

Evidence Brief: Social Care Workforce

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Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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- [Complete Evidence Brief list – link for Workforce, Training and Education staff](#)
- [Complete Evidence Brief list – link for External staff](#)

Key publications – the big picture

[State of Health and Care of Older People in England 2024](#)

Source: AgeUK

Publication date: September 2024

Our report finds older people are struggling due to insufficient access to high quality NHS treatment, as well as social care, and that the system is under-prepared for population ageing.

[The size and structure of the adult social care sector and workforce in England](#)

Source: Skills for Care

Publication date: July 2024 (next update due June 2025)

This page provides the most up-to-date and comprehensive overview of the size and structure of the adult social care sector and workforce in England. A short, written report is available: [download a copy of the report here](#).

The information in this report also forms a chapter within [‘The state of the adult social care sector and workforce in England’](#) report which is published annually in October.

To download the data behind the visualisation below, including trended information, please see the [Workforce estimates](#) page.

[A Workforce Strategy for Adult Social Care in England](#)

Source: Skills for Care

Publication date: July 2024

This strategy aims to improve the quality of roles in adult social care, ensuring that the sector can attract and keep enough people with the right skills and values to provide the best possible care and support for the people who draw on it. It highlights the impact of social care on improving lives - as well as its role in supporting economic growth, with the sector currently contributing almost 60 billion a year to the economy. Its three areas of focus are attraction and retention, training and

transformation are in line with the main themes of the NHS Long Term Workforce Plan.

[Care and health career academies: What good looks like](#)

Source: Local Government Association

Publication date: July 2024

Care and health career academies are relatively new initiatives, and the national picture is constantly evolving. This project was undertaken to develop a better understanding of care and health career academies in England. It aims to share emerging learning on the development of academies and insights as to what good looks like.

[Spring Survey 2024](#)

Source: Asass

Publication date: July 2024

The message from this year’s Spring Survey is clear, more of the same is not an option. We need a change of approach, or the challenges set out in this report will continue to intensify to the detriment of people’s lives. The one-year funding settlements from Government that have been the norm for several years have failed to create the conditions for adult social care to thrive. In fact, quite the opposite. Directors are in a place where, collectively, they overspent more on adult social care budgets than in recent history; where complexity of need is increasing and where over 400,000 people are waiting for an assessment, care to begin or an assessment of their needs.

[Changemakers or troublemakers: what do social care providers think of younger workers?](#)

Source: The King's Fund

Publication date: 1 May 2024

Social care has a problem with young people. In the overall economy, under-25s make up 11% of the workforce, and in some sectors younger people are the backbone of the workforce

(around half of all waiters and waitresses are under 25). In adult social care, however, only 8% of the workforce is under 25. This is despite considerable recruitment – of those who started in their current role less than a year ago, 17% are under 25. However, there is substantial turnover of under-25s over time: only 28% of under-25s in the social care workforce in 2014 were still in the sector four years later.

[International recruitment to adult social care: a guide for councils](#)

Source: Local Government Association

Publication Date: 2024

Abstract: Presents advice to local authorities on good practice in recruiting workers from abroad in relation to adult social care. Outlines the workforce challenges facing the adult social care sector, the role of international recruitment in boosting workforce capacity and potential issues around staff exploitation, safeguarding and quality. Provides a checklist of the key characteristics of good international recruitment, and identifies the key elements of ethical international recruitment, including obtaining visas, sponsor organisations and compliance. Outlines steps in responding to non-compliance, including suspensions and revocations, and describes local authority responsibilities around the ethical recruitment/retention of care workers and in relation to safeguarding. Provides an overview of market shaping, commissioning and contract management issues relating to international recruitment of care workers. Looks at collaboration between councils, providers, and local partners in relation to international recruitment, highlighting emerging good practice examples. Provides guidance on ensuring capacity to manage risk, and arrangements for signposting to key services around the recruitment and protection of care workers from abroad.

[Unfair to Care 2024 "Who cares wins" – understanding the social care pay gap and how to close it](#)

Source: Community Integrated Care

Publication date: March 2024

'Who Cares Wins' – Unfair To Care 2024 explores how social care is set to be a pivotal electoral issue in 2024, with low and unfair pay having the potential to influence the voting intentions of 2.6 million people.

[Social Care 360](#)

Source: The King's Fund

Publication date: March 2024

Little to suggest that social care has turned a corner 2022/23 saw a possible change to a recent trend in publicly funded adult social care. Since 2015/16, more people have been asking for social care support but fewer people have been getting it. But in 2022/23, while more people again asked for support (see indicator 1, requests for support), there was a 2% increase in those who received it compared to 2021/22. Was this the start of a new trend of more people getting publicly funded social care support?

[Social Care Workforce Race Equality Standard, 2023 report: Supporting a diverse workforce Quality Improvement Programme](#)

Source: Skills for Care

Publication date: March 2024

The SC-WRES is an improvement programme that collects data on nine key metrics and supports organisations to benchmark, reflect and improve with their peers.

[Care workforce pathway for adult social care](#)

Source: Department for Health and Social Care

Publication date: 10 January 2024

The care workforce pathway outlines the knowledge, skills, values and behaviours people need to work in adult social care.

[Sector pulse check: a snapshot of finances and the workforce in the adult social care sector in 2023](#)

Source: HFT and, Care England

Publication Date: 2024

Abstract: Reports on the financial and workforce challenges within the adult social care sector in 2023. Draws on a national survey of adult social care providers. Looks at the sector's overall financial position; key cost pressures; and the consequences of these pressures on staff retention and service provision. Analyses the makeup of the adult social care workforce in 2023; barriers to recruitment and retention; and the consequences of staff shortages. Finds that the adult social care sector is in financial crisis, accompanied by high vacancy and staff turnover rates. Makes recommendations which includes reforming VAT to alleviate financial pressures on providers; establishing a set of national commissioning standards for staff; removing barriers for the recruitment of international staff; and improving the representation of adult social care on Integrated Care Boards.

[Adult social care workforce in England](#)

Author(s): David Foster

Source: House of Commons Library

Publication date: January 2024

An overview of key issues and policy concerning the adult social care workforce in England.

[The state of the adult social care sector and workforce in England](#)

Source: Skills for Care

Publication date: October 2023 (next update due Mid October 2024)

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: recent

trends in workforce supply and demand, employment overview, recruitment and retention, demographics, pay, qualification rates, and future workforce projections.

[Adult social care funding pressures: Estimated costs to meet growing demand and improve services in England](#)

Source: The King's Fund

Publication date: September 2023

This long read uses four scenarios to highlight the potential funding pressures in adult social care up to 2032/33. These reflect some of the key issues that need to be addressed to meet future demand and improve adult social care.

[NHS Long Term Workforce Plan](#)

Source: NHS

Publication date: June 2023

The first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

[The Hewitt Review: an independent review of integrated care systems](#)

Source: Department of Health and Social Care

Publication date: April 2023

Presents the results of an independent review which considered how the oversight and governance of England's integrated care systems (ICSs) can best enable them to succeed. Considers and makes recommendations on: how to empower local leaders to focus on improving outcomes for their populations; the scope and options for national targets for which NHS integrated care boards (ICBs) should be held accountable for and supported to improve; and how the role of the Care Quality Commission (CQC) can be enhanced in system oversight. Draws upon the

expertise of ICSs, local government, the NHS, the voluntary sector, patient and service user representatives, and other subject experts from academic, government departments and thinktanks. Identifies six key principles to enable ICSs to thrive and deliver: collaboration in and between systems and national bodies; a limited number of shared priorities; allowing local leaders the space and time to lead; the right support; balancing freedom with accountability; enabling access to timely, transparent, and high quality data. Suggests that delivering these principles will require: shifting focus from illness to health promotion; ICSs becoming 'self-improving systems'; removing barriers in the primary and social care workforce; and resetting approaches to finance.

[Main findings for the occupation of social work: results from the UK and Northern Ireland health and social care workforce study](#)

Authors: McFadden et al.

Source: Ulster University

Publication Date: 2023 , pp. 66

Abstract: Explores the impact on social workers' wellbeing and quality of life of working during the coronavirus (COVID-19) pandemic, drawing on the findings of UK and Northern Ireland surveys. Presents a summary of the main findings, highlighting the inter-relationship between wellbeing and burnout and deteriorating working conditions. Outlines the aims of the report, to measure wellbeing and coping, burnout, work-related quality of life of social workers over the three years since the onset of the pandemic, and describes the research objectives and methodology. Presents findings from the sixth phase of the study looking at: mental wellbeing; quality of working life; burnout; and coping strategies. Examines the data generated through the six phases of the study, starting in May-July 2020 and ending in November 2022-January 2023, comparing wellbeing, quality of working life, burnout and coping scores by phase and country.

[Exploring adult social care funding and delayed discharge](#)

Source: NHS Confederation

Publication date: 21 March 2023

NHS Confederation and Local Government Association briefing on adult social care funding and delayed discharge.

[Adult social care: short-term support and long-term stability](#)

Source: Institute for Government

Publication date: March 2023

The government's plan won't turn around adult social care performance.

[Understanding the impact of changes to the UK Health and Care Visa System on the adult social care workforce in England: phase 1: the visa study](#)

Authors: Moriarty, Kalpa;Manthorpe, Jill;Kessler, Ian and Moriarty, Jo

Source: The Policy Institute, NIHR and King's College London

Publication Date: 2023

Abstract: International recruitment in health and social care has long provided opportunities for care providers and people looking to work in the UK and is one route to addressing workforce shortages. In February 2022, the Health and Care visa was extended to include care workers, following the addition of this job role to the shortage occupation list. This change permits people from other countries to apply for work in the UK as a care worker with employers holding a sponsor licence. Home Office figures report that the number of applications and Health and Care visas granted has steadily increased since care workers were added. Latest figures (June 2023) indicate that visas granted to care workers comprised about 50 per cent of visas granted within the 'Health and Care Worker' visa category. This report presents an insight into the experiences behind these figures, focusing on key stakeholder groups: internationally

recruited workers, diverse care providers across England, legal/recruitment agencies and sector skills experts.

[Building the social care workforce of the future: how to attract and retain talent through enhanced flexible working](#)

Source: Timewise

Publication Date: 2023

Abstract: Explores the changes required to attract and retain social care workers, drawing on qualitative research carried out in the London Borough of Dagenham. Outlines the approach taken to the study, comprising four phases, and outlines the case for action to address the challenges in recruiting and retaining social care workers. Presents insights from local authority service and human resources managers focused on four themes: recruitment and retention; initial training and induction; scheduling; and other aspects of the job. Provides insights from domiciliary care workers identifying key challenges: scheduling issues, and how they are addressed; and other aspects of the role, including pay. Explores the potential of enhanced flexible working to address the high dropout rate for carers, and provides feedback on a carers' guide aimed at potential applicants for jobs in domiciliary care. Presents conclusions and recommendation for social care providers, local authority employment teams and local job brokers, and local authority commissioning teams, focused on flexible working and job design.

[System on a cliff edge: addressing challenges in social care capacity](#)

Source: NHS Confederation

Publication date: July 2022

Government urged to take action on the social care workforce crisis or risk putting the care and safety of patients in the NHS in jeopardy.

[The role and contribution of registered nurses in social care: a rapid evidence review](#)

Item Type: Journal Article

Authors: Michelle, CORNES and Jill, MANTHORPE

Abstract: This rapid review explores the evidence base for adult social care nursing in the UK to better understand the role of registered nurses (RNs) - exploring the complexity and variety of the skills required; to explore current problems and possible solutions in recruitment and retention; to explore the impact of introducing the nursing assistant (NA) role in social care; and to explore promising strategies for care home workforce development that involve. There is a global shortage of RNs in England and even more so in social care where it impacts particularly on residential long-term care facilities. These shortages are now acute in adult social care where the situation is worsening rather than improving. International (quantitative) evidence suggests key drivers for the worsening situation in England and elsewhere are likely linked to unreasonably high levels of job (role) demand coupled with low levels of intrinsic job satisfaction - drivers which are insufficiently mitigated by extrinsic job satisfaction factors. Research offers little in the way of 'instant solutions' or evidence-based solutions as to how these problems of supply and sustainability might be addressed. However, an integrated approach across health and social care RN education, areas of practice and legal responsibilities is warranted. Suggestions for improving the terms and conditions on offer to RNs in the adult social care sector need to be explored in terms of what would be most cost-effective. Recent changes to UK immigration policies will change recruitment patterns of RNs from other parts of the world - the international challenge of ethically attracting, recruiting and retaining staff in a world-wide 'market' needs to be addressed on a whole system (NHS and social care) basis. A new narrative about care user/resident outcomes and experiences could help highlight the impact of shortages of RNs and the ethical imperatives for

reform.

[Skills at the heart of care: a scoping review of evidence on skills gaps in the social care workforce](#)

Authors: Olivia, LUIJNENBURG; Jill, MANTHORPE and Kritika, SAMSI

Publication Date: 2022

Abstract: This report sets out the findings of a scoping review highlighting areas where there are particular claims as to skills gaps in the adult social care workforce. It has necessarily focused on gaps rather than the presence of skills. Some of the gaps may be surprising, such as lack of evidence about skills in supporting stroke survivors, people living with diabetes and people with hearing loss or impairment. Others show how change has occurred, such as the greater investment in dementia care and thinking about this as part of the wider skills agenda in ASC. Other innovations have included mandatory obligations, which may be particularly useful in areas of great concern. There is room for evidence about 'basic skills' in terms of literacy and numeracy among the ASC workforce and any measures that are needed here. This would enhance digital skills but also enable ASC staff to participate in other forms of training and career development. The review has highlighted the lack of 'voice' in such debates and delivery from people using ASC services and carers. This needs to be rectified. Overall, much research calls for 'greater skills' and 'more training'. Few studies have considered how such recommendations fit with the current training system and different skills levels. Few provide evidence of cost-effectiveness. The creation of a Knowledge and Skills Framework and other commitments outlined in People at the Heart of Care (DHSC 2021) will need to consider the balance of general and specialist skills, especially in the context of a population with multiple long-term care needs as well as needs for rehabilitation and short-term support. The research reported here also highlights the need for any skills developments to be

considered not solely as a means to avoid NHS treatment or support but to add quality to life overall.

[Leadership in strengths-based social care](#)

Source: Social Care Institute for Excellence

Publication Date: 2022

Abstract: This briefing provides practical advice about leading strengths-based approaches and practice that support adults with social care needs. It identifies the key leadership behaviours and practices associated with successfully implementing and embedding strengths-based social care and provides a logic model for leadership. These include encouraging creativity and innovation; building commitment at all levels of the organisation; clear communication; embedding co-production in the whole process; and working collaborative with partner agencies and organisations. It draws on interviews with leaders in adult social care and a review of the literature. Illustrative case studies are provided throughout. The briefing builds on the Department of Health and Social Care's (DHSC) Strengths-based approach: Practice Framework and Practice Handbook, Think Local Act Personal's (TLAP) Asset-based area and the work of the DHSC-funded Social Care Innovation Network. It updates an earlier version of this briefing that was published in 2019 with new insights including about measuring impact, examples of good practice and resources.

[Guidance: Health and wellbeing of the adult social care workforce](#)

Source: Department of Health and Social Care

Publication date: May 2022

Advice for those working in adult social care on managing your mental health and how employers can take care of the wellbeing of their staff.

[The approved mental health professional workforce in the adult social care sector](#)

Source: Department of Health & Social Care; Skills for Care
Publication date: February 2021

This report presents data collected via a dedicated Approved Mental Health Professional (AMHP) leads survey, as at December 2020. Skills for Care conducts this survey on behalf of the Department of Health and Social Care and the Approved Mental Health Professionals Leads Network. This report also includes data on social workers from local authorities collected via the Adult Social Care Workforce Dataset (ASC-WDS) as at September 2019.

[NHSX Adult Social Care Technology and Digital Skills Review](#)

Source: NHSx and Ipsos

Publication date: November 2021

NHSX commissioned Ipsos MORI, the Institute of Public Care (IPC) at Oxford Brookes University and Skills for Care to conduct two related reviews about digital technology used in adult social care and the digital skills capabilities of the adult social care workforce. Findings from both reviews have been published in this combined report. The report includes a detailed thematic summary for each review, with themes from the research and recommendations. The two reviews generated recommendations, relevant not only to NHSX but also to other organisations within adult social care and to those developing or supplying digital technology to the sector.

[The path forward for social care in England](#)

Source: Open University

Publication date: January 2021

This report examines the issues confronting adult social care (including workforce professionalisation) and makes recommendations to resolve them. It does so through a review of available literature from around the UK, examining the

circumstances and approaches of the four nations. It also draws on a survey of 500 English leaders and managers - based in every region and working for public, voluntary and private-sector organisations delivering social care services, and within local authority social work teams - in order to gauge individuals' experiences, hopes and fears. The study found that across the social care sector, 76% of respondents said they were sufficiently staffed, with a third (34%) saying they had too many staff for their current workload; despite optimism about numbers, concerns about skills shortages persist - nearly half (44%) of all respondents said they had only the bare minimum of skills to operate, or lacked vital skills to run their operations successfully; COVID-19 has changed working practices, making flexibility a priority, but has not shifted longer-term perceptions of where skills gaps lie; most managers are worried about social care's enduring challenges squeezing their future access to the staff they need - 54% were worried the UK's exit from the EU will make it harder for them to source skilled employees; many leaders believe sustainable funding and structured career development are needed to maintain and rebuild the sector - 42% said a defined career would be beneficial for the social care workforce.

[Developing the digital skills of the social care workforce: Evidence from the Care City test bed](#)

Source: Nuffield Trust

Publication date: September 2021

This research summary explores how domiciliary care agencies have trained staff to use digital technology in order to monitor the vital signs of services users, and presents findings relating to the experience and skills development of care staff. The findings draw on a mixed-methods evaluation of the Care City test bed, which piloted a number of innovations in three distinct care pathways in East London. The summary describes the key benefits and challenges of upskilling staff through digital

innovations, and offers ideas on how to maximise the potential for digital tools to aid skill development in the domiciliary care workforce. It also makes the case for more investment and joint working to ensure that the use of digital health technologies in social care settings is seen as a joint responsibility and priority between health and social care services. Key findings include: care staff are often undervalued and underpaid, with limited opportunities for career progression; providing opportunities for care workers to develop new skills and use new technologies can improve job satisfaction and help staff progress towards their career goals or inspire new career pathways; digital skills development must sit within a wider career pathway for social care; and harnessing the potential of care staff to provide more joined up care highlights the need for buy-in from stakeholders across health and social care.

[Potential impact of Covid-19 government policy on the adult social care workforce](#)

Source: Institute for Employment Studies

Publication date: September 2020

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.

[Digital innovation in adult social care: how we've been supporting communities during Covid-19](#)

Source: Local Government Association

Publication date: September 2020

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.

[Adult social care and COVID-19: Assessing the impact on social care users and staff in England so far - Our analysis on the scale of the impact of COVID-19 on social care in England during the first phase of the pandemic](#)

Source: The Health Foundation

Publication date: July 2020

In this briefing we provide an overview of the impact of the COVID-19 pandemic on social care in England. In part 1 we describe how the pandemic unfolded in the social care sector from March until June 2020, and in part 2 we examine the factors that contributed to the scale and severity of outbreaks in care homes. In part 3 we attempt to quantify the disruption to health and social care access from February until the end of April 2020.

[Who Cares? Attracting and Retaining Care Workers for the Elderly](#)

Source: OECD

Publication date: June 2020

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.

[The Experience of Care Home Staff During Covid-19 A Survey Report by the QNI's International Community Nursing Observatory](#)

Source: The Queen's Nursing Institute

Publication date: 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.

Case Studies

[Case studies: Digital transformation in adult social care](#)

Source: Local Government Association

We help councils learn and share across the sector so that all local areas can benefit.

[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](#)

Source: NHS Long Term Workforce Plan

Publication date: January 2019

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.

The Star for workforce redesign

More resources and tools are available in [the Star](#)

Statistics

[Adult Social Care Statistics in England](#)

Source: NHS England

This report brings together the latest data collected across different aspects of adult social care supported by local authorities. It aims to produce an insightful and coherent narrative about the trends in adult social care in England.

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Adult Social Care**”

[Skills for Care also have a workforce intelligence hub](#) for adult social care in England.

National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Career Planning, Pathways and Professional Development

[Professional development and career planning for nurses working in care homes for older people: A scoping review](#)

Item Type: Journal Article

Authors: Fitzpatrick, Joanne M.; Bianchi, Leda A.; Hayes, Nicky; Da Silva, Tiago and Harris, Ruth

Publication Date: 2023

Journal: International Journal of Older People Nursing 18(1), pp. e12519

Abstract: BACKGROUND: A skilled, knowledgeable, and compassionate nurse workforce is pivotal to caring well for older people living in care homes. This requires the provision of continuing professional development and career planning for nurses, which are key also for nurse recruitment and retention. Continuing professional development and career planning strategies and interventions should be evidence-driven., OBJECTIVE: To identify the extent, range and nature of contemporary evidence regarding professional development and career planning for nurses caring for older people living in care homes., METHODS: The methodological framework used was the Joanna Briggs Institute guidance for scoping reviews. The PRISMA extension for scoping reviews was used as the reporting framework. Four databases were searched from

January 2010 to July 2021. Results were screened independently by two reviewers using eligibility criteria. Full texts and the reference lists of eligible articles were reviewed. Data were extracted for key elements from the 25 articles included., RESULTS: Of the 25 articles, the majority were authored in the United States (n = 10) and UK (n = 8) with the remaining from Australia (n = 3), Canada (n = 3) and the Netherlands (n = 1). Four articles reported on professional development programmes. Three literature reviews addressed challenges for nurse participation in professional development, experiences of care home nurses as clinical leaders and managers, and leadership. Two expert commentaries reported on the challenges related to professional development and career planning for care home nurses. Sixteen empirical studies investigated a range of topics including: competencies, roles, intention to stay and leave, continuing professional development, and leadership. Key emergent factors that support professional development and career planning were as follows: access to structured learning opportunities addressing knowledge and skills specific to nursing frail older adults, a supportive working environment including adequate staffing, study time and flexible working, and integration of leadership development., CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: This scoping review has highlighted factors that support and challenge professional development and career planning for nurses working in the care home sector. There remain important gaps in the opportunities for professional development and career planning for care home nurses that warrant attention. Copyright © 2022 The Authors. International Journal of Older People Nursing published by John Wiley & Sons Ltd.

[Career planning for the non-clinical workforce – an opportunity to develop a sustainable workforce in primary care](#) Abstract only*

Author(s): Tavabie and Simms

Source: Education for Primary Care 28(2)

Publication date: 2017

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.

Economics

[Market concentration, supply, quality and prices paid by local authorities in the English care home market](#)

Item Type: Journal Article

Authors: Espuny Pujol, Ferran; Hancock, Ruth; Hviid, Morten; Morciano, Marcello and Pudney, Stephen

Publication Date: 2021

Journal: Health Economics 30(8), pp. 1886–1909

Abstract: We investigate the impact of exogenous local conditions which favor high market concentration on supply, price and quality in local markets for care homes for older people in England. We extend the existing literature in: (i) considering supply capacity as a market outcome alongside price and quality; (ii) taking account of the chain structure of care home supply and differences between the nursing home and residential care home sectors; (iii) using an econometric

approach based on reduced form relationships that treats market concentration as a jointly determined outcome of a complex market. We find that areas susceptible to a high degree of market concentration tend to have greatly restricted supply of care home places and (to a lesser extent) a higher average public cost, than areas susceptible to low degree of market concentration. There is no significant evidence that conditions favoring high market concentration affect average care home quality. Copyright © 2021 The Authors. Health Economics published by John Wiley & Sons Ltd.

Education and Training

['It Is Good to See the Person As a Whole Person and... Continue to Improve Our Psychologically Informed Working': A Thematic Analysis of Clinical Psychology Trainee Placements in Homelessness Settings](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Ward, Rebecca J.; Greenway, Frances T. and Maguire, Nick

Publication Date: 2024

Journal: Health Expectations : An International Journal of Public Participation in Health Care and Health Policy 27(3), pp. e14121 [UK]

Abstract: OBJECTIVES: The National Framework for Inclusion Health identified the need for collaborative action between the NHS and third sector health to improve access and outcomes for Inclusion Health groups. Clinical psychology trainee placements in homelessness settings could be a valuable pathway to improving access to psychological support for people experiencing homelessness and the provision of clinical services, which is key to developing the workforce and a catalyst for the future recruitment of clinical psychologists in the third sector., METHODS: A qualitative evaluation was conducted

using semistructured interviews to explore the perspectives of clinical psychology trainees, supervisors, staff in homelessness settings and a peer mentor. Twenty-two participants were recruited from two universities and six services across the South East, including 11 clinical psychology trainees, six supervisors, four placement staff and one peer mentor., RESULTS: Placement staff described the value of a psychological approach but identified some challenges to be overcome. Induction was identified as the key to success. Supervisors recognised the breadth and depth added to trainees' knowledge and skills alongside significant challenges. Trainees valued the opportunities to work in homelessness settings and develop their understanding of the role. The peer mentor identified collaborative working as especially important., CONCLUSIONS: Clinical psychology trainee placements are a necessary programme to fulfil the NHS vision for Inclusion Health. These placements equip the health and social care workforce to create excellent and sustainable provisions to improve the physical and mental health of people experiencing homelessness whilst also providing much-needed psychological support for staff., PATIENT AND PUBLIC CONTRIBUTION: Psychologically Informed Environments Through Staff Training: Staff training and support within these placements contribute to the development of psychologically informed environments. This not only leads to better outcomes for both staff and clients but also aligns with the objectives of the National Framework for Inclusion Health, fostering sustainable provision for the health needs of people experiencing homelessness (PEH). Enhanced Therapeutic Adaptability: Trainees gain invaluable experience in adapting therapy to meet the diverse needs of clients, benefiting both trainees and clients alike. This adaptability fosters more effective therapeutic relationships and contributes to the improvement of inclusion health provision in the long term. Tailored Therapy for Timely Intervention: Clinical psychology trainee placements in homelessness settings offer therapy that bypasses long waiting

times for interventions, crucial for individuals experiencing homelessness. This flexible approach caters to the unpredictable engagement levels of PEH, ensuring timely support aligning with the Health and Care Act 2022 to improve overall health and address health disparities through primary care networks. Copyright © 2024 The Author(s). Health Expectations published by John Wiley & Sons Ltd.

[Developing effective workforce training to support the long-term care of older adults: A review of reviews](#)

Item Type: Journal Article

Authors: Newbould, Louise;Samsi, Kritika and Wilberforce, Mark

Publication Date: 2022

Journal: Health & Social Care in the Community 30(6), pp. 2202–2217

Abstract: This review of reviews aimed to identify and synthesise evidence to support the design of learning interventions for non-registered practitioners supporting older people in long-term care (people's own homes, hospices or residential/nursing care). Our objectives were to inform the analysis part of the Analysis, Design, Development Implementation and Evaluation framework by finding evidence on the following five components of learning: content, format (teaching strategies and resources/media), structure, contextual factors (barriers and enablers) and measures used when monitoring the effectiveness of learning. Databases searched included Pro-quest (ASSIA), Scopus, Ovid (PsycINFO, Medline, Embase and Social Policy and Practice), SCIE Online and Cochrane Reviews and reference searching, with the last search being conducted in April 2021. Fifteen papers were identified as eligible for inclusion. Most of the interventions aimed to improve dementia care (n = 10), with others exploring LGBT+ competency (n = 2), or other forms of professional development (n = 3). Common features of effective learning included a multifaceted approach, with in-practice learning being blended with additional implementation strategies

(e.g. supervision) and didactic learning/worksheets. An important contextual factor was working within an organisational culture which supported shared learning and reflection. This may also help encourage engagement with training, where staff are unwilling to attend if it may compromise care delivery. Future research should focus on the characteristics of trainers and the structure of learning, with more research being needed in mental and physical morbidities outside the remit of dementia to improve the overall quality of the social care workforce.

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[Understanding the training and education needs of homecare workers supporting people with dementia and cancer: A systematic review of reviews](#)

Author(s): Cunningham et al.

Source: Dementia 19(8)

Publication date: 2020

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.

[The barriers and facilitators to implementing dementia education and training in health and social care services: a mixed-methods study](#)

Author(s): Surr et al.

Source: BMC Health Services Research

Publication date: 2020

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.

[Understanding the training and education needs of homecare workers supporting people with dementia and cancer: A systematic review of reviews](#)

Author(s): Cunningham et al.

Source: Dementia 19(8)

Publication date: 2019

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.

[A collective case study of the features of impactful dementia training for care home staff](#)

Author(s): Surr et al.

Source: BMC Geriatrics

Publication date: 2019

Background: Up 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. Methods: An 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. Results: All 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. Conclusions: Effective 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.

[Re-Imagining Undergraduate Health and Social Care Education: a workforce fit for purpose in a changing landscape of care. A position paper](#)

Author(s): King et al.

Source: *Illness, Crisis & Loss*, 26 (2)

Publication date: 2018

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 an HEE funded project led by MMU 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.

[Status of knowledge on student-learning environments in nursing homes: A mixed-method systematic review](#) Abstract only*

Author(s): Husebø et al.

Source: *Journal of Clinical Nursing* 27(7-8)

Publication date: April 2018

Aim and objective: To give an overview of empirical studies investigating nursing homes as a learning environment during nursing students' clinical practice. Background: A 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. Design: Mixed-method systematic review using PRISMA guidelines, on learning environments in nursing homes, published in English between 2005-2015. Methods: Search 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. Results: Twenty 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." Conclusion: Nursing 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 practice: An optimal learning environment can be ensured by thorough preplacement preparations in academia and in nursing home wards, continuous supervision and facilitation of team learning.

[PRagmatic trial Of Video Education in Nursing Homes \(PROVEN\): The design and rationale for a pragmatic cluster randomized trial in the nursing home setting](#)

Author(s): Mor et al.

Source: Clinical Trials 14(2)

Publication date: 2017

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 (RCTs). 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 RCT that evaluated the “real world” application of an Advance Care Planning Video Program in two large U.S. nursing home healthcare systems.

[Effective Dementia Education and Training for the Health and Social Care Workforce: A Systematic Review of the Literature](#)

Author(s): Surr et al.

Source: Review of Educational Research 87(5)

Publication date: 2017

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.

[A qualitative study investigating training requirements of nurses working with people with dementia in nursing home](#)

Author(s): Smythe et al.

Source: Nurse Education Today

Publication date: 2016

“Dementia” is a term used to describe a progressive decline in multiple areas of function, including decline in memory, reasoning, communication skills and the ability to carry out daily activities (DOH, 2009). It has been estimated that globally thirty six million people are living with dementia (Thomas 2013). Alzheimers Disease International (2013) reported that in high income countries 34% of people with dementia lived in care homes while in low or middle income countries the figure was much lower at 6%. In the UK changes in patterns of health care provision in the 1990s have resulted in fewer hospital beds, reduced length of stay and increased reliance on community health and social services for older people (Department of Health, 2000). As a result over 18,000 care homes provide places for approximately 440,000 people (Wild et al. 2010).

[The feasibility of a train-the-trainer approach to end of life care training in care homes: an evaluation](#)

Author(s): Mayrhofer et al.

Source: BMC Palliative Care

Publication date: 2016

Background: The 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. Methods: A 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). Results: Seventeen 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. Conclusion: When 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.

[Education and training to enhance end-of-life care for nursing home staff: a systematic literature review](#)

Author(s): Anstey et al.

Source: BMJ Supportive and Palliative Care

Publication date: 2016

Background: The 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. Objectives: To 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. Design Thirteen 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. Results Twenty-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: selfreported 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. Conclusions: There 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.

Equality, Diversity and Inclusion

[Implementing the Social Care Workforce Race Equality Standard in English: early observations](#)

Item Type: Journal Article

Authors: Manthorpe, Jill and Samsi, Kritika

Publication Date: 2023

Journal: British Journal of Social Work, Vol 53 no 2 , pp. 16

Abstract: Examines the implementation of the Social Care Workforce Race Equality Standard (SCWRES) in England, drawing on qualitative research involving volunteer local authorities. Outlines the context for the introduction of the SCWRES, its key features and the way it was rolled out, and describes the research aims and methods drawing on normalisation process theory (NPT). Presents findings looking at the components of NPT: coherence or sense-making; cognitive participation or engagement; collective action or engagement; reflexive monitoring or appraisal; and contextual integration. Discusses the findings, highlighting generally substantial personal and employer investment in the SCWRES intervention and generally positive feedback. Concludes that, despite barriers to implementation during a global pandemic, support for SCWRES was generally high and participants considered they had learned much during the first six months of implementation.

[Educating health and social care practitioners on the experiences and needs of older LGBT+ adults: Findings from a systematic review](#) Abstract only*

Item Type: Journal Article

Authors: Jurcek, Anze;Downes, Carmel;Keogh, Brian;Urek, Mojca;Sheaf, Greg;Hafford-Letchfield, Trish;Buitenkamp, Charlotte;van der Vaart, Nina and Higgins, Agnes

Publication Date: 2021

Journal: Journal of Nursing Management 29(1), pp. 43–57

Abstract: AIM(S): To report review findings into interventions used to educate the health and social care workforce on the experiences and needs of LGBT+ older adults., BACKGROUND: Research demonstrates that inequalities in outcomes on health and social well-being for LGBT+ older adults are perpetuated by the cumulative disadvantages from discrimination and social exclusion throughout the life course and a lack of culturally competent workforce., METHODS: A systematic search of peer-reviewed papers published before February 2020 was conducted in electronic databases. The search resulted in a screening of 2,509 papers with nine matching the inclusion criteria, which were rated using the MERSQI quality measure., RESULTS: Studies demonstrated some positive outcomes of interventions, especially an increase in knowledge, but less so in skills and attitudes., DISCUSSION: More robust designs such as randomized controlled trials, the use of standardized measures and a focus more on the longitudinal impact of educational interventions could improve the quality of study designs., CONCLUSION(S): Diversification of intervention content and patient and public involvement in the design, delivery and evaluation of educational interventions could improve efforts and have a more sustained impact on LGBT+ ageing inequalities., IMPLICATIONS FOR NURSING MANAGEMENT: Nurse managers have important roles in supporting staff education and ensuring LGBT+ inclusive practice. Copyright © 2020 John Wiley & Sons Ltd.

Health, Wellbeing, Stress and Burnout

[Burnout in UK care home staff and its effect on staff turnover: MARQUE English national care home longitudinal survey](#)

Author(s): Costello et al.

Source: Age and Ageing 49(1)

Publication date: January 2020

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: we calculated the relationship between Maslach Burnout Inventory scores and future staff turnover (12-month number of staff leaving/number employed). We 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). We 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: we 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.

[Zero-hour contracts and stress in UK domiciliary care workers](#)

Abstract only*

Author(s): Ravalier et al.

Source: Health & Social Care in the Community 27(2)

Publication date: September 2018

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.

[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](#)

Author(s): Costello et al.

Source: International Psychogeriatrics 31(8)

Publication date: November 2018

Background: Care 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. Methods: We 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. Results: 17/2854 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. Conclusions: Most 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.

[Care workers health in Swiss nursing homes and its association with psychosocial work environment: A cross-sectional study](#)

Author(s): Dhaini et al.

Source: International Journal of Nursing Studies 53 pp. 105-115

Publication date: January 2016

Background: Previous 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. Methods: This 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. Results: Back 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). Conclusions: Physical 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.

Integrated Health and Social Care

[An integrated care programme in London: qualitative evaluation](#)

Author(s): Round et al.

Source: Journal of Integrated Care 26(4) pp. 296-308

Publication date: 2018

Purpose – A 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/approach – Qualitative 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. Findings – The 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/implications – Evaluation 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 implications – Key lessons learnt included: importance of strong clinical leadership, shared ownership and inbuilt evaluation. Originality/value – Primary 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.

[Implementing health and social care integration in Scotland: Renegotiating new partnerships in changing cultures of care](#)

Author(s): Pearson et al.

Source: Health and Social Care in the Community 26(3)

Publication date: 2018

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.

International Migration and Recruitment

[Migrant Home Care Workers in the UK: a Scoping Review of Outcomes and Sustainability and Implications in the Context of Brexit](#)

Item Type: Journal Article

Authors: Turnpenny, Agnes and Hussein, Shereen

Publication Date: 2022

Journal: Journal of International Migration and Integration 23(1), pp. 23–42

Abstract: Migrant care workers play a significant role in meeting the escalating demand for social care in the UK. Workforce shortages create opportunities for new migrants to enter the social care workforce. This scoping review aims to identify and synthesise available evidence on the contribution of migrant workers to the provision of home care in the UK focusing on care worker and service outcomes as well as sustainability, and identify challenges and gaps in the context of Brexit and changing immigration policies. Twenty-two articles were identified for inclusion in the review and extracted using a structured format. The analysis presents a narrative description

and synthesis of the research. Findings from the reviewed articles were grouped into five main themes: migrant, user and employer outcomes, effect on workforce, and sustainability-and 15 sub-themes that were described in detail. Much of the existing research on migrant care work is qualitative and focuses on migrant outcomes. The review identified some important gaps in research, namely, the impact of immigration status on migrant care worker outcomes, the cultural and psychological adaptation of migrant care workers to care practices, and the emerging UK live-in care market. Implications of findings are discussed in the context of post-Brexit immigration system. Copyright © The Author(s) 2021.

Leadership

[Clinical leadership in nursing homes: A qualitative study of healthcare professionals' perspectives on concept and characteristics](#)

Authors: Nachtergaele, Sabrina;De Roo, Nele;Allart, Jolien;De Vriendt, Patricia;Embo, Mieke and Cornelis, Elise

Publication Date: 2024

Journal: Nursing Open 11(6), pp. e2166

Abstract: AIM(S): To conceptualise and identify characteristics of clinical leadership in the nursing home setting., DESIGN: A qualitative study using semi-structured focus group interviews and a thematic analysis., METHODS: Five semi-structured focus group interviews were conducted with 41 healthcare professionals from nursing and other healthcare disciplines working in nursing homes (such as nurse assistants, licensed practical nurses, registered nurses (RNs), occupational therapists, recreational therapists, psychologists and gerontologists). Qualitative thematic content analysis of the gathered data was done., RESULTS: Clinical leaders in nursing homes can be defined as passionate healthcare professionals providing person-centred care with strong communication skills.

They are clinical experts in their field and motivated to engage in lifelong learning. They are team players with informal leadership skills. They are visionary, committed, resilient and responsive. Awareness of the definition and the main characteristics of clinical leadership is necessary to facilitate the identification, support and development of healthcare professionals. Focussing on the development of competencies, training courses and monitoring and assessment methods is necessary to improve the evidence of clinical leadership in nursing homes. Copyright © 2024 The Authors. Nursing Open published by John Wiley & Sons Ltd.

[Can Better Leadership Reduce Nursing Home Staff Turnover?](#)

Abstract only*

Item Type: Journal Article

Authors: Williams, Jessica A. R.;Collins, Jamie E.;Gandhi, Ashvin;Yu, Huizi;Boden, Leslie I.;Katz, Jeffrey N.;Wagner, Gregory R. and Sorensen, Glorian

Publication Date: 2024

Journal: Journal of the American Medical Directors Association 25(3), pp. 403–407.e1

Abstract: OBJECTIVES: To assess whether a measure of leadership support for worker safety, health, and well-being predicts staff turnover in nursing homes after controlling for other factors., DESIGN: This paper uses administrative payroll data to measure facility-level turnover and uses a survey measure of nursing home leadership commitment to workers. In addition, we use data from Medicare to measure various nursing home characteristics., SETTING AND PARTICIPANTS: Nursing homes with at least 30 beds serving adults in California, Ohio, and Massachusetts were invited to participate in the survey. The analysis sample included 495 nursing homes., METHODS: We used a multivariable ordinary least squares model with turnover rate as the dependent variable. We used an indicator for nursing homes who scored above the median on the measure of

leadership that supports worker safety, health, and well-being. Control variables include bed count (deciles), ownership (corporate/noncorporate x for-profit/not-for-profit), percent of residents on Medicaid, state, being in a nonmetropolitan county, and total nurse staffing per patient day in the 2 quarters before the survey., RESULTS: The unadjusted turnover rate was lower for those nursing homes that scored higher on leadership commitment to worker safety, health, and well-being. After controlling for additional variables, greater leadership commitment was still associated with lower turnover but with some attenuation., CONCLUSIONS AND IMPLICATIONS: We find that nursing homes with leadership that communicated and demonstrated commitment to worker safety, health, and well-being had relatively fewer nurses leave during the study period, with turnover rates approximately 10% lower than homes without. These findings suggest that leadership may be a valuable tool for reducing staff turnover. Copyright © 2023 AMDA - The Society for Post-Acute and Long-Term Care Medicine. Published by Elsevier Inc. All rights reserved.

[Crystal clear: How leaders and coworkers together shape role clarity and well-being for employees in social care](#)

Item Type: Journal Article

Authors: Zettna, N.;Yam, C.;Kunzelmann, A.;Forner, V. W.;Dey, S.;Askovic, M.;Johnson, A.;Nguyen, H.;Jolly, A. and Parker, S. K.

Publication Date: 2024

Journal: Human Resource Management [Australia]

Abstract: Working in social care is fraught with challenges fueled by changing policies, funding structures, societal expectations, and high relational demands, leaving employees in this sector particularly vulnerable to poor well-being. In this study, we focus on the importance of a supportive work context-specifically coworker instrumental support and leaders' role clarity-in

enabling employee role clarity, and how this can foster better mental health and reduce fatigue from ongoing changes in the sector. We ran a multilevel moderated mediation model on a sample of 270 social care employees matched with 47 leaders across two disability care organizations in Australia. Results showed that coworker instrumental support promotes role clarity, which in turn is associated with lower psychological distress and change fatigue, and higher job satisfaction. The positive relationship between coworker instrumental support and role clarity, and the subsequent relationships with well-being, were stronger when employees had leaders who themselves had role clarity. Our findings highlight the importance of a supportive work context and role clarity as malleable levers in enabling a sustainable social care workforce and provide new theoretical and practical insights for human resource management in the social care sector. Copyright © 2024 The Author(s). Human Resource Management published by Wiley Periodicals LLC.

[Exploring the impact of nursing home managers' leadership on staff job satisfaction, health and intention to leave in nursing homes](#)

Item Type: Journal Article

Authors: Backman, Annica;Lindkvist, Marie;Lovheim, Hugo;Sjogren, Karin and Edvardsson, David

Publication Date: 2023

Journal: Journal of Clinical Nursing 32(19-20), pp. 7227–7237 [Sweden]

Abstract: AIMS AND OBJECTIVES: To explore the impact of nursing home leadership and staffing characteristics on staff job satisfaction, health and intention to leave., BACKGROUND: The number of older people has outpaced growth in the nursing home workforce worldwide. Identifying predictors with the potential to positively impact staff job satisfaction, health and intentions to leave are important. Leadership of the nursing home manager can be one such predictor., DESIGN: Cross-

sectional design., METHODS: A sample of 2985 direct care staff in 190 nursing homes in 43 randomly selected municipalities in Sweden completed surveys on leadership, job satisfaction, self-rated health and intention to leave (response rate 52%). Descriptive statistics and Generalised Estimating Equations were conducted. The STROBE reporting checklist was applied., RESULTS: Nursing home managers' leadership was positively related to job satisfaction, self-rated health and low intention to leave. Lower staff educational levels were related to poorer health and lower job satisfaction., CONCLUSIONS: Nursing home leadership plays a significant role in the job satisfaction, self-reported health and intention to leave of direct care staff. Low education levels among staff seem to negatively influence staff health and job satisfaction, suggesting that educational initiatives for less-educated staff could be beneficial for improving staff health and job satisfaction., RELEVANCE TO CLINICAL PRACTICE: Managers seeking to improve staff job satisfaction can consider how they support, coach and provide feedback. Recognising staff achievement at work can contribute to high job satisfaction. One important implication for managers is to offer continuing education to staff with lower or no education, given the large amount of uneducated direct care workers in aged care and the impact this may have on staff job satisfaction and health., NO PATIENT OR PUBLIC CONTRIBUTION: No patient or public contribution was required to outcome measures in this study. Direct care staff and managers contributed with data. Copyright © 2023 The Authors. Journal of Clinical Nursing published by John Wiley & Sons Ltd.

[Exploring the implementation and evaluation of a distributed leadership model within a Scottish, integrated health and care context](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Leask, Calum F. and Macleod, Sandra

Publication Date: 2023

Journal: BMJ Leader

Abstract: BACKGROUND: Health and care systems are facing unprecedented challenges, exacerbated by wicked issues that have no single solution and are complex to solve. It has recently been suggested that how such systems are structured (ie, in hierarchies) may not be the most effective approach to tackling these issues. Increasing calls have been made for senior leaders within these systems to adopt structures that emphasise leadership as a distributed endeavour as an approach to foster greater collaboration and enhance innovation. Here, the implementation and evaluation of a distributed leadership model within a Scottish, integrated health and care context is described., METHODS: Aberdeen City Health & Social Care Partnership's leadership team (N=17 as of time in 2021) have been operating in a flat, distributed leadership model since 2019. The model is characterised by a 4P approach (professional; performance; personal development and peer support). The evaluation approach was a national healthcare survey administered at three time points and a further evaluation questionnaire specifically assessing constructs associated with high-performing teams., RESULTS: Results indicated that staff satisfaction increased 3 years into the flat structure (mean score=7.7/10) compared with the traditional, hierarchal structure (mean score=5.18/10). Respondents were agreeable that the model had increased autonomy (67% agreeableness); collaboration (81% agreeableness) and creativity (67% agreeableness) CONCLUSIONS: Overall, results suggest that a flat, distributed leadership model is preferable to a traditional, hierarchal leadership model within this context. Future work

should aim to explore the impact that this model has on the effectiveness of planning and delivering integrated care services. Copyright © Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

[Strengthening nursing, midwifery and allied health professional leadership in the UK - a realist evaluation](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Jackson, C.;McBride, T.;Manley, K.;Dewar, B.;Young, B.;Ryan, A. and Roberts, D.

Publication Date: 2021

Journal: Leadership in Health Services

Abstract: Purpose: This paper aims to share the findings of a realist evaluation study that set out to identify how to strengthen nursing, midwifery and allied health professions (NMAHP) leadership across all health-care contexts in the UK conducted between 2018 and 2019. The collaborative research team were from the Universities of Bangor, Ulster, the University of the West of Scotland and Canterbury Christ Church University. Design/methodology/approach: Realist evaluation and appreciative inquiry were used across three phases of the study. Phase 1 analysed the literature to generate tentative programme theories about what works, tested out in Phase 2 through a national social media Twitter chat and sense-making workshops to help refine the theories in Phase 3. Cross-cutting themes were synthesised into a leadership framework identifying the strategies that work for practitioners in a range of settings and professions based on the context, mechanism and output configuration of realist evaluation. Stakeholders contributed to the ongoing interrogation, analysis and synthesis of project outcomes. Finding(s): Five guiding lights of leadership, a metaphor for principles, were generated that enable and strengthen leadership across a range of contexts. - "The Light

Between Us as interactions in our relationships", "Seeing People's Inner Light", "Kindling the Spark of light and keeping it glowing", "Lighting up the known and the yet to be known" and "Constellations of connected stars". Research limitations/implications: This study has illuminated the a-theoretical nature of the relationships between contexts, mechanisms and outcomes in the existing leadership literature. There is more scope to develop the tentative programme theories developed in this study with NMAHP leaders in a variety of different contexts. The outcomes of leadership research mostly focussed on staff outcomes and intermediate outcomes that are then linked to ultimate outcomes in both staff and patients (supplemental). More consideration needs to be given to the impact of leadership on patients, carers and their families. Practical implications: The study has developed additional important resources to enable NMAHP leaders to demonstrate their leadership impact in a range of contexts through the leadership impact self-assessment framework which can be used for 360 feedback in the workplace using the appreciative assessment and reflection tool. Social implications: Whilst policymakers note the increasing importance of leadership in facilitating the culture change needed to support health and care systems to adopt sustainable change at pace, there is still a prevailing focus on traditional approaches to individual leadership development as opposed to collective leadership across teams, services and systems. If this paper fails to understand how to transform leadership policy and education, then it will be impossible to support the workforce to adapt and flex to the increasingly complex contexts they are working in. This will serve to undermine system integration for health and social care if the capacity and capability for transformation are not attended to. Whilst there are ambitious global plans (WHO, 2015) to enable integrated services to be driven by citizen needs, there is still a considerable void in understanding how to authentically engage with people to ensure the transformation is

driven by their needs as opposed to what the authors think they need. There is, therefore, a need for systems leaders with the full skillset required to enable integrated services across place-based systems, particularly clinicians who are able to break down barriers and silo working across boundaries through the credibility, leadership and facilitation expertise they provide. Originality/value: The realist evaluation with additional synthesis from key stakeholders has provided new knowledge about the principles of effective NMAHP leadership in health and social care, presented in such a way that facilitates the use of the five guiding lights to inform further practice, education, research and policy development. Copyright © 2021, Emerald Publishing Limited.

[Appropriate leadership in nursing home care: a narrative review](#)

Item Type: Journal Article

Authors: Zonneveld, Nick; Pittens, Carina and Minkman, Mirella

Publication Date: 2021

Journal: Leadership in Health Services (Bradford, England) ahead-of-print(-)

Abstract: PURPOSE: The purpose of this paper is to synthesize the existing evidence on leadership that best matches nursing home care, with a focus on behaviors, effects and influencing factors., DESIGN/METHODOLOGY/APPROACH: A narrative review was performed in three steps: the establishment of scope, systematic search in five databases and assessment and analysis of the literature identified., FINDINGS: A total of 44 articles were included in the review. The results of the study imply that a stronger focus on leadership behaviors related to the specific context rather than leadership styles could be of added value in nursing home care., RESEARCH LIMITATIONS/IMPLICATIONS: Only articles applicable to nursing home care were included. The definition of "nursing home care" may differ between countries. This study only focused on the academic literature. Future research should focus

on strategies and methods for the translation of leadership into behavior in practice., PRACTICAL IMPLICATIONS: A broader and more conceptual perspective on leadership in nursing homes - in which leadership is seen as an attribute of all employees and enacted in multiple layers of the organization - could support leadership practice., ORIGINALITY/VALUE: Leadership is considered an important element in the delivery of good quality nursing home care. This study provides insight into leadership behaviors and influencing contextual factors specifically in nursing homes. Copyright © Nick Zonneveld, Carina Pittens and Mirella Minkman.

[Designing and pilot testing of a leadership intervention to improve quality and safety in nursing homes and home care \(the SAFE-LEAD intervention\)](#)

Author(s): Johannessen et al.

Source: BMJ Open

Publication date: 2019

Objective To 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. **Design** Qualitative design, using the participation of stakeholders. **Methods** The 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. **Setting** Norwegian nursing homes and home care services. **Participants** Managers at different levels in three nursing homes

and two home care services, coresearchers, and patient and next-of-kin representatives. **Results** The 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. **Conclusions** A 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](#)

Author(s): Folkman et al.

Source: Journal of Multidisciplinary healthcare

Publication date: 2019

Purpose: There 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 methods:** A qualitative research design was chosen with interviews of eleven frontline managers from district psychiatric centers, municipal health care services and nursing homes. **Results:** The 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. Conclusion: The 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

[Job strain in nursing homes-Exploring the impact of leadership](#)

Abstract only*

Author(s): Backman et al.

Source: Journal of Clinical Nursing 27(7)

Publication date: 2018

Aims and objectives: To explore the association between nursing home managers' leadership, job strain and social support as perceived by direct care staff in nursing homes. Background: It 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. Design: This study had a cross-sectional design. Methods: Participating 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. Results: Nursing 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. Conclusions: Nursing 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 practice: Promoting 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.

[Leadership in Nursing Homes: Directors of Nursing Aligning Practice With Regulations](#) Abstract only*

Author(s): Siegel et al.

Source: Journal of Gerontological Nursing 1;44(6) pp. 10-14

Publication date: June 2018

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.].

[Leadership in interprofessional health and social care teams: a literature review](#)

Author(s): Smith et al.

Source: Leadership in Health Services 31(4)

Publication date: 2018

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.

[Characteristics of highly rated leadership in nursing homes using item response theory](#) Abstract only*

Author(s): Backman et al.

Source: Journal of Advanced Nursing 73(12)

Publication date: 2017

Aim: To identify characteristics of highly rated leadership in nursing homes. Background: An 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. Design: Cross-sectional. Method: From 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. Results: Five 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. Conclusion: This 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.

[Realising Dignity in Care Home Practice: An Action Research Project](#)

Author(s): Gallagher et al.

Source: International Journal of Older People Nursing

Publication date: 2017

Background: More 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 Objectives: The 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. Design: Action Research with groups of staff (registered nurses and non-registered care-givers) and groups of residents and relatives in 4 care homes in the south of England to contribute to the dignity toolkit development.

Methods: Action research groups were facilitated by 2 researchers to discuss dignity principles and experiences within care homes. These groups reviewed and developed a dignity

toolkit over 6 cycles of activity (once a month for 6 months). The registered nurses were individually interviewed before and after the activity. Results: Hard copy and online versions of a dignity toolkit, with tailored versions for participating care homes, were developed. Registered nurses and care-givers identified positive impact of making time for discussion about dignity-related issues. Registered nurses identified on-going opportunities for using their toolkit to support all staff. Conclusions: Nurses and care-givers 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 Practice: Action 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 care-givers 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](#) Abstract only*

Author(s): Trinkoff et al.

Source: International Journal of Nursing Standard 52(1) pp. 334-44

Publication date: 2015

Background: Leadership 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. Objectives: To examine associations of

education and certification among NHAs and DONs with resident outcomes. Design: Cross-sectional secondary data analysis. Settings: This study used National Nursing Home Survey data on leadership education and certification and Nursing Home Compare quality outcomes (e.g. pain, catheter use). Participants: 1142 nursing homes in the survey which represented 16628 nursing homes in the US. Methods: Leadership 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. Results: Nursing 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. Conclusions: Selected 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.

[Leadership philosophy of care home managers](#) Full text available with NHS OpenAthens account*

Author(s): Rippon et al.

Source: Nursing Times 111(7)

Publication date: 2015

Care 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. The aim of this preliminary study was to establish which aspects of TLT were apparent in care home managers' philosophies of

leadership. A 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. Development of philosophy, enablement and interpersonal impact emerged as key themes. The 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 leadership in practice was lacking. Aspects 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.

Learning from Covid-19

[Working conditions and well-being in UK social care and social work during COVID-19](#)

Item Type: Journal Article

Authors: Ravalier, Jermaine;McFadden, Paula;Gillen, Patricia;Mallett, John;Nicholl, Patricia;Neill, Ruth;Manthorpe, Jill;Moriarty, John;Schroder, Heike and Curry, Denise

Publication Date: 2023

Journal: Journal of Social Work (London, England) 23(2), pp. 165–188

Abstract: Summary: Stress and mental health are among the biggest causes of sickness absence in the UK, with the Social Work and Social Care sectors having among the highest levels of stress and mental health sickness absence of all professions in the UK. Chronically poor working conditions are known to impact employees' psychological and physiological health. The spread of the COVID-19 pandemic has affected both the mode

and method of work in Social Care and Social Work. Through a series of cross-sectional online surveys, completed by a total of 4,950 UK Social Care and Social Workers, this study reports the changing working conditions and well-being of UK Social Care and Social Workers at two time points (phases) during the COVID-19 pandemic., Findings: All working conditions and well-being measures were found to be significantly worse during Phase 2 (November-January 2021) than Phase 1 (May-July 2020), with worse psychological well-being than the UK average in Phase 2. Furthermore, our findings indicate that in January 2021, feelings about general well-being, control at work, and working conditions predicted worsened psychological well-being., Applications: Our findings highlight the importance of understanding and addressing the impact of the pandemic on the Social Care and Social Work workforce, thus highlighting that individuals, organizations, and governments need to develop mechanisms to support these employees during and beyond the pandemic. Copyright © The Author(s) 2022.

[Working in a care home during the COVID-19 pandemic: How has the pandemic changed working practices? A qualitative study](#)

Item Type: Journal Article

Authors: Hanna, K.;Giebel, C.;Cannon, J.;Shenton, J.;Mason, S.;Tetlow, H.;Marlow, P.;Rajagopal, M. and Gabbay, M.

Publication Date: 2022

Journal: BMC Geriatrics 22(1), pp. 129

Abstract: Background: The pandemic has significantly affected care homes' residents and families through the national visiting restrictions. However, less is known on the impact these changes have had on the care home workforce. The aim of this research was to explore the impact of COVID-19 on the working practices of care home staff, caring for people living with dementia. Method(s): Remote qualitative, semi-structured interviews were conducted with care home staff caring for people

living with dementia (PLWD) in the UK. Result(s): Participants were recruited to the larger programme of research via convenience sampling. Interviews were conducted via telephone or online platforms. This research employed inductive thematic analysis. Sixteen care home staff were included in this study. Three overarching themes were developed from the analysis that conveyed changes to the everyday working practices of the care home workforce and the impact such changes posed to staff wellbeing: (1) Practical implications of working in a care home during the COVID-19 pandemic; (2); Staff values and changes to the staff roles (3): Impact to the care home staff and concerns for the care sector. Conclusion(s): The COVID-19 pandemic has significantly disrupted the daily working practices of care home staff, with staff forced to adopt additional roles on top of increased workloads to compensate for the loss of external agencies and support. Support and guidance must be offered urgently to inform care home staff on how to best adapt to their new working practices, ensuring that they are adequately trained. Copyright © 2022, The Author(s).

[The implications of COVID-19 on health and social care personnel in long-term care facilities for older people: An international scoping review](#)

Item Type: Journal Article

Authors: Jones, Kerry;Schnitzler, Katy and Borgstrom, Erica

Publication Date: 2022

Journal: Health & Social Care in the Community 30(6), pp. e3493–e3506

Abstract: This scoping review mapped out the existing literature pertaining to health and social care personnel experiences during the coronavirus disease-2019 (COVID-19) pandemic and their work in a long-term care setting for older people. This review identified the gaps in the implications of health and social care personnel's own health and well-being during the pandemic as well as the ethical dilemmas inherent in providing care during

the COVID-19 pandemic. The authors utilised the PRISMA checklist for undertaking scoping reviews. The Databases Medline, PsychINFO, CINAHL, SCOPUS, Web of Science and Google Scholar were searched for relevant articles in English that were published between March 28, 2020 and June 1, 2022. This time period was selected to focus specifically on the COVID-19 pandemic. In the context of this review, long-term care facilities were defined to include institutions such as nursing homes, skilled nursing facilities, retirement homes and residential care homes. The gaps identified were a paucity of research on the experiences of health and social care personnel in long-term care facilities, the impact on their mental health, and the wider challenges experienced during the COVID-19 pandemic is discussed. The findings of this scoping review indicate a need for adequate preparedness during a pandemic within the health and social care sector to protect health and social care personnel and the individuals they care for. Copyright © 2022 The Authors. Health and Social Care in the Community published by John Wiley & Sons Ltd.

New Roles

[Development of the nursing associate role in community and primary care settings across England](#)

Item Type: Journal Article

Authors: Robertson, S.;King, R.;Taylor, B.;Laker, S.;Wood, E.;Senek, M.;Tod, A. and Ryan, T.

Publication Date: 2022

Journal: Primary Health Care 32(4)

Abstract: Nursing associates have been part of the health and social care workforce in England since 2017 and are starting to contribute to managing workforce challenges. However, little is known about the nursing associate role in community and primary care settings. This article provides an overview of what is known about the nursing associate role in community and

primary care settings and introduces some emerging findings from recent research. The article identifies some of the benefits that nursing associates can bring to community and primary care nursing teams and some of the challenges involved in training and embedding nursing associates in these sectors of the health and social care workforce. Copyright © RCN Publishing Company Limited 2022

Nursing

[Raising the profile of care home nursing through collaborative working](#) Abstract only*

Item Type: Journal Article

Authors: Astle, Anita;Heath, Ros;Sanders, Kate and Jack, Kirsten

Publication Date: 2021

Journal: Nurse Education in Practice 53, pp. 103054

Abstract: AIM: To explore the innovative educational practices of two care home teams based in the United Kingdom (UK). Both homes aimed to provide education and developmental opportunities so that they could further deliver effective nursing care to residents. Through such practices, the care homes sought to enhance nursing career development and improve workforce retention. Meeting the long-term care needs of older people remains a challenge and the nursing workforce need to be adequately supported to deliver effective care. Employers have an important role in supporting the educational and developmental needs of nursing staff so that they can fulfil their challenging roles., CONCLUSION: Using several approaches to nursing education and development, the care homes described in this Discussion Paper were able to show positive impact. Considering the care home workforce shortage and employability churn, it is hoped these ideas can offer inspiration to others in the sector. Copyright © 2021 Elsevier Ltd. All rights reserved.

Palliative Care

[Using Palliative Care Needs Rounds in the UK for care home staff and residents: an implementation science study](#)

Item Type: Journal Article

Authors: Forbat, Liz;Macgregor, Aisha;Spilsbury, Karen;McCormack, Brendan;Rutherford, Alasdair;Hanratty, Barbara;Hockley, Jo;Davison, Lisa;Ogden, Margaret;Soulsby, Irene and McKenzie, Maisie

Publication Date: 2024

Journal: Health and Social Care Delivery Research 12(19), pp. 1–134

Abstract: Background: Care home residents often lack access to end-of-life care from specialist palliative care providers. Palliative Care Needs Rounds, developed and tested in Australia, is a novel approach to addressing this., **Objective:** To co-design and implement a scalable UK model of Needs Rounds., **Design:** A pragmatic implementation study using the integrated Promoting Action on Research Implementation in Health Services framework., **Setting:** Implementation was conducted in six case study sites (England, n = 4, and Scotland, n = 2) encompassing specialist palliative care service working with three to six care homes each., **Participants:** Phase 1: interviews (n = 28 care home staff, specialist palliative care staff, relatives, primary care, acute care and allied health practitioners) and four workshops (n = 43 care home staff, clinicians and managers from specialist palliative care teams and patient and public involvement and engagement representatives). Phase 2: interviews (n = 58 care home and specialist palliative care staff); family questionnaire (n = 13 relatives); staff questionnaire (n = 171 care home staff); quality of death/dying questionnaire (n = 81); patient and public involvement and engagement evaluation interviews (n = 11); fidelity assessment (n = 14 Needs Rounds recordings)., **Interventions:** (1) Monthly hour-long discussions of residents' physical, psychosocial and spiritual needs, alongside case-

based learning, (2) clinical work and (3) relative/multidisciplinary team meetings., **Main outcome measures:** A programme theory describing what works for whom under what circumstances with UK Needs Rounds. Secondary outcomes focus on health service use and cost effectiveness, quality of death and dying, care home staff confidence and capability, and the use of patient and public involvement and engagement., **Data sources:** Semistructured interviews and workshops with key stakeholders from the six sites; capability of adopting a palliative approach, quality of death and dying index, and Canadian Health Care Evaluation Project Lite questionnaires; recordings of Needs Rounds; care home data on resident demographics/health service use; assessments and interventions triggered by Needs Rounds; semistructured interviews with academic and patient and public involvement and engagement members., **Results:** The programme theory: while care home staff experience workforce challenges such as high turnover, variable skills and confidence, Needs Rounds can provide care home and specialist palliative care staff the opportunity to collaborate during a protected time, to plan for residents' last months of life. Needs Rounds build care home staff confidence and can strengthen relationships and trust, while harnessing services' complementary expertise. Needs Rounds strengthen understandings of dying, symptom management, advance/anticipatory care planning and communication. This can improve resident care, enabling residents to be cared for and die in their preferred place, and may benefit relatives by increasing their confidence in care quality., **Limitations:** COVID-19 restricted intervention and data collection. Due to an insufficient sample size, it was not possible to conduct a cost-benefit analysis of Needs Rounds or calculate the treatment effect or family perceptions of care., **Conclusions:** Our work suggests that Needs Rounds can improve the quality of life and death for care home residents, by enhancing staff skills and confidence, including symptom management, communications with general

practitioners and relatives, and strengthen relationships between care home and specialist palliative care staff., Future work: Conduct analysis of costs-benefits and treatment effects. Engagement with commissioners and policy-makers could examine integration of Needs Rounds into care homes and primary care across the UK to ensure equitable access to specialist care., Study registration: This study is registered as ISRCTN15863801., Funding: This award was funded by the National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Research programme (NIHR award ref: NIHR128799) and is published in full in Health and Social Care Delivery Research; Vol. 12, No. 19. See the NIHR Funding and Awards website for further award information.

Professional Status and Networks

[Strengthening the professional status of the social care workforce: What England can learn from other countries](#)

Item Type: Journal Article

Authors: Oung, C.

Publication Date: 2024

Journal: Nursing and Residential Care 26(3)

Introduction: Social care is fundamentally about relationships between people: those who draw on care, their carers, and the 1.6 million care and support staff who are employed to work in the sector. Yet successfully recruiting, and retaining, people to work in care is arguably the biggest challenge facing the sector at the present time. [Skills for Care \(2023\)](#) reported over 150 000 job vacancies at any one time, driven largely by poor working conditions, limited professional status and uncompetitive pay. This has a direct effect on people when they are not able to access enough, if any, of the care and support they need.

[More that unites us than divides us? A qualitative study of integration of community health and social care services](#)

Author(s): Mitchell et al.

Source: BMC Family Practice

Publication date: 2020

Background: The 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. Methods: Twenty-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. Results: We 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. Conclusions: Given

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 interprofessional 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.

[Professional networks and support for nursing home directors of nursing](#) Abstract only*

Author(s): Rao et al.

Source: Research in Nursing & Health 42(2)

Publication date: February 2019

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.

[Integrated care: mobilising professional identity](#) Abstract only*

Author(s): Best et al.

Source: Journal of Health Organisation and Management 32(5)

Publication date: 2018

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.

[Factors enabling implementation of integrated health and social care: a systematic review](#) Abstract only*

Author(s): Mackie and Darvill

Source: British Journal of Community Nursing 21(2)

Publication date: 2016

Background: In 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. Aim: This 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. Method: A review was conducted following the principles of a systematic review. Relevant data was extracted from the identified papers and the papers were quality appraised. Results: A 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. Conclusion: There 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](#)

Author(s): Steenkamer et al.

Source: Journal of Health Services Research & Policy 25(3)

Publication date: 2020

Objective: Population 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. Methods: We 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. Results: Forty-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 Collaborative Adaptive Health Network (CAHN) framework. Conclusions: This 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](#)

Author(s): Harlock et al.

Source: Journal of Health Services Research & Policy

Publication date: April 2020

Objectives: The Better Care Fund (BCF) 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 BCF, focusing on its implementation, perceptions of progress, and expected impacts among key stakeholders. Interviews were carried out with 40 staff responsible for BCF 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: organisational 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 BCF 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](#) Abstract only*

Author(s): El-Faragy et al.

Source: Journal of Integrated Care

Publication date: 2019

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.

Recruitment and Retention

[Attitudes and preferences about retention: A survey study of nursing home employees](#) Abstract only*

Item Type: Journal Article

Authors: Ramanan, Harshitha;Shensa, Ariel;Guth, Valerie;Rhoads, Charles and Linkov, Faina

Publication Date: 2024

Journal: Geriatric Nursing (New York, N.Y.) 60, pp. 186–190 [US]

Abstract: OBJECTIVE: There is an anticipated surge in demand for nursing home staff associated with the doubling of Americans aged 65 and older by 2060. Nursing homes face alarming turnover rates, exacerbated by the COVID-19 pandemic. This study explores the attitudes and preferences of nursing home staff toward non-monetary perks to better understand perks' impact on employee retention., METHODS: This cross-sectional survey study, conducted in a 115-bed nursing home in Pittsburgh area, assessed employee preferences toward non-monetary workplace incentives. Descriptive statistics were used to analyze multiple choice questions and thematic analysis was used to assess open-ended questions., RESULTS: A total of 59 employees completed the survey. Participants indicated preferences for perks with monetary benefit, such as extra PTO for good work, gift cards, and classes. Thematic analysis revealed preferences for incentives such as equitable treatment., DISCUSSION: These preliminary findings offer insights on increasing nursing home employee retention using non-monetary incentives. Copyright © 2024 Elsevier Inc. All rights reserved.

[Recruitment, retention and professionalisation in residential childcare in Ireland](#)

Item Type: Journal Article

Authors: Power, Martin

Publication Date: 2023

Journal: Scottish Journal of Residential Child Care (21), pp. 21
Abstract: Explores the professionalisation of children's residential care in Ireland, drawing on data from Social Care Ireland's 2019 recruitment and retention in social care work survey. Provides an overview of the history of social care work in Ireland. Discusses the rollout of state regulation through a register of social care workers, which is nearing completion. Looks at the greatest challenges to recruitment and retention in children's residential settings, noting that pay and conditions were perceived as the greatest challenge, followed by hours (17%), respect (12.9%), violence (12.1%), stress (11.8%), support (10%), progression (5.3%), other (2.9%), and administrative burden (0.6%).

Suggests that the average length of time spent by individuals in the social care work sector is around five years, and considers the reasons for this. Concludes that while registration may help to tackle some of the challenges social care workers perceive around recruitment and retention, such as issues of status and standing, the challenge of pay and conditions, may prove more intractable, especially as registration has associated costs.

[Job Quality and Job Separation of Direct Care Workers in England](#)

Item Type: Journal Article

Authors: Vadean, Florin and Saloniki, Eirini-Christina

Publication Date: 2023

Journal: Innovation in Aging 7(2), pp. igad009

[UK]

Abstract: Background and Objectives: Most job leavers in the long-term care (LTC) sector in England do not leave the sector, but rather move to other LTC employers. Nevertheless, the high "churn" can have a negative impact on continuity and quality of care, care providers' recruitment and training costs, and the remaining staff workload and motivation. This study aimed to provide quantitative evidence on the drivers of direct care workers' job separation in England, with a focus on job quality.,

Research Design and Methods: We used yearly data (2016-19) from the Adult Social Care Workforce Data Set, the leading source of LTC workforce data in England, including information on both LTC workers and employers. The analysis considered panel data econometric methods that accounted for unobserved heterogeneity at worker and employer levels., **Results:** After controlling for observed individual, organizational, and local market characteristics as well as unobserved worker and employer heterogeneity, we found that everything else being equal, wages and employment conditions (i.e., full-time contracts and contracts with guaranteed working hours) significantly reduce job separation. For example, a 10% wage increase from the sample mean would reduce the job separation rate by about 3 percentage points. This wage effect was more than halved (i.e., downward biased) when not accounting for unobserved effects., **Discussion and Implications:** The persistent high staff turnover in LTC in England highlights the need for finding practical solutions faced by care providers and policy-makers. Our findings showed that improving pay and employment conditions can be the way forward while methodologically stressing the importance of accounting for unobserved variable bias. Copyright © The Author(s) 2023. Published by Oxford University Press on behalf of The Gerontological Society of America.

[Recruitment, retention and employment growth in the long-term care sector in England](#)

Item Type: Journal Article

Authors: Teo, Hansel;Vadean, Florin and Saloniki, Eirini-Christina

Publication Date: 2022

Journal: Frontiers in Public Health 10, pp. 969098

Abstract: This paper studies the relationship between turnover, hiring and employment growth in the long-term care (LTC) sector in England and sheds light on how challenges in both

recruitment and retention affect the sector's ability to meet growing demand for care services. Using the Adult Social Care Workforce Data Set (ASC-WDS), a large longitudinal dataset of LTC establishments in England, and fixed effects estimation methods we: (a) quantify the relationship between the in/outflow of care workers and the expansion/contraction of employment within establishments, (b) establish the role of staff retention policy for workforce expansion, and (c) identify the role of recruitment frictions and its impact on hiring and employment contraction. Our analysis indicates that care worker turnover and employment growth are negatively related. A one percentage point increase in employment contraction is associated with a 0.71 percentage point rise in turnover, while a one percentage point increase in employment expansion is associated with a 0.23 percentage point fall in turnover. In contrast, we find that hiring rates and employment growth are positively related. A one percentage point increase in employment expansion is associated with a 0.76 percentage point rise in hiring, while a one percentage point increase in employment contraction is associated with a 0.26 percentage point decrease in hiring. We argue that the negative turnover-employment growth relationship within expanding establishments provides evidence that better staff retention is associated with higher employment growth. Using information on establishments' annual change in vacancies, and controlling for changes in new labor demand, we also find rising year-on-year vacancies amongst establishments with declining employment. This provides evidence that recruitment frictions drive the declining rate of replacement hiring amongst contracting establishments. Across sectors, we find that the employment growth-turnover and the employment decline-hiring relationships are relatively stronger in the private and voluntary sectors compared to the public sector, suggesting that the impact of staff retention and recruitment frictions on employment is more acute in these sectors. Copyright © 2022 Teo, Vadean and Saloniki.

[The Association between Staff Retention and English Care Home Quality](#)

Item Type: Journal Article

Authors: Allan, Stephen and Vadean, Florin

Publication Date: 2021

Journal: Journal of Aging & Social Policy 33(6), pp. 708–724

Abstract: This paper examines the association between workforce retention and related staffing measures and the quality of English care homes using a national database of social care providers' staffing. The analysis finds significant correlations between quality and the levels of staffing vacancies and retention of both residential and nursing homes, but no association was found between quality and the use of temporary contract workers nor the resident to staff ratio. Only for staff vacancy rates was there a significant difference in the size of these relationships between types of home. The findings suggest that quality could change for the average care home with a relatively small alteration in staffing circumstance. Long-term care is a labor-intensive industry and many countries face relatively high levels of staff turnover and job vacancy rates. These findings are therefore of interest for policy internationally and for England in particular, where the development of social care recruitment and retention strategies are ongoing.

[Attracting, recruiting and retaining nurses and care workers working in care homes: the need for a nuanced understanding informed by evidence and theory](#)

Item Type: Journal Article

Authors: Devi, Reena;Goodman, Claire;Dalkin, Sonia;Bate, Angela;Wright, Judy;Jones, Liz and Spilsbury, Karen

Publication Date: 2021

Journal: Age and Ageing 50(1), pp. 65–67

Abstract: 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. Copyright © Crown copyright 2020.

[What encourages care workers to continue working in intellectual disability services in England? Interview findings](#) Abstract only*

Item Type: Journal Article

Authors: Stevens, Martin;Moriarty, Jo;Manthorpe, Jill;Harris, Jess;Hussein, Shereen and Cornes, Michelle

Publication Date: 2021

Journal: Journal of Intellectual Disabilities : JOID 25(1), pp. 13–30

Abstract: The article reports research aimed at identifying factors relating to retention in English intellectual disability services, drawing on a study of the social care workforce. The research involved two rounds of interviews with social care managers and

staff between 2009 and 2014. The study uses social exchange theory, particularly the idea of 'reciprocity' and the mechanism of 'hope', as a conceptual framework to aid interpretation of the themes relating to retention identified in the interview analysis: 'pay', 'support', 'morale', and 'training' (related to reciprocity) and 'improving quality of life' and 'supporting personal development' (related to hope). Both groups of themes are identified as being particularly appropriate to intellectual disability services. The study concludes that reciprocity and hope seem to interact in factors related to staff retention, although the study suggests that reciprocity rather than hope is directly connected with 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](#) Abstract only*

Author(s): Gaudenz et al.

Source: Journal of Applied Gerontology 38(11)

Publication date: 2019

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.

[Attracting, recruiting and retaining nurses and care workers working in care homes: the need for a nuanced understanding informed by evidence and theory](#)

Author(s): Devi et al.

Source: Age and Ageing 50(1)

Publication date: January 2021

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.

[Workforce Retention and Wages in Nursing Homes: An Analysis of Managerial Ownership](#) Abstract only*

Author(s): Huang and Bowblis

Source: Journal of Applied Gerontology 39(8)

Publication date: August 2020

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.

[Factors associated with high job satisfaction among care workers in Swiss nursing homes – a cross sectional survey study](#)

Author(s): Schwendimann et al.

Source: BMC Nursing 15(37)

Publication date: 2016

Background: While 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. Methods: This 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. Results: Overall, 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). Conclusions: The 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.

Research

[Developing the future research agenda for the health and social care workforce in the United Kingdom: Findings from a national forum for policymakers and researchers](#)

Item Type: Journal Article

Authors: Lamont, Tara; Chatfield, Cat and Walshe, Kieran

Publication Date: 2024

Journal: The International Journal of Health Planning and Management 39(3), pp. 917–925

Abstract: There is a gap between healthcare workforce research and decision-making in policy and practice. This matters more than ever given the urgent staffing crisis. As a national research network, we held the first ever United Kingdom (UK) forum on healthcare workforce evidence in March 2023. This paper summarises outputs of the event including an emerging UK healthcare workforce agenda and actions to build research capacity and bridge the gap between academics and decisionmakers. The forum brought together over 80 clinical and system leaders, policymakers and regulators with workforce researchers. Fifteen sessions convened by leading experts combined knowledge exchange with deliberative dialogue over 2 days. Topics ranged from workforce analytics, forecasting, international migration to interprofessional working. In the small groups that were convened, important gaps were identified in both the existing research body and uptake of evidence already available. There had not been enough high quality evaluations of recent workforce initiatives implemented at pace, from virtual wards to e-rostering. The pandemic had accelerated many changes in skillmix and professional roles with little learning from other countries and systems. Existing research was often small-scale or focused on individual, rather than organisational solutions in areas such as staff wellbeing. In terms of existing research, managers were often unaware of accepted high quality evidence in areas like the relationship between registered nurse

staffing levels and patient outcomes. More work is needed to engage new disciplines from labour economics and occupational health to academic human resources and to strengthen the emerging diverse community of healthcare workforce researchers. Copyright © 2024 The Authors. The International Journal of Health Planning and Management published by John Wiley & Sons Ltd.

[Our approach to developing communities of practice to foster research capacities for the adult social care workforce](#)

Item Type: Journal Article

Authors: Hashem, Ferhana; Zhang, Wenjing; Mikelyte, Rasa; Rajan-Rankin, Sweta; Porumb, Ecaterina; Trapp, Olivia and Towers, Ann-Marie

Publication Date: 2023

Journal: NIHR Open Research 3, pp. 43

Abstract: Background: Efforts to build and foster adult social care research in England have historically encountered more challenges to its growth and expansion compared with health research, with a sector facing significant barriers in facilitating research activity due to a lack of resourcing, poor valuation or understanding of the profile of social care research. The landscape for supporting research in adult social care has been rather bleak, but in recent years there has been recognition of the need to foster a research community. The National Institute for Health and Care Research in England have committed to investing in social care research capacity by funding six adult social care partnerships, with one based in Southeast England. Process developing Communities of Practice COPs: Three large online networking events were held in the first year of the project to engage managers and practitioners from the local authority and from the wider adult social care sector. These took place in July and November 2021, with a last event in March 2022. Two COPs were identified, following an ordering and thematising process of feedback from the networking events, of: (a)

Supporting people with complex needs throughout the lifespan, and (b) Enhancing, diversifying and sustaining the social care workforce. Whilst it would be premature to identify their long-term impacts, through the facilitation of 20 COP meetings held so far, alongside the engagement platforms and enrichment resources, these have provided a space for regular communication in the sector, knowledge sharing and networking between COP members., Conclusions: The COP framework offers a collaborative approach to initiating research from the grass-roots level in adult social care. This paper focuses on how the COP model offers great promise for knowledge-exchange providing a forum to generate and disseminate knowledge around social care in our two COP domains. Copyright: © 2023 Hashem F et al.

Rural and Remote

[Recruitment to social care roles in remote and rural contexts: strengthening the weakest link in integrated care?](#) Abstract only*

Item Type: Journal Article

Authors: Gibb, Stephen

Publication Date: 2024

Journal: Journal of Integrated Care 32(1), pp. 74–85

Abstract: PURPOSE: Recruitment to social care roles can be the weakest link in many integrated systems, with vacancy rates being very high compared to other sectors, especially in remote and rural places. Analysis of Employer Value Propositions (EVPs) in social care can capture and challenge perceptions of care work. DESIGN/METHODOLOGY/APPROACH: This study of EVP in four organisations in a rural setting in Scotland focussed on young people as a target demographic. This study interprets recruitment challenges in social care in three contexts, the technical-instrumental, the hermeneutic and the emancipatory. FINDINGS: EVP articulation is at present not effective. Refreshed and new messaging has potential to attract,

employ and nurture young people to the social care sector in remote and rural places. RESEARCH LIMITATIONS/IMPLICATIONS: Recruiting to social care vacancies is crucial for sustainable social care. Improving the recruitment of young people is a key part of the longer-term solution. More studies on recruitment in a variety of remote and rural contexts, with a range of demographics, are needed. PRACTICAL IMPLICATIONS: The potential impact is attracting more young people to the social care workforce, enhancing capacity for integrated care improving lives for people who receive care and for paid care workers and unpaid carers. SOCIAL IMPLICATIONS: Remote and rural areas often feature a generational imbalance, with more older people from in-migration and fewer young people from out-migration. Employment in social care has the capacity to redress that to some extent. ORIGINALITY/VALUE: This study is original in outlining the messages and methods that can be adopted to boost recruitment to social care. Abstract]

[Addressing the workforce crisis in \(rural\) social care: A scoping review](#)

Item Type: Journal Article

Authors: Carson, Dean B.;Johansson, Albert

Brunet;Schaumberg, Mia and Hurtig, Anna-Karin

Publication Date: 2024

Journal: The International Journal of Health Planning and Management 39(3), pp. 806–823 [Sweden]

Abstract: BACKGROUND: This scoping review identifies strategies potentially addressing the 'workforce crisis' in rural social care. The increasing global demand for social care has been coupled with widely recognised challenges in recruiting and retaining sufficient staff to provide this care. While the social care workforce crisis is a global phenomenon, it is particularly acute in rural areas., METHODS: The review identified 75 papers which

(i) had been published since 2017, (ii) were peer reviewed, (iii) concerned social care, (iv) were relevant to rural settings, (v) referenced workforce shortages, and (vi) made recommendations for ways to address those shortages. Thematic synthesis was used to derive three analytical themes with a combined 17 sub-themes applying to recommended strategies and evidence supporting those strategies., RESULTS: The most common strategies for addressing social care workforce shortages were to improve recruitment and retention ('recruit and retain') processes without materially changing the workforce composition or service models. Further strategies involved 'revitalising' the social care workforce through redeploying existing staff or identifying new sources of labour. A small number of strategies involved 're-thinking' social care service models more fundamentally. Very few papers specifically considered how these strategies might apply to rural contexts, and evidence for the effectiveness of strategies was sparse., CONCLUSION: The review identifies a significant gap in the literature in relation to workforce innovation and placed-based studies in rural social care systems. It is unlikely that the social care workforce crisis can be addressed through continuing attempts to recruit and retain workers within existing service models. Copyright © 2024 The Authors. The International Journal of Health Planning and Management published by John Wiley & Sons Ltd.

Staffing

[Workforce thresholds and the non-linear association between registered nurse staffing and care quality in long-term residential care: A retrospective longitudinal study of English care homes with nursing](#) Abstract only*

Item Type: Journal Article

Authors: Charlwood, Andy;Valizade, Danat;Schreuders, Louise Winton;Thompson, Carl;Glover, Matthew;Gage, Heather;Alldred,

David;Pearson, Chris;Kerry, Julie and Spilsbury, Karen
Publication Date: 2024

Journal: International Journal of Nursing Studies 157, pp. 104815

Abstract: BACKGROUND: Care needs amongst 425,000 dependent older residents in English care homes are becoming more complex. The quality of care in these homes is influenced by staffing levels, especially the presence of registered nurses (RNs). Existing research on this topic, often US-focused and relying on linear assumptions, has limitations. This study aims to investigate the non-linear relationship between RN staffing and care quality in English care homes using machine learning and administrative data from two major care home providers., METHODS: A retrospective observational study was conducted using data from two English care home providers. Each was analysed separately due to variations in data reporting and care processes. Various care quality indicators and staffing metrics were collected for a 3.5-year period. Regression analysis and machine learning (random forest) were employed to identify non-linear relationships. Ethical approval was obtained for the study., RESULTS: Using linear methods, higher skill mix - more care provided by RNs - was associated with lower incidence of adverse outcomes, such as urinary tract infections and hospitalisations. However, non-linear skill mix-outcome relationship modelling revealed both low and high skill mix levels were linked to higher risks. The effects of agency RN usage varied between providers, increasing risks in one but not the other., DISCUSSION: The study highlights the cost implications of increasing RN staffing establishments to improve care quality, suggesting a non-linear relationship and an optimal staffing threshold of around one-quarter of care provided by nurses. Alternative roles, such as care practitioners, merit exploration for meeting care demands whilst maintaining quality. This research underscores the need for a workforce plan for social care in England. It advocates for the incorporation of machine learning

models alongside traditional regression-based methods. Our results may have limited generalisability to smaller providers and experimental research to redesign care processes effectively may be needed., CONCLUSION: RNs are crucial for quality in care homes. Contrary to the assumption that higher nurse staffing necessarily leads to better care quality, this study reveals a nuanced, non-linear relationship between RN staffing and care quality in English care homes. It suggests that identifying an optimal staffing threshold, beyond which increasing nursing inputs may not significantly enhance care quality may necessitate reconsidering care system design and (human) resource allocation. Further experimental research is required to elucidate resource-specific thresholds and further strengthen evidence for care home staffing., TWEETABLE ABSTRACT: How much nursing care is needed to assure quality in care homes? Evidence from 2 English care home providers shows that nurse sensitive outcomes (an indicator of quality) are better when ~25% of care is provided by nurses. Nurse shortages increase risks for residents. Copyright © 2024. Published by Elsevier Ltd.

[Relationship between staff and quality of care in care homes: StaRQ mixed methods study](#)

Item Type: Journal Article

Authors: Spilsbury, Karen;Charlwood, Andy;Thompson, Carl;Haunch, Kirsty;Valizade, Danat;Devi, Reena;Jackson, Cornell;Aldred, David Phillip;Arthur, Antony;Brown, Lucy;Edwards, Paul;Fenton, Will;Gage, Heather;Glover, Matthew;Hanratty, Barbara;Meyer, Julianne and Waton, Aileen
Publication Date: 2024

Journal: Health and Social Care Delivery Research 12(8), pp. 1–139

Abstract: Background: Quality of life and care varies between and within the care homes in which almost half a million older people live and over half a million direct care staff (registered

nurses and care assistants) work. The reasons are complex, understudied and sometimes oversimplified, but staff and their work are a significant influence., Objective(s): To explore variations in the care home nursing and support workforce; how resident and relatives' needs in care homes are linked to care home staffing; how different staffing models impact on care quality, outcomes and costs; how workforce numbers, skill mix and stability meet residents' needs; the contributions of the care home workforce to enhancing quality of care; staff relationships as a platform for implementation by providers., Design: Mixed-method (QUAL-QUANT) parallel design with five work packages. WP1 - two evidence syntheses (one realist); WP2 - cross-sectional survey of routine staffing and rated quality from care home regulator; WP3 - analysis of longitudinal data from a corporate provider of staffing characteristics and quality indicators, including safety; WP4 - secondary analysis of care home regulator reports; WP5 - social network analysis of networks likely to influence quality innovation. We expressed our synthesised findings as a logic model., Setting: English care homes, with and without nursing, with various ownership structures, size and location, with varying quality ratings., Participants: Managers, residents, families and care home staff., Findings: Staffing's contribution to quality and personalised care requires: managerial and staff stability and consistency; sufficient staff to develop 'familial' relationships between staff and residents, and staff-staff reciprocity, 'knowing' residents, and skills and competence training beyond induction; supported, well-led staff seeing modelled behaviours from supervisors; autonomy to act. Outcome measures that capture the relationship between staffing and quality include: the extent to which resident needs and preferences are met and culturally appropriate; resident and family satisfaction; extent of residents living with purpose; safe care (including clinical outcomes); staff well-being and job satisfaction were important, but underacknowledged., Limitations: Many of our findings stem

from self-reported and routine data with known biases - such as under reporting of adverse incidents; our analysis may reflect these biases. COVID-19 required adapting our original protocol to make it feasible. Consequently, the effects of the pandemic are reflected in our research methods and findings. Our findings are based on data from a single care home operator and so may not be generalised to the wider population of care homes., Conclusions: Innovative and multiple methods and theory can successfully highlight the nuanced relationship between staffing and quality in care homes. Modifiable characteristics such as visible philosophies of care and high-quality training, reinforced by behavioural and relational role modelling by leaders can make the difference when sufficient amounts of consistent staff are employed. Greater staffing capacity alone is unlikely to enhance quality in a cost-effective manner. Social network analysis can help identify the right people to aid adoption and spread of quality and innovation. Future research should focus on richer, iterative, evaluative testing and development of our logic model using theoretically and empirically defensible - rather than available - inputs and outcomes., Study registration: This study is registered as PROSPERO CRD42021241066 and Research Registry registration: 1062., Funding: This award was funded by the National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Research programme (NIHR award ref: 15/144/29) and is published in full in Health and Social Care Delivery Research; Vol. 12, No. 8. See the NIHR Funding and Awards website for further award information.

Supply

[The influence of home care supply on delayed discharges from hospital in England](#)

Item Type: Journal Article

Authors: Allan, Stephen;Roland, Daniel;Malisauskaite, Gintare;Jones, Karen;Baxter, Kate;Gridley, Kate and Birks,

Yvonne

Publication Date: 2021

Journal: BMC Health Services Research 21(1), pp. 1297

Abstract: BACKGROUND: Delayed transfers of care (DTC) of patients from hospital to alternative care settings are a longstanding problem in England and elsewhere, having negative implications for patient outcomes and costs to health and social care systems. In England, a large proportion of DTC are attributed to a delay in receiving suitable home care. We estimated the relationship between home care supply and delayed discharges in England from 2011 to 2016., METHODS: Reduced form fixed effects OLS models of annual DTC attributed to social care at local authority (LA)-level from 2011 to 2016 were estimated, using both number of days and patients as the dependent variable. A count of home care providers at LA-level was utilised as the measure of home care supply. Demand (e.g. population, health, income) and alternative supply (e.g. care home places, local unemployment) measures were included as controls. Instrumental Variable (IV) methods were used to control for any simultaneity in the relationship between DTC and home care supply. Models for DTC attributed to NHS and awaiting a home care package were used to assess the adequacy of the main model., RESULTS: We found that home care supply significantly reduced DTC. Each extra provider per 10 sq. km. in the average local authority decreased DTC by 14.9% (equivalent to 449 days per year), with a per provider estimate of 1.6% (48 days per year). We estimated cost savings to the public sector over the period of analysis from reduced DTC due to increased home care provision between 73 m and 274 m (95% CI: 0.24 m to 545.3 m), with a per provider estimate of savings per year of 12,600 (95% CI: 900 to 24,500)., CONCLUSION: DTC are reduced in LAs with better supply of home care, and this reduces costs to the NHS. Further savings could be achieved through improved outcomes of people no longer delayed. Appropriate levels of social care supply are required to

ensure efficiency in spending for the public sector overall.
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[Investigating the relationship between social care supply and healthcare utilization by older people in England](#)

Item Type: Journal Article

Authors: Liu, Dan;Pace, Maria Lucia;Goddard, Maria;Jacobs, Rowena;Wittenberg, Raphael and Mason, Anne

Publication Date: 2021

Journal: Health Economics 30(1), pp. 36–54

Abstract: Since 2010, adult social care spending in England has fallen significantly in real terms whilst demand has risen.

Reductions in social care supply may also have impacted demand for NHS services, particularly for those whose care is provided at the interface of the health and care systems. We analyzed a panel dataset of 150 local authorities (councils) to test potential impacts on hospital utilization by people aged 65 and over: emergency admission rates for falls and hip fractures ("front-door" measures); and extended stays of 7 days or longer; and 21 days or longer ("back-door" measures). Changes in social care supply were assessed in two ways: gross current expenditure (per capita 65 and over) adjusted by local labor costs and social care workforce (per capita 18 and over). We ran negative binomial models, controlling for deprivation, ethnicity, age, unpaid care, council class, and year effects. To account for potential endogeneity, we ran instrumental variable regressions and dynamic panel models. Sensitivity analysis explored potential effects of funding for integrated care (the Better Care Fund). There was no consistent evidence that councils with higher per capita spend or higher social care staffing rates had lower hospital admission rates or shorter hospital stays.

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[Impact of social care supply on healthcare utilisation by older adults: a systematic review and meta-analysis](#) Check not already in due to date

Author(s): Spiers et al.

Source: Age and Ageing 48(1) pp. 57-66

Publication date: January 2019

Objective: to investigate the impact of the availability and supply of social care on healthcare utilisation (HCU) by older adults in high income countries. Design: systematic review and meta-analysis. Data sources: medline, 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 selection: observational 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. Results: twelve 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. Conclusions: adequate 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. See also ["the link between social care deficiencies and healthcare pressures"](#) Mechie et al. (2023)

[Changes in turnover and vacancy rates of care workers in England from 2008 to 2010: panel analysis of national workforce data](#)

Author(s): Hussein et al.

Source: Health and Social Care in the Community 24(5) pp. 547-556

Publication date: 2016

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 frontline 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.

Technology

[Navigating artificial intelligence in care homes: Competing stakeholder views of trust and logics of care](#)

Item Type: Journal Article

Authors: Neves, Barbara Barbosa;Omori, Maho;Petersen, Alan;Vered, Mor and Carter, Adrian

Publication Date: 2024

Journal: Social Science & Medicine (1982) 358, pp. 117187 [Australia]

Abstract: The COVID-19 pandemic shed light on systemic issues plaguing care (nursing) homes, from staff shortages to substandard healthcare. Artificial Intelligence (AI) technologies, including robots and chatbots, have been proposed as solutions to such issues. Yet, socio-ethical concerns about the implications of AI for health and care practices have also been growing among researchers and practitioners. At a time of AI promise and concern, it is critical to understand how those who develop and implement these technologies perceive their use and impact in care homes. Combining a sociological approach to trust with Annemarie Mol's logic of care and Jeanette Pol's concept of fitting, we draw on 18 semi-structured interviews with care staff, advocates, and AI developers to explore notions of human-AI care. Our findings show positive perceptions and experiences of AI in care homes, but also ambivalence. While integrative care incorporating humans and technology was salient across interviewees, we also identified experiential, contextual, and knowledge divides between AI developers and care staff. For example, developers lacked experiential knowledge of care homes' daily functioning and constraints, influencing how they designed AI. Care staff demonstrated limited experiential knowledge of AI or more critical views about contexts of use, affecting their trust in these technologies. Different

understandings of 'good care' were evident, too: 'warm' care was sometimes linked to human care and 'cold' care to technology. In conclusion, understandings and experiences of AI are marked by different logics of sociotechnical care and related levels of trust in these sensitive settings. Copyright © 2024 The Authors. Published by Elsevier Ltd.. All rights reserved.

[Virtual reality and augmented reality smartphone applications for upskilling care home workers in hand hygiene: a realist multi-site feasibility, usability, acceptability, and efficacy study](#)

Item Type: Journal Article

Authors: Gasteiger, Norina;van der Veer, Sabine,N.;Wilson, Paul and Dowding, Dawn

Publication Date: 2023

Journal: Journal of the American Medical Informatics Association : JAMIA 31(1), pp. 45–60

Abstract: OBJECTIVES: To assess the feasibility and implementation, usability, acceptability and efficacy of virtual reality (VR), and augmented reality (AR) smartphone applications for upskilling care home workers in hand hygiene and to explore underlying learning mechanisms., MATERIALS AND METHODS: Care homes in Northwest England were recruited. We took a mixed-methods and pre-test and post-test approach by analyzing uptake and completion rates of AR, immersive VR or non-immersive VR training, validated and bespoke questionnaires, observations, videos, and interviews. Quantitative data were analyzed descriptively. Qualitative data were analyzed using a combined inductive and deductive approach., RESULTS: Forty-eight care staff completed AR training (n = 19), immersive VR training (n = 21), or non-immersive VR training (n = 8). The immersive VR and AR training had good usability with System Usability Scale scores of 84.40 and 77.89 (of 100), respectively. They had high acceptability, with 95% of staff supporting further use. The non-immersive VR training had borderline poor usability, scoring

67.19 and only 63% would support further use. There was minimal improved knowledge, with an average of 6% increase to the knowledge questionnaire. Average hand hygiene technique scores increased from 4.77 (of 11) to 7.23 after the training. Repeated practice, task realism, feedback and reminding, and interactivity were important learning mechanisms triggered by AR/VR. Feasibility and implementation considerations included managerial support, physical space, providing support, screen size, lagging Internet, and fitting the headset., CONCLUSIONS: AR and immersive VR apps are feasible, usable, and acceptable for delivering training. Future work should explore whether they are more effective than previous training and ensure equity in training opportunities. Copyright © The Author(s) 2023. Published by Oxford University Press on behalf of the American Medical Informatics Association.

[Digital health technology: factors affecting implementation in nursing homes](#)

Author(s): Curtis and Brooks

Source: Nursing Older People

Publication date: 2020

Background Digital 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. Aim To 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. Method An 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. Findings Three 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. Conclusion The 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](#)

Author(s): Synnott et al.

Source: JMIR Medical Education 23: 6(2)

Publication date: 2020

Background: Continual 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. Objective: This 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? Methods: A 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. Results: The 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 ($r_s = -0.262$; $P < .001$), and a positive correlation between technology confidence and digital skills ($r_s = 0.482$; $P < .001$). There was also a negative correlation between age and the perceived value of technology ($r_s = -0.088$; $P = .02$). 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. Conclusions: These 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.

Up-Skilling

[Improving skills and care standards in the support workforce for older people: a realist synthesis of workforce development interventions](#)

Author(s): Williams et al.

Source: BMJ Open

Publication date: 2016

Objectives: This 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. Design: Following 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.

Participants: Stakeholders 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. Results: Eight 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. Conclusions: It 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

Workforce

[Opinion: What we know and don't know about the health and social care workforce](#)

Item Type: Journal Article

Authors: Lamont, Tara;Chatfield, Cat and Walshe, Kieran

Publication Date: 2023

Journal: BMJ (Clinical Research Ed.) 382, pp. p1569

Evidence gaps in workforce research are holding back healthcare improvements, say Tara Lamont, Cat Chatfield, and Kieran Walshe. What is the optimal skill mix for virtual wards? Do new roles such as clinical pharmacists or advanced practitioners act as substitutes for, or additions to, existing staff? What works to retain staff? How much do current rates of attrition and turnover cost the NHS and social care?

[Workforce Development in Integrated Care: A Scoping Review](#)

Item Type: Journal Article

Authors: Barraclough, Frances;Smith-Merry, Jennifer;Stein,

Viktorija and Pit, Sabrina

Publication Date: 2021

Journal: International Journal of Integrated Care 21(4), pp. 23

Abstract: INTRODUCTION: Integrated care aims to improve access, quality and continuity of services for ageing populations and people experiencing chronic conditions. However, the health and social care workforce is ill equipped to address complex patient care needs due to working and training in silos. This paper describes the extent and nature of the evidence on workforce development in integrated care to inform future research, policy and practice., METHODS: A scoping review was conducted to map the key concepts and available evidence related to workforce development in integrated care., RESULTS: Sixty-two published studies were included. Essential skills and competencies included enhancing workforce understanding across the health and social care systems, developing a deeper relationship with and empowering patients and their carers, understanding community needs, patient-centeredness, health promotion, disease prevention, interprofessional training and teamwork and being a role model. The paper also identified training models and barriers/challenges to workforce development in integrated care., DISCUSSION AND CONCLUSION: Good-quality research on workforce development in integrated care is scarce. The literature overwhelmingly recognises that integrated care training and workforce development is required, and emerging frameworks and competencies have been developed. More knowledge is needed to implement and evaluate these frameworks, including the broader health and social care workforces within a global context. Further research needs to focus on the most effective methods for implementing these competencies. Copyright: © 2021 The Author(s).

[A Profile of Regulated Nurses Employed in Canadian Long-Term Care Facilities](#) Abstract only*

Author(s): Squires et al.

Source: Canadian Journal of Aging 38(2) pp. 130-142

Publication date: June 2019

ABSTRACT: Registered 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.

Workforce Planning

[News: Social care: Workforce plan will tackle problems behind persistently high vacancy rates](#)

Item Type: Journal Article

Authors: Limb, Matthew

Publication Date: 2023

Journal: BMJ (Clinical Research Ed.) 383, pp. 2370

Health leaders have said that adequate funding must be made available for a long term workforce strategy that is being developed to tackle huge recruitment and retention challenges

for adult social care in England. Skills for Care, the sector's strategic planning body, announced that it would start investigating a strategy for England as it published its annual report on the state of social care.¹ The report revealed that 440 000 new posts may be needed by 2035 because the projected number of people aged 65 and over could hit 13.8m (compared with 10.5m in 2020). It highlighted a range of concerns, including low pay and insecure contracts, that were contributing to high staff losses and turnover.

Competency Frameworks

[Developing a list of core competencies for medical aspects of healthcare delivery in care homes: scoping review and Delphi process](#)

Item Type: Journal Article

Authors: McCarthy, L.;Borley, K.;Ancelin, T.;Carroll, R.;Chadborn, N.;Blundell, A. G. and Gordon, A. L.

Publication Date: 2023

Journal: Age and Ageing 52(12), pp. afad237

Abstract: Background: Care home residents live with frailty and multiple long-term conditions. Their medical management is complex and specialised. We set out to develop a list of core competencies for doctors providing medical care in long-term care homes. Method(s): A scoping review searched MEDLINE, EMBASE and CAB Abstracts, supplemented by grey literature from the Portal of Online Geriatrics Education and the International Association of Geriatrics and Gerontology, looking for core competencies for doctors working in care homes. These were mapped to the UK nationally mandated Generic Professional Competencies Framework. A Delphi exercise was conducted over three rounds using a panel of experts in care homes and medicine of older people. Competencies achieving 80% agreement for inclusion/exclusion were rejected/accepted,

respectively. Result(s): The scoping review identified 22 articles for inclusion, yielding 124 competencies over 21 domains. The Delphi panel comprised 23 experts, including 6 geriatricians, 4 nurses, 3 general practitioners, 2 advanced clinical practitioners, 2 care home managers, and one each of a patient and public representative, palliative care specialist, psychiatrist, academic, physiotherapist and care home audit lead. At the end of three rounds, 109 competencies over 19 domains were agreed. Agreement was strongest for generic competencies around frailty and weaker for sub-specialist knowledge about specific conditions and competencies related to care home medical leadership and management. Conclusion(s): The resulting competencies provide the basis of a curriculum for doctors working in long-term care homes for older people. They are specialty agnostic and could be used to train general practitioners or medical specialty doctors. Copyright © The Author(s) 2023. Published by Oxford University Press on behalf of the British Geriatrics Society.

[Older Peoples Mental Health Competency Framework](#)

Source: Health Education England

Publication date: 2020

The aim of the Framework is to support the delivery of excellent services across disciplines which are directly or indirectly involved in supporting and promoting OPMH. This ensures that the workforce of today and tomorrow has the right skills, values and behaviours to provide high quality and effective care to this population.

[Care Navigation: A competency framework](#)

Source: Health Education England

Publication date: 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.

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