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Citation for published version (APA):

Hussein, S., Moriarty, J., Manthorpe, J., Stevens, M., Cornes, M., Harris, J., & Samsi, K. (2014). *Longitudinal Care Work Study (LoCS) Expert Seminar: Presentation and discussion of emerging findings*. King's College, London.

Citing this paper

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Longitudinal Care Work Study (LoCS) Expert Seminar: Presentation and discussion of emerging findings Held by SCWRU on 24 September 2014 at King's College London

Download all speakers' presentations at: www.kcl.ac.uk/scwru/res/capacity/locs.aspx

Introduction

At the outset of the Longitudinal Care Work Study (LoCS) an Expert Seminar engaged a range of stakeholders in the study aims and methods. This second LoCS Expert Seminar was similarly designed to gather diverse expert perspectives to discuss emerging findings from the analysis of the qualitative and quantitative data from phases one and two of the research and to take part in a priority setting exercise for the study's next phases. Forty participants attended from a cross-section of local authorities, social care providers and umbrella social care sector organisations, including user representative groups, a range of academic perspectives, and the sector skills and professional bodies, Skills for Care and The College of Social Work.

The seminar was chaired and introduced by Professor Jill Manthorpe, who outlined the study background and methods (*see box below*) and the investment in the study by the

Department of Health, under its Policy Research Programme. Presentations were made by three other members of the LoCS research team: focusing on '*Job satisfaction dynamics*' by Dr Shereen Hussein (PI); on '*Compassionate care?*' by Jo Moriarty, and on '*Recruitment and retention*' by Dr Kritika Samsi. Each speaker posed questions to the audience, and also encouraged wider discussion on any other aspects of these topics seen as important. Jill's broad challenges to the audience were: *What further analysis needs to be done from phases one and two of LoCS? And, what new directions, if any, should we take for phase three of the project, post April 2015?* The subsequent group discussions were facilitated and scribed, allowing for in-depth exploration of the emerging findings and the current and future areas of analysis, and to set them in the context of participants' professional and personal expertise.

LoCS background and methods

The LoCS programme of work aims to increase understanding of the factors that facilitate or constrain recruitment and retention in the social care workforce in England. The social care workforce constitutes between 4-6% of the total UK workforce. The National Minimum Data Set for Social Care (NMDS-SC) has enhanced understanding of this workforce's profile. However, this dataset tells us more about recruitment and retention workforce profiles in social care, rather than the factors and trends affecting these dynamics. Started in 2008, LoCS consists of a longitudinal panel survey of a sample of social care providers and their workforce in four different parts of England and a unique set of interviews at different time points with social care employees, employers and care recipients.

A total of 300 interviews has been carried out over two phases with a sample of social care workers, employers, and service users/carers in four contrasting local authority areas of England. A multi-mode survey has been distributed by post and online at each phase to a wider group of social care workers. The first round of the survey (T1) took place between May 2010 and July 2011 and received a total of 914 responses. The second round (T2) took place between April 2012 and July 2013 and received a total of 428 responses. Among the responses to the survey, 172 were received from the same individuals at T1 and T2.

The LoCS longitudinal design has enabled us to ask those who have changed post about their reasons for movement, new role, satisfaction with working conditions, and intentions regarding work in social care, as well as enabling us to identify factors influencing recruitment and retention in the sector over time. A third phase of LoCS is planned to start April 2015.

Notes of LoCS Expert Seminar group discussions

1. Recruitment and retention (R&R)

- **What features of the recruitment processes need further exploring?**
- **What do employers think works best in retention and why? How should we explore this?**
- **Have the scandals of social care affected R&R - how can we get beyond the anecdote?**

Recruitment

How do you evaluate the effectiveness of values based recruitment within social care? Is a value based recruitment toolkit only as good as the values of those using it? Much is being written on good judgement and decision making, critical reflection and analysis, but the LoCS data suggest the recruitment process varies within sectors and settings – and ‘gut instincts’ and user preferences are particularly pertinent to micro-employment. There is interest in seeing whether new research on value based recruitment in the NHS will be presenting findings or approaches applicable to social care.

Is there an appetite for understanding what value based recruitment processes are trying to encourage or discourage in social care? What is the evidence that they work? There are varied toolkits for value based recruitment available on the market. The *process* has been evaluated by some of those who have created such tools but not the *outcomes* in social care by independent evaluators. Are there plans to seek data about this? Do employers want people to come to social care with the right

values or to learn these values on the job? For some large employers these toolkits are in common usage but if social care employers are recruiting for ‘qualities’ – how does such an aspiration fit with values such as fairness and consistency in employment? Can *equal opportunities recruitment* be balanced alongside *values based recruitment*? What of employers who seek a variety of qualities in their teams? There seems to be a general assumption that values are coherent and easily articulated. Do employers modify or seek different values for different care settings or user groups?

There is a risk of seeing the sector as homogeneous and of overlooking approaches being developed by innovative organisations – although we do not know if organisations that describe themselves as innovative in operation would be considered to be innovative in recruitment practices. Moreover, job applicants are not homogeneous – some may not wish to take on work in social care and may subvert the value based recruitment process: for example, there are reports of unemployed applicants being required to apply for social care jobs that

they do not want. Do reluctant care workers become competent ones by exposure to work they may not have considered previously?

Moreover there were reported to be very different recruitment and retention cultures within larger organisations – such as local authorities or care chains – and small private or voluntary organisations. The context in which services operate and are managed means some teams appear stable and some unstable. What are the differences in management? What are the outcomes, for instance, of having managers involved in every recruitment panel for new staff? What are the outcomes of user and carer involvement in recruitment?

It is important not to see values and cultures as related solely to recruitment and there is scope for considering ways to better capture the culture / values / vision of an organisation or micro-employer (the individual or individual plus family). What factors contribute to this when the ‘user as employer’ comes within a discourse of power relations?

Retention

One area of interest that emerged in discussion is when specialist providers take over failing care homes (or other social care services) and take steps to establish their organisational culture in the new organisation. It was suggested that such organisations may possess valuable experiences from this ‘turnaround’ activity. More fundamentally, there are questions about how *turnover* affects quality of care. What are the nuances behind the relationship between staffing and quality of care in an organisation?

For retention, perceptions of what is good employment practice are important. How are people treated when things go wrong? Things will go wrong in social care. How do you manage that anger or distress? What can we learn from human resources and management activities over the course of an organisation’s history?

While the social care workforce is largely non-professionalised there may be questions that

can be ‘read across’ from social care to the social work profession. There is a need for evidence of the effectiveness of professional roles in working with adults – especially with older people. In terms of methods and data collection tools, the balance of staff life satisfaction and job satisfaction are interesting dynamics and may be worth considering, rather than work related measures on their own.

Wages and contracts

LoCS may wish to explore the impact of changes in ‘zero hours contracts’ – because care work is a sector where their existence is often cited. Zero hours contracts may seem to offer flexibility both to employers (of all types) and employees (of all types) and the study could link this to workforce related measures about decision latitude, and so on. The sector could offer some evidence following policy commitment to outlaw restrictions on contracts that do not allow work for another employer when a person is on a zero hours contract. There was a view that in the recession the demand for jobs in care work increased from people with non-care backgrounds and that zero hour contracts had been used positively to encourage those with no care work experience to get a feel for it before a commitment from either employer or employee was made. The notion of trial periods in care work is not one where there seems to be other than anecdotal evidence.

In relation to wages and contracts, there was interest in exploring if care work is only viable with other income streams in a household. Receipt of work-related welfare benefits and tax credits seem common in social care but are little understood as part of workers’ employment decisions. There is also interest in how care workers’ entitlements to the national minimum wage are being managed or even subverted by payments for training, travel, uniforms, and so on. Little is known about those care providers now paying the *Living Wage* or committed to being ‘good payers’ and the effects this may have on service quality and outcomes.

Training

Despite continuous problematising of training, there seemed to be a curious lack of evidence of what works and engagement with it. It would seem that training undertaken as part of implementation of the Care Act 2014 is largely being professionally focused. Changes in safeguarding practice may be a good lens through which to consider training for non-professionals and for those outside local authorities.

Supervision

The concept and practice of supervision in social care vary by professional or managerial status. While much has been written about social workers' supervision (especially of new social workers), little is known about practices in the rest of the workforce, especially for staff working in people's own homes, and not in teams. Newly qualified social workers (NQSW) are known to need supervisors alongside them to advise on their work (and systems are in place to incentivise and encourage this), whereas highly experienced social workers are thought to benefit from a more distant, reflective form of supervision. The practice and outcomes of supervision as conducted by middle managers and others remain shadowy. Such debates may have particular implications for integrated working – since notions and expectations of clinical supervision are more common in healthcare.

In different parts of social care there is interest in what forms of support and supervision are effective in supporting self-employed or independent practitioners. There is some evidence that some independent social workers may build their own networks, as do other self-employed professionals; peer reflection being one such model. However, personal assistants may work as sole traders and have little contact with their peers. How are localities making overtures of support and to what effect?

Managers may use specific tools for supervision or none at all, and in some areas, staff appraisal may be merged with supervision. Overall, participants considered that there are highly varied understandings of what supervision is and what it is for. Questions are frequently asked whether it is a tool to improve the quality and knowledge base of services, or a tool for employers to ensure members of staff are behaving as managers want. What is the relationship between regularity requirements and supervisions, which are anecdotally reported to happen sporadically except when inspections are coming up? Who helps managers develop the skills to supervise their staff? What about supervisory relationships with a mobile workforce? The LoCS data seems to have potential to help answer some of these questions and this could be a priority for analysis.

2. Job satisfaction dynamics

- **How best to construct a more sensitive measure of job satisfaction?**
- **Which theoretical/conceptual model(s) appear to be most suited to the social care sector?**
- **What do we need to consider when we examine job satisfaction as part of the process of increased demand for social care?**

Job satisfaction: a sensitive measure

LoCS findings identify the importance of both perceptions and expectations in relation to 'job satisfaction'. Initial findings indicate that the majority of care staff report high job satisfaction; however, many *expect* high job

satisfaction from care work, so may say they enjoy the job because they *think* helping people should give job satisfaction. Social desirability bias may therefore lead to them finding it difficult to admit having low job satisfaction. So the sensitivity of the question: '*how satisfied are you with your job?*' does not

seem to be high. Job satisfaction needs to be understood as relative and used in combination with other survey measures such as intention to leave and signs of stress and burnout. When asking *'Are you satisfied with your job?'* it is important to clarify *'compared to what?'* To your last job or to a job you would prefer to be doing? Or other jobs you could realistically be doing in other sectors?

Additionally, it was asked if the data analysis is measuring job satisfaction with a particular role, or with working conditions, or with the broader organisation? Emerging from the LoCS interviews is a clear distinction between some workers' satisfaction with their work with service users and colleagues, and their dissatisfaction with their terms and conditions of employment. Is this a social care phenomenon or wider human services concern? There was discussion of the possibility of using scenarios / vignettes to illuminate this in further phases of the study. Participants suggested that people are unlikely to reveal the reality of their feelings in formal job exit surveys. But the social workers within the discussion group said they would trust a survey that came from a university to be anonymous and confidential, and would therefore complete that honestly.

One participant commented, having worked in frontline recruitment, that the decision to work in care seemed to be a pragmatic, for many people, rather than a choice. Was that bias or reality? Do people give the answer *'it's a vocation'* later on in their careers when they have convinced themselves that their work is a vocation, because they have not secured other job opportunities?

Is higher staff job satisfaction linked to higher service user satisfaction? There is potential to explore this within the analysis of the LoCS service user interviews if a new phase of the study matched users/carers with care workers.

The seminar also debated would people stay as working conditions change and if so what would be the main lever and the effects? What group of workers do we want when demand

for care is increasing but also care work itself is changing to encompass a greater range of skills? What elements could be changed and at what cost?

It would be interesting to examine job satisfaction by staff age, qualifications, travel times, quality of the work/life balance, and health. As the LoCS survey has collected information on all these life circumstances of staff it was considered that their relationships with job satisfaction could be a priority in the forthcoming analysis.

What about young people on Health and Social Care courses: what are their ideas about job satisfaction and social care? For younger workers the employment competition may be from bodywork, supermarkets, hospitality or childcare, not from elsewhere in the care sector. Are they a different cohort? This suggests the need for analysis by age as well as other variables.

Which model suits social care?

Equity theory explains the relationship between how much people put in their job and what they expect from it. A two-fold theory, it separates job satisfaction into two parts: *'I don't like the pay; I do like the rest of it'*. What might be of interest to providers / employers is the rate of attrition and its differentials, such as stress rates and satisfaction rates.

Factors affecting job satisfaction

A key area of interest is the process of creating a 'respectful' environment for staff that would theoretically lead to higher job satisfaction and better staff retention levels. Management is critical to this, so are there any specific factors emerging from the data? This could be a priority for analysis and could be identified in analysis of the qualitative evidence in conjunction with data from the practitioners' surveys.

Informal relationships with colleagues are an important factor in job satisfaction, especially when the workforce is mobile, such as homecare workers. Findings from earlier

studies suggest that informal networking organised by care workers themselves may improve job satisfaction and enable workers to cope with work-related stress. There may be opportunities for employers to support informal regular meetings between care workers to enhance the strength of these peer networks. Their existence could be explored in further data collection.

There is a risk of making the binary assumption that small social care employers are good; large employers are bad; but this is not always the case. Larger organisations sometimes offer better pay and conditions, including training and career progression opportunities.

Historically there has been insufficient discussion and evaluation of whether staff are content with sideways job movement; although sometimes this is perceived as a good career move. Greater specialisation could be a route to career progression, however there is less chance of this in the homecare sector. These questions about career plans could be included in new data collection if there is not sufficient data already.

Levels of professionalisation and professional identity are important when there is increased demand for, and on, the workforce. There was discussion about skill levels: how skilled should care workers be? People come to a new job and sometimes want to engage in training. Career progression, training and specialisation may lead to increased levels of satisfaction.

From the data already it appears that 40% workers report that they feel under pressure but feel unable to take any 'control' at work. With some services organised into 15 minute time periods for care it may not be surprising that feelings of control may be weak. It could be a priority to analyse which care workers feel more 'in control' than others and why.

What about any emerging developments within social care over the first two phases of LoCS e.g. personal assistants; dispersed groups working in rural areas; the possibility of staff online networks for mobile staff. Could such

models be rolled out easily/cheaply by other agencies? Are they effective? These could be future areas for exploration for the study.

What is the relationship, if any, between job insecurity and job satisfaction? One hypothesis might be that the more secure you are at work the more satisfied you are with it. Does that hold true for social care workers? How are outsourcing, personalisation, and increased self-employment impacting on them?

There was debate about the unique dimensions in some instances of personal budgets (especially direct payments) employment relationships and if the LoCS study would be able to recruit a new wave of direct payment users and workers (e.g. personal assistants).

There was discussion about whether social workers feel they have job security and if so is this within the traditional local authority sector. While the LoCS data does not contain much on social work employment it may be possible to add a new group, and to take account of the outsourcing of social work services by local authorities. The implications of this for the study design (currently in four local authorities) would have to be considered.

Resources

Care providers may be asked to work in different ways by local authority commissioners – can the impact of this on the workforce be analysed from the data? Are there examples of good and poor practices from different organisations responding to the same pressures within the same localities?

Can the LoCS study compare agencies that serve private and state funded service users with different care arrangements? For example, there are known to be expensive, high quality services that no local authority funds. The private market is developing rapidly and need to ensure its staff are respected. There will be more means testing with the Care Act 2014 and more people will likely get some financial help from local authorities – will this impact on the workforce, and will it be captured in the next phase of the study?

3. Compassionate care

- How helpful is the concept of ‘compassion’ in measuring the quality of social care?
- What is the relationship between organisational culture and compassion?
- What are the most effective ways to help staff stay or become more ‘compassionate’?

Compassion as a concept

Has ‘compassion’ replaced ‘dignity’ or ‘person centred care’ as the latest buzz-word in social and health care? There are mixed feelings about whether the concept is helpful. These partly relate to the intrinsic meaning of the word ‘compassion’ and partly to the way it is being used. ‘Compassion’ may be seen as a value laden term because of its associations with ‘pity’ and ‘suffering’. There are concerns that this can send out the ‘wrong’ message – for example, creating barriers and power imbalances in relationships between social care practitioners and service users or carers.

It was noted that ‘compassion’ is now used extensively with reference to nursing care (described as one of the essential ‘6 Cs’). Is the concept of compassion being used to create a moral panic about the quality of care? If a negative picture predominates - that compassionate care is not being delivered - and it is seen as a ‘stick to hit staff with’, then the concept may lose credibility. However, words such as ‘dignity’ are also problematic. ‘Dignity’ is viewed as a top-down phrase that service users are unlikely to use themselves unprompted. ‘Respect’ is preferable as a word used by some service users, but it does not convey aspects of support. ‘Values’ is another alternative but, as with dignity and respect, it has limitations in terms of conveying the importance of delivering high quality care.

The Alzheimer’s Society’s work on compassion and outcomes may be helpful to LoCS. A future round of data collection could explore ‘compassion’ in more depth, especially the meanings service users and carers assign to the concept.

Organisational culture and compassion

There is unanimous agreement that organisational culture and compassion are inextricably linked. It is unlikely that an organisation would treat service users badly and its employees well, or *vice versa*. Wider societal values are also important – does paying people little more than the minimum wage send out a negative message about the worth of care workers, service users and care itself?

Recruitment is the area in which most work seems to have been done to establish the relationship between organisational culture and compassion. Many care organisations are already using values based recruitment, as noted above, however, a Values Based Recruitment toolkit might be helpful but if too time consuming or complicated, then organisations will not use it.

It may be that where recruitment policies are informal, people tend to recruit staff more similar to themselves and the same may apply to directly employed care workers. At the same time, in a diverse workforce, people do not necessarily share the same values or culture – is LoCS able to explore this issue? Does the data contain any indications about the ways that organisations send out messages about the values they expect staff to have? LoCS could compare service user and manager views about the desirability of certain qualities in staff. If information of this sort is lacking, then future data collection could explore this.

LoCS could also explore the role of Human Resources (HR) in values based recruitment and retention and organisational culture. It was noted that many social care organisations do not have HR departments and managers may

interview and appoint staff on their own and set the organisational culture or leave this to other staff.

For future LoCS data collection, are there standardised measures or questions that measure individual values and/or personality qualities associated with compassion? US research has measured this in a quantitative way and it would be helpful to see if this was applicable to the UK.

Participants were pleased to hear that LoCS has asked about service user involvement in recruitment, as this is thought to be an important way of recruiting the 'right' staff. In some organisations it is policy to involve service users in all staff selection and the emerging LoCS data seems to suggest that this is more common in the voluntary sector than in other sectors.

Should LoCS consider the relationship between individual and organisational values? Thinking back to the BBC *Panorama* programmes on abuse of care home residents, what was more influential in making staff mistreat residents – individuals' values or wider values imbued across the organisation? People may find it hard to accept 'difficult' messages. One finding from the Francis Report was the long term effects of failing to accept that a bullying culture was leading to poor care; the implications for social care might be explored.

Can we consider social care work to be a craft, that is honed over time? How does emotional labour reveal itself in social care and does it impact upon job satisfaction, as well as the way that people deliver care? Such overarching themes may be usefully explored in longitudinal research and could be a priority.

Research by Mencap and others has shown that 'touch' may only take place while personal care is being delivered (and not always then, if gloves are worn). LoCS could consider the different physical and verbal expressions that indicate that compassionate care is being

delivered. Would an interview and survey based study be able to capture this adequately?

There is some evidence about the link between 'closed communities' and quality of care and incidents of abuse. Having lots of visitors is one way of creating an 'open' culture in long-term care facilities. Future data collection in LoCS could investigate data on visiting: Is it easy or difficult? What do visiting family carers and friends observe – not just about the person they visit but about other residents? How do visitors to people living at home assess care workforce quality?

Helping staff be 'compassionate'

Leadership is another way in which organisations can inculcate a culture of compassion, or not. There is evidence that the strongest influences on staff are their line manager and peers, not the staff 'at the top'. This highlights the need to investigate line managers' roles. Participants agreed with the LoCS finding that supervisors and managers feel that modelling is a key way of reinforcing the importance of treating people compassionately. However, a good team culture may be destroyed if the message from the 'the top' is that staff performance is judged by different criteria. There is also a connection between a learning and development culture and how it applies to the ways people using services and carers, as well as staff, are treated.

What is the relationship between gender and compassion, if any? At the moment we don't know because the gender distribution of the social care workforce is so skewed. It is well known that pay levels and gender are inter-related. Would a more gender balanced workforce force pay levels to rise and would this lead to more compassionate care? Union membership might play a role here and participants were pleased that the LoCS survey asks about union recognition and membership.

Next phase of LoCS – possible questions to consider

- What are the impacts of value based recruitment changes? How are these being reflected in human resources practice and is there any effect on quality, relationships, outcomes or cost?
- Are new recruitment initiatives bearing long-term fruit, for example, apprenticeships and efforts to reach new ‘pools’ of potential workers?
- What can be done to effectively help staff to change as part of the overall efforts to improve work cultures or practices?
- What are the links between personal and work life? Are data measures collecting relevant data?
- What are the priorities for research on training?
- What household economies are at play in care work? What do employers think will be the effects of welfare reform? How are employment practices and workforce experiences of zero hours contracts being captured?
- What are the goals and outcomes of supervision? In a home care and personalised care contexts how could it best evolve? What will be the impact of integration in this and other work practices?
- Is there scope to wider data collection to include more social workers interviews and more personal assistants in the survey and interviews? Would this overlap with other studies?

LoCS researcher team

Shereen Hussein (PI), Jo Moriarty, Jill Manthorpe, Jess Harris, Michelle Cornes, Martin Stevens, Kritika Samsi

LoCS outputs and impact to date

Presentations have been made by the LoCS researcher team to research and practitioner audiences in the UK, Sweden and Italy, and a submission made to Baroness Kingsmill’s Review of exploitation in the care sector. An Interim Report was produced in 2010, and a series of peer-reviewed articles are in press or planned for early 2015, with a parallel series of *LoCS Findings* summaries for a wider audience. Negotiations are taking place within the study sites about ways of using the findings. Findings from the practitioner survey informed the House of Commons 2012 accountability hearing with the Care Quality Commission, and were used in conjunction with analysis of the NMDS-SC to estimate levels of payment below the National Minimum Wage in the UK. Evidence was provided to the Burstow Commission into the Future of the Home Care Workforce (2014) and to the Commission on Hearing Loss (2014).

Disclaimer and acknowledgements

This research is funded by the Department of Health’s Policy Research Programme. The views expressed in this report are those of the authors and not those of the Department of Health. We are most grateful to Seminar participants, to those interviewed and survey participants.

Further background: LoCS sub-studies

'New' care staff: Turkish migrants working in the care sector

This study explored the experiences of Turkish migrants working in social care in the London area and was conducted by Shereen Hussein and Sema Oglak (a visiting research fellow at SCWRU). Fieldwork took place between October 2011 and February 2012 with 32 qualitative interviews completed with Turkish migrants.

'New' user and carer populations: older Turkish migrants in the UK - perceptions of social care

A study of experiences, needs and perceptions of older Turkish migrants through interviews and focus group discussion. Conducted by Shereen Hussein and Sema Oglak, fieldwork took place between October 2011 and February 2012. 67 people aged 60 plus participated: 24 Turkish Cypriots; 13 Turkish; 30 Alevi/Kurdish Turks.

Care home staff satisfaction in their work

This literature review by Jill Manthorpe investigated what makes care home staff 'happy' in their work supporting residents with dementia. The findings suggest the importance of analysing continued satisfaction and morale, not just motivations on joining the workforce.

Mental health day centre staff

Gaia Cetrano, a specialist mental health social worker and Ph.D. student at the University of Verona, joined SCWRU in 2014 for a six month internship. She carried out interviews with staff at statutory and voluntary sector mental health day centres as part of LoCS and will be producing a peer-reviewed article in 2015.

'New' care staff: Indian migrants working in dementia care homes

For a Master's dissertation Brandon Ow Yong interviewed Indian migrant care home workers supporting residents with dementia and worked with Jill Manthorpe on the analysis. There has been little study of their motivations and circumstances and the study highlighted the need for 'cultural acclimatisation' and warned many seek to move to the NHS not remain in social care work.

Registered Social Care Managers

This study, led by Michelle Cornes, is interviewing a sample of registered social care managers who are taking part in a development project using Communities of Practice (COP) to explore leadership practices around delivering compassionate and dignified care.

Dementia Care Pathways

This literature review, conducted by Kritika Samsi and Jill Manthorpe, is the first exploration of a term increasingly used in social care (following a health lead), the 'care pathway'. This literature review found that there are many definitions of this and cautions against using it uncritically.

Directly employed migrant workers

Drawing on an interview set with migrant care workers directly employed to work in people's own homes (many to live-in), in England and Norway undertaken by Karen Christensen of the University of Bergen, LoCS has undertaken secondary analysis with Professor Christensen of the male care workers interview data (Shereen Hussein) and of accounts of risk practices (Jill Manthorpe).

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Published November 2014