



THE WELL-BEING OF PROFESSIONAL CARE WORKERS



4th September 2018

RESEARCH REPORT

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INTRODUCTION

This report details the results of a joint research project commissioned by the National Association of Care and Support Workers (NACAS) and carried out by Care Research. The research was undertaken from July - August 2018.

The report is compiled from results gained from research questionnaires completed by people who work in the care sector. The research questionnaires were created in discussion with NACAS, distributed online and the results were then collated and analysed by Care Research who are an independent body of researchers and who are not directly employed by or staff of NACAS.

As well as the research questionnaire data, this report also includes information and analysis gained from twenty three semi-structured interviews with people who work in the care sector. Open question comment data and interview data is interspersed amongst the report in relation to the key questions asked.

THE AIMS OF THIS REPORT ARE:

- To identify issues relating to the mental health and happiness of care professionals.
- To identify issues relating to concepts of professionalism and career progression and how they relate to care professionals.
- To identify issues relating to the well-being of care professionals, their relationships with employers and the impact of their work on family life.

The research questionnaire was constructed using the online survey service Typeform (www.typeform.com). The research questionnaire was made up of Likert scale questions (participants select the extent to which they agree or disagree with the question's statement) and 'free text' open questions. This approach enabled the collection of quantitative data (statistics) and qualitative data (views, opinions and experiences), giving the report and analysis more key information to identify trends, guide decision making and identify areas in need of improvement. All likert scale questions (statistical data) have been assessed using Typeform's data analysis tools and all percentages are reported to one decimal place. All open questions (qualitative data) have been assessed using thematic coding to identify key ideas and trends expressed in the qualitative data.

As well as question by question discussion and analysis, the report will end with a brief conclusion.

Please note: All recommendations in this report are the views of the Care Research group. Any decision to change policies or practices remains the sole responsibility of the company. We recommend any company considers all available evidences carefully before making decisions. The Care Research group will not be held responsible for the results of any changes or decisions made.

RESEARCH OVERVIEW

RESEARCH METHODS

The research utilised two primary research methods. Research questionnaires and interviews.

RESEARCH QUESTIONNAIRES

The research questionnaire used for this research was created in discussion with NACAS. Questionnaires were created electronically using the online program Typeform (www.typeform.com).

RESEARCH QUESTIONNAIRE CONTENT

The research questionnaire had a total of 26 questions

- 9 were respondent demographic questions (age, gender, contract status etc.)
- 12 were Likert Scale questions.
- 4 were open questions.
- 1 was a Yes/No question.

RESEARCH INTERVIEW CONTENT

The research interview had a total of 4 questions

- Are there any aspects of the care industry or your role that you would want to see changed?
- How do you find your work impacts upon your well-being?
- Do you feel that you are treated as a professional?
- Any other comment or issue you would like to raise?



FOREWORD

The National Association of Care and Support Workers (NACAS) is the only professional membership association for the care workforce. It has always been a priority of ours to ensure we give the care workforce a voice and document the views of the workforce so it can influence future policies.

Therefore, we are delighted to have been able to achieve our first major research work in less than two years of our existence, in collaboration with Care Research. We would like to thank Louie Werth, the Director of Care Research and his team for the fantastic work they have done in producing this report. The fact that we have such a quality report delivered in just two months from initially meeting is a testament to the professionalism of Louie Werth and the Care Research team.

We are all familiar with the statistics and news headlines around the care workforce. What we are aiming to achieve with this research is to learn the direct impact of key issues on the care workforce. The initial findings of 'The Well-Being of Professional Care Workers' report highlight worrying concerns regarding the personal well being of the care workforce. The people whose duty it is to look after the most vulnerable in our society are themselves made vulnerable by the industry they work in through a lack of support for their mental, physical and economic well-being. It is expected that findings from this report will aid all stakeholders to better understand the state of the personal well-being of the key cornerstone of the sector...It's workforce.

To ensure we continue to gauge the well-being of the care workforce, we have decided to engage in this research annually. We will publish the research report on the 4th September each year to commemorate the Professional Care Workers Day.

Thank you to our members and everyone who has taken the time to participate in this research. We hope you will join us as we continue on the journey to ensure our vocation is given the professional recognition it deserves.

Mohammed Gbadamosi

Co-Founder and Chair of NACAS

RESPONDENT INFORMATION

The following information has been gained from the respondent demographic questions asked in the research questionnaire. It also reports on the response rate and the number of respondents that were willing to be interviewed.

RESPONSE RATES

A total number of 252 responses were received for this research. This amount far exceeded the 60 responses the research initially expected when it was first proposed. This is, in part, because the research questionnaire was dispersed more widely than initially anticipated and was shared outside of the NACAS membership.



RESPONDENT ROLE

RESPONDENT ROLE	% OF RESPONDENTS
Care Worker	45.6% (115)
Support Worker	16.7% (42)
Healthcare Assistant	13.9% (35)
Care Manager	5.6% (14)
Healthcare Support Worker	4.8% (12)
Field Supervisor	1.6% (4)
Care Coordinator	0.4% (1)
Other	11.5% (29)

RESPONDENT GENDER

RESPONDENT ROLE	% FEMALE	% MALE	% PREFER NOT TO SAY
Care Worker	42.9% (108)	2% (5)	0.8% (2)
Support Worker	11.5% (29)	5.2% (13)	0% (0)
Healthcare Assistant	13.1% (33)	0.8% (2)	0% (0)
Care Manager	4.4% (11)	1.2% (3)	0% (0)
Healthcare Support Worker	4.4% (11)	0.4% (1)	0% (0)
Field Supervisor	1.6% (4)	0% (0)	0% (0)
Care Coordinator	0.4% (1)	0% (0)	0% (0)
Other	9.1% (23)	2% (5)	0.4% (1)
Gender Total=	87.3% (220)	11.5% (29)	1.2% (3)

Please note no respondents selected Trans*

RESPONDENT ETHNICITY

RESPONDENT ROLE	WHITE	BLACK/ AFRICAN/ CARIBBEAN/ BLACK BRITISH	MIXED/ MULTIPLE ETHNIC GROUPS	ASIAN/ ASIAN BRITISH	PREFER NOT TO SAY	OTHER
Care Worker	38.5% (97)	5.6% (14)	1.2% (3)	0% (0)	0.4% (1)	0% (0)
Support Worker	13.5% (34)	2.4% (6)	0.8% (2)	0% (0)	0% (0)	0% (0)
Healthcare Assistant	9.1% (23)	3.6% (9)	0.4% (1)	0% (0)	0.4% (1)	0.4% (1)
Care Manager	4% (10)	1.2% (3)	0% (0)	0.4% (1)	0% (0)	0% (0)
Healthcare Support Worker	4% (10)	0.4% (1)	0% (0)	0% (0)	0% (0)	0.4% (1)
Field Supervisor	1.6% (4)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)
Care Coordinator	0.4% (1)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)
Other	10.8% (27)	0.4% (1)	0% (0)	0% (0)	0.4% (1)	0% (0)
Ethnicity Total=	81.7% (206)	13.5% (34)	2.4% (6)	0.4% (1)	1.2% (3)	0.8% (2)

RESPONDENT AGE

RESPONDENT ROLE	18-21	22-30	31-40	41-50	51-60	61+
Care Worker	0% (0)	2.4% (6)	6.3% (16)	8.7% (22)	15.9% (40)	12.3% (31)
Support Worker	0% (0)	1.2% (3)	3.2% (8)	6.3% (16)	4.8% (12)	1.2% (3)
Healthcare Assistant	0.8% (2)	2.4% (6)	3.2% (8)	1.6% (4)	5.2% (13)	0.8% (2)
Care Manager*	0% (0)	0% (0)	1.6% (4)	2% (5)	1.2% (3)	0.4% (1)
Healthcare Support Worker	0.4% (1)	0% (0)	0.8% (2)	0.8% (2)	2% (5)	0.8% (2)
Field Supervisor	0% (0)	0% (0)	0.4% (1)	0.8% (2)	0.4% (1)	0% (0)
Care Coordinator	0% (0)	0.4% (1)	0% (0)	0% (0)	0% (0)	0% (0)
Other**	0% (0)	1.6% (4)	1.6% (4)	2% (5)	3.6% (9)	2.4% (6)
Age Total=	1.2% (3)	7.9% (20)	17.1% (43)	22.2% (56)	33% (83)	17.9% (45)

* Please note one respondent in this category erroneously submitted age '0' which has not been included

**Please note one respondent in this category erroneously submitted age '1' which has not been included

HOW LONG HAVE YOU WORKED IN THE CARE SECTOR?

LENGTH OF SERVICE	% OF RESPONDENTS
0 - 6 months	2% (5)
6 months - 1 year	2% (5)
1 year - 2 years	6.3% (16)
2 years - 3 years	9.5% (24)
3 years - 4 years	6.7% (17)
4 years - 5 years	7.9% (20)
5 years +	65.5% (165)

DO YOU HOLD ANY RELEVANT QUALIFICATION?

ANSWER	% OF RESPONDENTS
Yes	80.6% (203)
No	19.4% (49)

RESPONSE RATE WAS OVER

4X

ABOVE THE EXPECTED
RESPONSE RATE

WHAT KIND OF CONTRACT ARE YOU EMPLOYED UNDER?

CONTRACT	% OF RESPONDENTS
Permanent contract (full-time)	28.4% (71)
Permanent contract (part-time)	12.4% (31)
Self employed	32.8% (82)
Zero hours contract	23.6% (59)
Other	3.6% (9)



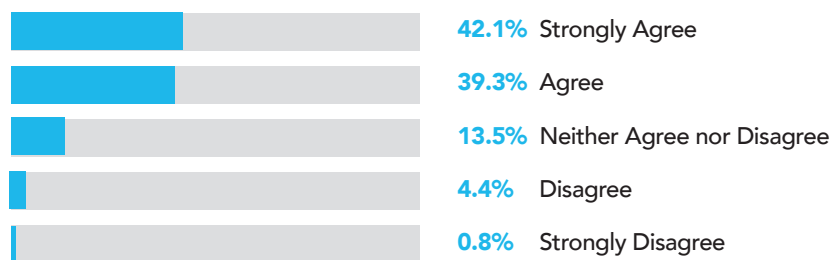
23 INTERVIEWS

WHAT TYPE OF SHIFTS DO YOU REGULARLY WORK?

LENGTH OF SERVICE	% OF RESPONDENTS
Morning shifts	45.2% (113)
Afternoon shifts	41.2% (103)
Evening shifts	34% (85)
Live-in shifts	36% (90)
Sleep-in shifts	12.8% (32)
Waking nights	11.2% (28)
Other	15.6% (39)

PROFESSIONAL CARE WORKERS QUESTIONNAIRE

1. I enjoy my work...



81.4% of respondents (205 respondents) selected Strongly Agree or Agree for this statement. This is the second highest positive response across the research questionnaire and suggests that many, in a general sense, enjoy the work that they do.

Demographic analysis revealed:

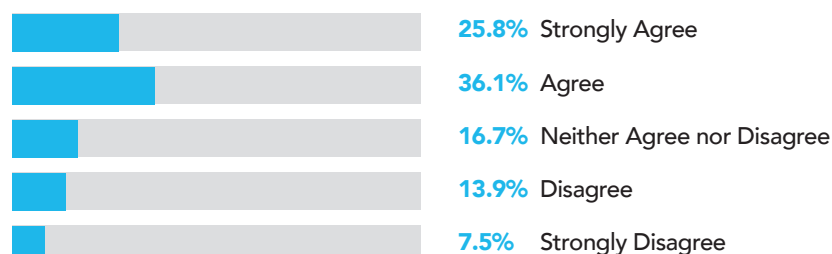
- Both Strongly Disagree responses were from care professionals who had worked in the sector for 5+ years.
- There were very similar responses rates across permanent and non-permanent contract respondents (a difference of 1.4%).
- All non-positive responses came from White respondents.
- Only 12.1% of respondents who work Morning, Afternoon and Evening shifts gave a non-positive response to this question as opposed to 28.9% of those who work Live-in shifts and 21.4% of those who work waking night shifts.

In total 16 people raised comments related to this issue:

- 16 individuals discussed the enjoyment of their role and the issue of having a positive attitude and the importance of good clients and employers was raised.
- 3 respondents, however, also highlighted that their enjoyment of the role and their care for people using services meant they could be taken advantage of.
- Another respondent also highlighted that the emotional bond she had with those she cares for meant that there is a strong emotional strain that comes with the role.



2. I believe issues relating to my work have had a negative impact upon my own mental health...



The above results suggest that 61.9% of respondents believe that their work has had a negative impact upon their mental health, in comparison to 21.4% who believe it has not. This suggests that, despite the positive responses in question 1, the role can still have a negative impact upon the mental health of staff.

Demographic analysis revealed:

- Qualification status had little impact upon this result with 59% of staff without qualifications and 63% of staff with qualifications selecting Agree or Strongly Agree.
- 67% of Support Workers, 62% of Care Workers and 60% of Healthcare Assistants selected Agree or Strongly Agree.
- All field supervisors and 71% of Care Managers selected Agree or Strongly Agree.
- 70.1% of those on permanent contracts and 71.2% of those on zero hours contracts selected Agree or Strongly Agree.
- Self employed respondents were the least likely employment group to Agree or Strongly Agree with this statement (47.6%).

In total 82 questionnaire respondents and 13 interviewees raised issues relating to this question. Thematic analysis revealed 4 key themes:

- The issue of stress as a result of providing care was frequently mentioned alongside issues of being consistently emotionally and physically drained as a result of caring for people.
- A number of respondents also highlighted the need for more regular, protected breaks to guard against exhaustion, burn out and mental health issues.
- A number of respondents commented negatively on their employers suggesting that their approaches, particularly with regards to time off or breaks, had a negative impact upon staff.
- A small number of staff highlighted that low pay meant that staff could not afford to take leave or time off even when it was needed.



3. I have had to take time off of work due to aspects of my work having an impact upon my own mental health...



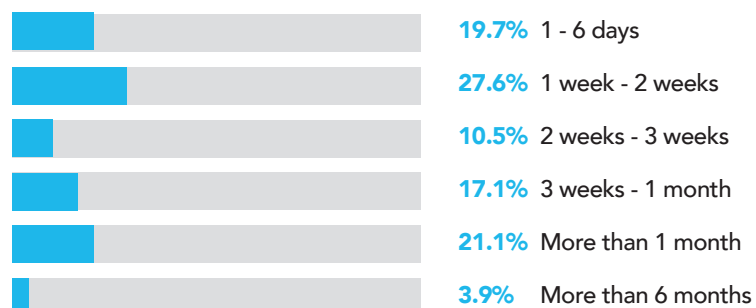
The results suggest that almost 1/3 of respondents have had to take time off of work- a total of 76 respondents- due to the impact of their work on their own mental health.

Demographic analysis revealed:

- 97.4% of respondents who selected Yes were White.
- 11.8% of respondents were male.
- 46.1% of those who had taken time off were on permanent contracts in comparison to 30.3% who were on zero hours contracts and 22.4% of those who were self-employed.
- 30.3% of individuals who have worked in the sector for 5+ years selected Yes in comparison to 38% of those who have worked in the sector for 2 - 3 years.
- 50% of respondents aged 22-30 selected Yes for this question in comparison to 25.3% of those aged 51-60 and 33.3% of those aged 61+.

For comment data on these issues please see question 2.

4. How much time have you had to take off of work due its impact upon your mental health?



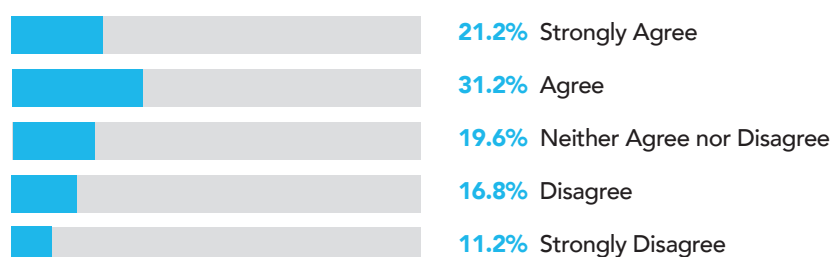
This question was only asked to the 30.2% (76 respondents) who had answered Yes to the previous question. The results suggest that a minimum total of 1,635 days have been taken off by staff due to the role's impact upon personal mental health.

Demographic analysis revealed:

- 55.5% of male respondents to this question took over 1 month off in comparison to 20.9% of female respondents.
- Support Workers who completed this question had to take the highest amount of time off averaging at 24.2 days. Care Workers averaged at 14.2 days and Healthcare Assistants averaged at 13.2 days.
- Respondents who answered this question who were self employed took the most time off on average with a minimum of 36.3 days. Those on zero hours contracts took an average minimum of 22.6 days off and those on permanent contracts took an average of 13.3 days off.
- Shift patterns had a strong correlation to length of time taken off. All of those who selected 6 months or more worked sleep in, waking night or live-in shifts. The average minimum for these respondents was 29.1 days as opposed to 14.3 days for those who did not work these shifts at all.

For comment data on these issues please see question 2.

5. *I am happy with the type of employment contract I have...*



The results suggest that 52.4% of staff are happy with their employment contract in comparison to 28% who are not happy with their employment contract.

Demographic analysis revealed:

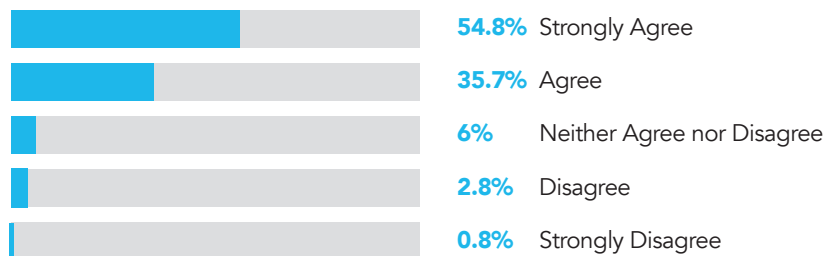
- 62.7% of respondents employed on zero hours contracts selected Disagree or Strongly Disagree to this question in comparison to 23.2% of self employed respondents and 11.8% of permanently employed respondents.
- 77.5% of respondents on permanent full-time contracts selected Agree or Strongly Agree in comparison to 48.4% of respondents on permanent part-time contracts.
- 53.7% of respondents on self employed contracts selected Agree or Strongly Agree for this question.
- 23.7% of respondents employed on a zero hours contract selected Strongly Agree or Agree to this question.

A total of 31 questionnaire respondents and 5 interviewees raised issues relating to employment contracts. Analysis revealed 5 key themes

- A number of respondents were unhappy with working on zero hours/ self employed contracts and believed it was not fair that this was expected by some employers.

- There were also some staff who were very positive about zero hours/ self employed contracts because of the flexibility provided. This may suggest that choice is a key issue regarding employment contracts.
- A number of self employed employees raised the issue of sick pay, holiday pay and travel allowances.
- A number of respondents raised the issue of pay rates and a lack of increase in pay rates. Respondents also raised the issue that when actual hours worked and travel is considered, many feel they are working for less than the minimum wage.
- 2 respondents also raised the issue of variable hours contracts and the belief that these were, in reality, no different from zero hours contracts.

6. *I see myself as a professional...*



This question received the highest combined Strongly Agree and Agree response at 90.5% as well as the lowest Disagree and Strongly Disagree combined response rate at 3.6% across the whole research questionnaire. The results suggest that the majority of those who work in the care sector perceive themselves as professionals.

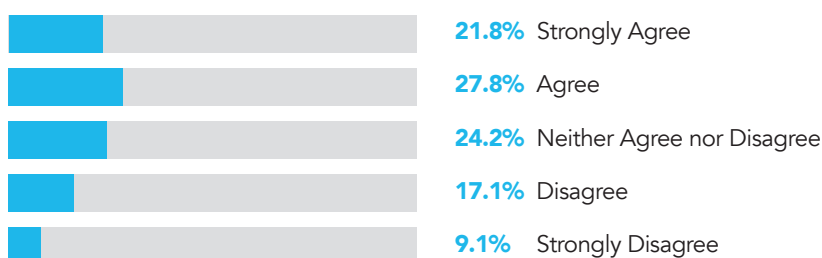
Demographic analysis revealed:

- 90.4% of Care Workers, 91.4% of Healthcare Assistants and 85.7% of Support Workers and 83.3% of Healthcare Support Worker selected Agree or Strongly Agree.
- 100% of Care Managers, Field Supervisors and Care Coordinators selected Agree or Strongly Agree.
- 16.3% of those without a qualification selected a non positive answer in comparison to 7.9% of those with a qualification.

A total of 2 questionnaire respondents and 2 interviewees raised issues relating to this question. 2 key themes were identified:

- 2 individuals cited their qualifications and the frequent training updates they have undertaken as evidence of their professional status.
- 2 individuals highlighted the importance of their work and specifically the impact care work has on the NHS as evidence of professional status.

7. My employer(s) respect me as a professional...



Only 49.6% of respondents agreed with this statement. When compared with the results in question 6, it is clear that there is a gap between how care staff perceive themselves in comparison to how they believe they are perceived by employers.

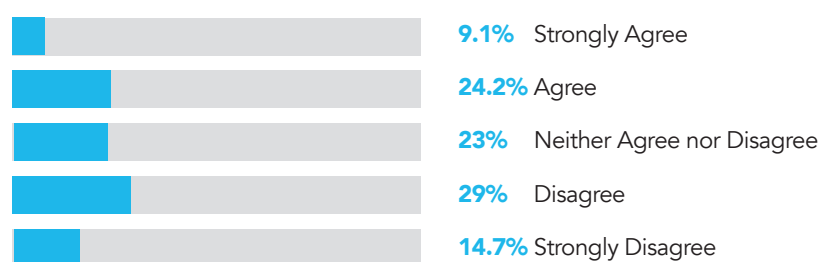
Demographic analysis revealed:

- 54.8% of Support Workers, 50.4% of Care Workers and 42.9% of Healthcare Assistants selected a non-positive answer for this question.
- 42.9% of Care Managers selected a non-positive answer.
- All Field Supervisors (4) selected a non-positive answer.
- 59.3% of those on zero hours contracts selected a non-positive response in comparison to 52% of permanent employees and 43.9% of self employed respondents.
- 62.2% of those aged 61+ selected a non positive answer. This was 10% higher than the next highest answer of 51.2% for 41-50 year olds.

In total, 48 questionnaire respondents and 22 interviewees raised issues relating to this question. 6 themes were identified:

- The majority of comments and responses related to this question focused upon the families and individuals who were being cared for as opposed to employers.
- A specific area of contention that was frequently raised was the idea that families and residents expected those who provided care to do other roles such as cleaning. Many commented upon being treated as a 'maid' or 'cleaner' as opposed to a care professional.
- The majority of comments relating to employers were negative with the issue of lack of respect frequently being raised.
- The issue of pay was frequently mentioned as an indicator relating to employer lack of respect.
- Despite this there were some who commented on specific employers whom they felt respected them.
- A number of respondents also raised the issue of not being respected by NHS staff such as nurses and the frustration that their knowledge was not always acknowledged or listened to.

8. I believe wider society respects me as a professional...



This question scored the lowest of the three professionalism questions with only 33.3% of respondents selecting Agree or Strongly Agree. 43.7% of respondents selected Disagree or Strongly Disagree. These results, when compared with question 6, suggest those who work in the care sector see a big difference between how they perceive their role and how they believe it is perceived by society.

Demographic analysis revealed:

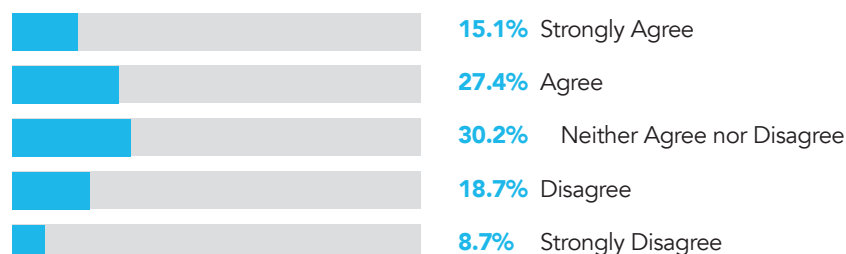
- 72.4% of male respondents selected a non-positive answer to this question in comparison to 65.5% of female respondents.
- 71.4% of Support Workers, 66.1% of Care Workers and 57.1% of Healthcare Assistants selected a non-positive answer.
- 71.4% of Care Managers and 50% (2) of Field Supervisors selected non-positive responses to this question.
- When compared to question 7, these results suggest that Field Supervisors in this research believed society has a more positive view of them than their employers.
- 83.1% of respondents on zero hours contracts selected a non-positive answer in comparison to 71.6% of respondents on permanent contracts and 48.8% of self employed respondents.
- 70% of those aged 22-30 and 68.9% of those aged 61+ selected a non-positive answer. 65.1% of those aged 51-60 and 62.5% of those aged 41-50 selected a non positive answer. Only 18.6% of those aged 31-40 selected a non-positive answer.

27 respondents and 9 interviewees discussed issues relating to this question. 3 themes were identified:

- The majority of responses to this issue were negative with many respondents believing society did not have a high view of the role or of them.
- A number of respondents highlighted that many in society do not have an accurate understanding of what the role entails and that this was perhaps why the role is not regarded highly.
- Some respondents also highlighted that the perceived ease of getting a role in care and low pay all contributed to a negative perception of the role.



9. I believe my employer(s) would offer the support needed if I were having personal or family issues...



A total of only 42.5% of respondents selected Agree or Strongly Agree as opposed to 27.4% who selected Disagree or Strongly Disagree.

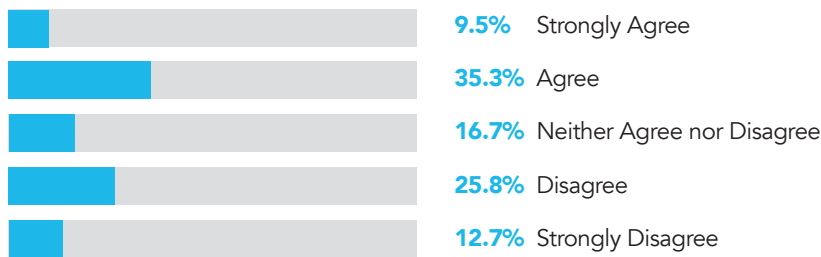
Demographic analysis revealed:

- 27% of Care Workers, 23.8% of Support Workers and 22.9% of Healthcare Assistants selected Disagree or Strongly Disagree.
- 39% of respondents employed on zero hour contracts selected Disagree or Strongly Disagree in comparison to 28.4% of respondents employed under permanent contracts and 17.1% of self employed respondents.
- Gender had no significant impact upon responses to this question.

17 respondents and 7 interviewees raised issues related to this question. 4 themes were identified:

- The majority of comment data and interview data on this question raised general concerns regarding employers not caring and not being willing to give staff time off when it was necessary.
- There were a small number of positive comments relating to specific arrangements or times when employers had given staff time off.
- Examples were also given of people not being allowed time off for important medical appointments with one respondent stating they were sacked because time was taken off for health reasons.
- Some respondents also raised the issue of employers reducing hours if staff took time off due to illness.

10. I feel I am able to balance my work life and home life well...



The results to this question suggest that only 44.8% believe they are able to have a healthy work-life balance.

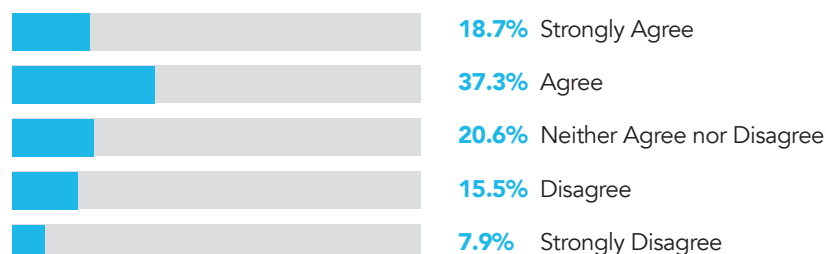
Demographic analysis revealed:

- 54.3% of Healthcare Assistants, 45.2% of Support Workers, and 42.6% of Care Workers selected Agree or Strongly Agree for this question.
- 50% of Care Managers and selected Agree or Strongly Agree for this question
- 3 out of 4 Field Supervisors selected Disagree or Strongly Disagree for this question.
- 52.5% of respondents employed on zero hours contracts selected Disagree or Strongly Disagree. By comparison, 38.2% of respondents on permanent contracts and 28% of self employed respondents selected Agree or Strongly Agree to this question.

A total of 63 respondents and 3 interviewees raised issues relating to this question. 6 key themes were identified.

- A large number of respondents highlighted that shift patterns, shift lengths and a lack of time off made it difficult to maintain a work life balance. This was particularly true of making time for family for individuals with young children.
- Pay was also raised. Respondents highlighted that low pay meant staff had to work longer hours or overtime which had an impact upon home life.
- Some respondents commented on a belief that employers expected them to put work first.
- Some respondents also commented that the energy the work requires also meant that having quality time at home could be difficult.
- The issue of finding childcare that would work around shift patterns was also raised by a small number of respondents.
- A small number of respondents highlighted that one of the benefits of their self employed status or zero hours contract was that they were able to balance work life and family better.

11. I believe there are opportunities for me to develop professionally within the care sector...



The results suggest 56% see professional development opportunities within the care sector whilst 23.4% do not see any opportunities to develop professionally.

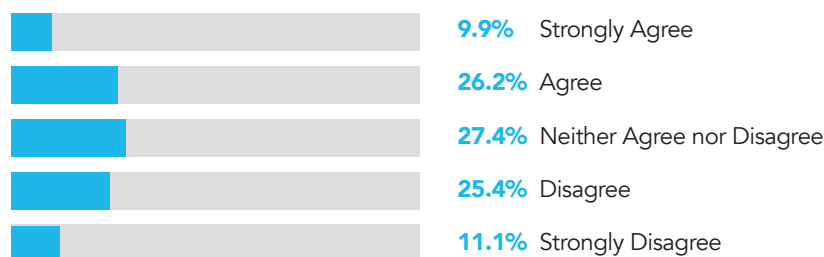
Demographic analysis revealed:

- Qualification status had only a small impact upon results with 28.6% of respondents with no qualifications selecting Disagree or Strongly Disagree and 22.3% of respondents with qualifications selecting Disagree or Strongly Disagree.
- 35% of those aged 22-30 selected Disagree or Strongly Disagree to this question. This was 8.2% higher than the second highest age group (41-50), 26.8% of whom selected Disagree or Strongly Disagree.
- Interestingly, only 47.9% of those on permanent contracts selected Agree or Strongly Agree in comparison to 50.9% of those on zero hour contracts and 73.2% of those who are self employed.
- 55.7% of Care Workers and 68.6% of Healthcare Assistants selected Agree or Strongly Agree for this question in comparison to 45.2% of Support Workers.

23 respondents and 1 interviewee raised issues relating to this question. 3 themes were identified:

- A number of respondents highlighted the opportunities available through university education and a desire to pursue this. Some respondents saw this as an opportunity to grow within the sector whilst others saw this as a necessary way to leave care work.
- Some respondents suggested that developing professionally was difficult because of the long hours required of the role.
- A small number of respondents suggested changing to different settings, companies or new roles within the care sector.

12. I believe my employer(s) support me in my professional development...



36.1% of respondents selected Agree or Strongly Agree to this question in comparison to 36.5% of respondents who selected Disagree or Strongly Disagree. This question had the closest similarity of positive and negative scores and suggests that there is a wide range of experiences relating to employer support for professional development.

Demographic analysis revealed:

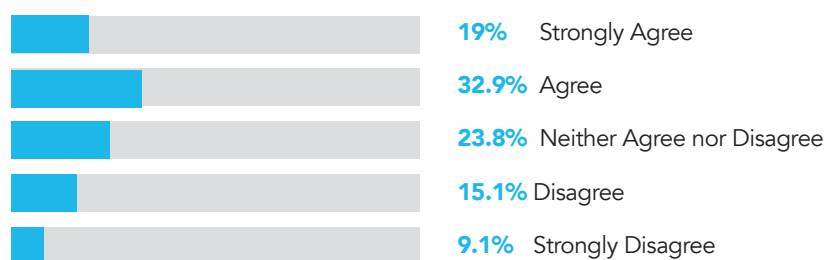
- 40.5% of Support Workers, and 39.1% of Care Workers selected Disagree or Strongly Disagree for this question in comparison to 20% of Healthcare Assistants.
- 28.6% of those without qualifications selected Agree or Strongly Agree in comparison to 37.9% of those with a qualification. This suggests that those who do not have qualifications feel less likely to be supported to develop than those who already hold qualifications.

A total of 30 respondents raised issues relating to this question. No interviewees raised issues relating to this question. 4 themes were identified:

- A large number of respondents stated that their employer did not provide them with enough professional development opportunities outside of the basic training requirements.
- A smaller number commented positively on the professional development opportunities provided by their employer.
- A number of respondents highlighted the issue that developing professionally did not necessarily have any impact upon pay levels.
- A small number of respondents also raised the issue that training was often unpaid even though it is compulsory.



13. I see myself continuing to work in the care sector in 5 year's time...



The results suggest that a little over half (51.9%) of questionnaire respondents intend to stay in the sector. Just under a quarter of respondents (24.2%) intend to leave within the next five years.

Demographic analysis revealed:

- 45% of respondents aged 22-30 selected Disagree or Strongly Disagree. Conversely, only 31.1% of those aged 61+ (and approaching retirement age) selected Disagree or Strongly Disagree.
- 28.6% of Care Workers, 22.9% of Healthcare Assistants and 21.7% of Care Workers selected Disagree or Strongly Disagree.
- 21.4% of Care Managers selected Disagree or Strongly Disagree for this question.
- 28.6% of those who regularly do sleep in, live-in and waking night shifts selected Disagree or Strongly Disagree in comparison to 20.6% of those who do not do these shifts regularly.
- 33.9% of respondents employed on zero hours contracts, 17.1% of self employed respondents and 25.5% of respondents on permanent contracts selected Disagree or Strongly Disagree for this question.

In total, 28 respondents and 1 interviewee raised issues relating to this question. Analysis identified four key themes:

- The majority of comments were from individuals who did not intend to be working in the care sector in five year's time, though a small number of responses commented upon wishing to remain in care.
- Retirement was raised by a number of respondents.
- The impact of the role upon physical and mental health was raised in a number of responses as reasons why individuals did not want to remain in the sector.
- Low pay was also raised as a reason why a number of respondents would like to leave the sector within 5 years.

OTHER ISSUES RAISED

The use of comment data and interviews in this research meant that a number of wider issues relating to the sector were raised. This section will briefly discuss three of the other key issues raised by respondents.

PAY

The issue of pay was an area much discussed by interviewees and respondents. Many felt that the responsibility, skills, effort and energy care roles require mean that general levels of pay should be increased. Many believed minimum wage was not fair for care work, with many respondents also highlighting that various employer practices meant that actual hourly earnings were below minimum wage. The recent decision regarding payments for sleep in shifts was also criticised by respondents. Low levels of pay were also raised as an issue that had mental health implications for care professionals.

Another area raised in relation to pay was the disparity between the pay of those who delivered care and employers who run care companies. Many care professionals stated that they had received little to no rise in pay rates in recent years, resulting in an overall fall in income. This was also criticised by those who recognised that care companies were still increasing charges for delivering care.

APPRECIATION

A number of respondents felt that they were not appreciated by employers, society or the families of those they provide care for. This had a strong impact upon their enjoyment of the role and many felt this lack of appreciation contributed to wider negative views of the profession.

HEALTH ISSUES

A number of respondents also highlighted the ongoing negative impacts of care work on their own physical health.

CONCLUSIONS

This research suggests that though many are broadly happy with their work, there are significant issues that are impacting upon the lived experiences of care professionals.

The issue of the mental health impacts of providing care is an area that would warrant further research as there are clearly a range of factors contributing to this issue. A key area raised is the practical issues that can stop individuals from taking time off for mental health issues, in particular how contractual and pay issues may contribute to this. The research suggests both aspects of the role and the way employers treat staff can all have negative impacts upon the mental health of those that work in this sector.

On the issue of professionalism, the research suggests there is a wide gulf between how those who work in care perceive their roles and how they believe society and their employers perceive them and the work they do. The issue of what constitutes professionalism and how this is recognised is of particular importance. Those that work in care believe that respect will, in part, be related to a wider understanding of what care work entails and the responsibility and skills needed to carry out the role. Many believe professionalism would best be conferred through increased levels of pay and a clear definition of what the role involves.

Finally, the research suggests there are issues regarding the future development of the current workforce. The research suggests there is a wide range of experiences relating to individuals developing within the profession and that a number of employers may need to do more. The research also suggests that a number of younger staff in this sector may not see this as a long-term career option.

Future research should focus on pay, the relationship between care work and mental health and the longevity of the current workforce and how further professionalisation could take place in this sector.

NACAS RECOMMENDATIONS

Based on the findings of this research, NACAS is proposing the following recommendations which, in our view, will improve the wellbeing of the Care Workforce and help create a workforce that feels professionally valued, supported and respected.

The objective of NACAS is to represent care workers' position to National Governments, Local Governments, Care Providers, statutory and regulatory organisations and all stakeholders to improve the well-being of the care workforce. Therefore, we are making these recommendations for advisory purposes only based on the findings of this research.

While NACAS recognises that some of the recommendations may require policy, legislation and commissioning process changes, amongst others, it is the association's expectation that these recommendations will form part of a more extensive sector debate addressing care sector issues which have been described as 'in crisis' in other reports.

ESTABLISHMENT OF STAFF WELL-BEING POLICIES BY EMPLOYERS, WITH A FOCUS ON IDENTIFYING AND SUPPORTING WORKERS' MENTAL WELLBEING

The report highlighted that the majority of the respondents, 61.9% believe that their work has a negative impact on their mental health. The significant part of this was the number of people who felt their employers will not support them if faced with personal or family issues. There were comments made about how care workers have not been allowed time for medical appointments and 'employers not caring'. Despite this, an overwhelming number of respondents enjoy their work and carry out their role in a professional, diligent manner, be it at the risk of their own personal well-being. Employers should be proactive in offering support to their employees, such as access to independent counselling and structured debriefing processes that go beyond the current supervision practices that exist in most organisations. Bereavement support should be given to care workers experiencing loss after people they look after pass away. An effective well-being policy should be able to identify and provide support for employees when required. It should also promote a culture of work-life balance. This will help develop a resilient workforce and will improve retention and hopefully reduce the percentage (48%) who may leave the sector in the next five years.

A CAMPAIGN TO RAISE THE PROFILE OF CARE WORK AS A PROFESSION

There is substantial evidence that most people working in care do not feel that their employers, the broader sector or society respect the role of care workers. The majority do not feel that they are provided with enough opportunities to develop. The sector will struggle to attract new entrants if it cannot provide clear developmental opportunities for those currently working in care. This particular question attracted the closest similarity concerning negative and positive responses which suggest that there are outstanding practices by specific organisations. Such positive initiatives in workforce development should be celebrated and shared.

The campaign should recognise the crucial role of care workers, highlighting the skill level required for working in the sector and the great responsibility that care workers take on every day. It should include promotion of the career options available in the sector, including the opportunity to become a specialist care worker. It also needs to be emphasised and recognised that it is an amazing career, as providing people with help and support face-to-face every day is very rewarding.

To celebrate care work and promote the industry and recognise the hard work that care workers do, NACAS has established the Professional Care Workers' Day starting on the 4th of September this year and intend to continue this as an annual event.

DEFINING AND RECOGNISING CARE WORK AS A PROFESSION

The research reveals a strong belief by those who work in care that their job is not considered as a profession. Professionalising care work will go a long way in alleviating these concerns.

There were other views expressed on the perceived ease of being able to secure a care work job, and that this devalues the immense responsibility shouldered by care workers. As part of our recommendations to professionalise the sector, NACAS proposes some sensible regulations to introduce an entry requirement into the role and a register of care workers alongside a standardised and accredited training programme that will form part of care workers' Continuing Professional Development (CPD). Ongoing sector training should be accredited to a national standard and ensure certificates issued are portable and transferable.

NACAS would like the title 'carer' to be reserved for individuals who carry out the caring task as a personal responsibility without remuneration. The term 'Care Practitioner' could replace the title 'carer' for a care worker. Existing roles should be categorised into five levels as presented below. Workers' pay should also be structured along the proposed grade to reflect the skill and responsibility that comes with the grade:

CARE PRACTITIONER GRADE	CORRESPONDING ROLES (EXAMPLES)	REQUIREMENTS
Care Practitioner Grade 1	Assistant Care Worker; Support Worker	New to the sector, working a probationary period or newly qualified members with less than one year's experience.
Care Practitioner Grade 2	Care Worker; Care Assistant; Personal Assistant; Support Worker; Domiciliary Care Worker; Activities Worker	Qualified care and support workers, and those with more than a year's experience. Achieved an accredited qualification.
Care Practitioner Grade 3	Senior Care Worker; Senior Support Worker; Field Supervisor; Health Care Assistant; Enhanced Care Worker; Rehabilitation Worker; Recovery and Mental Health Support Worker	Members on this level have more advanced responsibility. Members in this role will have achieved additional competencies to carry out their role, for example: administering medication, specialist skill sets in areas such as Mental Health, Dementia, learning Disabilities etc.
Care Practitioner Grade 4	Team Leader; Care Coordinator; Care Assessor; Deputy/Assistant	Members on this level will have supervisory responsibilities in addition to their primary role.
Care Practitioner Grade 5	Registered Manager; Commissioner; Service Manager	Operational and Strategic Management Responsibilities.

MAKING EMPLOYMENT CONTRACTS FAIRER

The use of zero-hours and self-employed contracts requires review to ensure care workers have the same rights as every other employee in this country. A high number (62.7%) of respondents on zero- hours contracts are not happy with their contracts, In comparison to 23.2% of self-employed respondents and 11.8% of permanently employed respondents. However, the significant concern in this research is that 71.2% of those on zero-hours contracts selected 'Agree' or 'Strongly Agree' that their work has had a negative impact on their mental health but that they are also a group who are less likely to have taken time off work due to mental health concerns. Comments from the respondents suggest that this is due to the possible loss of income and lack of support from employers. The risk here is that care workers may be working to the detriment of their well-being because of lack of support.

NACAS would like to recommend that the use of zero hours and self employed contracts should not be the norm in the sector but an exception. Zero hours and self employed contracts should be at the choice of the employee where this is their preference. People working on zero hour and self employed contracts should have the same entitlement as those on permanent contracts.

The National Association of Care & Support Workers wants to recommend and ensure that care workers are involved in decision making about social care and that policy makers look at the interests of the workforce when making changes. The health and social care industry will only work when everybody is considered and looked after meaning the people who use services, care providers, stakeholders and the workforce.





GET IN TOUCH!

You can call us on:

0208 2265586

Email us:

research@carereseach.co.uk

Visit our website:

www.carereseach.co.uk

