



# Care Workforce Wellbeing: Engagement Report 2023

Community engagement 1 April 2022 to 31 March 2023. Report published 28 September 2023.

**healthwatch**  
Kingston upon Thames

# Contents

1. Introduction page 3
2. Recommendations page 4
3. Methodology page 6
4. Limitations page 7
5. Key Findings page 8
  - 5.1 Place of work page 8
  - 5.2 Mental health at work page 10
  - 5.3 Confidence talking about mental health page 11
  - 5.4 Good and poor mental health at work page 13
  - 5.5 Physical health at work page 17
  - 5.6 Paid and unpaid work page 17
  - 5.7 Impact of the cost-of-living page 19
  - 5.8 Respect and safety page 20
  - 5.9 Impact of Covid page 23
6. Recommendations with a response from RBK page 26
7. Conclusion page 31
8. Thank you and next steps page 31
9. Appendices page 32
  - 9.1 Care Workforce Wellbeing Survey Questions page 32
  - 9.2 Demographics page 35

# 1. Introduction

Towards the end of 2021, in response to some concerns raised about the treatment of frontline staff in the care sector in Kingston, the Royal Borough of Kingston (RBK) Quality Assurance Team ran a wellbeing survey for care workers, including Home Care, Care Home, and Voluntary Sector organisations.

The results of the RBK wellbeing survey showed an appetite for a frontline staff forum / virtual networking site, so that care workers could share experiences and information to improve their wellbeing in the workplace. This also included requests for an escalation pathway for concerns or complaints around equality and diversity issues in the workplace. When RBK asked who care workers felt would be best placed to host this work, the first choice for respondents was RBK. However, as RBK commissions most of the social care in the borough, it was deemed inappropriate for them to carry out this work. The second choice for both activities was Healthwatch Kingston upon Thames (Healthwatch Kingston) which indicated an awareness of Healthwatch by members of the care workforce.

RBK contracted Healthwatch Kingston to provide a retrospective engagement exercise with care workers about their wellbeing in the workplace during 2021-22 and to report anonymised findings and learning from this engagement to RBK.

## 2. Recommendations

### Recommendations for commissioners:

1. Healthwatch Kingston recommends RBK (The Council) develop a care worker wellbeing checklist for use during RBK quality assurance visits to care homes to help consistently monitor workforce satisfaction and gather insights.
2. Healthwatch Kingston recommends RBK quality assurance visits assess the quality of staff room environments and the information provided to care workers within, to ensure it is current and includes clear guidance about engagement opportunities.

### Recommendations for commissioners and care providers:

3. Healthwatch Kingston recommends commissioners, providers, and care workers co-design a wellbeing in the workplace toolkit that builds upon findings from this report.
4. Healthwatch Kingston recommends commissioners and providers work collaboratively to run regular 'you said, we did' care workforce surveys to help facilitate continuous service improvement.
5. Healthwatch Kingston recommends that provision of care workforce counselling and support is included in future service specifications and that providers report uptake by their staff of this offer in routine contract monitoring and / or during RBK quality assurance visits to care homes.
6. Healthwatch Kingston recommends commissioners and providers work collaboratively to introduce workforce wellbeing training for care provision managers.

### Recommendations for care providers:

7. Healthwatch Kingston recommends care providers communicate how their staff can access mental health support in their workplace, and ensure relevant care worker wellbeing policies and procedures, such as safeguarding, whistleblowing, code of conduct, and confidentiality are regularly reviewed and accessible.
8. Healthwatch Kingston recommends care providers explore ways to address mental health stigma, whether real or perceived, and how to establish safe spaces for open conversations about mental health issues within the care workplace.
9. Healthwatch Kingston recommends that care providers introduce 'end of life care' support and training for their care workforce. This should consider the need for mental health support for care workforce experiencing delayed post-Covid bereavement.

10. Healthwatch Kingston recommends that care providers allow reasonable time for bereavement of care staff if the person they were caring for dies on their work shift.

11. Healthwatch Kingston recommends that care providers explore how to provide care workers with continuity of care opportunities to avoid disruption to staff motivation.

12. Healthwatch Kingston recommends that care providers review care expectations of their workforce. Also review benefit and expense arrangements along with realistic travel time between clients to ensure they are as supportive as possible and reflect cost-of-living pressures.

**Recommendations for non-care workforce professionals:**

13. Healthwatch Kingston recommends non-care workforce professionals be mindful of the pressures that care workers may be under and approach communication sensitively when contacting care workers for information.

### 3. Methodology

Healthwatch Kingston co-produced our care workforce wellbeing survey with care workforce managers, paid carers, and other care staff in order to:

- Explore known areas of concern highlighted by the RBK Quality Assurance team.
- Include a range of questions that supported care workforce engagement in this project.
- Ensure the survey was relevant and important to Kingston's care workforce.
- Highlight areas of good practice and inform the development of our Healthwatch Kingston report recommendations.

Healthwatch Kingston provided public access to the care workforce wellbeing survey online via Survey Monkey and promoted both the project and the survey via social media and our Healthwatch Kingston e-newsletter. Where feasible, we held engagement sessions within care homes and during community events during 2022. We also signposted to [our website](#) so that if participants were triggered by issues raised within the survey, they could access confidential support via 'Kingston Stronger Together' and 'Good Thinking' (which provides digital mental wellbeing for Londoners - with specific support for carers).

RBK provided a contact list of 41 local contracted care provider organisations for Healthwatch Kingston to contact. All participation was voluntary. Only five care providers were able to commit to Healthwatch Kingston facilitated 'in-person' group engagement sessions.

Healthwatch Kingston also promoted and hosted a series of 8 monthly, one-hour, online drop-in sessions for care workers between August 2022 and March 2023.

## 4. Limitations

Healthwatch Kingston notes a high-level of 'gatekeeping' by care provider organisations during this engagement. This included care managers being unable to allow meetings within their care homes and an apparent resistance to raising awareness of the project with their care workforce. In addition, six scheduled care home-based engagement sessions were cancelled at short notice. Five due to Covid-19 outbreaks within the homes and these providers were not forthcoming with rearrangement opportunities, and one that decided that as they already 'do their own thing', they did not want to engage further.

Even though the confidential nature of our Healthwatch Kingston work was made clear, some survey respondents noted that they were uncomfortable sharing information due to the sensitive nature of their experiences. Only 13 of 53 survey respondents provided the name of the care provider they worked with, so we are unable to note the total number of care provider organisations engaged with.

Not all survey respondents answered all questions and some respondents provided more than one answer to some questions.

Although the results of the RBK wellbeing survey indicated an appetite for a frontline staff forum / virtual networking site, so that care workers might share experiences and information to improve their wellbeing in the workplace, there was very little uptake of the online drop-in sessions run by Healthwatch Kingston during this engagement period.

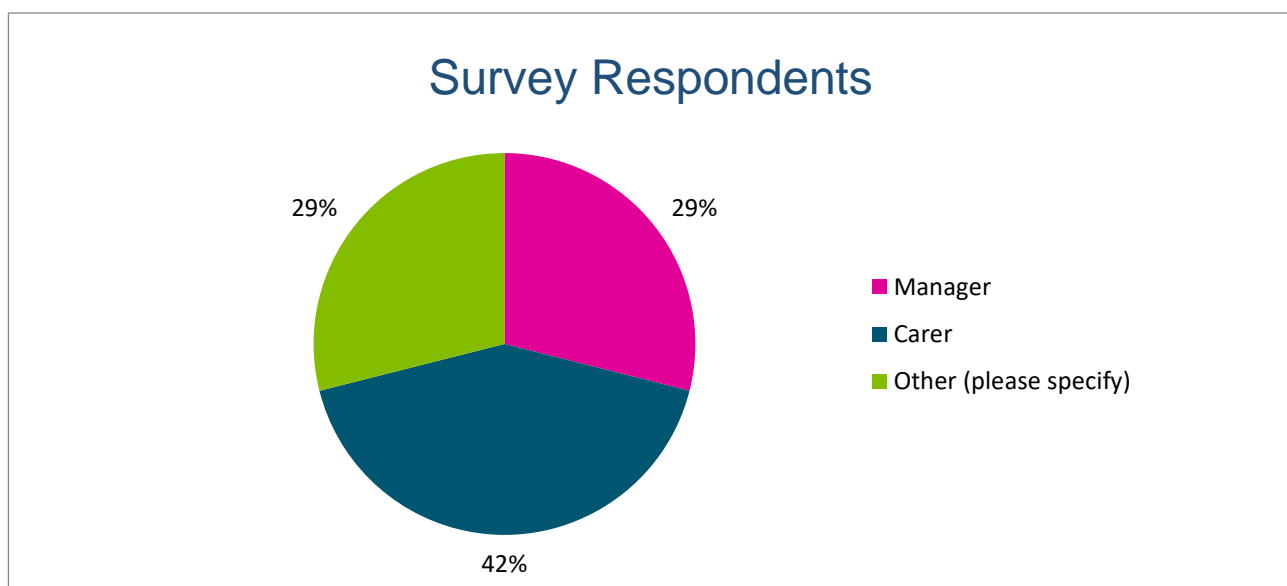
## 5. Key findings

This Healthwatch Kingston ‘Care Workforce Wellbeing Project’ report is informed by 102 care workers (53 survey respondents, 37 through meetings and 12 during community events). 36% of the respondents who shared demographic information said they were white British or white other, 20% noted they were Black British African, 13% noted they were Asian British and 18% said they were from other minority ethnic backgrounds. 13% preferred not to share their demographic data. See page 35 for further demographic information.

Our designated ‘[Care Workforce Wellbeing Project](#)’ website page was visited by 207 different people during the engagement timeline, 22 (a conversion rate of just over 10%) of whom used the link provided on the webpage to complete the survey. Healthwatch Kingston ran a social media campaign to support awareness, and this reached over 6,200 local people further raising understanding of the work of Healthwatch Kingston in our community and RBK interest in listening to workplace experiences of care workers in our borough. The ‘Care Workforce Wellbeing Project’ was also featured in four of our Healthwatch Kingston e-newsletters to 753 previously engaged local residents.

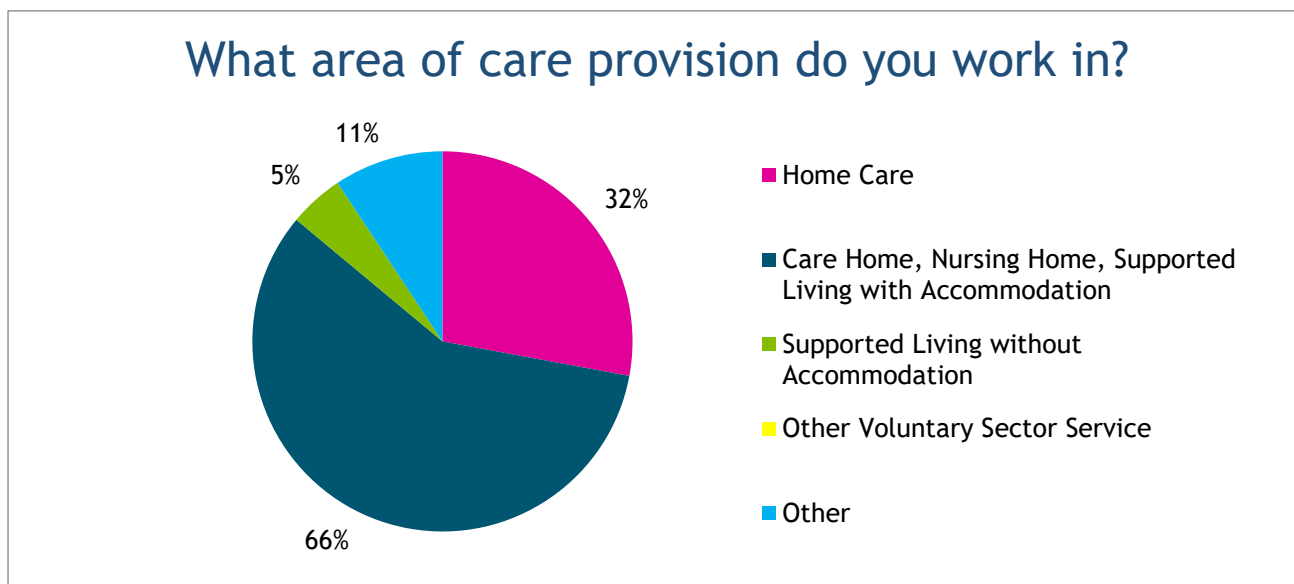
### 5.1 Place of work

Our survey was completed by a range of people working within care homes, home care and supported living (not all 53 respondents answered every question). Respondents included managers (29%), carers (42%), and others (29%).

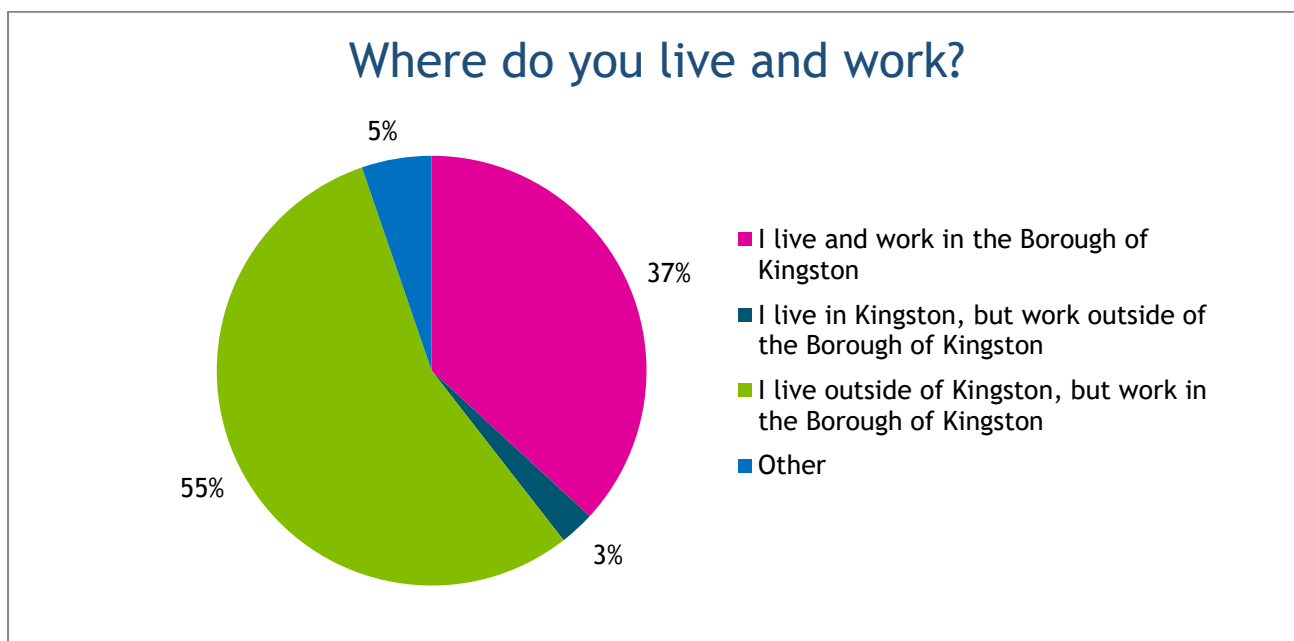




We asked participants about the area of care provision they worked in. Some staff noted they had two jobs which is why the total percentage who responded to this question (see chart below) is 114%.

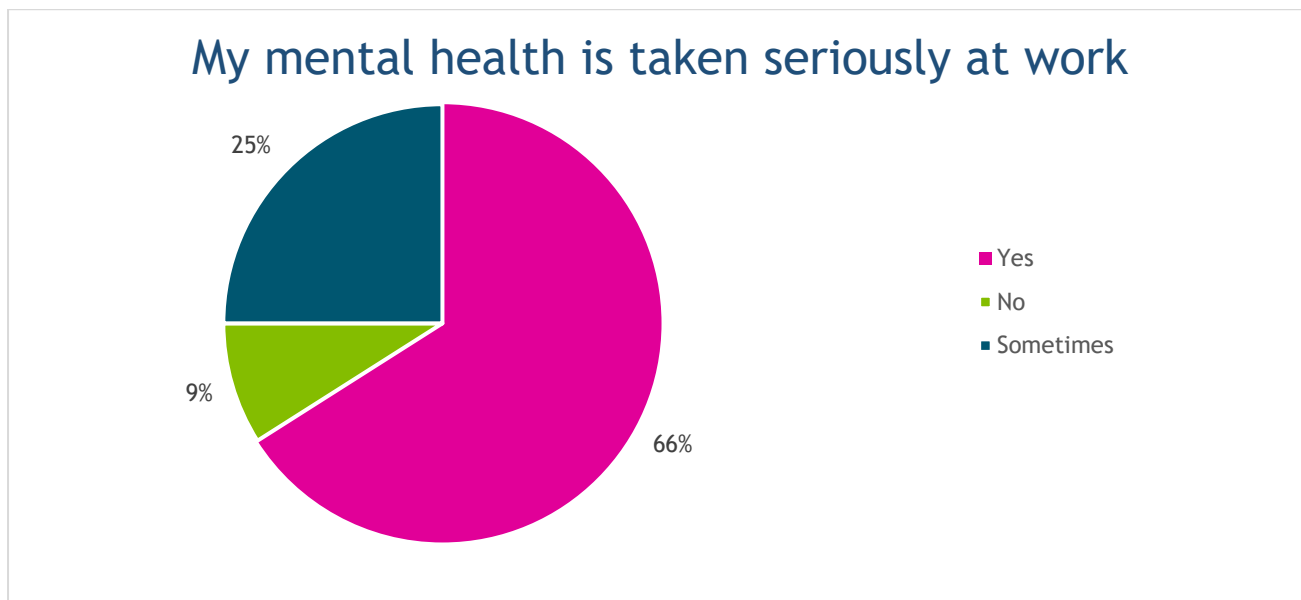


The majority of survey respondents (92%) worked in Kingston. 55% of respondents lived outside of Kingston but worked in the Borough, and 37% lived and worked in the Borough. Only 5% lived in Kingston but worked outside the Borough with 3% 'other'.



## 5.2 Mental health at work

When we asked if mental health was taken seriously at work, 66% of respondents felt it was. That said, 25% felt their mental health was not taken seriously with 9% saying, ‘only sometimes’.



Many respondents reported their work was stressful and they felt it was important that their mental health was taken seriously at all times. Interestingly we found that managers of care provision were more likely to feel that their mental health was taken seriously than care staff.

Some recurrent themes of where mental health in the workplace had been impacted by work pressures included:

- Additional responsibilities due to reduced care workforce
- Cost of travelling between clients
- Lack of regular breaks
- Low pay
- Lack of benefits
- Lack of support when a client is unwell or dies.

Two examples were:



*It's the lack of resources and distress when our residents are in pain or pass away. When residents' nutrition is compromised, despite best efforts to encourage them to eat, it impacts the way we feel."*

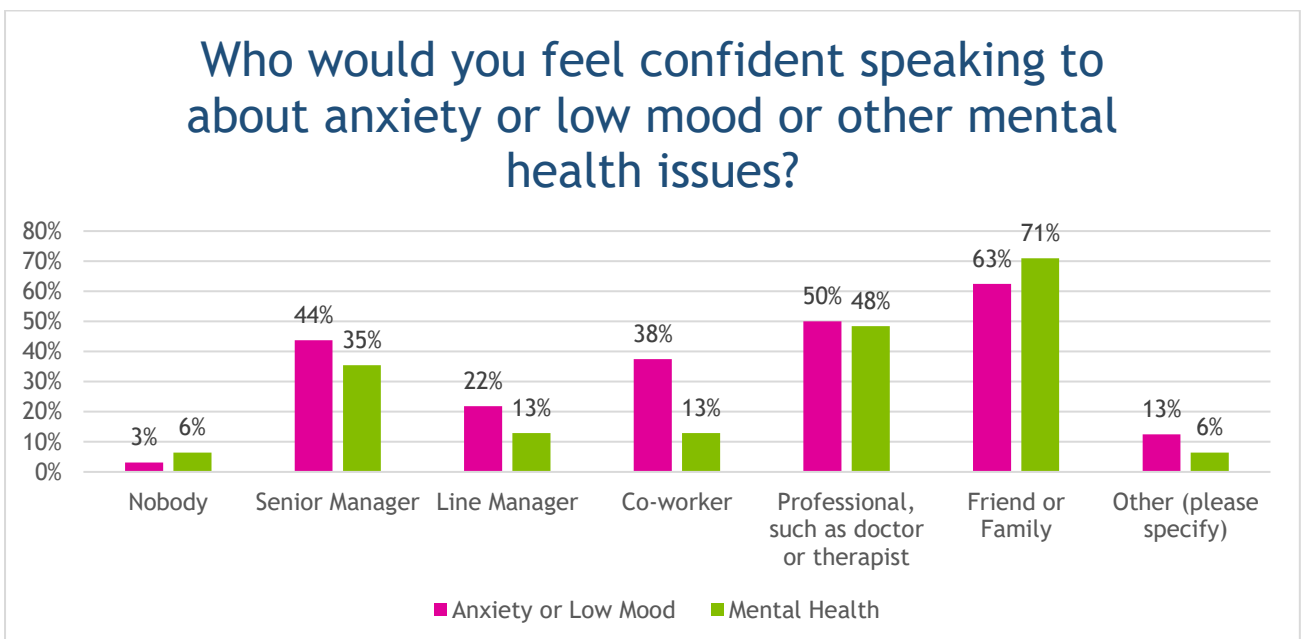


*Seeing residents in pain and die results in low motivation for carers. Mental health is also impacted by low growth opportunities for carers, and long working hours with few or no benefits."*

### 5.3 Confidence talking about mental health

When we asked participants who they would talk to about low mood and anxiety compared to other mental health issues, the data indicated that people felt most confident speaking to either their family and friends or a medical professional, such as a doctor or therapist. Interestingly, we learned that respondents were less comfortable discussing more complex mental health issues with their co-workers than low mood or anxiety.

The survey questions allowed participants the option of multiple-choice answers which explains why the percentages in the chart below total more than 100%.



One respondent said they would use prayer to manage their mental health. Another shared they were more comfortable talking to the family of the person they were caring for. Another said:

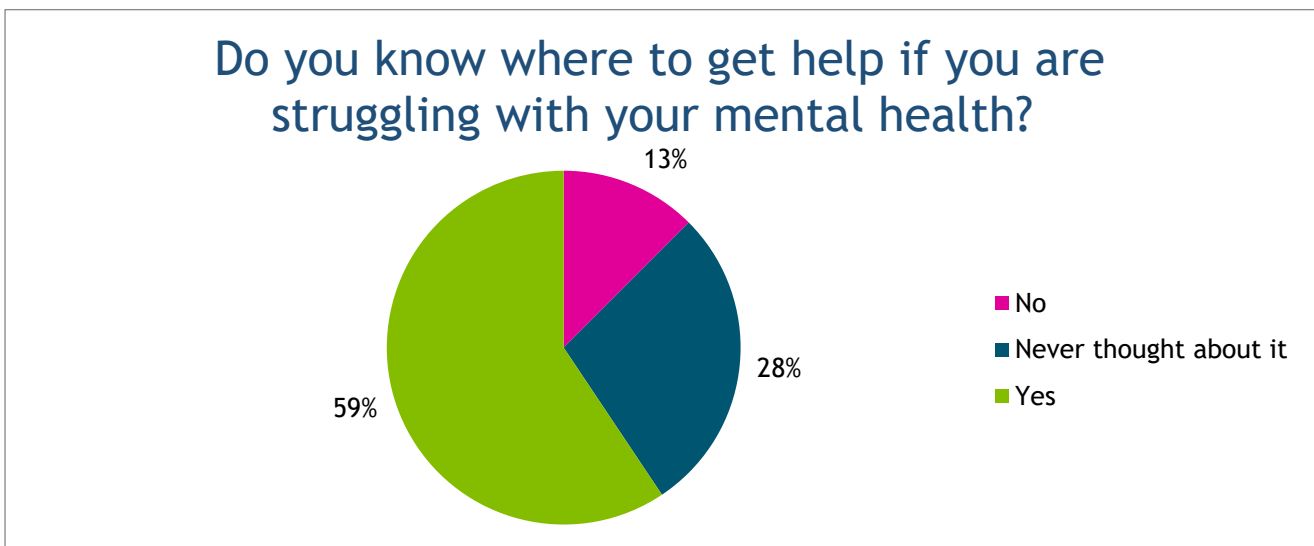
*“I’m not comfortable sharing my mental health issues because it is confidential, and you should not share this information with anyone.”*

A number of participants in the survey and community engagements shared they believed a culture of mental health stigma exists, where they feared openly discussing mental health issues within the care workplace. We were told more opportunities for safe open discussion would be welcomed. Some managers worried that if they appeared stressed due to work pressures that their staff may not feel that they were approachable to discuss their own issues.

One care worker, at an event, suggested there are unhealthily high expectations within the care sector:

*“I feel there is a culture that people are just expected to get on with it, as stress is part of the job.”*

We also received encouraging examples of where care providers already offered support for care workers. One company had introduced a helpline for their staff if they needed support with their mental health and another held wellbeing days that the staff found



beneficial. We asked survey participants if they knew where to access support if they were struggling with their mental health. Whereas the majority of people said ‘yes’ (59%), 41% said either ‘no’ (13%) or they had ‘never thought about it’ (28%).

## 5.4 Good and poor mental health at work

During our community engagements and within our survey, we provided opportunities for people to share examples of what had been good for their mental health at work during recent years. Some shared practical lifestyle tips like the importance of ‘good diet, sleep’ and ‘taking time off’. Others mentioned the benefit of ‘taking annual leave’ and introducing ‘flexible working where possible’. Respondents were conscious, that it was often a challenge to facilitate time off as required, as limited staff capacity often meant that getting cover for work shifts was a challenge.

During one group meeting a respondent shared that they take ‘very helpful’ stress breaks. These were often self-prescribed but sometimes advised by co-workers who could see when colleagues were beginning to struggle caring for others. They explained stress breaks were an opportunity to take time away from their work and regain their composure before returning to their carer duties.

Respondents spoke of the emotional satisfaction they get from caring for and empathising with residents and the role this played in maintaining their good mental health.



*Empathising with my client is so important.”*

Respondents were passionate about their work. In one care home meeting, a carer mentioned the job was very rewarding and when we shared that another respondent had stated they that initially took the job for money, they were adamant that wouldn’t work out for them.

People we engaged with were clear that no matter how rewarding their job was, it still could be stressful. A number shared what helped them to reduce work related stress:




*Talking to my work friends.”*



*Looking out for each other.”*

 *I am lucky working in a supportive environment where my daily work is making a difference.”*

When we visited a care home, we asked a self-described ‘strong team’ to define how they worked together to maintain good mental health at work. They shared that it was important to be able to talk through issues at regular team meetings with their manager, attendance at work social events and that their manager dealt with concerns they raised. Most important was their safe space for open conversation, where they were listened to, taken seriously, and supported by their management team. Similarly, a number of survey respondents commented about the importance of management support and open and honest communication:

 *Being supported by management and valued open and honest communication. Leaflets and advice provided. Daily activities.”*


 *Having a supportive manager and co-workers.”*

To further capture learning from care workforce experiences, we asked participants what had negatively impacted their mental health at work during recent years. Key themes included a desire to provide quality care to clients, but key frustrations highlighted were: care worker staff shortages, staff recruitment, and retention, not feeling supported by managers and / or external health and care professionals, challenges providing care in the community, inconsistency of provision through use of temporary agency staff and workforce feeling over-stretched. Some specific survey responses included:

 *Carers leaving and not being able to recruit new carers.”*

 *The lack of staff during Covid and Influenza outbreaks.”*

 *Short staffing makes it more difficult to deliver quality care.”*

 *When we had a Covid outbreak in 2020 and we were left with minimal staff, some had Covid and others refused to work.”*

 *Stress if there is no-one in the team to cover work.”*

 *Covering care when there are not enough carers. Not having breaks at work.”*

 *Not being able to use the toilet when working in the community.”*

 *Poor staff room facilities.”*

 *Working without a full management team to support the daily work load.”*

 *Insensitive comments from colleagues both internal and external.”*

 *Lack of support by GPs.”*

 *Some rude staff, carers from the agency that do not have an idea how to even put on a pad/nappy.”*

The [Care Quality Commission ‘State of Care’ report for 2021 - 2022](#) noted similar challenges with recruitment and retention of staff:

*‘Of the providers who reported workforce pressures having a negative impact, 87% of care home providers and 88% of homecare providers told us they were experiencing recruitment challenges. Over a quarter of care homes that reported workforce pressures told us they were actively not admitting any new residents.’*

*‘In many cases, providers are losing the battle to attract and retain enough staff.’*

Some participants shared that in addition to pressures caused by workforce capacity, their mental health worsened when their ability to support a client was inhibited or if a care home resident was in poor health. Examples noted:



*The lack of resources and distress when residents are in pain or pass away.*



*When a resident's nutrition is compromised despite best efforts to encourage them to eat."*



*Seeing residents in pain and die is particularly challenging."*

The Healthwatch Kingston and Kingston Voluntary Action [‘Bereavement Services and Support in Kingston - Community Engagement Report’](#) (published in 2022) evidenced the need for end of life care workforce support and training with care provision and also the need for mental health support for care workforce experiencing delayed post coronavirus pandemic bereavement.

In summary, many respondents felt that being part of the care workforce was ‘more than a job’ and their work was made more manageable where the workplace was a positive supportive environment. Care workers felt good staff morale was supportive of continued involvement and quality care provision.



*I started this care role just for the money. Now I feel a part of our staff family."*



*I want to care for them, make sure they are safe."*

Many participants mentioned teamwork and support from within and outside of work were a major contributor to the “good feeling” they get, without these, staff can feel the opposite:



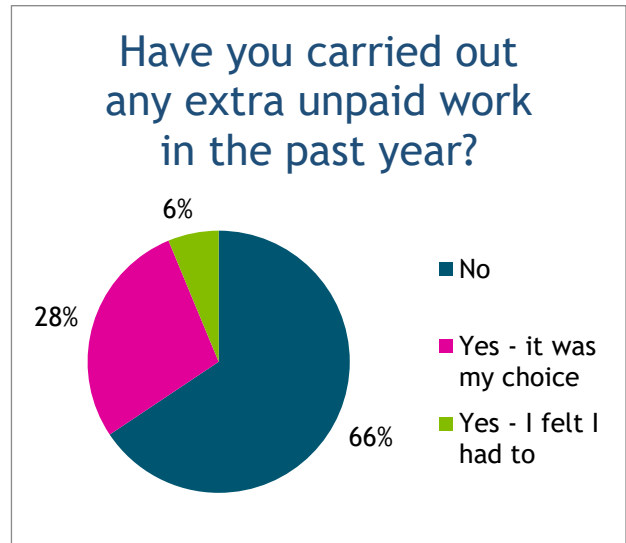
*I'm over worked and under paid and this is demotivating."*

Healthwatch Kingston notes: We also learned that when outside professionals had sometimes not been sensitive to the pressures that the care workforce were under, this can then have a negative impact on care providers’ mood and mental health.



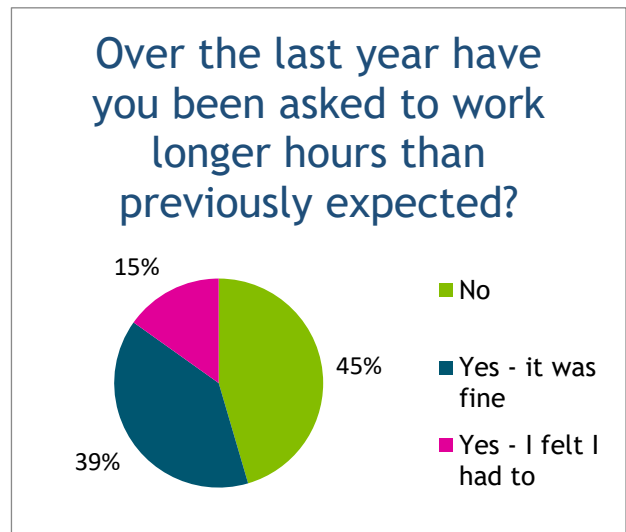
### 5.5 Physical health at work

The majority of the care workforce engaged with (64%) said their physical health was taken seriously. 12% said it was not and 24% said sometimes. When we looked closer at the responses, we found that managers represented the majority of people who ‘sometimes’ felt that their physical health was taken seriously, however, the majority of people who responded it was not, were carers.



### 5.6 Paid and unpaid work

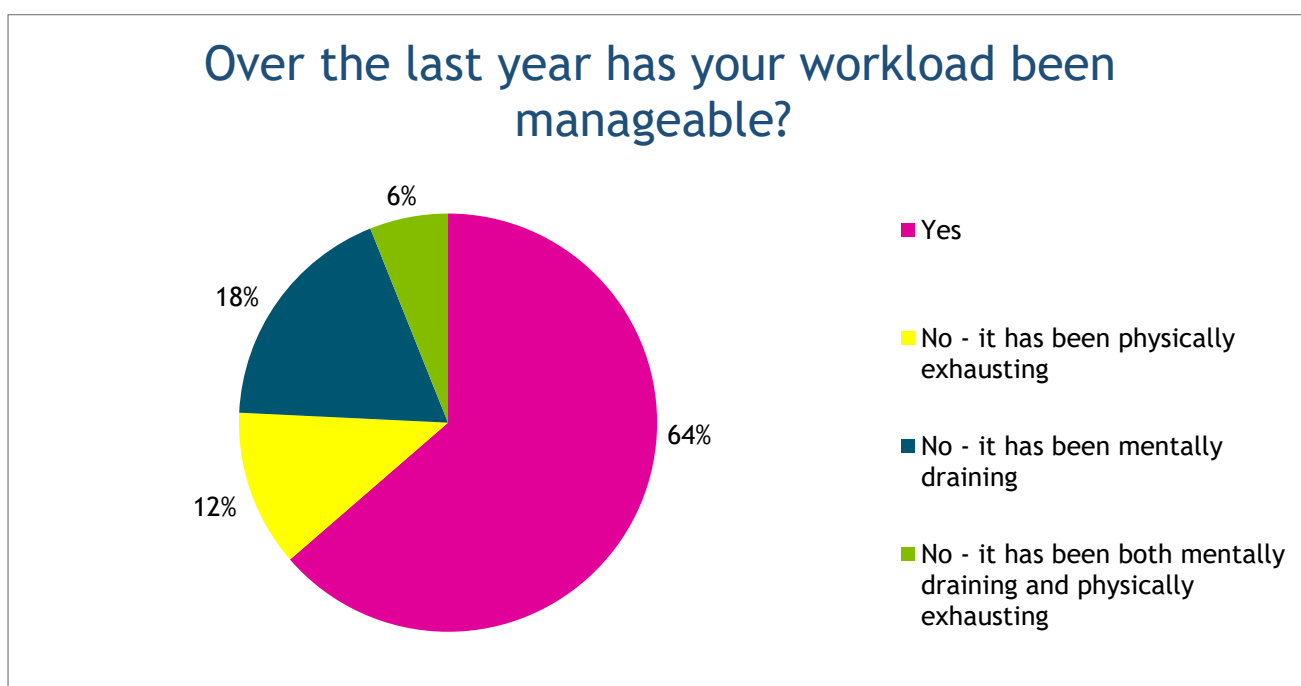
Survey participants were asked if they had been expected to work longer hours. Responses showed that 54% were working longer hours. Whilst 15% said they felt they had to work additional hours, 39% were happy to do so. When speaking with staff during a care home visit, one person explained, they worked in two homes to cover their living costs, and another said working extra hours was a blessing because of the cost-of-living crisis.



We also asked staff if they had completed any unpaid work over the past year. 66% of respondents shared that they had not carried out any unpaid work. Interestingly, of the 28% of people who responded they had worked unpaid hours by choice, the majority were managers. 6% of to this question shared they felt they had to work unpaid hours.

During another engagement with a care home, we learned that in the early stages of the pandemic staff left work due to fears about Covid infection as some were clinically vulnerable. This resulted in care workers working multiple roles within the care home to cover for these Covid related staff shortages. On some occasions care workers even picked up office administration and cleaning roles.

We were interested to explore if care workers' workload had been manageable over the past year. The majority of respondents (64%) said 'yes', however, 36% said that they found their workload 'physically exhausting' (12%), 'mentally draining' (18%) or both (6%).



There were some positive comments about care workload within the feedback:

*“I am happy that I only do what I can.”*

*“I have a good worklife balance.”*

*“Most staff only do contracted hours.”*

*“There is no pressure to do more work than I can.”*

## 5.7 Impact of the cost-of-living


 *Working a lot has been a blessing in the current cost-of-living crisis.”*

27 care workers shared experiences about how the cost-of-living had impacted on them. Respondents recognised that they were on low pay. Whereas we heard that the staff of one care home were grateful that their annual increase was brought forward, many were unsure and quite despondent about how badly they had been impacted and the apparent lack of a solution to this issue. Responses included:


 *The money has to come from somewhere and they can't put care prices up for the service users.”*

 *Care providers are also feeling the pinch with running costs going up.”*


 *We are looking at ways to be more cost effective without this impacting negatively on our residents.”*

 *This feeling of there is nothing that will change is simply unfair for a group of staff that are so important for our healthcare system.”*

Increasing work related travel costs were a concern raised by multiple respondents:

 *There is a perfect storm. Cost-of-living hike. Increase in petrol. Poor terms and conditions including zero hour contracts. Travelling to clients without sufficient travel time and mileage payments.”*

 *Carers are now more selective about how far they will travel to work.”*

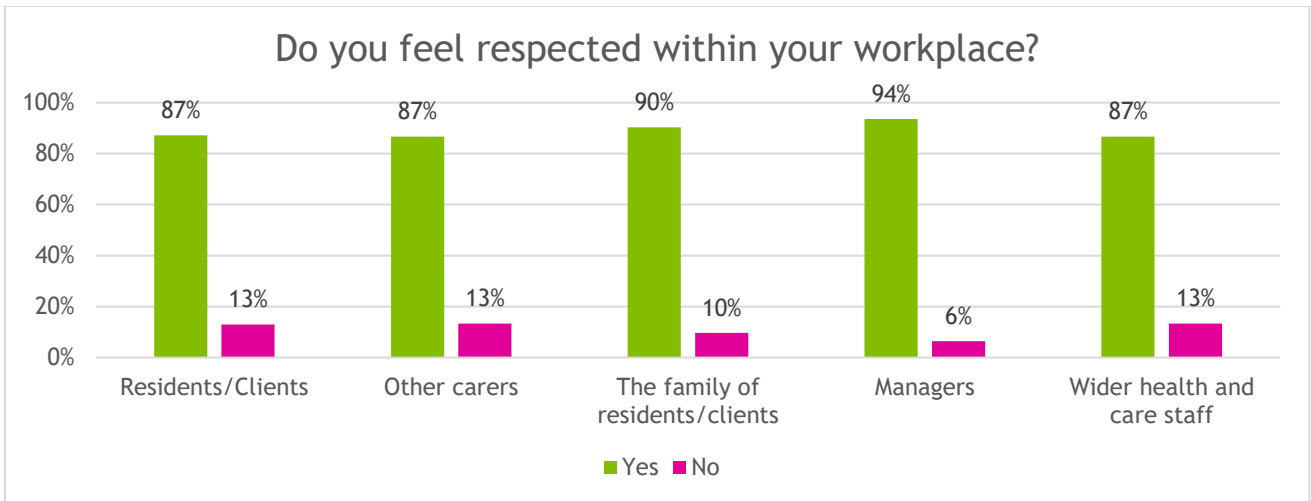
 *If my employer can't increase my wages, then how am I able to afford increases in my utility bills and travel costs.”*

Not all issues were specific to care homes, at a community event, a frustrated parent of an adult with disabilities, explained:

*“Because of the increased cost of living, it has become hard to keep carers due to the limited amount of money we get to pay for care. The lack of continuity in carers is really disruptive.”*

### 5.8 Respect and safety

Healthwatch Kingston was keen to understand if the care workers we engaged with felt that they were respected within their workplace by people they met.




The feedback to this question indicated that care workers did feel respected across a range of multiple-choice options, but over a third of these then provided examples of when they had not felt respected. One wrote:

*“I feel there is a lack of understanding and appreciation from others for the hard work involved in working within a care home.”*

Others shared:

*“They [family and friends] think we [carers] are not good enough or smart enough because of what we do.”*

 *There are times that maybe some staff are already tired or affected with physiological factors, they tend to be grumpy at work, unfriendly, unapproachable, and it's difficult to ask for help. This can end up with other staff finishing the job without complaining. Good carers also get tired. Even heroes do."*

 *Senior staff are so critical, and they shout at me."*


Healthwatch Kingston notes that participants were uncomfortable talking publicly about discrimination in the workplace. The majority (71%) who responded to our survey question asking if they had seen, or been a victim of, discrimination, had not. Of the 29% that had seen (or been a victim of) discrimination 26% noted 'race' as being the main cause. Other causes mentioned were 'age' (10%), 'gender' (6%), 'pregnancy/parental' (3%), 'disability' (3%) and others including 'weight', 'height' and 'language'. We further learned discrimination came from both inside and outside of the care workforce:


 *As usual some clients and their family can be rude, aggressive and unkind."*

 *Some family members boss you around."*

 *I have seen my work colleagues discriminate about the weight and colour of other members of staff."*

A couple of respondents noted that discrimination could be related to the health of the person in care:

 *Some of the people we look after lack mental capacity and unaware of what they say and how they act."*


 *I feel I am sometimes disrespected by individual residents with limited capacity but I'm feel this is part of my job."*

When we asked respondents if they were confident in reporting discrimination if they witnessed it, 79% said they were. Respondents that were confident in reporting discrimination, were most confident talking to their management teams, others explained that they would disclose concerns to a ‘nurse’, ‘administrator’ or ‘safeguarding lead’.

Some respondents explained their hesitancy in reporting ‘unacceptable behaviour’ and / or ‘discrimination’ in the workplace:

 *I would be scared to report anything.”*

 *I am frightened of losing my job.”*

 *There isn’t any point to report, because comments can sometimes come from the people we look after, who are unwell.”*

We asked staff ‘What would make you more confident to report discrimination in the workplace?’ a key theme from the responses was management acting on what was being said. This was especially apparent in the responses of people who have seen discrimination and did not feel confident to report unacceptable behaviour. Suggestions included:

 *Knowing things will be dealt with by management.”*

 *A willingness from someone to listen.”*

 *A way to make the reporting confidential.”*

 *Supportive staff around me.”*

 *The promotion of a culture of openness.”*

 *Knowing I have the support if I ever needed it.”*

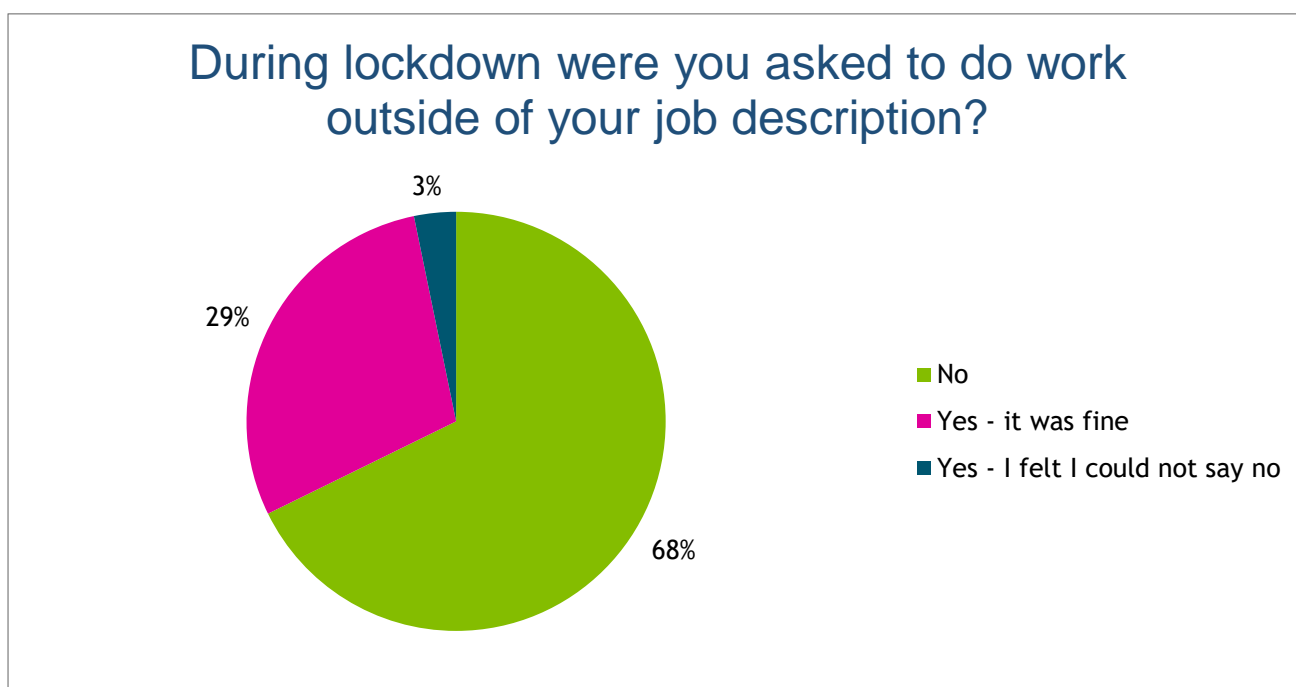
## 5.9 Impact of Covid

Healthwatch Kingston published our [‘Residents, family and friends’ experiences of residential care during the coronavirus pandemic](#) in June 2022, which focussed on the experiences of residents, their families and friends during the pandemic. Within the report we quoted:

*“The pandemic has been tough for all of us, but for people drawing on and working in social care, it has been a time of real challenge and heartache. But we have also seen people using the best of their skills, their incredible creativity, and their compassion to support people in our communities and families during Covid-19.”*

As part of this community engagement (between 1 April 2022 to 31 March 2023), we were keen to retrospectively understand how care workers during ‘lockdown’ had been impacted. We found that Covid was still providing barriers to engagement within some local care homes, supported living and extra care housing.

Of those that were able to engage, we asked if they were requested to do work outside of their job description. 31% of respondents were working outside of their contracted roles (68% said ‘no’, 29% said ‘yes’ and this was fine).



A follow-up question to see if this has led to positive changes in their workplace revealed:

*“It was really helpful to keep working, it helped me keep a sense of normality.”*

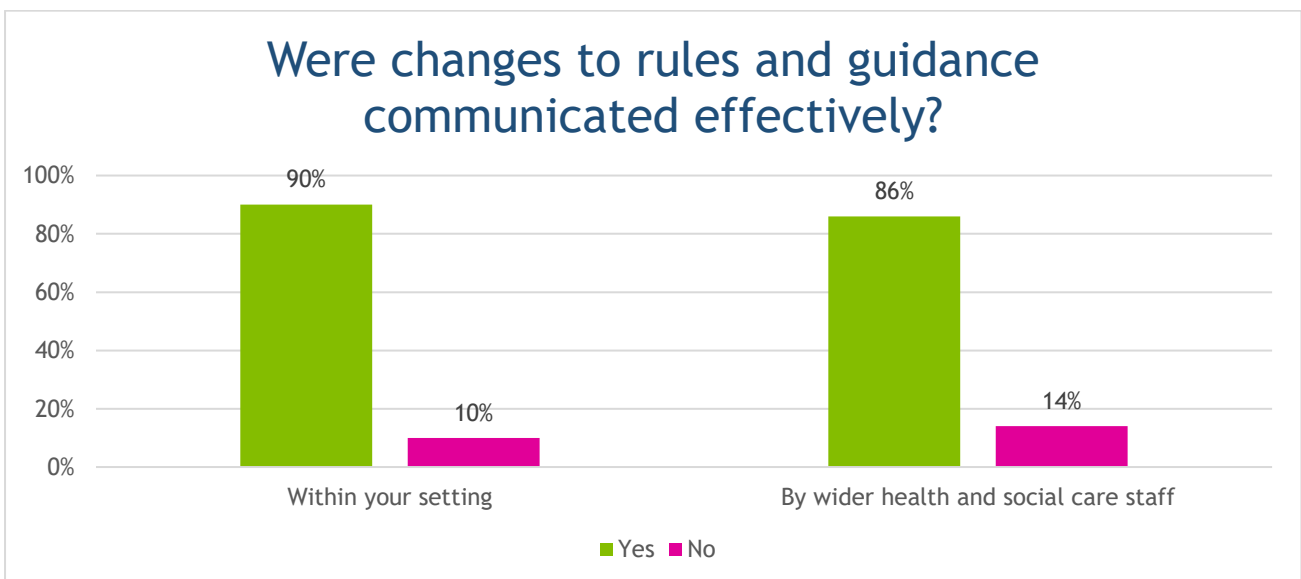
*“Felt safer being at work as everyone was getting regular tests.”*

However, not everyone shared positive experiences. From an engagement event we were told:

*“I worked regular 15 hour shifts and occasionally came in again the next morning. Any break I had from work was spent recovering from work to do it all again.”*

*“Not all agency staff were willing to support with duties, which added work to my already heavy workload.”*


Most respondents shared that changes to rules and guidance during ‘lockdown’ were communicated effectively to the care workforce by wider health and social care staff (86%) and then within their workplace (90%).







This data was supported with a range of qualitative responses that not only acknowledged the pace of change but also the disruption to the care workforce and care provision:

 *Public health guidance announcements were made public first, but our management reacted quickly.'*

 *Sometimes we would only find out about the changes in guidance at the same time as the public and there was no time to action all the changes before further guidance came out.”*

 *Whereas guidance was communicated effectively, there was no time for us [care workforce] to communicate with the families and friends of our clients. This caused frustration and confusion for people living in the home and those closest to them.”*

 *This was positive as we needed to know our working environment was safe to not cause problems in our private lives.”*

 *Good communication increased confidence in managing care provision during the pandemic.”*

## 6. Recommendations with a response from Royal Borough of Kingston upon Thames

### Recommendations for commissioners:

1. Healthwatch Kingston recommends RBK (The Council) develop a care worker wellbeing checklist for use during RBK quality assurance visits to care homes to help consistently monitor workforce satisfaction and gather insights.

*RBK Response: 'Care worker satisfaction is monitored by the care providers; the expectation is for care providers to have regular staff meetings and records of the meetings including actions completed and made the records available for the council - these are reviewed by council officers at quality assurance and contract monitoring visits.'*

*Council officers talk to the staff members to seek their views of their working conditions as part of the visits - any findings and recommendations are reported in the monitoring visit report.'*

*The Council has developed an annual survey sent to the care provider workforce directly, this is sent via the care providers. We have completed a recent survey around the payments and general working conditions. We will run these surveys once a year going forward.'*

2. Healthwatch Kingston recommends RBK quality assurance visits assess the quality of staff room environments and the information provided to care workers within, to ensure it is current and includes clear guidance about engagement opportunities.

*RBK Response: 'Council officers talk to the staff members to seek their views of their working environment as part of the visits - any findings and recommendations are reported in the monitoring visit report.'*

*This is an area the Council will explore jointly with Healthwatch to develop as part of 'Enter and View' visits by Healthwatch Kingston to care providers.'*

## Recommendations for commissioners and care providers:

3. Healthwatch Kingston recommends commissioners, providers, and care workers co-design a wellbeing in the workplace toolkit that builds upon findings from this report.

**RBK Response:** *'Please see response to recommendation 1.'*

4. Healthwatch Kingston recommends commissioners and providers work collaboratively to run regular 'you said, we did' care workforce surveys to help facilitate continuous service improvement.

**RBK Response:** *'Please see response to recommendation 1.'*

5. Healthwatch Kingston recommends that provision of care workforce counselling and support is included in future service specifications and that providers report uptake by their staff of this offer in routine contract monitoring and/or during RBK quality assurance visits to care homes.

**RBK Response:** *'There are expectations set in contracts for providers to support the care workforce on their wellbeing; the providers are required to have regular staff meetings, supervisions and appraisals to support their staff.'*

*The Council contracts teams regularly check these meetings are taking place when completing monitoring site visits.'*

6. Healthwatch Kingston recommends commissioners and providers work collaboratively to introduce workforce wellbeing training for care provision managers.

**RBK Response:** *'The Council has recently completed a training needs analysis with the Kingston care provider market and the findings are incorporated into the south west London (SWL) workforce support programme. SWL are developing an online resource for care providers; The Council is supporting the development of this resource base and we will advocate the inclusion of workforce wellbeing training and awareness for managers.'*

## Recommendations for care providers:

7. Healthwatch Kingston recommends care providers communicate how their staff can access mental health support in their workplace, and ensure relevant care worker wellbeing policies and procedures, such as safeguarding, whistleblowing, code of conduct, and confidentiality are regularly reviewed and accessible.

**RBK Response:** *‘The induction programme and the regular refresher training delivered by the care providers should cover this aspect.*

*This is an area the Council officers will seek assurance from care providers during site visits that these wellbeing policies and procedures are in place.’*

8. Healthwatch Kingston recommends care providers explore ways to address mental health stigma, whether real or perceived, and how to establish safe spaces for open conversations about mental health issues within the care workplace.

**RBK Response:** *‘Care providers are required to have policies and procedures around bullying, discrimination, code of conduct, equality and diversity and grievance which will provide a supportive arrangement to the care workforce within the work setting. The Council contracts team check there are up to date policies and procedures. The Care Quality Commission is also reviewing the provider compliance.’*

9. Healthwatch Kingston recommends that care providers introduce ‘End-of-Life care’ support and training for their care workforce. This should consider the need for mental health support for care workforce experiencing delayed post-Covid bereavement.

**RBK Response:** *‘The Council is working jointly with the South West London Integrated Care System to promote best practice of End-of-Life Care.*

*RBK Commissioning held a specific forum for End-of-Life Care for providers in January 2023, which included speakers from Princess Alice Hospice, as well as health colleagues. The information and awareness were also cascaded through our ASC Newsletter.*

10. Healthwatch Kingston recommends that care providers allow reasonable time for bereavement of care staff if the person they were caring for dies on their work shift.

**RBK Response:** *‘Care providers are required to deliver End-of-Life Care training to their workforce as part of their training programme, this is a requirement if the providers are delivering End-of-Life care services. This aspect of care delivery is on the care home visit template for our quality assurance visits.’*

11. Healthwatch Kingston recommends that care providers explore how to provide care workers with continuity of care opportunities to avoid disruption to staff motivation.

**RBK Response:** *‘The Council expects providers to have a robust training programme and support the care workforce with their development.’*

*The Council is working in partnership with south west London councils to deliver a programme to support the care provider workforce; this includes a range of training delivered by the local training providers. This work is ongoing. The aim of the South West London Social Care Academy Hub is to support the social care sector by improving workforce recruitment and retention for local Londoners.’*

12. Healthwatch Kingston recommends that care providers review care expectations of their workforce. Also review benefit and expense arrangements along with realistic travel time between clients to ensure they are as supportive as possible and reflect cost-of-living pressures.

**RBK Response:** *‘The Council’s Care at Home framework requires home care providers to pay travel time. This is included in the contract terms and conditions.’*

**Recommendations for non-care workforce professionals:**

13. Healthwatch Kingston recommends non-care workforce professionals be mindful of the pressures that care workers may be under and approach communication sensitively when contacting care workers for information.

**RBK Response:** *‘There is much evidence available within the public domain. This is an area the Council or the care providers can not directly impact on.’*

## 7. Conclusion

The research for this report was undertaken from August 2022 to March 2023, and builds on a wellbeing survey for care workers undertaken by RBK in late 2021. The views of 102 care workers were gathered by HWK through a survey, meetings and events approximately two thirds worked in care homes, and one third in home care.

Although the majority valued their work, gained satisfaction from it and felt that both their physical and mental health were taken seriously by their employer, there were also many stressors, such as being short staffed and feeling bereaved when a patient died. Carers generally felt respected, but over one third had witnessed disrespect and/or discrimination and a fifth did not feel confident in reporting it, or felt that clients who were disrespectful were unwell and not fully aware of their own behaviour.

One third had felt that the workload had become unmanageable in the previous year and it should be noted that 48% had other (unpaid) caring responsibilities as well. They felt stressed by their low pay, exacerbated by the increase in the cost of living, but there was a feeling that 'nothing will change', given the well-recognised issues of underfunding in the care system. Being part of a strong team was beneficial, but perhaps more thought needs to be given to how this is created in domiciliary care.

**Further reading:** The [Social care 360](#) report from The King's Fund (published on 2 March 2023) highlights key trends across the sector, from supply and demand for social care, to pay and vacancies in the workforce, to user satisfaction.

## 8. Thank you and next steps

Healthwatch Kingston would like to thank all the participants in our community engagement sessions and all respondents to our survey who gave their time so generously. Your contributions have been invaluable to help us to retrospectively understand the experiences of our local care workforce during the Covid-19 pandemic and more recently, where the cost-of-living crisis has added further pressures to an essential part of our health and social care system. Healthwatch Kingston will continue to work with RBK and care providers to ensure our recommendations are acted upon, so that people in care and those that care for them are able to maintain their wellbeing.

## 9. Appendices

### 9.1 Care Workforce Wellbeing Survey Questions

1. **Your location. Which of the following applies to you?**
  - I live and work in the borough of Kingston
  - I live in Kingston, but work outside the Borough of Kingston
  - I live outside of Kingston, but work in the Borough of Kingston
  - Other
2. **What is your area of work?**
  - Home care
  - Care Home, Nursing Home, Supported Living with Accommodation
  - Supported living without accommodation
  - Other voluntary sector service
  - Other
3. **Please fill in your details:**
  - Name
  - Telephone
  - Email
4. **Your job details:**
  - Manager
  - Carer
  - Other (please state)
5. **What is your place of work?**
6. **Is your mental health is taken seriously at work?**
  - Yes
  - No
  - Sometimes
7. **Do you know where to get help if you are struggling with your mental health?**
  - No
  - Never thought about it
  - Yes (please state where)
8. **If you experienced anxiety or low mood, who would you feel confident speaking to? (Tick as many as you like):**
  - Nobody
  - Manager
  - Line Manager
  - Co-Worker
  - Professional, such as doctor or therapist
  - Friend or Family
  - Other (please state)
9. **If you had an issue with your mental health other than anxiety or low mood, who would you feel confident speaking to? (Tick as many as you like)**
  - Nobody
  - Manager
  - Line Manager
  - Co-Worker

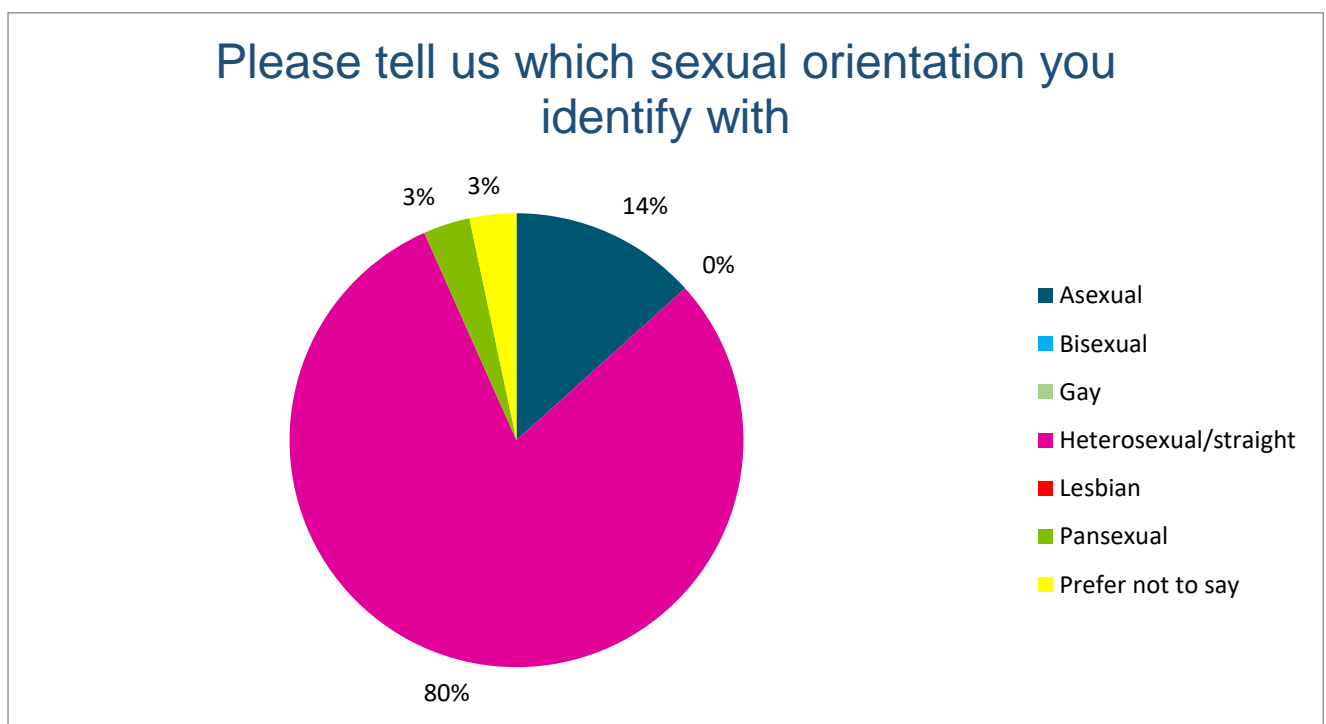
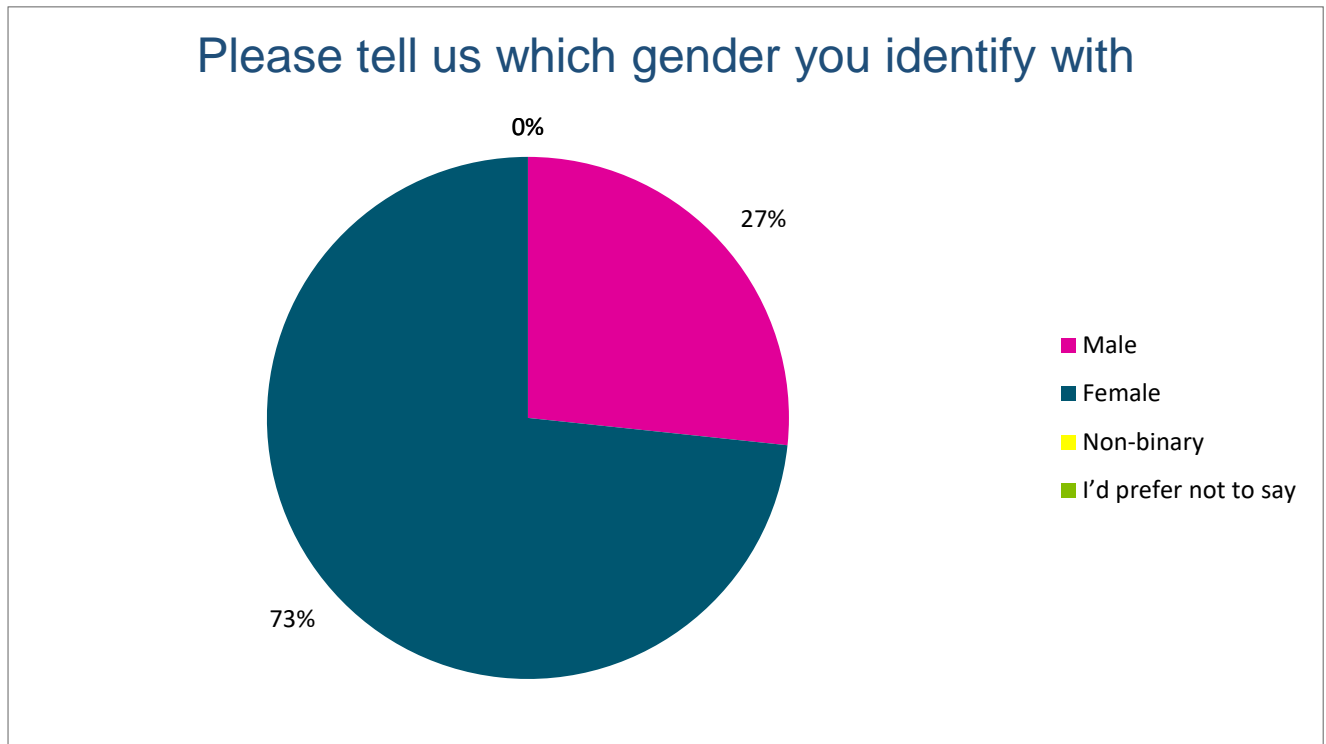


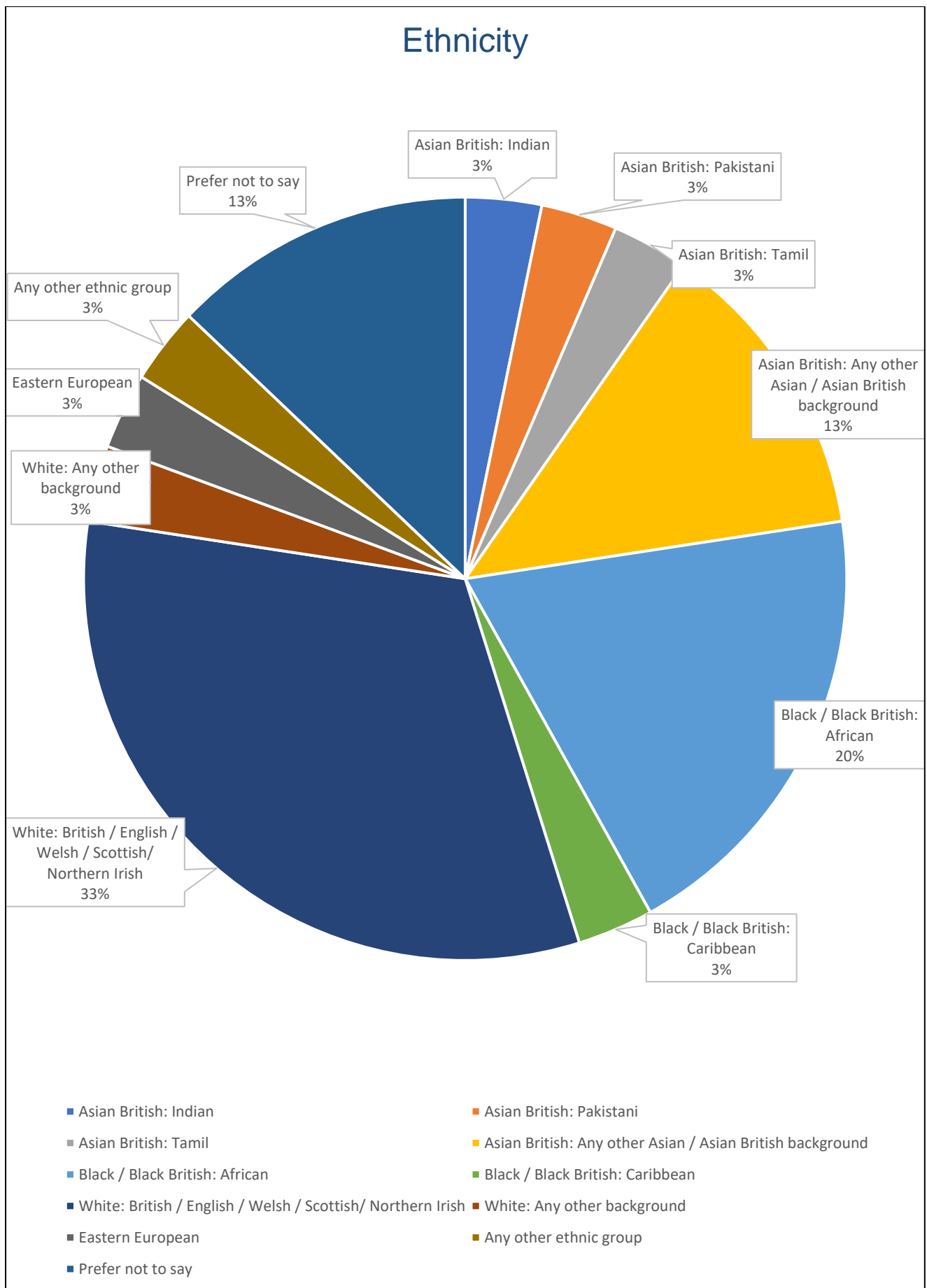
- Professional, such as doctor or therapist
  - Friend or Family
  - Other (please state)
10. **What has been good for your mental health at work?**
  11. **What has been bad for your mental health at work?**
  12. **What new developments would be good for your mental health at work?**
  13. **Is your physical health taken seriously at work?**
    - Yes
    - No
    - Sometimes
  14. **Over the last year have you been asked to work longer than previously expected?**
    - No
    - Yes - it was fine
    - Yes - I felt I had to
  15. **Have you carried out any extra unpaid work in the past year?**
    - No
    - Yes - it was my choice
    - Yes - I felt I had to
    - If yes, please tell us more
  16. **Do you have any comments about the balance between your working life and free time?**
  17. **Over the last year has your workload been manageable?**
    - Yes
    - No, it has been physically exhausting
    - No, it has been mentally draining
    - No, it has been both physically exhausting and mentally draining
  18. **Over the last year what has been good for staff morale?**
  19. **Over the last year what has been bad for staff morale?**
  20. **What new developments would be good for staff morale?**
  21. **Do you always feel respected by the following groups of people while you are working? (Yes/No)**
    - Residents/Clients
    - Other carers
    - The family of residents/clients
    - Managers
    - Wider health and care staff
  22. **Have you seen staff (including yourself) being the victim of discrimination? If so, what was the reason:**
    - No, I have not seen it
    - Yes - age
    - Yes - race
    - Yes - gender
    - Yes - sexual orientation
    - Yes - disability
    - Yes - gender reassignment
    - Yes - marriage and civil partnership
    - Yes - pregnancy, paternity and maternity

- Other - please specify
23. **If you witnessed, or were the victim of discrimination, who was it from?**
- I have not seen or been the victim
  - Manager
  - Line manager
  - Other staff
  - Person I am caring for
  - Service user family
  - Other, please specify
24. **Do you feel confident to report unacceptable behavior in your workplace?**
- Yes, I would report to:
  - No, because:
25. **What would make you more confident to report discrimination in the workplace?**
26. **During lockdown were you asked to do work outside your job description?**
- No
  - Yes, it was fine
  - Yes, I felt I could not say no
27. **Were changes to rules and guidance communicated effectively? (Yes/No)**
- Within your setting
  - By wider health and social care staff
28. **Have there been any positive changes to your workplace in the last year?**
29. **How are the current increases in the cost-of-living crisis impacting on you?**

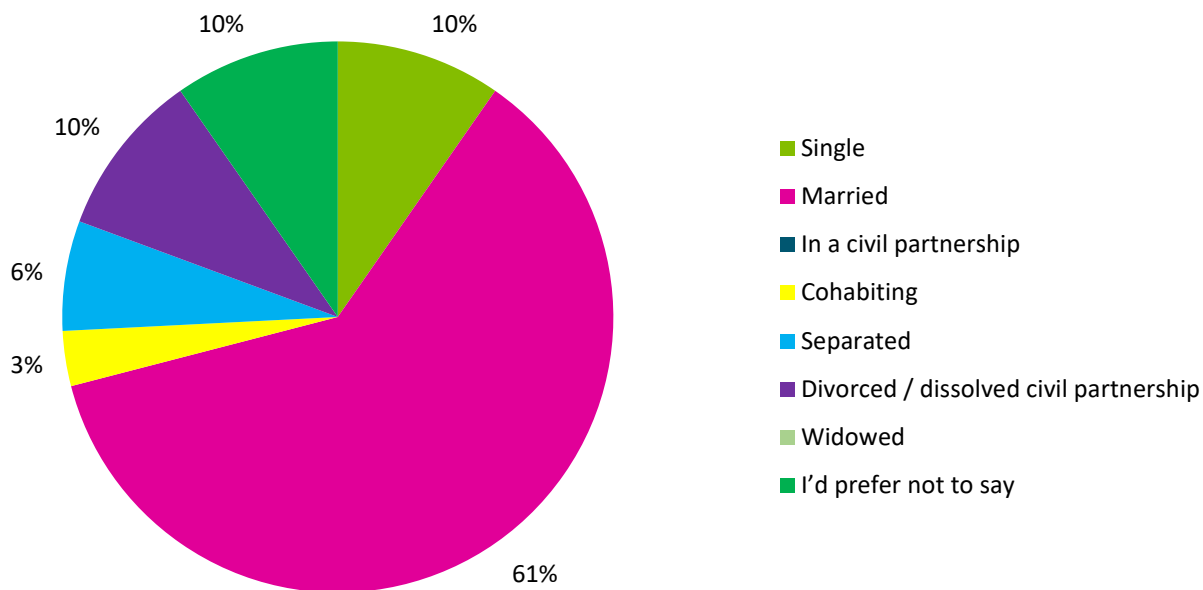
## 9.2 Demographics

Below are the demographics from the survey. This only provides data from people who took part in the survey and agreed to share their information.

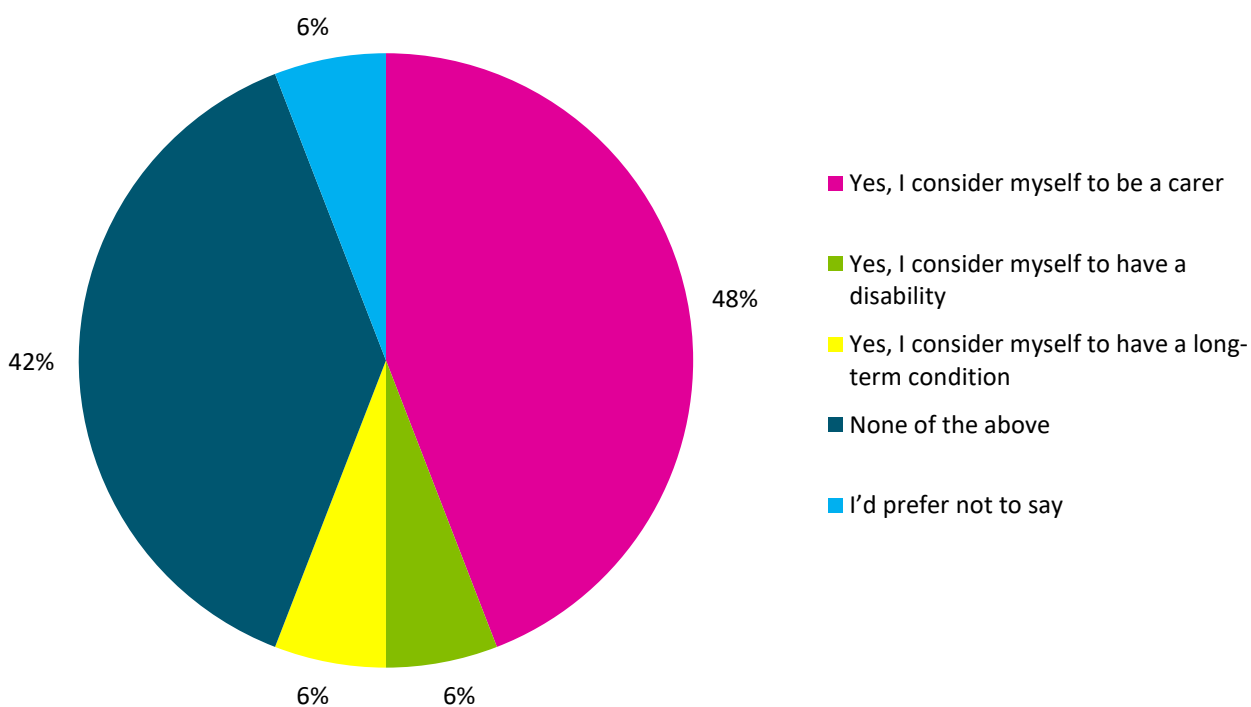




### Please tell us about your marital or civil partnership status



### Do you consider yourself to be a carer, have a disability or a long-term health condition? (Please select all that apply)





Healthwatch Kingston was set up by the [Health and Social Care Act of 2012](#) to be the independent champion for local NHS and social care.

We seek the views of patients, service users, carers and the public to help services work better for the people who use them. We play an important role bringing communities and services together. Everything we say and do is informed by what local people tell us.

As well as encouraging those who run local services to act on what matters to people, we also share local views and experiences with [Healthwatch England](#) and the [Care Quality Commission](#) who make sure that the government put people at the heart of health and care nationally.

*Tell us what you think about the NHS and social care.*

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