sector struggles with attracting and retaining enough workers to care for those dependent on others for care. Non-standard work is widespread, pay levels tend to be lower than similar-qualification jobs in other health sectors, and LTC workers experience more health problems than other health workers. Further, educational requirements tend to be insufficient to perform more demanding and growing tasks of LTC. With growing demand for care at home, better co-ordination between the health and long-term care sectors and between formal and informal careers is needed.

Even before COVID-19, high workforce turnover rates posed a major challenge for social care 29th May 2020, The Health Foundation

- COVID-19 is putting unprecedented pressure on people working in adult social care. However, even before the pandemic, staffing was the biggest single challenge for the sector in England.
- High and increasing staff turnover rates – the proportion of staff leaving their roles in the previous 12 months – are a major workforce issue in social care. Research indicates that this makes it more difficult to attain and maintain high standards of care.
- Skills for Care estimates suggest that approximately 440,000 directly employed social care staff in England left their jobs in 2018/19. This amounts to a turnover rate of 32.2% for directly employed staff in local authorities and independent providers. The turnover rate has increased by 9.1 percentage points since 2012/13.
- Regional staff turnover rates vary considerably, with the East of England registering a turnover rate of nearly 36% and London registering a turnover rate of 27.5% in 2018/19. The turnover rate has increased by more than 8 percentage points since 2012/13 in every region other than London, where the rate increased by less than 5 percentage points.
- Among those who left their roles in 2018/19, the proportion of those who stayed in adult social care was considerably lower in London (32%) than in any other region. This is largely because a higher proportion of social care leavers in London moved to the health sector (20%), relative to elsewhere in England.
- The long-term impact of COVID-19 on the social care workforce will take time to quantify and understand. In the meantime, a comprehensive workforce plan which accounts for variations in regional staff turnover in social care, and the potential impact of regional staffing pressures in the NHS, is now much needed.

What does the social care workforce look like across the four countries? April 2020, Nuffield Trust

This explainer describes the social care workforce in each UK country including recruitment, registration and regulation.

Guidance: Health and Wellbeing of the adult social care workforce May 2020, Department of Health and Social Care

The government recognises the dedication and commitment shown by all our care workers and organisations to keep people with care and support needs safe during these unprecedented times. Care workers, caterers, cleaners, nurses, occupational therapists, personal assistants, registered managers, social workers, and others, all have a crucial role in ensuring that people's needs are met during this challenging time.

The experience of care home staff during COVD-19: a survey report by the QNI's International Community Nursing Observatory, 2020

The Queen's Nursing Institute (QNI) recognizes that registered nurses and their colleagues working in nursing and care homes provide a critical role in supporting the health and wellbeing of some of the most vulnerable people in society. There are far more beds in care homes with nursing than there are in hospitals in England1 with three times as many beds in the care sector overall than there are in hospitals. The care being delivered in a home can at times be as intensive as in a hospital – in particular for end of life care - and it is hugely skilled work. As the majority of respondents to this survey indicate, the people living in their care homes need a combination of support for complex physical and cognitive needs.

COVID-19 social care staff wellbeing 2020, Local Government Association

During this period of increased pressure and anxiety, it is essential that employers send a clear message that staff wellbeing matters. Research suggests that good organisational leadership and a supportive work culture can have a positive impact on the psychological wellbeing of these staff before, during and after the crisis.

Social Care Taskforce: Workforce Advisory Group – report and recommendations 2020, Department of Health and Social Care

This report sets out the progress and learning from the first phase of the COVID-19 pandemic in informing advice and recommendations to government and the social care sector.

Learning by experience and supporting the Care Home Sector during the COVID-19 pandemic: key lessons learnt, so far, by frontline care home and NHS staff 2020, National Care Forum

This report sets out findings of a research study to capture the experiences of frontline care home and NHS staff caring for older people with COVID-19 and to share the lessons learnt about the presentation, trajectories, and

management of the infection with care homes that have and have not yet experienced the virus. The research comprised two phases: interviews with frontline care home and NHS staff in June and July (n=35); and consultation with senior operational and quality managers in care homes in September (n=11). The findings are presented under the following themes: clinical presentation – COVID-19 does not always present as a cough and fever in older people; unpredictable illness trajectory; managing symptoms and providing supportive care; recovery and rehabilitation – promoting physical, cognitive and emotional well-being post-virus; end of life care; infection prevention and control; and promoting partnership through cross sector working and support. The research highlights the value of ongoing reflective learning and the importance of sharing collective expertise in care and in practice. However, it also reveals systemic issues associated with underfunding, limited integration across health and social care and a lack of wider recognition and value of the contribution of the care home sector and (importantly) its staff. The report concludes with a call to action, stressing the importance of sharing collective expertise, expanding the use of digital technology, and formally recognising and supporting care home staff. It also calls on the Government to ensure policy making, guidance, effective resourcing (including PPE), and plans for action are created in equal partnership with the care sector; to invest in the care sector to enable better reward and recognition of the care workforce; and to improve the testing capacity for social care to cover all care settings, including day services.

The NHS Long Term Plan 2019, NHS

See Chapter 1: a new service model for the 21st century

The NHS Long Term Plan was developed in partnership with those who know the NHS best – frontline health and care staff, patients and their families and other experts.

An integrated health and social care workforce plan for Scotland December 2019, NHS Scotland

This Plan puts effective workforce planning at the forefront of achieving safe, integrated, high quality and affordable health and social care services for the people of Scotland. It underlines the need for better evidence which can support the many national actions we are taking to address the challenges our services face. Crucially this Plan reflects our approach to effective workforce planning in an integrated environment – essential to delivering and sustaining the world-class services we all rely on.

Fair care: a workforce strategy for social care 2018, Institute for Public Policy Research

This report examines the challenges facing the social care workforce in England and the evidence of the growing social care workforce crisis. These challenges include low pay, insecurity due to zero-hour contracts, lack of training, and difficulties in recruiting and retaining staff. Its show that the poor conditions of the workforce have a negative impact on both staff and the quality of care. The report identifies the root causes of the care workforce crisis as the result of an underfunded and under-regulated care market, and the under valuing of social care and the social care workforce. It shows how a combination of price-based competition in an under-funded market with a disempowered workforce contributes to the poor conditions and exploitation of the workforce. It then outlines a strategy to address the workforce crisis, which includes: a long-term funding settlement for social care; the introduction of the real Living Wage; improvements in training and care quality with a mandatory Care Certificate and professional regulation; and enforcing minimum standards by improved commissioning and expanding the role of CQC to cover employment quality.

We 'dare to care' – Care homes and nursing at the frontline of our response to ageing 2017, Care England

Care homes are at the frontline of health and social care provision today, caring for an increasing number of older people. We know the sustainability of the entire sector is under threat with an ever-growing risk of closures but demand continues to rise. In this booklet – we 'dare to care' – we present compelling new analysis and evidence of why care homes are not only integral to our older citizens and their families, but also to the wider economic wellbeing of our workforce and communities. Care homes in England employ approximately 670,000 people, caring for just under 400,000 older people, who have complex health needs.

An introduction to the "Teaching Care Home" pilot April 2017, Care England

An overview of the Department of Health funded Teaching Care Home pilot, a nurse-led pilot to improve the learning environment for staff working in care homes. The pilot supported five care homes to become centres of excellence in person-centred care with learning at the centre of practice. This overview includes details of the draft Teaching Care Home Vision Statement developed by the five care homes; aims and objectives of the pilot;

the key principles and the partners involved. It also summarises the individual focus of the work at each of the five care homes involved, which are: improved hospital admissions and discharge for older people; improved nutrition of residents; addressing the shortage of registered nurses by improving language ability of non-UK nurses; reflective practice across the whole workforce; and raining, development and communication of workforce. Details of outcomes, key learning and challenges identified are included for each.

Case Studies

Case studies from Skills for Care

Hear from people who work in social care about what they do in their role, how they got there and how they want to progress. Includes examples from Direct care roles; management roles; other social care roles and regulated roles.

NHS and social care hub, West Yorkshire January 2019, Long Term Plan case studies

New NHS and social care hubs – where health, social care, housing and voluntary and community organisations work side-by-side – are keeping people most at risk well and out of hospital in West Yorkshire.

HEE Star

More resources and tools are available by searching for **"social care"** in the HEE Star: https://www.hee.nhs.uk/our-work/hee-star

Statistics

You can find relevant statistics on the Health and Care Statistics Landscape under **"Adult Social Care"** https://gss.civilservice.gov.uk/hc-statistics-landscape/

Skills for Care also have a workforce intelligence hub for adult social care in England.

New statistics on England's social care workforce were also published in February 2020 by NHS Digital.

HEE National Data Programme

HEE staff can look at the National Data Warehouse (NDL) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

COVID-19

New Ways of Working? A Rapid Exploration of Emerging Evidence Regarding the Care of Older People during COVID19 September 2020, International Journal of Environmental Research and Public Health

Health and social care staff have had to quickly adapt, respond and improve teamwork, as a response to the COVID-19 pandemic. Our objective was to rapidly summarize the emerging evidence of new ways of working in the care of older people during this period. We conducted an exploration of the emerging evidence within the timeframe of 1 March 2020 to 11 May 2020. To capture a broad perspective, we undertook thematic analysis of Twitter data which was extracted through a broad search for new ways of working in health and social care. For a more in-depth focus on the health and social care of older people, we undertook a systematic scoping of newspapers using the Nexis UK database. We undertook a validation workshop with members of the interprofessional working group of the Irish National Integrated Care Programme for Older People, and with researchers. A total of 317 tweets were extracted related to six new ways of working. There was evidence of using telehealth to provide ongoing care to patients; interprofessional work; team meetings using online platforms; trust and collaboration within teams; as well as teams feeling empowered to change at a local level. 34 newspaper articles were extracted related to new ways of working in the care of older people, originating in England (n = 17), Wales (n = 6), Scotland (n = 6), Ireland (n = 4) and Germany (n = 1). Four main themes were captured that focused on role expansion, innovations in communication, environmental restructuring and enablement. The results of this exploration of emerging evidence show that health and social care teams can transform very rapidly. Much of the change was based on goodwill as a response to the pandemic. Further analysis of empirical evidence of changing practices should include the perspectives of older people and should capture the resources needed to sustain innovations, as well as evaluate gaps in service provision.

Solving the COVID-19 Crisis in Post-Acute and Long-Term Care July 2020, Journal of the American Medical Directors Association

Our nation's nursing home industry has been in need of overhaul for decades-a situation made all the more evident by COVID-19. AMDA-The Society for Post-Acute and Long-Term Care Medicine is dedicated to quality in post-acute and long-term care process and outcomes. This special article presents 5 keys to solving the COVID-19 crisis in post-acute and long-term care, related to policy, collaboration, individualization, leadership, and reorganization. Taking action during this crisis may prevent sinking back into the complacency and habits of our pre-COVID-19 lives.

It's about how much we can do, and not how little we can get away with": Coronavirus-related legislative changes for social care in the United Kingdom 2020, International Journal of Law and Psychiatry

The coronavirus pandemic, referred to here as Covid-19, has brought into sharp focus the increasing divergence of devolved legislation and its implementation in the United Kingdom. One such instance is the emergency health and social care legislation and guidance introduced by the United Kingdom Central Government and the devolved Governments of Wales, Scotland and Northern Ireland in response to this pandemic. We provide a summary, comparison and discussion of these proposed and actual changes with a particular focus on the impact on adult social care and safeguarding of the rights of citizens. To begin, a summary and comparison of the relevant changes, or potential changes, to mental health, mental capacity and adult social care law across the

four jurisdictions is provided. Next, we critique the suggested and actual changes and in so doing consider the immediate and longer term implications for adult social care, including mental health and mental capacity, at the time of publication.several core themes emerged: concerns around process and scrutiny; concerns about possible changes to the workforce and last, the possible threat on the ability to safeguard human rights. It has been shown that, ordinarily, legislative provisions across the jurisdictions of the UK are different, save for Wales (which shares most of its mental health law provisions with England). Such divergence is also mirrored in the way in which the suggested emergency changes could be implemented. Aside from this, there is also a wider concern about a lack of parity of esteem between social care and health care, a concern which is common to all. What is interesting is that the introduction of CVA 2020 forced a comparison to be made between the four UK nations which also shines a spotlight on how citizens can anticipate receipt of services.

Shortages of Staff in Nursing Homes During the COVID-19 Pandemic: What are the Driving Factors? October 2020, Journal of the American Medical Directors Association

During the Coronavirus Disease 2019 (COVID-19) pandemic, US nursing homes (NHs) have been under pressure to maintain staff levels with limited access to personal protection equipment (PPE). This study examines the prevalence and factors associated with shortages of NH staff during the COVID-19 pandemic. We obtained self-reported information on staff shortages, resident and staff exposure to COVID-19, and PPE availability from a survey conducted by the Centers for Medicare and Medicaid Services in May 2020. Multivariate logistic regressions of staff shortages with state fixed-effects were conducted to examine the effect of COVID-19 factors in NHs. 11,920 free-standing NHs. The dependent variables were self-reported shortages of licensed nurse staff, nurse aides, clinical staff, and other ancillary staff. We controlled for NH characteristics from the most recent Nursing Home Compare and Certification and Survey Provider Enhanced Reporting, market characteristics from Area Health Resources File, and state Medicaid reimbursement calculated from Truven data. Of the 11,920 NHs, 15.9%, 18.4%, 2.5%, and 9.8% reported shortages of licensed nurse staff, nurse aides, clinical staff, and other staff, respectively. Georgia and Minnesota reported the highest rates of shortages in licensed nurse and nurse aides (both >25%). Multivariate regressions suggest that shortages in licensed nurses and nurse aides were more likely in NHs having any resident with COVID-19 (adjusted odds ratio [AOR] = 1.44, 1.60, respectively) and any staff with COVID-19 (AOR = 1.37, 1.34, respectively). Having 1-week supply of PPE was associated with lower probability of staff shortages. NHs with a higher proportion of Medicare residents were less likely to experience shortages. Abundant staff shortages were reported by NHs and were mainly driven by COVID-19 factors. In the absence of appropriate staff, NHs may be unable to fulfill the requirement of infection control even under the risk of increased monetary penalties.

Commentary: COVID in care homes—challenges and dilemmas in healthcare delivery September 2020, Age & Aging

The COVID-19 pandemic has disproportionately affected care home residents internationally, with 19–72% of COVID-19 deaths occurring in care homes. COVID-19 presents atypically in care home residents and up to 56% of residents may test positive whilst pre-symptomatic. In this article, we provide a commentary on challenges and dilemmas identified in the response to COVID-19 for care homes and their residents. We highlight the low sensitivity of polymerase chain reaction testing and the difficulties this poses for blanket screening and isolation of residents. We discuss quarantine of residents and the potential harms associated with

this. Personal protective equipment supply for care homes during the pandemic has been suboptimal and we suggest that better integration of procurement and supply is required. Advance care planning has been challenged by the pandemic and there is a need to for healthcare staff to provide support to care homes with this. Finally, we discuss measures to implement augmented care in care homes, including treatment with oxygen and subcutaneous fluids, and the frameworks which will be required if these are to be sustainable. All of these challenges must be met by healthcare, social care and government agencies if care home residents and staff are to be physically and psychologically supported during this time of crisis for care homes.

Hard-Hit Nursing Homes Face Catch-22 to Reopen: They must demonstrate COVID-19 readiness but lack essential supplies September 2020, AJN American Journal of Nursing

The article focuses on federal and state governments issue guidelines for the phased reopening of nursing homes, the facilities find themselves in a bind and must demonstrate that they have adequate supplies of personal protective equipment (PPE) and diagnostic tests as well as no new COVID-19 cases. Topics include the government assistance to acquire these supplies have been largely ignored, and leaving some nursing homes unable to qualify for reopening.

Are Nursing Homes COVID-19's "Contaminated Wells," and Will They Receive Additional Resources? September 2020, American Health & Drug Benefits

The article discusses epidemiologist John Snow studied mortality data during the cholera outbreak of 1854 and identified dramatically different mortality rates customers of competing water companies. Topics include high-value public health investments include universal testing of nursing-home staff and residents, adequate PPE for the workforce; and nursing-home facilities have access to surveillance testing for COVID-19 or adequate personal protective equipment (PPE).

Playing the Cards We Are Dealt: COVID-19 and Nursing Homes August 2020, Journal of the American Geriatrics Society

The article discusses how medical professionals might treat U.S. nursing home residents with coronavirus disease (COVID-19). It examines the balance between medical policy and clinical practice, efforts to limit the spread of COVID-19 in nursing homes, and calls for the need for perspective among policymakers and medical leadership.

"Abandoned" Nursing Homes Continue to Face Critical Supply and Staff Shortages as COVID-19 Toll Has Mounted July 2020, JAMA: Journal of the American Medical Association

This Medical News article discusses nursing homes' ongoing challenges during the novel coronavirus pandemic.

COVID-19 deaths among social care staff far outstripping those in health care May 2020, Community Care
'More will die' if social care is not given equal priority with NHS, says think-tank chief, as ONS figures reveals 131 social care staff had died from disease up to 20 April

Recruitment and Retention

Factors Associated With Care Workers' Intention to Leave Employment in Nursing Homes: A Secondary Data Analysis of the Swiss Nursing Homes Human Resources Project November 2019, Journal of Applied Gerontology *Abstract only**

The emerging care personnel shortage in Swiss nursing homes is aggravated by high turnover rates. As intention to leave is a predictor of turnover, awareness of its associated factors is essential. This study applied a secondary data analysis to evaluate the prevalence and variability of 3,984 nursing home care workers' intention to leave. Work environment factors and care worker outcomes were tested via multiple regression analysis. Although 56% of care workers reported intention to leave, prevalences varied widely between facilities. Overall, intention to leave showed strong inverse relationships with supportive leadership and affective organizational commitment and weaker positive relationships with stress due to workload, emotional exhaustion, and care worker health problems. The strong direct relationship of nursing home care workers' intention to leave with affective organizational commitment and perceptions of leadership quality suggest that multilevel interventions to improve these factors might reduce intention to leave.

Factors associated with high job satisfaction among care workers in Swiss nursing homes - a cross sectional survey study 2016, BMC Nursing

BACKGROUNDWhile the relationship between nurses' job satisfaction and their work in hospital environments is well known, it remains unclear, which factors are most influential in the nursing home setting. The purpose of this study was to describe job satisfaction among care workers in Swiss nursing homes and to examine its associations with work environment factors, work stressors, and health issues.METHODSThis cross-sectional study used data from a representative national sample of 162 Swiss nursing homes including 4,145 care workers from all educational levels (registered nurses, licensed practical nurses, nursing assistants and aides). Care worker-reported job satisfaction was measured with a single item. Explanatory variables were assessed with established scales, as e.g. the Practice Environment Scale - Nursing Work Index. Generalized Estimating Equation (GEE) models were used to examine factors related to job satisfaction.RESULTSOverall, 36.2 % of respondents reported high satisfaction with their workplace, while another 50.4 % were rather satisfied. Factors significantly associated with high job satisfaction were supportive leadership (OR = 3.76), better teamwork and resident safety climate (OR = 2.60), a resonant nursing home administrator (OR = 2.30), adequate staffing resources (OR = 1.40), fewer workplace conflicts (OR = .61), less sense of depletion after work (OR = .88), and fewer physical health problems (OR = .91).CONCLUSIONSThe quality of nursing home leadership-at both the unit supervisor and the executive administrator level-was strongly associated with care workers' job satisfaction. Therefore, recruitment strategies addressing specific profiles for nursing home leaders are needed, followed by ongoing leadership training. Future studies should examine the effects of interventions designed to improve nursing home leadership and work environments on outcomes both for care staff and for residents.

Attracting, recruiting and retaining nurses and care workers working in care homes: the need for a nuanced understanding informed by evidence and theory July 2020, Age and Aging *Abstract only**

The care home sector relies on nurses and care workers to deliver care to residents living with frailty and complex needs. However, attracting, recruiting and retaining staff is one of the biggest challenges facing this sector. There is evidence available that

describes factors that influence staff decisions to join and/or remain in the care home workforce, for example, individual rewards (such as feeling valued at work or training opportunities), relationships with colleagues and residents, supportive management or working arrangements (including flexible hours). However, it is less clear how different strategies are informed by evidence to improve recruitment and retention. Care homes are heterogeneous in terms of their size, staffing levels and mix, staff age groups, geographical location and working conditions. What matters to different members of the care home workforce will vary across nurses and care workers of different ages and levels of qualification or experience. Recognising this diversity is key: understanding how to attract, recruit and retain staff needs to discriminate and offer solutions that address this diversity. This important area of practice does not lend itself to a 'one-approach-fits-all' solution. This commentary provides a brief overview of known workforce challenges for the care home sector and argues for studies that use empirical evidence to test different theories of what might work for different staff, how and why, and in different circumstances.

Professional networks and support for nursing home directors of nursing April 2019, Research in Nursing and Health *Abstract only**

In this study, we examined the influence of professional network characteristics, available professional support, and perceived support quality on intent to stay among for-profit nursing home (NH) directors of nursing (DON). We hypothesized that the receipt of high quality professional support would be associated with DON intent to stay. DONs have a critical mandate to provide leadership that influences their facilities' work climate and care quality. Yet, they often struggle to manage overwhelming responsibilities and are left feeling alienated, frustrated, and intent on leaving their jobs. Professional support, accessed via professional networks, may help DONs combat frustration and mitigate turnover that threatens NH care quality. Using a descriptive survey design, we electronically surveyed all DONs employed by a single for-profit NH corporation to collect data pertaining to their professional networks, receipt of professional support, perceptions regarding support quality, and intentions to stay in their positions. One-hundred-ninety-five DONs (65%) responded, with 133 (44%) completing every survey component. We employed social network analysis methods to construct datasets linking descriptors of DON respondents with attribute information about 1,164 network members. Statistical analyses (ANOVAs, point biserial correlations, and binomial logistic regression) yielded several findings supporting our hypothesis: (i) DONs' professional networks closely resembled the teams in which they worked daily; (ii) DONs relied on this core network of individuals to provide task support primarily; (iii) DON-nursing home administrator relationships were most important; and (iv) perceptions of support quality and support from nursing home administrators were the strongest predictors of DON intent to stay.

The Role of Empowerment in Home Care Work 2020, Journal of Gerontological Social Work

The home care industry experiences similar problems with the recruitment and retention of direct care workers (DCWs) as those faced by institutions, and it is important to identify strategies to help retain and grow this important workforce. The empowerment of DCWs has been shown to be an effective strategy for increasing job satisfaction and decreasing turnover in nursing homes but has not been studied in home care. Using Kanter's organizational theory of empowerment, including structural empowerment (structure of opportunity, access to resources, access to information, and access to support) and psychological empowerment (meaning, competence, self-determination or autonomy, and impact) this study examined whether home care workers (HCWs) feel empowered in carrying out their jobs. An exploratory, qualitative

study of 12 HCWs, recruited from two states in the United States, found high levels of both structural and psychological empowerment among research participants, as well as a number of disempowering aspects of their job. Findings suggest ways to support elements of the work that HCWs find empowering and decrease elements that contribute to job dissatisfaction and turnover.

Workforce Retention and Wages in Nursing Homes: An Analysis of Managerial Ownership August 2020, Journal of Applied Gerontology *Abstract only**

Owner-managers are administrators that hold significant equity interests in the facility they operate. We examine how the presence of owner-managers is related to the workforce outcomes of retention and wages in nursing homes (NHs). Using a sample of for-profit NHs in Ohio from 2005 to 2015, multivariate regression analysis compares workforce outcomes in facilities operated by owner-managers to salaried managers. On average, owner-managed NHs have higher workforce retention rates, with larger effects among chain-affiliated NHs. Better retention is not achieved through higher wages, as we do not find higher wages at owner-managed NHs. Further qualitative studies are warranted to identify the exact mechanisms which lead to owner-managers having better staff retention rates. Plausible mechanisms include greater autonomy to allocate resources and create policies that foster a work environment that achieves better retention while maintaining financial sustainability.

Stress and Burnout

Zero-hours contracts and stress in UK domiciliary care workers 2019 September 2018, Health and Social Care in the Community *Abstract only**

The UK domiciliary care workers play a vital role in maintaining and improving the lives of service users who have a variety of needs. Around 60% of these employees work under zero-hours contracts but, while it is known that conditions such as temporary and shift working can influence employee health and performance, zero-hours have not been widely investigated. This project sought to first investigate the stress associated with working as a domiciliary care worker, as well as comparing the experiences of employees contracted to zero-hours with those contracted to at least 16 hr per week. Twenty-nine semistructured interviews (15 zero-hour, 14 contracted hours) were conducted in the West Midlands of the United Kingdom and analysed using thematic analysis. Across all participants, four predominant stressors were found. First, the level of pay for a job with high levels of responsibility was poor. Second, participants described struggling to maintain an adequate work–life balance due to the varied timings of visits, as well as rude and aggressive behaviour from both service users and their families. Lastly, a lack of peer support and poor care from peers was discussed. However, every respondent described the positive relationships that they develop with service users being a distinct stress reliever. Zero-hours respondents discussed two further stressors. Power refers to the relationship between employee and management, with respondents describing the balance of power being with the management. Uncertainty reflected respondents not having set hours of work or pay, and thus not being able to plan their personal lives and sometimes not being able to pay bills. Findings suggest that domiciliary care workers are exposed to a range of stressors, with zero-hours adding to these. Further research should look into methods to improve both the job role for

workers, and redress the power relationships for those with zero-hours contracts.

Burnout in UK care home staff and its effect on staff turnover: MARQUE English national care home longitudinal survey 2020, Age and Aging

Background: staff burnout and turnover lead to care home residents receiving poorer quality care. Burnout is thought to cause turnover, but this has never been investigated. We know little about which care home staffs are burnt out. Aims: to explore burnout's relationship with staff turnover and prevalence and predictors of burnout. Method: this study calculated the relationship between Maslach Burnout Inventory scores and future staff turnover (12-month number of staff leaving/number employed). This study explored staff, resident and care home predictors of burnout, measured as emotional exhaustion (EE), depersonalisation (DP) and personal accomplishment (PA). Results: two-thousand sixty-two care staff in 97 care home units participated. Median yearly staff turnover was 22.7%, interquartile range (IQR) 14.0–37.7%. Care staff recorded low median burnout (median EE: 14, IQR: 7–22; DP: 1, IQR: 0–5; PA 42, IQR: 36–45). This study found no association between staff burnout and turnover rate. Younger staff age was associated with higher burnout (EE coefficient − 0.09; 95% confidence interval (CI): −0.13, −0.05; DP −0.02; 95% CI: −0.04, −0.01; PA 0.05; 95% CI: 0.02, 0.08). Speaking English as a second language predicted higher EE (1.59; 95% CI: 0.32, 2.85), males had higher DP (0.02; 95% CI: 0.01, 0.04) and staff working only night shifts lower PA (−2.08; 95% CI: −4.05, −1.30). Conclusions: this study found no association between care homes staff burnout level and staff turnover rates. It is a myth that burnout levels are high. Interventions for burnout could focus on at-risk groups. Future studies could consider turnover at an individual level. (Edited publisher abstract)

A systematic review and meta-analysis of the prevalence and associations of stress and burnout among staff in long-term care facilities for people with dementia August 2019, International Psychogeriatrics

BACKGROUNDCare home staff stress and burnout may be related to high turnover and associated with poorer quality care. We systematically reviewed and meta-analyzed studies reporting stress and burnout and associated factors in staff for people living with dementia in long-term care.METHODSWe searched MEDLINE, PsycINFO, Web of Science databases, and CINAHL database from January 2009 to August 2017. Two raters independently rated study validity using standardized criteria. We meta-analyzed burnout scores across comparable studies using a random effects model.RESULTS17/2854 identified studies met inclusion criteria. Eight of the nine studies reporting mean Maslach Burnout Inventory (MBI) scores found low or moderate burnout levels. Meta-analysis of four studies using the 22-item MBI (n = 598) found moderate emotional exhaustion levels (mean 18.34, 95% Confidence Intervals 14.59-22.10), low depersonalization (6.29, 2.39-10.19), and moderate personal accomplishment (33.29, 20.13-46.46). All three studies examining mental health-related quality of life reported lower levels in carer age and sex matched populations. Staff factors associated with higher burnout and stress included: lower job satisfaction, lower perceived adequacy of staffing levels, poor care home environment, feeling unsupported, rating home leadership as poor and caring for residents exhibiting agitated behavior. There was preliminary evidence that speaking English as a first language and working shifts were associated with lower burnout levels.CONCLUSIONSMost care staff for long-term care residents with dementia experience low or moderate burnout levels. Prospective studies of care staff burnout and stress are required to clarify its relationship to staff turnover and potentially modifiable risk factors.

Health and Wellbeing

Care workers health in Swiss nursing homes and its association with psychosocial work environment: A cross-sectional study January 2016, International Journal of Nursing Studies *Abstract only**

BACKGROUNDPrevious studies have demonstrated poor health of care workers in nursing homes. Yet, little is known about the prevalence of physical and mental health outcomes, and their associations with the psychosocial work environment in nursing homes.OBJECTIVES(1) To explore the prevalence of physical and mental health outcomes of care workers in Swiss nursing homes, (2) their association with psychosocial work environment.METHODSThis is a secondary data analysis of the cross-sectional Swiss Nursing Home Human Resources Project (SHURP). We used survey data on socio-demographic characteristics and work environment factors from care workers (N=3471) working in Swiss nursing homes (N=155), collected between May 2012 and April 2013. GEE logistic regression models were used to estimate the relationship between psychosocial work environment and physical and mental health outcomes, taking into account care workers' age.RESULTSBack pain (19.0%) and emotional exhaustion (24.2%) were the most frequent self-reported physical and mental health. Back pain was associated with increased workload (odds ratios (OR) 1.52, confidence interval (CI) 1.29-1.79), conflict with other health professionals and lack of recognition (OR 1.72, CI 1.40-2.11), and frequent verbal aggression by residents (OR 1.36, CI 1.06-1.74), and inversely associated with staffing adequacy (OR 0.69, CI 0.56-0.84); emotional exhaustion was associated with increased workload (OR 1.96, CI 1.65-2.34), lack of job preparation (OR 1.41, CI 1.14-1.73), and conflict with other health professionals and lack of recognition (OR 1.68, CI 1.37-2.06), and inversely associated with leadership (OR 0.70, CI 0.56-0.87).CONCLUSIONSPhysical and mental health among care workers in Swiss nursing homes is of concern. Modifying psychosocial work environment factors offer promising strategies to improve health. Longitudinal studies are needed to conduct targeted assessments of care workers health status, taking into account their age, along with the exposure to all four domains of the proposed WHO model.

Brexit

What does Brexit mean for the UK social care workforce? Perspectives from the recruitment and retention frontline November 2018, Health and Social Care in the Community
The UK's departure from the European Union (Brexit) is likely to result in greater immigration and employment restrictions on European Union/European Economic Area (EU/EEA) nationals within the United Kingdom. EU/EEA citizens constitute a significant proportion of the current social care workforce. Research evaluating the impact of Brexit on social care has highlighted potentially severe future workforce shortfalls, but has not engaged in detail with the experiences of social care personnel involved in day-to-day recruitment and retention activities. This article explores how social care managers evaluate Brexit's prospects for future workforce sustainability, through the prism of their organisation's workforce requirements. This qualitative study incorporated in-depth semi-structured interviews and questionnaire surveys with domiciliary and residential care managers. Data collection focused on an urban conurbation in south-west England, with demographic characteristics likely to make post-Brexit recruitment and retention in social care particularly challenging. A key finding is that, irrespective of whether they employ EU/EEA workers or not, research participants have deep concerns about Brexit's potential impact on the social care labour market. These include apprehensions about future restrictions on hiring EU/EEA nurses, as well as fears about increased competition for care staff and their

organisation's future financial viability. This article amplifies the voices of managers as an under-researched group, bringing their perspectives on Brexit to bear on wider debates on social care workforce sustainability.

Up-skilling

Improving skills and care standards in the support workforce for older people: a realist synthesis of workforce development interventions August 2016, BMJ Open

OBJECTIVESThis evidence review was conducted to understand how and why workforce development interventions can improve the skills and care standards of support workers in older people's services.DESIGNFollowing recognised realist synthesis principles, the review was completed by (1) development of an initial programme theory; (2) retrieval, review and synthesis of evidence relating to interventions designed to develop the support workforce; (3) 'testing out' the synthesis findings to refine the programme theories, and establish their practical relevance/potential for implementation through stakeholder interviews; and (4) forming actionable recommendations.PARTICIPANTSStakeholders who represented services, commissioners and older people were involved in workshops in an advisory capacity, and 10 participants were interviewed during the theory refinement process.RESULTSEight context-mechanism-outcome (CMO) configurations were identified which cumulatively comprise a new programme theory about 'what works' to support workforce development in older people's services. The CMOs indicate that the design and delivery of workforce development includes how to make it real to the work of those delivering support to older people; the individual support worker's personal starting points and expectations of the role; how to tap into support workers' motivations; the use of incentivisation; joining things up around workforce development; getting the right mix of people engaged in the design and delivery of workforce development programmes/interventions; taking a planned approach to workforce development, and the ways in which components of interventions reinforce one another, increasing the potential for impacts to embed and spread across organisations.CONCLUSIONSIt is important to take a tailored approach to the design and delivery of workforce development that is mindful of the needs of older people, support workers, health and social care services and the employing organisations within which workforce development operates. Workforce development interventions need to balance the technical, professional and emotional aspects of care.

Supply

Career planning for the non-clinical workforce - an opportunity to develop a sustainable workforce in primary care March 2017, Education for Primary Care *Abstract only**

Many health and social care systems worldwide have been developing a variety of navigator and signposting roles to help patients negotiate care through increasingly complex systems and multiple provider agencies. This UK project aims to explore, through a combination of job description review and workshops of stakeholders, the common competencies and features of non-clinical roles. The information is collated to develop common job descriptions at four key levels. These form the basis for a career pathway supported by portfolio-based educational programmes, embracing Apprenticeship Training Programmes. The programmes have the potential to support recruitment and retention of an increasingly skilled workforce to move between traditional health and social care provider boundaries. This offers the opportunity to release clinicians from significant administrative workload and support patients in an integrated care system.

Can the shortages of care staff be alleviated in adult social care? April 2018, British Journal of Healthcare Assistants *Abstract only**

The article discusses the impact of shortages in health care staffs on adult social care; and discusses topics including the role of National Audit Office (NAO); absence of a well-motivated and well supported workforce; and problems associated with the retention of home care workers (HCWs).

Changes in turnover and vacancy rates of care workers in England from 2008 to 2010: panel analysis of national workforce data September 2016, Health and Social Care in the Community

The combination of growing demand for long-term care and higher expectations of care staff needs to be set in the context of long-standing concerns about the sustainability of recruitment and retention of front-line staff in the United Kingdom. Organisational and work environment factors are associated with vacancy levels and turnover rates. The aim of the current analysis was to investigate changes in turnover and vacancy rates over time experienced by a sample of social care employers in England. Taking a follow-up approach offers potentially more accurate estimates of changes in turnover and vacancy rates, and enables the identification of any different organisational characteristics which may be linked to reductions in these elements over time. The study constructed a panel of 2964 care providers (employers) using 18 separate data sets from the National Minimum Data Set for Social Care during 2008-2010. The findings indicate slight reductions in vacancy rates but the presence of enduring, high turnover rates among direct care workers over the study period. However, the experience of individual employers varied, with home-care providers experiencing significantly higher turnover rates than other parts of the sector. These findings raise questions around the quality and motivations of new recruits and methods of reducing specific vacancy levels. At a time of increased emphasis on care at home, it is worthwhile examining why care homes appear to have greater stability of staff and fewer vacancies than home-care agencies.

New ways of working

Reimagining Undergraduate Health and Social Care Education: A Workforce Fit for Purpose in a Changing Landscape of Care. A Position Paper April 2018, Illness, crisis and loss

NHS England's Five Year Forward View outlines new care models and the need for a workforce that has the skills, values, and competencies to deliver this vision. This is a position paper detailing the context, method, and intentions of a Health Education England funded project led by Manchester Metropolitan University in the North West of England, which the authors see as making a key contribution to addressing issues of illness, crisis, and loss in the changing landscape of health and social care provision in England. Using an action research methodology and drawing together key stakeholders from the sector, the project aims to explore the potential for creating a professional health and social care graduate workforce which meets the needs of an integrated service delivery landscape by identifying key issues to be addressed when redeveloping the undergraduate curriculum.

Training and Education

Understanding the training and education needs of homecare workers supporting people with dementia and cancer: a systematic review of reviews 4th July 2019, Dementia *Abstract only**

Many people with dementia, supported by family carers, prefer to live at home and may rely on homecare support services. People with dementia are also often living with multimorbidities, including cancer. The main risk factor for both cancer and dementia is age

and the number of people living with dementia and cancer likely to rise. Upskilling the social care workforce to facilitate more complex care is central to national workforce strategies and challenges. Training and education development must also respond to the key requirements of a homecare workforce experiencing financial, recruitment and retention difficulties. This systematic review of reviews provides an overview of dementia and cancer training and education accessible to the homecare workforce. Findings reveal there is a diverse range of training and education available, with mixed evidence of effectiveness. Key barriers and facilitators to effective training and education are identified in order to inform future training, education and learning development for the homecare workforce supporting people with dementia and cancer.

PRagmatic trial Of Video Education in Nursing homes: The design and rationale for a pragmatic cluster randomized trial in the nursing home setting April 2017, Clinical Trials

Background/Aims Nursing homes are complex healthcare systems serving an increasingly sick population. Nursing homes must engage patients in advance care planning, but do so inconsistently. Video decision support tools improved advance care planning in small randomized controlled trials. Pragmatic trials are increasingly employed in health services research, although not commonly in the nursing home setting to which they are well-suited. This report presents the design and rationale for a pragmatic cluster randomized controlled trial that evaluated the "real world" application of an Advance Care Planning Video Program in two large US nursing home healthcare systems. Methods PRagmatic trial Of Video Education in Nursing homes was conducted in 360 nursing homes (N = 119 intervention/N = 241 control) owned by two healthcare systems. Over an 18-month implementation period, intervention facilities were instructed to offer the Advance Care Planning Video Program to all patients. Control facilities employed usual advance care planning practices. Patient characteristics and outcomes were ascertained from Medicare Claims, Minimum Data Set assessments, and facility electronic medical record data. Intervention adherence was measured using a Video Status Report embedded into electronic medical record systems. The primary outcome was the number of hospitalizations/person-day alive among long-stay patients with advanced dementia or cardiopulmonary disease. The rationale for the approaches to facility randomization and recruitment, intervention implementation, population selection, data acquisition, regulatory issues, and statistical analyses are discussed. Results The large number of well-characterized candidate facilities enabled several unique design features including stratification on historical hospitalization rates, randomization prior to recruitment, and 2:1 control to intervention facilities ratio. Strong endorsement from corporate leadership made randomization prior to recruitment feasible with 100% participation of facilities randomized to the intervention arm. Critical regulatory issues included minimal risk determination, waiver of informed consent, and determination that nursing home providers were not engaged in human subjects research. Intervention training and implementation were initiated on 5 January 2016 using corporate infrastructures for new program roll-out guided by standardized training elements designed by the research team. Video Status Reports in facilities' electronic medical records permitted "real-time" adherence monitoring and corrective actions. The Centers for Medicare and Medicaid Services Virtual Research Data Center allowed for rapid outcomes ascertainment. Conclusion We must rigorously evaluate interventions to deliver more patient-focused care to an increasingly frail nursing home population. Video decision support is a practical approach to improve advance care planning. PRagmatic trial Of Video Education in Nursing homes has the potential to promote goal-directed care among millions of older Americans in nursing homes and establish a methodology for future pragmatic randomized controlled trials in this complex healthcare setting.

The feasibility of a train-the-trainer approach to end of life care training in care homes: an evaluation January 2016, BMC Palliative Care

BACKGROUNDThe ABC End of Life Education Programme trained approximately 3000 care home staff in End of Life (EoL) care. An evaluation that compared this programme with the Gold Standards Framework found that it achieved equivalent outcomes at a lower cost with higher levels of staff satisfaction. To consolidate this learning, a facilitated peer education model that used the ABC materials was piloted. The goal was to create a critical mass of trained staff, mitigate the impact of staff turnover and embed EoL care training within the organisations. The aim of the study was to evaluate the feasibility of using a train the trainer (TTT) model to support EoL care in care homes.METHODSA mixed method design involved 18 care homes with and without on-site nursing across the East of England. Data collection included a review of care home residents' characteristics and service use (n = 274), decedents' notes n = 150), staff interviews (n = 49), focus groups (n = 3), audio diaries (n = 28) and observations of workshops (n = 3).RESULTSSeventeen care homes participated. At the end of the TTT programme 28 trainers and 114 learners (56% of the targeted number of learners) had been trained (median per home 6, range 0-13). Three care homes achieved or exceeded the set target of training 12 learners. Trainers ranged from senior care staff to support workers and administrative staff. Results showed a positive association between care home stability, in terms of leadership and staff turnover, and uptake of the programme. Care home ownership, type of care home, size of care home, previous training in EoL care and resident characteristics were not associated with programme completion. Working with facilitators was important to trainers, but insufficient to compensate for organisational turbulence. Variability of uptake was also linked to management support, programme fit with the trainers' roles and responsibilities and their opportunities to work with staff on a daily basis.CONCLUSIONWhen there is organisational stability, peer to peer approaches to skills training in end of life care can, with expert facilitation, cascade and sustain learning in care homes.

A qualitative study investigating training requirements of nurses working with people with dementia in nursing homes March 2017, Nurse Education Today

BACKGROUNDThe care home workforce (over half a million people in the UK) has a pivotal role in the quality of care provided to the residents. Much care in this setting is inadequate, lacks a person-centred focus and neglects the dignity of residents. A combination of factors leads to burnout in nurses working in nursing homes, contributing to poor quality care. Recent reports have indicated that cultures of care need to be addressed through training, improved workforce support and supervision and that improving the quality of care for people with dementia can be achieved by the development of leadership in nursing and clarifying professional values. Addressing burnout through an educational intervention should improve quality of care and nurses' experiences.OBJECTIVESThe study aimed to explore the training needs of nurses working with people with dementia in nursing homes with a view to developing an educational intervention to reduce nurses' burnout and improve person-centred care.DESIGNFour focus groups were conducted with 11 qualified nurses working in nursing homes; data was analysed using thematic analysis.RESULTSFour themes emerged through the analysis of the transcripts. Participants reported that their work responsibilities revolved mainly around directing others, day to day care, paper work and supporting family carers. Nurses identified the importance of person-centred ways of being, communication and clinical skills when working in nursing home setting. They expressed their frustrations associated with managing staff levels, responding to behaviour that challenges and lack of

time.CONCLUSIONSThe barriers to learning, experience of previous training and gaps in knowledge identified could inform the design of future training and support programmes.

Status of knowledge on student-learning environments in nursing homes: A mixed-method systematic review April 2018, Journal of Clinical Nursing *Abstract only**

AIM AND OBJECTIVETo give an overview of empirical studies investigating nursing homes as a learning environment during nursing students' clinical practice.BACKGROUNDA supportive clinical learning environment is crucial to students' learning and for their development into reflective and capable practitioners. Nursing students' experience with clinical practice can be decisive in future workplace choices. A competent workforce is needed for the future care of older people. Opportunities for maximum learning among nursing students during clinical practice studies in nursing homes should therefore be explored.DESIGNMixed-method systematic review using PRISMA guidelines, on learning environments in nursing homes, published in English between 2005-2015.METHODSSearch of CINAHL with Full Text, Academic Search Premier, MEDLINE and SocINDEX with Full Text, in combination with journal hand searches. Three hundred and thirty-six titles were identified. Twenty studies met the review inclusion criteria. Assessment of methodological quality was based on the Mixed Methods Appraisal Tool. Data were extracted and synthesised using a data analysis method for integrative reviews.RESULTSTwenty articles were included. The majority of the studies showed moderately high methodological quality. Four main themes emerged from data synthesis: "Student characteristic and earlier experience"; "Nursing home ward environment"; "Quality of mentoring relationship and learning methods"; and "Students' achieved nursing competencies."CONCLUSIONNursing home learning environments may be optimised by a well-prepared academic-clinical partnership, supervision by encouraging mentors and high-quality nursing care of older people. Positive learning experiences may increase students' professional development through achievement of basic nursing skills and competencies and motivate them to choose the nursing home as their future workplace.RELEVANCE TO CLINICAL PRACTICEAn optimal learning environment can be ensured by thorough preplacement preparations in academia and in nursing home wards, continuous supervision and facilitation of team learning.

Education and training to enhance end-of-life care for nursing home staff: a systematic literature review September 2016, BMJ Supportive and Palliative Care

ACKGROUNDThe delivery of end-of-life care in nursing homes is challenging. This situation is of concern as 20% of the population die in this setting. Commonly reported reasons include limited access to medical care, inadequate clinical leadership and poor communication between nursing home and medical staff. Education for nursing home staff is suggested as the most important way of overcoming these obstacles.OBJECTIVESTo identify educational interventions to enhance end-of-life care for nursing home staff and to identify types of study designs and outcomes to indicate success and benchmark interventions against recent international guidelines for education for palliative and end-of-life care.DESIGNThirteen databases and reference lists of key journals were searched from the inception of each up to September 2014. Included studies were appraised for quality and data were synthesised thematically.RESULTSTwenty-one studies were reviewed. Methodological quality was poor. Education was not of a standard that could be expected to alter clinical behaviour and was evaluated mainly from the perspectives of staff: self-reported increase in knowledge, skills and confidence delivering care rather than direct evidence of impact on clinical practice and patient outcomes. Follow-up was often short term, and despite sound economic

arguments for delivering effective end-of-life care to reduce burden on the health service, no economic analyses were reported.CONCLUSIONSThere is a clear and urgent need to design educational interventions that have the potential to improve end-of-life care in nursing homes. Robust evaluation of these interventions should include impact on residents, families and staff and include economic analysis.

A collective case study of the features of impactful dementia training for care home staff June 2019, BMC Geriatrics

BACKGROUNDUp to 80% of care home residents have dementia. Ensuring this workforce is appropriately trained is of international concern. Research indicates variable impact of training on a range of resident and staff outcomes. Little is still known about the most effective approaches to the design, delivery and implementation of dementia training. This study aimed to investigate the features and contextual factors associated with an effective approach to care home staff training on dementia.METHODSAn embedded, collective case study was undertaken in three care home provider organisations who had responded to a national training audit. Data collected included individual or small group interviews with training leads, facilitators, staff attending training, managers, residents and their relatives. Observations of care practice were undertaken using Dementia Care Mapping. Training delivery was observed and training materials audited. A within case analysis of each site, followed by cross case analysis using convergence coding was undertaken.RESULTSAll sites provided bespoke, tailored training, delivered largely using face-to-face, interactive methods, which staff and managers indicated were valuable and effective. Self-study booklets and on-line learning where were used, were poorly completed and disliked by staff. Training was said to improve empathy, knowledge about the lived experience of dementia and the importance of considering and meeting individual needs. Opportunities to continually reflect on learning and support to implement training in practice were valued and felt to be an essential component of good training. Practice developments as a result of training included improved communication, increased activity, less task-focussed care and increased resident well-being. However, observations indicated positive well-being and engagement was not a consistent experience across all residents in all sites. Barriers to training attendance and implementation were staff time, lack of dedicated training space and challenges in gaining feedback on training and its impact. Facilitators included a supportive organisational ethos and skilled training facilitation.CONCLUSIONSEffective training is tailored to learners', delivered face-to-face by an experienced facilitator, is interactive and is embedded within a supportive organisational culture/ethos. Further research is needed on the practical aspects of sustainable and impactful dementia training delivery and implementation in care home settings.

Understanding the training and education needs of homecare workers supporting people with dementia and cancer: A systematic review of reviews July 2019, Dementia

Many people with dementia, supported by family carers, prefer to live at home and may rely on homecare support services. People with dementia are also often living with multimorbidities, including cancer. The main risk factor for both cancer and dementia is age and the number of people living with dementia and cancer likely to rise. Upskilling the social care workforce to facilitate more complex care is central to national workforce strategies and challenges. Training and education development must also respond to the key requirements of a homecare workforce experiencing financial, recruitment and retention difficulties. This systematic review of reviews provides an overview of dementia and cancer training and education accessible to the homecare workforce. Findings reveal

there is a diverse range of training and education available, with mixed evidence of effectiveness. Key barriers and facilitators to effective training and education are identified in order to inform future training, education and learning development for the homecare workforce supporting people with dementia and cancer.

Effective Dementia Education and Training for the Health and Social Care Workforce: A Systematic Review of the Literature
October 2017, Review of Educational Research

Ensuring an informed and effective dementia workforce is of international concern; however, there remains limited understanding of how this can be achieved. This review aimed to identify features of effective dementia educational programs. Critical interpretive synthesis underpinned by Kirkpatrick's return on investment model was applied. One hundred and fifty-two papers of variable quality were included. Common features of more efficacious educational programs included the need for educational programs to be relevant to participants' role and experience, involve active face-to-face participation, underpin practice-based learning with theory, be delivered by an experienced facilitator, have a total duration of at least 8 hours with individual sessions of 90 minutes or more, support application of learning in practice, and provide a structured tool or guideline to guide care practice. Further robust research is required to develop the evidence base; however, the findings of this review have relevance for all working in workforce education.

The barriers and facilitators to implementing dementia education and training in health and social care services: a mixed-methods study June 2020, BMC Health Services Research

Background: The health and social care workforce requires access to appropriate education and training to provide quality care for people with dementia. Success of a training programme depends on staff ability to put their learning into practice through behaviour change. This study aimed to investigate the barriers and facilitators to implementation of dementia education and training in health and social care services using the Theoretical Domains Framework (TDF) and COM-B model of behaviour change.Methods: A mixed-methods design. Participants were dementia training leads, training facilitators, managers and staff who had attended training who worked in UK care homes, acute hospitals, mental health services and primary care settings. Methods were an online audit of care and training providers, online survey of trained staff and individual/group interviews with organisational training leads, training facilitators, staff who had attended dementia training and managers. Data were analysed using descriptive statistics and thematic template analysis.Results: Barriers and facilitators were analysed according the COM-B domains. "Capability" factors were not perceived as a significant barrier to training implementation. Factors which supported staff capability included the use of interactive face-to-face training, and training that was relevant to their role. Factors that increased staff "motivation" included skilled facilitation of training, trainees' desire to learn and the provision of incentives (e.g. attendance during paid working hours, badges/certifications). "Opportunity" factors were most prevalent with lack of resources (time, financial, staffing and environmental) being the biggest perceived barrier to training implementation. The presence or not of external support from families and internal factors such as the organisational culture and its supportiveness of good dementia care and training implementation were also influential.Conclusions: A wide range of factors may present as barriers to or facilitators of dementia training implementation and behaviour change for staff. These should be considered by health and social care providers in the context of dementia training design and delivery in order to maximise potential for implementation.

Technology

Digital health technology: factors affecting implementation in nursing homes March 2020, Nursing Older People

BACKGROUNDDigital health technology (DHT), which includes digital algorithms and digital records, is transforming the way healthcare services are delivered. In nursing homes, DHT can enhance communication and improve the identification of residents' health risks, but its implementation has so far been inconsistent. Therefore, the LAUNCH (Leadership of digitAl health technology Uptake among Nurses in Care Homes) study was undertaken to identify factors that may affect DHT implementation in these settings.AIMTo identify the factors that enable nurses to implement DHT in nursing homes and to co-design a nurse-led stepped process supporting the effective implementation of DHT innovations in nursing homes.METHODAn appreciative inquiry methodology was used. A total of 20 interviews with managers, residents and relatives, and nurses from five nursing homes in England were undertaken. The interview questions focused on their understanding of DHT, their experiences of it, and its potential benefits in nursing homes. Data from the interviews were thematically analysed and the emerging themes were used to inform two co-creation workshops, during which participating nurses discussed a practical, evidence-based process for DHT implementation in nursing homes.FINDINGSThree broad themes emerged from the interviews: improving communication; engaging with DHT and retaining humanised care; and introducing DHT and protecting data security. The co-creation workshop participants formulated the LAUNCH process model, a nurse-led, stepped approach supporting DHT implementation in nursing homes.CONCLUSIONThe LAUNCH study identified factors enabling staff in nursing homes to introduce and sustain DHT innovations. Participating nurses co-created a three-step process for the effective implementation of DHT innovations in nursing homes, which have the potential to release staff time, improve quality of care, and have positive effects on staff recruitment and retention.

The Digital Skills, Experiences and Attitudes of the Northern Ireland Social Care Workforce Toward Technology for Learning and Development: Survey Study September 2020, JMIR Medical Education

BACKGROUNDContinual development of the social care workforce is a key element in improving outcomes for the users of social care services. As the delivery of social care services continues to benefit from innovation in assistive technologies, it is important that the digital capabilities of the social care workforce are aligned. Policy makers have highlighted the importance of using technology to support workforce learning and development, and the need to ensure that the workforce has the necessary digital skills to fully benefit from such provisions.OBJECTIVEThis study aims to identify the digital capability of the social care workforce in Northern Ireland and to explore the workforce's appetite for and barriers to using technology for learning and development. This study is designed to answer the following research questions: (1) What is the digital capability of the social care workforce in Northern Ireland? (2) What is the workforce's appetite to participate in digital learning and development? and (3) If there are barriers to the uptake of technology for learning and development, what are these barriers?METHODSA survey was created and distributed to the Northern Ireland social care workforce. This survey collected data on 127 metrics that described demographics, basic digital skills, technology confidence and access, factors that influence learning and development, experience with digital learning solutions, and perceived value and challenges of using technology for learning.RESULTSThe survey was opened from December 13, 2018, to January 18, 2019. A total of 775 survey respondents completed the survey. The results indicated a workforce with a high

level of self-reported basic digital skills and confidence. Face-to-face delivery of learning is still the most common method of accessing learning, which was used by 83.7% (649/775) of the respondents; however, this is closely followed by digital learning, which was used by 79.0% (612/775) of the respondents. There was a negative correlation between age and digital skills (rs=-0.262; P<.001), and a positive correlation between technology confidence and digital skills (rs=0.482; P<.001). There was also a negative correlation between age and the perceived value of technology (rs=-0.088; P=.02). The results indicated a predominantly motivated workforce in which a sizable portion is already engaged in informal digital learning. The results indicated that lower self-reported basic digital skills and confidence were associated with less interest in engaging with e-learning tools and that a portion of the workforce would benefit from additional basic digital skills training.CONCLUSIONSThese promising results provide a positive outlook for the potential of digital learning and development within the social care workforce. The findings provide clear areas of focus for the future use of technology for learning and development of the social care workforce and considerations to maximize engagement with such approaches.

Enhancing the provision of health and social care in Europe through eHealth March 2017, International Nursing Review

AIMTo report on the outcomes of the European project ENS4Care, which delivered evidence-based guidelines enabling implementation of eHealth services in nursing and social care.BACKGROUNDWithin a policy context of efficiency, safety and quality in health care, this project brought together a diverse group of stakeholders from academia, industry, patient and professional organizations to lead the development of five eHealth guidelines in the areas of prevention, clinical practice, integrated care, advanced roles and nurse ePrescribing.SOURCES OF EVIDENCEData were collected through a cross-sectional, online, questionnaire survey of health professionals from 21 countries. Quantitative data were analysed using descriptive and summary statistics, while comments to open questions underwent a process of content analysis.DISCUSSIONRepresenting an evidence-based consensus statement, the five guidelines outline key steps and considerations for the deployment of eHealth services at different levels of enablement. Through analysis of the data, and sharing of best practices, common deployment processes and implementation lessons were identified.CONCLUSIONFindings reveal the richness, diversity and potential that eHealth holds for enabling the delivery of safer, more efficient and patient-centred health care. Nurses and social care workers as the main proprietors of such practices hold the key to a healthier future for citizens across Europe.IMPLICATIONS FOR NURSING AND HEALTH POLICYThe preparation, agreement and dissemination of the ENS4Care guidelines will enable European Union leaders to diagnose the organizational changes needed and prescribe the development of new skills and roles in the workforce to meet the challenge of eHealth. Nurses and social care workers, with the right knowledge and skills will add considerable value and form an important link between technological innovation, health promotion and disease prevention.

Leadership

Realising dignity in care home practice: an action research project June 2017, International Journal of Older People Nursing

BACKGROUNDMore than 400,000 older people reside in over 18,000 care homes in England. A recent social care survey found up to 50% of older people in care homes felt their dignity was undermined. Upholding the dignity of older people in care homes has implications for residents' experiences and the role of

Registered Nurses.AIMS AND OBJECTIVESThe study aimed to explore how best to translate the concept of dignity into care home practice, and how to support this translation process by enabling Registered Nurses to provide ethical leadership within the care home setting.DESIGNAction research with groups of staff (Registered Nurses and non-registered caregivers) and groups of residents and relatives in four care homes in the south of England to contribute to the development of the dignity toolkit.METHODSAction research groups were facilitated by 4 researchers (2 in each care home) to discuss dignity principles and experiences within care homes. These groups reviewed and developed a dignity toolkit over six cycles of activity (once a month for 6 months). The Registered Nurses were individually interviewed before and after the activity.RESULTSHard copy and online versions of a dignity toolkit, with tailored versions for participating care homes, were developed. Registered Nurses and caregivers identified positive impact of making time for discussion about dignity-related issues. Registered Nurses identified ongoing opportunities for using their toolkit to support all staff.CONCLUSIONSNurses and caregivers expressed feelings of empowerment by the process of action research. The collaborative development of a dignity toolkit within each care home has the potential to enable ethical leadership by Registered Nurses that would support and sustain dignity in care homes.IMPLICATIONS FOR PRACTICEAction research methods empower staff to maintain dignity for older people within the care home setting through the development of practically useful toolkits to support everyday care practice. Providing opportunities for caregivers to be involved in such initiatives may promote their dignity and sense of being valued. The potential of bottom-up collaborative approaches to promote dignity in care therefore requires further research.

Leadership education, certification and resident outcomes in US nursing homes: cross-sectional secondary data analysis January 2015, International Journal of Nursing Studies *Abstract only**

BACKGROUNDLeadership is a key consideration in improving nursing home care quality. Previous research found nursing homes with more credentialed leaders had lower rates of care deficiencies than nursing homes with less credentialed leaders. Evidence that nursing home administrator (NHA) and director of nursing (DON) education and certification is related to resident outcomes is limited.OBJECTIVESTo examine associations of education and certification among NHAs and DONs with resident outcomes.DESIGNCross-sectional secondary data analysis.SETTINGSThis study used National Nursing Home Survey data on leadership education and certification and Nursing Home Compare quality outcomes (e.g. pain, catheter use).PARTICIPANTS1142 nursing homes in the survey which represented 16628 nursing homes in the US.METHODSLeadership education and certification were assessed separately for NHAs and DONs. Nursing home resident outcomes were measured using facility-level nursing home quality indicator rates selected from the Minimum Data Set. Facility-level quality indicators were regressed onto leadership variables in models that also held constant facility size and ownership status.RESULTSNursing homes led by NHAs with both Master's degrees or higher and certification had significantly better outcomes for pain. Nursing homes led by DONs with Bachelor's degrees or higher plus certification also had significantly lower pain and catheter use. Whereas pressure ulcer rates were higher in facilities led by DONs with more education.CONCLUSIONSSelected outcomes for nursing home residents might be improved by increasing the education and certification requirements for NHAs and DONs. Additional research is needed to clarify these relationships.

Job strain in nursing homes-Exploring the impact of leadership April 2018, Journal of Clinical Nursing

AIMS AND OBJECTIVESTo explore the association between nursing home managers' leadership, job strain and social support as perceived by direct care staff in nursing homes.BACKGROUNDIt is well known that aged care staff experience high levels of job strain, and that aged care staff experiencing job strain are exposed to increased risk for adverse health effects. Leadership styles have been associated with job strain in the literature; however, the impact of perceived leadership on staff job strain and social support has not been clarified within nursing home contexts.DESIGNThis study had a cross-sectional design.METHODSParticipating staff (n = 3,605) completed surveys which included questions about staff characteristics, valid and reliable measures of nursing home managers' leadership, perceived job strain and social support. Statistical analyses of correlations and multiple regression analysis with interaction terms were conducted.RESULTSNursing home managers' leadership were significantly associated with lower level of job strain and higher level of social support among direct care staff. A multiple regression analysis including an interaction term indicated individual and joint effects of nursing home managers' leadership and social support on job strain.CONCLUSIONSNursing home managers' leadership and social support were both individually and in combination associated with staff perception of lesser job strain. Thus, nursing home managers' leadership are beneficial for the working situation and strain of staff.RELEVANCE TO CLINICAL PRACTICEPromoting a supporting work environment through leadership is an important implication for nursing home managers as it can influence staff perception of job strain and social support within the unit. By providing leadership, offering support and strategies towards a healthy work environment, nursing home managers can buffer adverse health effects among staff.

Characteristics of highly rated leadership in nursing homes using item response theory December 2017, Journal of Advanced Nursing *Abstract only**

AIMTo identify characteristics of highly rated leadership in nursing homes.BACKGROUNDAn ageing population entails fundamental social, economic and organizational challenges for future aged care. Knowledge is limited of both specific leadership behaviours and organizational and managerial characteristics which have an impact on the leadership of contemporary nursing home care.DESIGNCross-sectional.METHODFrom 290 municipalities, 60 were randomly selected and 35 agreed to participate, providing a sample of 3605 direct-care staff employed in 169 Swedish nursing homes. The staff assessed their managers' (n = 191) leadership behaviours using the Leadership Behaviour Questionnaire. Data were collected from November 2013 - September 2014, and the study was completed in November 2016. A two-parameter item response theory approach and regression analyses were used to identify specific characteristics of highly rated leadership.RESULTSFive specific behaviours of highly rated nursing home leadership were identified; that the manager: experiments with new ideas; controls work closely; relies on subordinates; coaches and gives direct feedback; and handles conflicts constructively. The regression analyses revealed that managers with social work backgrounds and privately run homes were significantly associated with higher leadership ratings.CONCLUSIONThis study highlights the five most important leadership behaviours that characterize those nursing home managers rated highest in terms of leadership. Managers in privately run nursing homes and managers with social work backgrounds were associated with higher leadership ratings. Further work is needed to explore these behaviours and factors predictive of higher leadership ratings.

Leadership philosophy of care home managers 2015, Nursing Times *Athens log in required**

BACKGROUNDCare home managers have a significant influence on staff morale and care delivery. Training methods underpinned by transformational leadership theory (TLT) have been used successfully to develop leaders in healthcare services.AIMThe aim of this preliminary study was to establish which aspects of TLT were apparent in care home managers' philosophies of leadership.METHODA qualitative research design was used and 25 care home managers in the north-east of England took part. Participants were asked to provide their philosophies of leadership by completing a questionnaire; a thematic analysis of the responses was then conducted.RESULTSDevelopment of philosophy, enablement and interpersonal impact emerged as key themes.DISCUSSIONThe findings suggested that elements of TLT were apparent in the participants' philosophies of leadership. However, the importance of gaining the support of senior management when attempting to apply a philosophy of eadership in practice was lacking.CONCLUSIONAspects of TLT, such as supporting frontline employees to engage in education and establishing trust, were embedded in care home managers' philosophies. To develop leadership skills, managers may benefit from training programmes that involve both structured teaching and guided learning through experience.

Leadership in Nursing Homes: Directors of Nursing Aligning Practice With Regulations June 2018, Journal of Gerontological Nursing *Abstract only**

Nursing homes use team nursing, with minimal RN presence, leaving the majority of direct care to licensed practical/vocational nurses (LPNs/LVNs) and unlicensed assistive personnel (UAP), including medication aides. The current article describes challenges faced by nursing home directors of nursing (DONs) leading and managing a team nursing approach, including consideration of scope of practice, delegation and supervision regulations, and related policy implications. A secondary data analysis was performed of qualitative data from a study to develop and test DON guidelines for delegation in nursing home practice. A convenience sample (N = 29) of current or previous DONs and other nursing home leaders with knowledge and expertise in the DON role participated in in-depth, guided interviews. The findings highlight a core concern to nursing licensure policy and regulation: knowledge and practice gaps related to scope of practice and delegation and supervision among DONs, RNs, and LPNs/LVNs, as well as administrators, and the role of nursing leaders in supporting appropriate delegation practices. The findings offer directions for research and practice in addressing challenges in aligning team nursing practices with regulatory standards as well as the related gaps in knowledge among DONs, administrators, and nursing staff. [Journal of Gerontological Nursing, 44(6), 10-14.].

Designing and pilot testing of a leadership intervention to improve quality and safety in nursing homes and home care (the SAFE-LEAD intervention) June 2019, BMJ Open

OBJECTIVETo describe the design of a leadership intervention for nursing home and home care, including a leadership guide for managers to use in their quality and safety improvement work. The paper reports results from the pilot test of the intervention and describes the final intervention programme.DESIGNQualitative design, using the participation of stakeholders.METHODSThe leadership guide and intervention were designed in collaboration with researchers, coresearchers and managers in nursing homes and home care organisations, through workshops and focus group interviews. The pilot test consisted of three workshops with managers working on the leadership guide, facilitated and observed by researchers, and evaluated by means of observation and focus

group interviews with the participants. The analysis combined the integration of data from interviews and observations with directed content analysis.SETTINGNorwegian nursing homes and home care services.PARTICIPANTSManagers at different levels in three nursing homes and two home care services, coresearchers, and patient and next-of-kin representatives.RESULTSThe managers and coresearchers suggested some revisions to the leadership guide, such as making it shorter, and tailoring the terminology to their setting. Based on their suggestions, we modified the intervention and developed learning resources, such as videos demonstrating the practical use of the guide. Evaluation of the pilot test study showed that all managers supported the use of the guide. They adapted the guide to their organisational needs, but found it difficult to involve patients in the intervention.CONCLUSIONSA participatory approach with stakeholders is useful in designing a leadership intervention to improve quality and safety in nursing homes and home care, although patient participation in its implementation remains difficult. The participatory approach made it easier for managers to adapt the intervention to their context and to everyday quality and safety work practice.

Leadership in interprofessional collaboration in health care 2019, Journal of Multidisciplinary Healthcare

PurposeThere is a need to develop more knowledge on how frontline managers in health care services facilitate the development of new roles and ways of working in interprofessional collaborative efforts and the challenges they face in daily practice. The article is based on a study that examines the modes of governance adopted by frontline managers in Norway, with a special focus on leadership in collaborations between the Norwegian profession of social educator and other professions.Materials and methodsA qualitative research design was chosen with interviews of eleven frontline managers from district psychiatric centers, municipal health care services and nursing homes.ResultsThe results show that frontline managers largely exercise leadership in terms of self-governance and co-governance and, to a lesser degree, hierarchical governance. Self-governance and co-governance can facilitate substantial maneuverability in terms of professional practice and strengthen both discipline-related and user-oriented approaches in the collaboration. However, one consequence of self-governance and co-governance may be that some occupational groups and professional interests subjugate others, as illustrated by social educators in this study. This may be in conflict with frontline managers' abilities to quality assure the services as well as their responsibility for role development in their staff.ConclusionThe results show that frontline managers experience challenges when they try to integrate different professions in order to establish new professional roles and competence. Frontline managers need to support individual and collective efforts in order to reach the overall goals for the services. They must be able to facilitate change and support creativity in a working community that consists of different professions. Moreover, the social educator's role and competence need clarifications in services that traditionally have been dominated by other clinical and health care professions.

Leadership in interprofessional health and social care teams: a literature review October 2018, Leadership in health services
*Abstract only**

Purpose The purpose of this study is to review evidence on the nature of effective leadership in interprofessional health and social care teams. Design/methodology/approach A critical review and thematic synthesis of research literature conducted using systematic methods to identify and construct a framework to explain the available evidence about leadership in interprofessional health and social care teams. Findings Twenty-eight papers were

reviewed and contributed to the framework for interprofessional leadership. Twelve themes emerged from the literature, the themes were: facilitate shared leadership; transformation and change; personal qualities; goal alignment; creativity and innovation; communication; team-building; leadership clarity; direction setting; external liaison; skill mix and diversity; clinical and contextual expertise. The discussion includes some comparative analysis with theories and themes in team management and team leadership. Originality/value This research identifies some of the characteristics of effective leadership of interprofessional health and social care teams. By capturing and synthesising the literature, it is clear that effective interprofessional health and social care team leadership requires a unique blend of knowledge and skills that support innovation and improvement. Further research is required to deepen the understanding of the degree to which team leadership results in better outcomes for both patients and teams.

Co-Leadership - A Management Solution for Integrated Health and Social Care May 2016, International Journal of Integrated Care

INTRODUCTIONCo-leadership has been identified as one approach to meet the managerial challenges of integrated services, but research on the topic is limited. In the present study, co-leadership, practised by pairs of managers - each manager representing one of the two principal organizations in integrated health and social care services - was explored.AIMTo investigate co-leadership in integrated health and social care, identify essential preconditions in fulfilling the management assignment, its operationalization and impact on provision of sustainable integration of health and social care.METHODInterviews with eight managers exercising co-leadership were analysed using directed content analysis. Respondent validation was conducted through additional interviews with the same managers.RESULTSKey contextual preconditions were an organization-wide model supporting co-leadership and co-location of services. Perception of the management role as a collective activity, continuous communication and lack of prestige were essential personal and interpersonal preconditions. In daily practice, office sharing, being able to give and take and support each other contributed to provision of sustainable integration of health and social care.CONCLUSION AND DISCUSSIONCo-leadership promoted robust management by providing broader competence, continuous learning and joint responsibility for services. Integrated health and social care services should consider employing co-leadership as a managerial solution to achieve sustainability.

Leadership Competencies for Designing and Implementing Integrated Health and Social Care Systems August 2019, International Journal of Integrated Care

Background: Traditional education for healthcare leaders supports individuals to learn how to lead organizations, with functional areas such as strategy, organizational behaviour, finance and accounting, and information technology. As healthcare systems globally shift toward more healthcare integration, we need to rethink how we recruit and equip leaders with the skills and experiences needed to lead complex adaptive systems, that go well beyond a focus on individual organizations. A synthesis of the literature evidence identifies which skills and behaviours facilitate effective leadership of integrated care initiatives as well as provides a framework for highlighting the core competencies needed for a new generation of leaders. Aims and Objectives: During this workshop, authors of a Canadian article on leadership competencies for integrated care will review their competency framework and will invite panellists who are leading different integrated care systems to share their perspectives on the skills, behaviours and competencies needed to lead and support integrated systems of care in this environment. We will present and discuss real-life leadership scenarios and

experiences both to validate the competency framework and to engage the audience in a discussion on what it takes to lead in an integrated care system. Workshop participants and panellists will explore questions such as: what are the leadership challenges we face in shifting towards more integrated care delivery? What are the skills and competencies we want to emerge in the next generation of healthcare leaders? What are the implications for leadership and management recruitment and ongoing education? What kinds of education programs for integrated care and complex adaptive systems exist currently and what can we learn from them about how to reshape traditional health leadership curricula? Format: The workshop is formatted as follows: Chairperson: 1. Introduction 2. Overview of proposed leadership competency framework Panellists: 3. Stories from leaders across different countries about challenges and success factors in leading integrated systems of care 4. Developing leadership: example programmes and reflections from those who have led them 5. Discussion? All participants 6. Discussion by panellists and audience on considerations for how we recruit, educate and mentor leaders in a complex integrated-care world. Target audience: The target participants are individuals working in policy, practice, education and system leadership who are focused on the challenges of advancing integrated care. Learnings: This workshop is intended to encourage participants to think differently about necessity of evolving leadership development for integrated care by presenting a competency framework and showcasing how these competencies work in practice with leaders across different countries.

Integrated health and social care

UK's first integrated health and social care workforce plan February 2020, Community Practitioner

The article focuses on the first integrated health and social care workforce plan in Great Britain aimed at meeting growing service demand which include steps such as increased nurse training and recruitment in Scotland.

Developing a Competent Workforce for Integrated Health and Social Care: What Does It Take? October 2016, International Journal of Integrated Care

Reflecting on the knowledge, skills and attitudes necessary to work in integrated care, this perspectives paper explores the competencies required to implement and deliver integrated care and analyses how current education and training approaches fall short of conveying these competencies on all levels. By defining the differences between knowledge, skills and attitudes, and outlining the key ingredients for a competent workforce, this paper brings to light one of the most neglected topics in integrated care.

Integrated Palliative Care for Nursing Home Residents: Exploring the Challenges in the Collaboration between Nursing Homes, Home Care and Hospitals April 2019, International Journal of Integrated Care

IntroductionNursing home residents are a vulnerable and frail segment of the population, characterised by their complex and palliative care needs. To ensure an integrated approach to palliative care for this target group, working on a collaborative basis with multiple providers across organisational boundaries is necessary. Considering that coordinators of palliative networks support and coordinate collaboration, the research question is: 'how do network

coordinators perceive the process of collaboration between organisations in Flemish palliative networks?'MethodsA dual-phase sequential mixed-methods design was applied. First, the coordinators of each of the fifteen palliative networks in Flanders completed a survey in which they evaluated ten aspects of collaboration for two types of cooperation: between nursing homes and home care, and between nursing homes and hospitals. Next, the survey results thus obtained were discussed to improve understanding in a focus group composed of the above coordinators, and which was analysed on the basis of content analysis.ResultsIn both forms of cooperation, the 'formalisation' and 'governance' were the aspects that yielded the lowest mean scores. The coordinators in the focus group expressed a need for more formalised interaction among organisations with regard to palliative care, the establishment of formal channels of communication and the exchange of information, as well as the development of shared leadership.ConclusionsThe perspectives of the coordinators on inter-organisational collaboration are a valuable starting point for interventions directed at the stronger integration of palliative care for residents of long term-care facilities.

Integrated Working for Enhanced Health Care in English Nursing Homes January 2017, Journal of Nursing Scholarship

BACKGROUNDThe increasingly complex nature of care home residents' health status means that this population requires significant multidisciplinary team input from health services. To address this, a multisector and multiprofessional enhanced healthcare programme was implemented in nursing homes across Gateshead Council in Northern England.STUDY AIMSTo explore the views and experiences of practitioners, social care officers, and carers involved in the enhanced health care in care home programme, in order to develop understanding of the service delivery model and associated workforce needs for the provision of health care to older residents.METHODSA qualitative constructivist methodology was adopted. The study had two stages. Stage 1 explored the experiences of the programme enhanced healthcare workforce through group, dyad, and individual interviews with 45 participants. Stage 2 involved two workshops with 28 participants to develop Stage 1 findings (data were collected during February-March 2016). Thematic and content analysis were applied.FINDINGSThe enhanced healthcare programme provides a whole system approach to the delivery of proactive and responsive care for nursing home residents. The service model enables information exchange across organizational and professional boundaries that support effective decision making and problem solving.CLINICAL RELEVANCEUnderstanding of the processes and outcomes of a model of integrated health care between public and independent sector care home services for older people.

Testing the bed-blocking hypothesis: does nursing and care home supply reduce delayed hospital discharges? March 2015, Health Economics

Hospital bed-blocking occurs when hospital patients are ready to be discharged to a nursing home, but no place is available, so that hospital care acts as a more costly substitute for long-term care. We investigate the extent to which greater supply of nursing home beds or lower prices can reduce hospital bed-blocking using a new Local Authority (LA) level administrative data from England on hospital delayed discharges in 2009-2013. The results suggest that delayed discharges respond to the availability of care home beds, but the effect is modest: an increase in care home beds by 10% (250 additional beds per LA) would reduce social care delayed discharges by about 6-9%. We also find strong evidence of spillover effects across LAs: more care home beds or fewer patients aged over 65 years in nearby LAs are associated with fewer delayed discharges.

Nursing staff needs leadership support to enable shared learning for team capacity in providing palliative care for persons with dementia at home or in nursing home August 2020, Evidence Based Nursing

Implications for practice and research:

- Staff members need protected time to practice team reflection and develop a habit of shared learning and support.
- Leadership support can play an integral role in enabling palliative care teams to cultivate a positive environment for continuous team learning.
- Future research should examine what builds team capacity and resilience in palliative care.

An integrated care programme in London: qualitative evaluation 2018, Journal of Integrated Care

PurposeA well-funded, four-year integrated care programme was implemented in south London. The programme attempted to integrate care across primary, acute, community, mental health and social care. The purpose of this paper is to reduce hospital admissions and nursing home placements. Programme evaluation aimed to identify what worked well and what did not; lessons learnt; the value of integrated care investment.Design/methodology/approachQualitative data were obtained from documentary analysis, stakeholder interviews, focus groups and observational data from programme meetings. Framework analysis was applied to stakeholder interview and focus group data in order to generate themes.FindingsThe integrated care project had not delivered expected radical reductions in hospital or nursing home utilisation. In response, the scheme was reformulated to focus on feasible service integration. Other benefits emerged, particularly system transformation. Nine themes emerged: shared vision/case for change; interventions; leadership; relationships; organisational structures and governance; citizens and patients; evaluation and monitoring; macro level. Each theme was interpreted in terms of "successes", "challenges" and "lessons learnt".Research limitations/implicationsEvaluation was hampered by lack of a clear evaluation strategy from programme inception to conclusion, and of the evidence required to corroborate claims of benefit.Practical implicationsKey lessons learnt included: importance of strong clinical leadership, shared ownership and inbuilt evaluation.Originality/valuePrimary care was a key player in the integrated care programme. Initial resistance delayed implementation and related to concerns about vertical integration and scepticism about unrealistic goals. A focus on clinical care and shared ownership contributed to eventual system transformation.

Impact of social care supply on healthcare utilisation by older adults: a systematic review and meta-analysis January 2019, Age and Aging

Objectiveto investigate the impact of the availability and supply of social care on healthcare utilisation (HCU) by older adults in high income countries.Designsystematic review and meta-analysis.Data sourcesmedline, EMBASE, Scopus, Health Management Information Consortium, Cochrane Database of Systematic Reviews, NIHR Health Technology Assessment, NHS Economic Evaluation Database, Database of Abstracts of Reviews of Effectiveness, SCIE Online and ASSIA. Searches were carried out October 2016 (updated April 2017 and May 2018). (PROSPERO CRD42016050772).Study selectionobservational studies from high income countries, published after 2000 examining the relationship between the availability of social care (support at home or in care homes with or without nursing) and healthcare utilisation by adults >60 years. Studies were quality assessed.Resultstwelve studies were included from 11,757 citations; ten were eligible for meta-analysis. Most studies (7/12) were from the UK. All reported

analysis of administrative data. Seven studies were rated good in quality, one fair and four poor. Higher social care expenditure and greater availability of nursing and residential care were associated with fewer hospital readmissions, fewer delayed discharges, reduced length of stay and expenditure on secondary healthcare services. The overall direction of evidence was consistent, but effect sizes could not be confidently quantified. Little evidence examined the influence of home-based social care, and no data was found on primary care use.Conclusionsadequate availability of social care has the potential to reduce demand on secondary health services. At a time of financial stringencies, this is an important message for policy-makers.

Implementing health and social care integration in Scotland: Renegotiating new partnerships in changing cultures of care May 2018, Health & Social Care in the Community

Health and social care integration has been a long-term goal for successive governments in Scotland, culminating in the implementation of the recent Public Bodies (Joint Working) Scotland Act 2014. This laid down the foundations for the delegation of health and social care functions and resources to newly formed Integrated Joint Boards. It put in place demands for new ways of working and partnership planning. In this article, we explore the early implementation of this Act and how health and social care professionals and the third sector have begun to renegotiate their roles. The paper draws on new empirical data collated through focus groups and interviews with over 70 professionals from across Scotland. The data are explored through the following key themes: changing cultures, structural imbalance, governance and partnership and the role of individuals or "boundary spanners" in implementing change. We also draw on evidence from other international systems of care, which have implemented integration policies, documenting what works and what does not. We argue that under the current framework much of the potential for integration is not being fulfilled and that the evidence suggests that at this early stage of roll-out, the structural and cultural policy changes that are required to enable this policy shift have not yet emerged. Rather, integration has been left to individual innovators or "boundary spanners" and these are acting as key drivers of change. Where change is occurring, this is happening despite the system. As it is currently structured, we argue that too much power is in the hands of health and despite the rhetoric of partnership working, there are real structural imbalances that need to be reconciled.

Integrated care: mobilising professional identity August 2018, Journal of Health Organisation and Management *Abstract only**

Purpose Integrated care has been identified as essential to delivering the reforms required in health and social care across the UK and other healthcare systems. Given this suggests new ways of working for health and social care professionals, little research has considered how different professions manage and mobilise their professional identity (PI) whilst working in an integrated team. The paper aims to discuss these issues. Design/methodology/approach A qualitative cross-sectional study was designed using eight focus groups with community-based health and social care practitioners from across Wales in the UK during 2017. Findings Participants reported key factors influencing practice were communication, goal congruence and training. The key characteristics of PI for that enabled integrated working were open mindedness, professional trust, scope of practice and uniqueness. Blurring of boundaries was found to enable and hinder integrated working. Research limitations/implications This research was conducted in the UK which limits the geographic coverage of the study. Nevertheless, the insight provided on PI and integrated teams is relevant to other healthcare systems. Practical implications This study codifies for health and social care practitioners the enabling and inhibiting

factors that influence PI when working in integrated teams. Originality/value Recommendations in terms of how healthcare professionals manage and mobilise their PI when working in integrated teams are somewhat scarce. This paper identifies the key factors that influence PI which could impact the performance of integrated teams and ultimately, patient care.

More that unites us than divides us? A qualitative study of integration of community health and social care services May 2020, BMC Family Practice

BACKGROUNDThe integration of community health and social care services has been widely promoted nationally as a vital step to improve patient centred care, reduce costs, reduce admissions to hospital and facilitate timely and effective discharge from hospital. The complexities of integration raise questions about the practical challenges of integrating health and care given embedded professional and organisational boundaries in both sectors. We describe how an English city created a single, integrated care partnership, to integrate community health and social care services. This led to the development of 12 integrated neighbourhood teams, combining and co-locating professionals across three separate localities. The aim of this research is to identify the context and the factors enabling and hindering integration from a qualitative process evaluation.METHODSTwenty-four semi-structured interviews were conducted with equal numbers of health and social care staff at strategic and operational level. The data was subjected to thematic analysis.RESULTSWe describe three key themes: 1) shared vision and leadership; 2) organisational factors; 3) professional workforce factors. We found a clarity of vision and purpose of integration throughout the partnership, but there were challenges related to the introduction of devolved leadership. There were widespread concerns that the specified outcome measures did not capture the complexities of integration. Organisational challenges included a lack of detail around clinical and service delivery planning, tensions around variable human resource practices and barriers to data sharing. A lack of understanding and trust meant professional workforce integration remained a key challenge, although integration was also seen as a potential solution to engender relationship building.CONCLUSIONSGiven the long-term national policy focus on integration this ambitious approach to integrate community health and social care has highlighted implications for leadership, organisational design and inter-professional working. Given the ethos of valuing the local assets of individuals and networks within the new partnership we found the integrated neighbourhood teams could all learn from each other. Many of the challenges of integration could benefit from embracing the inherent capabilities across the integrated neighbourhood teams and localities of this city.

Factors enabling implementation of integrated health and social care: a systematic review February 2016, British Journal of Community Nursing *Abstract only**

BACKGROUNDIn spite of ongoing UK Government recommendations for integrated health and social care, the implementation has been slow. While there are pockets of integration happening across England, many services remain isolated and fragmented.AIMThis review aims to critically review existing evidence to identify if there are any factors enabling successful implementation of integrated health and social care for people with long-term conditions in the community.METHODA review was conducted following the principles of a systematic review. Relevant data was extracted from the identified papers and the papers were quality appraised.RESULTSA total of seven studies were included in the review. Data analysis and synthesis identified a number of themes in relation to enablers of integrated care, including co-location of teams, communication, integrated

organisations, management and leadership, capacity and resources, and information technology.CONCLUSIONThere is a limited amount of evidence regarding integrated health and social care teams. Although there are some consistencies within the findings, further research is needed to enhance the validity of the body of evidence available.

Reorganizing and integrating public health, health care, social care and wider public services: a theory-based framework for collaborative adaptive health networks to achieve the triple aim July 2020, Journal of Health Services Research & Policy

OBJECTIVEPopulation health management (PHM) refers to large-scale transformation efforts by collaborative adaptive health networks that reorganize and integrate services across public health, health care, social care and wider public services in order to improve population health and quality of care while at the same time reducing cost growth. However, a theory-based framework that can guide place-based approaches towards a comprehensive understanding of how and why strategies contribute to the development of PHM is lacking, and this review aims to contribute to closing this gap by identifying the key components considered to be key to successful PHM development.METHODSWe carried out a scoping realist review to identify configurations of strategies (S), their outcomes (O), and the contextual factors (C) and mechanisms (M) that explain how and why these outcomes were achieved. We extracted theories put forward in included studies and that underpinned the formulated strategy-context-mechanism-outcome (SCMO) configurations. Iterative axial coding of the SCMOs and the theories that underpin these configurations revealed PHM themes.RESULTSForty-one studies were included. Eight components were identified: social forces, resources, finance, relations, regulations, market, leadership, and accountability. Each component consists of three or more subcomponents, providing insight into (1) the (sub)component-specific strategies that accelerate PHM development, (2) the necessary contextual factors and mechanisms for these strategies to be successful and (3) the extracted theories that underlie the (sub)component-specific SCMO configurations. These theories originate from a wide variety of scientific disciplines. We bring these (sub)components together into what we call the Collabroative Adaptive Health Network (CAHN) framework.CONCLUSIONSThis review presents the strategies that are required for the successful development of PHM. Future research should study the applicability of the CAHN framework in practice to refine and enrich identified relationships and identify PHM guiding principles.

Challenges in integrating health and social care: the Better Care Fund in England April 2020, Journal of Health Services Research & Policy

Objectives: The Better Care Fund is the first and only national policy in England that has legally mandated the use of pooled budgets to support local health and social care systems to provide better integrated care. Methods: We report qualitative findings from the first national multi-method evaluation of the Better Care Fund, focusing on its implementation, perceptions of progress and expected impacts among key stakeholders. Interviews were carried out with 40 staff responsible for Better Care Fund implementation in 16 local health and social care sites between 2017 and 2018. Results: Study participants reported their experiences of implementation, and we present these in relation to three themes: organizational issues, relational issues and wider contextual issues. Participants stressed the practical and political challenges of managing pooled budgets and the complexity of working across geographical boundaries. In a context of unprecedented austerity, shared vision and strong leadership were even more vital to achieve collaborative outcomes. Conclusion: Pooling budgets through the Better Care Fund can lever closer collaboration

between sectors and services. Shared vision and leadership are essential to develop and foster this closer collaboration. Although some successes were reported, the study highlights that there are major cultural, operational and territorial barriers to overcome.

Partnership working across sectors: a multi-professional perspective October 2019, Journal of Integrated Care *Abstract only**

Purpose: The Public Bodies (Joint Working) (Scotland) Act 2014 set the framework for the integration of adult health and social care services. Teams, organisations and sectors are now required to work in partnership and interdependently to deliver shared outcomes for the people they serve. The purpose of this paper is to explore any features, practices and behaviours that could influence effective partnership working across sectors. Design/methodology/approach: A questionnaire was designed and distributed to a range of stakeholders working in health, social care and the third sector. With reference to the changing health and social care reform agenda, the aims of the survey were to gather views, experiences and perceptions of working across sectors, and any workforce development needs. Findings: The majority of respondents were from the NHS (80.3 per cent, 118/147), and experiences were largely drawn from those working with the third sector. The utility of working with the third sector was positively highlighted; however, there were limited opportunities to fully engage. Whilst formal education and training was welcomed, workforce development needs were mostly related to fostering relationships and building mutual trust. Originality/value: This paper highlights views, perceptions, enablers and barriers to integrated care in Scotland. Whilst the Scottish integration landscape is currently not fully fledged, insights into prevailing attitudes towards integrated care, by a cohort of the Scottish health and care workforce, are offered. In particular, reflections by the NHS workforce to working with third sector services are discussed.

Enabling transformation of health and social care integration August 2019, International Journal of Integrated Care

Background: The role of the Health and Social Care Academy (the Academy), a programme of the Health and Social Care Alliance Scotland, is to drive transformational change in Scotland's health and social care system, led by people living with long term conditions, disabled people and unpaid carers. The Academy co-created 'Five Provocations for the Future of Health and Social Care' ('courageous leadership', 'nurturing transformation', 'emphasising humanity', 'target culture' and 'ceding power') through a Think Tank that brought together a cross section of Scottish society including third and independent sector leaders; leaders from across the public sector and people who use health and social care services. Following publication of the Think Tank report, participants were keen to identify and establish mechanisms through which they could translate these Five Provocations into actions to change policy and practice and improve the experience of those who receive or provide care and support. Feedback from health and social care stakeholders concluded that support was needed to enable the Five Provocations to pervade service redesign and organisational development activity. In response, the Academy co-designed an interactive tool to bring the Provocations to life in a real time situation. The 'Unfold the Future' Toolkit helps teams to challenge their thinking and empowers individuals, teams and organisations to apply person centred, value based actions to transform the experience and quality of care. Aims and Objectives: Workshop participants will be introduced to the Toolkit using a facilitated experimental approach to illustrate how to apply the process of the Toolkit. Participants will have: Space for open, honest, values based reflection on where integrated care is within

their own context. An opportunity to explore how to use this Toolkit to enhance their own transformational change process. Time to learn from others about the successes and challenges they have experienced in creating shared cultures and values for integrated care. Format (timings, speakers, discussion, group work etc): 90 minutes workshop Welcome and introductions from Chair (5 mins) Anne Hendry Integration landscape in Scotland and role of the Academy (10 mins) Sarah Forster Five Provocations and 'Unfold the Future' Toolkit (20 mins) Sarah Forster Facilitated group work - The facilitator will enable a participative exercise in which individuals (or teams if they are in the workshop) will identify where they are now with regard to integration of care in their context. They will exchange insights and identify the potential focus for applying the Toolkit in their work. (.40 mins) Audrey Birt Commitments to action - Participants will consider how they will apply the learning from the facilitated session and share their commitments to action. (15 mins) Audrey Birt Target audience: Policy makers, advocacy groups, organisational leaders and managers, health and social care professionals, regulators, commissioners, patients, unpaid carers as well as researchers engaged in integrated care. Learnings/take away: Improved understanding of co-design and creative approaches in action Practical insight into how to engage and involve people and communities as equal partners Ideas about how to influence a cultural shift to person centred integrated care.

Purpose, Population and Place: 12 Practical considerations in designing and building a integrated model of care August 2019, International Journal of Integrated Care

Introduction: The publication of the 'Five Year Forward View' by NHS England in 2014 described how "the traditional divide between primary care, community services, and hospitals...is increasingly a barrier to the personalised and co-ordinated health services patients need". It outlined how boundaries can be dissolved by creating new models of care; based around partnerships, integration and moving away from separate funding streams for different parts of the health and care system. Further publications, along with the NHS England New Care Models programme have continued to develop thinking, particularly with regard to the development of Integrated Care Systems (ICS) (population 300,000-2.7million) and Integrated Care Partnerships (ICP)(population ~300,000). Description of practice change: Over the last seven years AQuA has worked closely with a number of system leadership teams across several localities in the North West of England, supporting them with the design and implementation of place based care. Latterly, we have supported a number of emerging ICP Boards as they come together to collaboratively transform services and ultimately, population health outcomes. Aim & theory of change: AQuA has synthesised their experience of working with systems over the last seven years to describe 12 practical steps that system leadership teams can use to develop and implement models of integrated health and care. These are: Have a clear purpose and vision for change Deeply understand the needs of the population Ensure population and people are represented Make the system visible to itself Support the system leaders Develop a clear and purposeful plan Understand the system resource Develop clear and robust governance Assemble a team of technical experts Appoint a programme director Build on existing foundations of integrated locality or neighbourhood teams Implement a proof of concept Targeted population & stakeholders: AQuA supports stakeholders from across the system, including acute, community and mental health providers, commissioners, Local Authority (including Public Health and Adult Social Care), voluntary, community and faith sectors as well as patients and citizens, to design, develop and implement integrated models of care. Timeline: As the number of ICS's increases (currently 14 across England), the need for leaders to collaboratively lead for place not organisation becomes more important. NHS England has

described an ambition for all systems to develop into ICS's over time. This would suggest that there is a continued need for practical advice and support for system leaders working in place based systems of care. Highlights: Implementing place based models of care is complex, difficult and takes time. AQuA's 12 practical considerations in designing and implementing place based care gives system leaders realistic and useful steps to provide direction and support.

Workforce demographics

A Profile of Regulated Nurses Employed in Canadian Long-Term Care Facilities June 2019, Canadian Journal of Aging *Abstract only**

ABSTRACTRegistered nurses (RNs) and licensed practical nurses (LPNs) provide the skilled component of nursing care in Canadian residential long-term care facilities, yet we know little about this important workforce. We surveyed 309 RNs and 448 LPNs from 91 nursing homes across Western Canada and report descriptively on their demographics and work and health-related outcomes. LPNs were significantly younger than RNs, worked more hours, and had less nursing experience. LPNs also experienced significantly more dementia-related responsive behaviours from residents compared to RNs. Younger LPNs and RNs reported significantly worse burnout (emotional exhaustion) and poorer mental health compared to older age groups. Significant differences in demographics and work- and health-related outcomes were also found within the LPN and RN samples by province, region, and owner-operator model. These findings can be used to inform important policy decisions and workplace planning to improve quality of work life for nurses in residential long-term care facilities.

Results of health and social care workforce census October 2019, Community Practitioner

The article mentions the release of the Department of Health details from the Northern Ireland Health and Social Care (HSC) workforce census as of October 2019.

Competency Frameworks

Care navigation: a competency framework Health Education England, 2016
The purpose of this document is to describe a core, common set of competencies for care navigation. These core competencies are brought together in a tiered competency framework, recognising three successive levels; essential, enhanced and expert. This will help provide a coherent benchmark or set of standards for care navigation, to help ensure relevant staff receive the necessary education, training and support to work effectively. This framework may be used by employers, education providers and individuals to inform education and training needs. It will also help lay the foundations for a career pathway framework for non-clinical staff, within primary and secondary care sectors. This is important to secure a sustainable current and future workforce, offering opportunities for development.

Core competencies for healthcare support workers and adult social care workers in England 2013, Skills for Care, Skills for Health and Department of Health
1. Personal development
2. Effective communication
3. Equality, diversity and inclusion
4. Duty of care
5. Safeguarding
6. Person-centred care and support
7. Handling information
8. Infection prevention and control
9. Health and safety
10. Moving and assisting

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