

Evidence Review

Improving the Health and Well-being of Care Workers.

Easy read version

What is the issue?



Care work can be amazing and make a huge difference to people's lives. However, **without the right support**, it can be a very **difficult** job.



A lot of care workers are **poorly paid** and find their jobs very **stressful**.

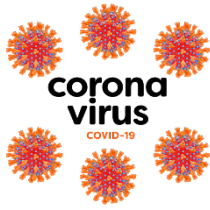


There was a recent study about the **working conditions** and **staff well-being** in social care. They looked at how things changed during the **COVID-19 pandemic**.



They found that before the pandemic, social work had some of the **worst working conditions** of any sector in the UK.

“Good support isn’t just about ‘services’ – it’s about having a life.”



Their research showed that these **working conditions have gotten worse** since the pandemic. The mental well-being of the staff has also gotten worse.



They found that improving staff well-being would be good for the well-being of **employers, social care workers** and for **the people they support**.



There was **similar research** done in the **NHS**. They also found that improving staff well-being would be good **for both employers and for patients**.



Although they have struggled to make changes to help their staff, the NHS **believes that their staff are very important**.



Some people think that **social care** still has a **long way to go** when it comes to this.

“Good support isn’t just about ‘services’ – it’s about having a life.”

Why is this issue important to us?



From our own research, we have found that supporting social care staff is a **very important issue** to people.



When we asked people what projects we should run, lots of people wanted to do **work around staff well-being**.



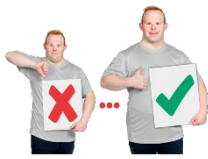
In early 2023, our ‘Ask IMPACT’ team made a **guide** about **employing social care staff** and making sure they **want to stay in their jobs**.



You can read this guide, and watch a video about it on this **website**:

<https://impact.bham.ac.uk/our-projects/ask-impact-guides/recruitment-retention-support-answers/>

“Good support isn’t just about ‘services’ – it’s about having a life.”



This guide brought attention to lots of problems. It also showed some ways that employers can **improve things for social care staff**.



One example of this is by paying proper attention to the **health and well-being** of people working in social care.



As a result of this research, we are bringing organisations from across the UK to **work on these issues together**.



We want to share ideas and learn new things from each other so we can think about **how to make a difference**.

Care as ‘emotional labour’



One new way we can think about these issues is by thinking of care as a form of **‘emotional labour’**.



Emotional labour means **managing your own feelings** so that you can act in a **suitable** way at work.

“Good support isn’t just about ‘services’ – it’s about having a life.”



An example of this would be a **paramedic staying calm** even when they are in a scary situation, or helping someone who is **badly injured**.



The idea of care as a form of emotional labour started in the **airline industry**.



Air stewards have to present themselves as **professional, calm and friendly** in front of passengers who might be **scared, angry or even abusive**.



Similar ideas have also been talked about in health care. For example, **nurses have to be understanding and caring** towards their patients, even when they are stressed.



This can be really hard in a sector like adult social care, where some things people do can be very **difficult and upsetting**.



If we get put in really difficult situations **without proper support**, our health and well-being can **suffer** as a result.



Yvonne Sawbridge, who used to be a nurse leader, has used the idea of ‘emotional labour’ in her work with **Alistair Hewison**.

“Good support isn’t just about ‘services’ – it’s about having a life.”



They looked at **why things can go so wrong** in health care and why people that work in health care can sometimes **do awful things** to people.



They wanted to find out how we can support staff to give ‘**compassionate care**’. In other words, how to help make sure patients are **treated well**.



Yvonne Sawbridge points out that there is often **too much focus on money** and finances. We sometimes forget how **emotionally difficult** care work can be.



She gives an example of this from the **ambulance service**. In the past, the ambulance staff used **different ways of coping** with the problems they faced at work.



They would use their time in between calls to **talk to each other and make each other laugh**.

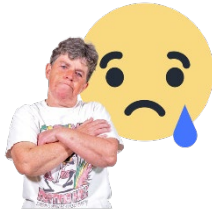


However, after they introduced something called ‘higher performance targets’ and ‘faster response times’, this meant that they **didn’t have time to chat together** in between calls.

“Good support isn’t just about ‘services’ – it’s about having a life.”



As a result, some staff felt **more stressed** and said that they were **getting sick more often**.



This is because they had **lost the support** that they had before and so they found it **harder to cope**.



Many public services seem to be really bad at paying attention to the **emotional impact of caring**.



There are rules in place to keep people **physically safe** at work. For example, people who work on building sites wear **hard hats** to keep themselves safe.



However, people often forget about taking care of their **emotional well-being**.



In care work, lots of people think that if you've got enough time to think and talk about how you're feeling, this means you're **not working hard enough**.

“Good support isn’t just about ‘services’ – it’s about having a life.”



This can result in staff **not being properly supported** to give compassionate care to their patients. They are then **blamed for being ‘uncaring’**.

What does this mean in practice?



Sawbridge and her colleagues held a national workshop. They worked with **nurse leaders** and buddied up with **the Samaritans**.



They compared how the Samaritans **support their volunteers** with how the NHS tries to look after its staff. They carried out research and wrote up some **practical ideas**.



Here is a list of some examples they found of these ideas being put into practice:

“Good support isn’t just about ‘services’ – it’s about having a life.”



- A programme at Southampton University which **taught people how to give compassionate care** to older people in hospital.



- A research project by Edinburgh University and NHS Lothian, which was set up to **find ways of giving compassionate care**.



- **Mindfulness programmes** about reducing stress by Transport for London.



- **Self-care plans** and groups to help people working in emergency services to **deal with stress**. These groups were first made by emergency services in the US.



- A forum created by the Point of Care Foundation to help staff come together to discuss the **emotional and social parts of caring**.



- The Samaritans **Volunteer Support programme**

What did they learn from the Samaritans?



Sawbridge and Hewison worked with NHS nurse leaders to think about the ways the Samaritans **support their volunteers**.



They found that one way they did this was by **pairing the volunteers up with a partner** during their training.



They allowed the volunteers to talk **about their calls** with their partner in between calls.



If the volunteer **needed more time** to talk things through with their partner, they would **turn the phones off** to allow this to happen.



Although this wasn’t needed very often, it shows how **important the emotional well-being** of the volunteers was to the organisation.



They believed that if the carer isn’t supported then they **can’t care for their callers**.



At the end of each shift, the volunteer would talk to their shift leader about **how they are feeling** and the types of calls they had taken that day.



If the shift leader felt that the volunteer was **emotionally affected** by the calls, they would call them up the next day to **ask how they are**.

What barriers did the NHS face when trying to achieve this?



The NHS tried hard to **bring about changes** based on these ideas and attitudes. However, they found that it **wasn’t easy**.



One of the reasons for this is that they struggled to find the **time and space** to give the staff this kind of support.



They also found that people felt that they **already looked after one another**. They said they felt **unable to make any actual changes** to the way they did their work.

What can we learn from this?



Hewison and Sawbridge felt that it was important to learn from what **didn’t work well and what did**. They gave the following **advice**:



- Any plan to improve staff support and compassionate care needs to be a plan that is **brought about by the organisation**.



For example, a **plan made by the NHS** itself, rather than the responsibility of individual workers.



- There needs to be **proper support** given by senior management. The **whole team** needs to be on board with this.



- There is **no single way** of doing things. Different things will work for different teams.



- It is not enough to make one single change. **Real progress** can only be made when people come up with **lots of different ways to change things**.

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‘services’ – it’s about having a life.”

Other resources



There is an online **blog** you can read titled ‘**Care and compassion in the NHS**’. Read it here:

<https://www.kingsfund.org.uk/blog/2011/02/care-and-compassion-nhs-patient-experience>



We can also provide a **reference list** for our sources, please message or email if you would like this sent to you.

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