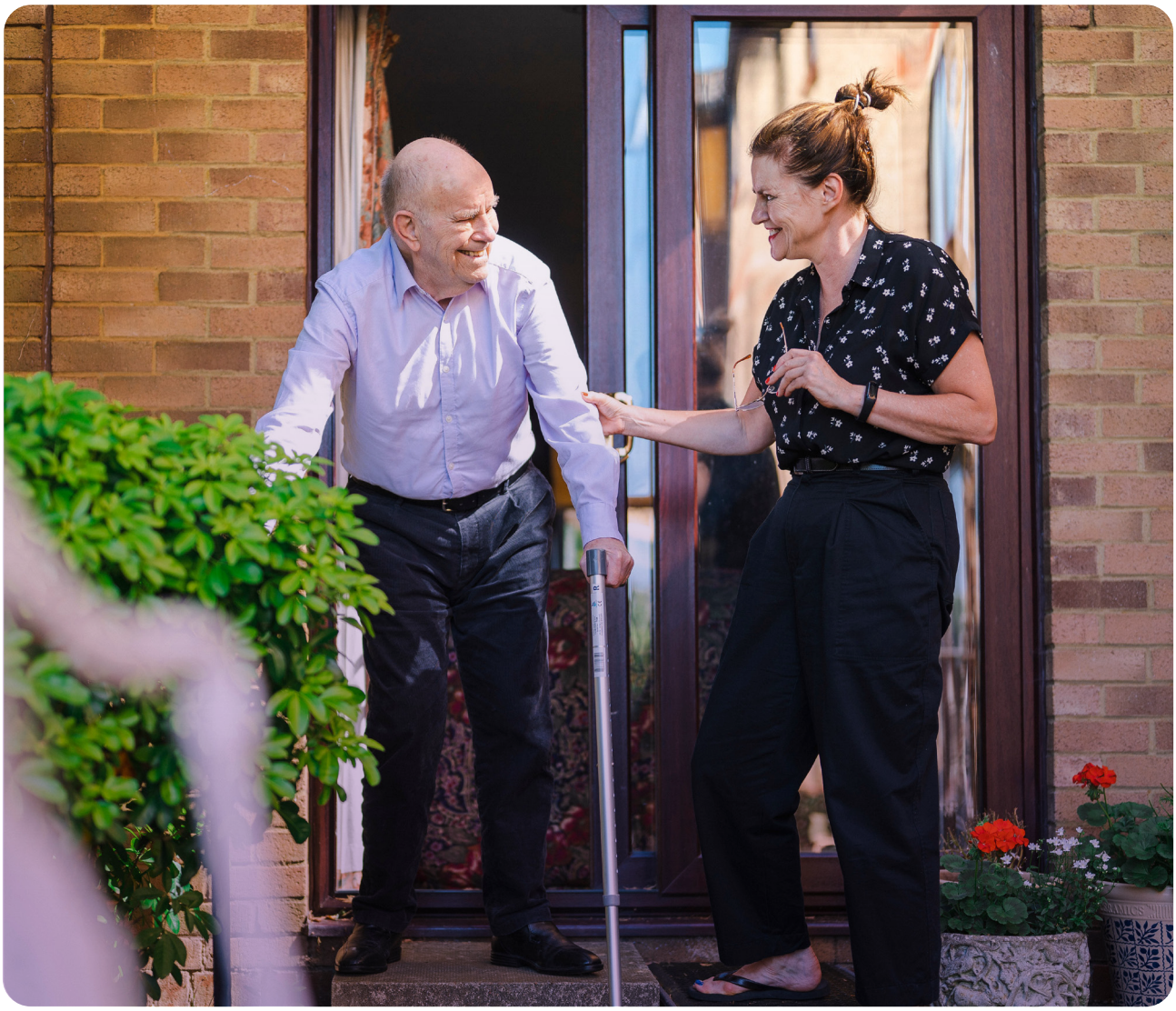
LEADERSHIP IN HOMECARE SERVICES -WHAT WORKS WELL?



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My home life England

CITY ST GEORGE'S UNIVERSITY OF LONDON

ABOUT MY HOME LIFE ENGLAND

My Home Life England (MHLE) promotes quality of life for people wherever they are supported, by empowering confident care leaders and creating sustainable systems. We do this through our professional development programmes for care leaders, alongside innovative research and community engagement projects. Based within City St George's, University of London, we are part of the international My Home Life initiative.

MHLE works across all types of care organisations, including care homes, homecare, supported housing, NHS, statutory bodies, community organisations and others to support care leaders and co-create ways of working.

MHLE has worked with over 2,600 care leaders. The impact of our Professional Support and Development programmes for care leaders includes:

- Improved quality of their management and leadership
- Increased professional confidence
- Improved experience for people using the service
- Improved confidence to meet CQC requirements
- Increased job satisfaction
- Enhanced staff retention

For more detailed information on the support and development programmes offered by My Home Life England, please see www.myhomelife.org.uk

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Some of the photos in this report have been sourced via Centre for Ageing Better's Age-positive image library.

EXECUTIVE SUMMARY

Background

This report brings together a wealth of experience and knowledge within the homecare sector. It reveals some of the challenges identified by homecare leaders, as well as sharing examples from homecare leaders of what has worked well in relation to supporting their staff and ensuring high quality care and support. Analysing this, we articulate what good leadership within homecare looks like at a branch and organisational level, as well as what can support homecare leaders.

Method

My Home Life England has brought together insights from five professional support and development programmes involving 44 homecare leaders, plus interviews with 46 branch managers, care co-ordinators, care staff, and training team staff across 12 branches of a homecare provider. This has been contextualised with literature about homecare, from a scoping review. Key messages were then tested in a workshop with homecare leaders.

The context and demands of homecare

The top three reasons care workers across adult social care are motivated to stay, as identified in a survey (Silversides and Astakhov, 2023), are:

1. They find caring for clients rewarding
2. They get on well with colleagues
3. They get on well with their manager

This resonated with the homecare workers we spoke with.

Homecare work is both skilled and challenging. Homecare leaders know that the frontline worker role can be isolating, physically tiring, and that they work within timeslots that are not always long enough. There can be concerns around working alone in unsuitable homes, and responding to unpredictable situations, or a crisis. Managers are pivotal to how care workers feel about their role, if they feel valued, and ultimately if they choose to continue in that role.

Homecare leaders are motivated by the positive impact their organisation has on others, a sense of being able to make a real difference, and every day being different. Supporting their care team, ensuring the organisation runs smoothly, and being able to grow their business, are also motivators.

Homecare leaders identified a number of key challenges, including: managing unrealistic workload and unpredictable demands; continual recruitment of staff; maintaining standards when short staffed; not always feeling supported by the wider health, care and housing systems; and managing risks for their community teams. Moreover, there were ongoing commercial pressures and limited time to think strategically whilst busy with daily operations.

Homecare leaders recognised that there is an excitement to the role, but it can be difficult to gain that balance between responding to different challenges every day and feeling a sense of overwhelm leading to longer term burnout.

Meeting the challenges - what works well in homecare leadership?

Alongside the homecare leaders that we worked with, and the wider literature, we identified six interwoven elements of good leadership that help leaders respond to those challenges:

1. Managing teams to feel safe, supported and valued

Trust is key and two-way. Managers need to trust that work will be carried out to a high standard. Staff need to trust that they can rely on the support of their manager and/or organisation when needed, and that what is being expected of them is reasonable. Trust can be built by homecare leaders through being present and consistent, facilitating shared decision-making and encouraging a culture of feedback.

Training is essential and staff should feel confident they can access training for new skills and processes when needed. Leaders also help teams feel valued through gestures like birthday gifts, 'Carer of the Month' awards, and sharing positive feedback.

2. Communication, collaboration and belonging

Linked to feeling safe and supported is the importance of communication and being connected. Care leaders actively seek to communicate with their teams, even when time is limited. Tone is important, with an emphasis on positive feedback and saying thanks, and not just complaints or problems. Honesty and openness are seen as vital, and also an ability to have the more difficult conversations in a caring and respectful way. Care leaders described sending personal notes of thanks and thinking creatively about ways to get the team together.

Clarity around job roles ensures that teams always know who to go to for support and advice, and internal mentoring schemes have helped people feel connected.

3. Creating a positive culture of practice

Homecare leaders understand that their relationship with each carer has a direct impact on the relationship between that carer and the people they support. They described the positive values and behaviours they wanted to enable within their teams, and how they seek to achieve this. For example, by avoiding objectifying language, giving care staff time to get to know people as individuals, providing emotional support when a client dies, and enabling a good match between individuals and care workers.

4. Clarity of roles and responsibilities, processes and policies

Care workers can gain a sense of security when they feel trust in the local branch. This trust relies on solid relationships and clearly defined roles and responsibilities between and across the branch manager, care co-ordinator and other roles. People in senior roles having an understanding of the carer role is seen as very important.

5. Strong quality assurance and customer care

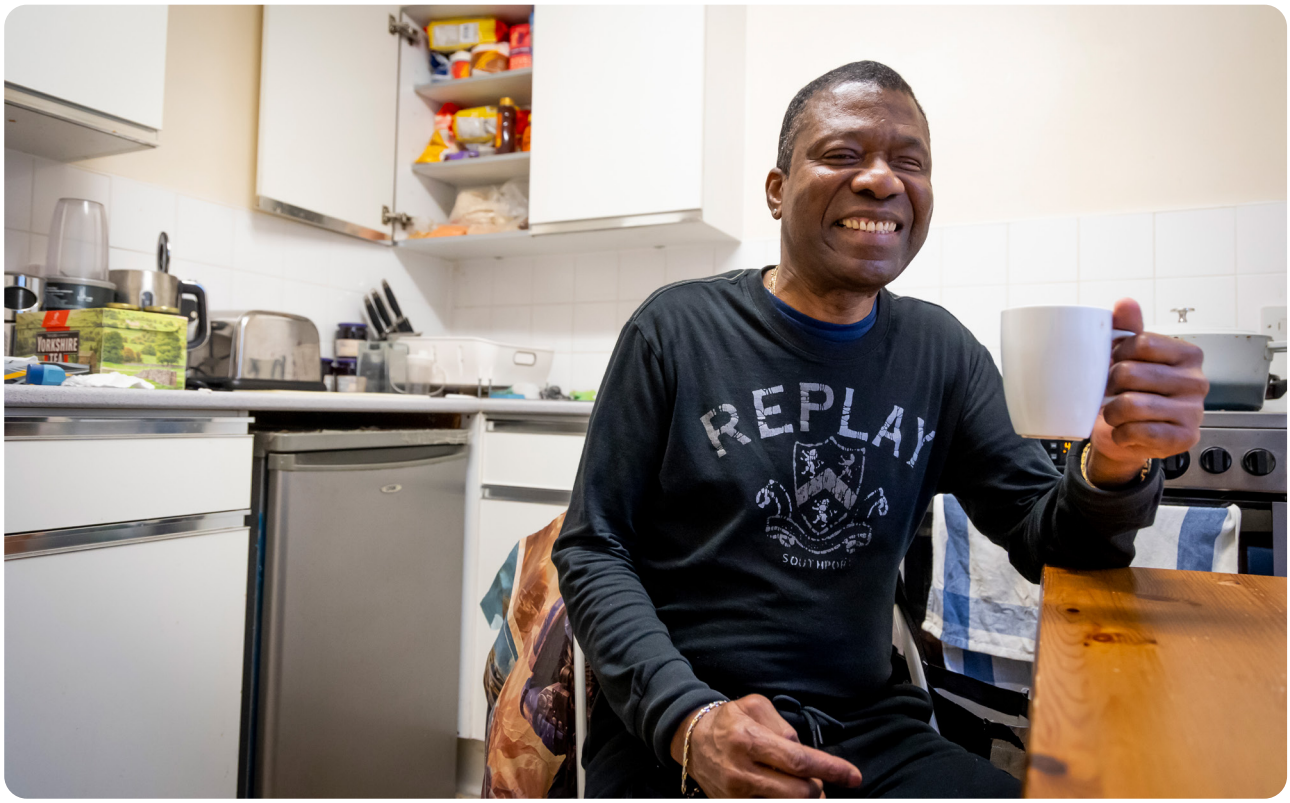
Homecare leaders described some ways in which they worked with their branch teams to maintain a high level of quality assurance and customer care, including viewing complaints as opportunities to learn, giving swift feedback on action taken after complaints, ensuring clarity on decision-making, and developing positive relationships with the wider community. This enhances outcomes for clients, supports the recruitment and retention of care workers, and strengthens the service's reputation.

6.Sustainability, growth, development and community engagement

In the face of daily operational pressures that make strategic growth challenging, care leaders shared approaches they had found worked, including spreading risk to sustainably grow client numbers, linking to local communities - including through social media - maintaining focus on, and investing in, their workforce, and working with the wider health and social care system.

Supporting homecare leaders

Homecare leaders identified significant challenges, as well as the wealth of experience and expertise they have in meeting those challenges. They are often expected to do this with little support. For homecare leaders to enable their teams to feel safe, supported, and valued, the leaders need to feel that as well. This report describes how participation in My Home Life England programmes enabled care leaders to feel this support and safety. This allowed them to identify what was already working well, to reflect on challenges, to consider new ways of working, and to apply learnings to practice for the benefit of their teams and organisations.



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INTRODUCTION

This report brings together the wealth of experience and knowledge within the homecare sector to both articulate the challenges identified by homecare leaders and to share examples of what works well in relation to supporting their staff and ensuring high quality care and support.

My Home Life England is a national initiative supporting quality in care settings through our professional support and development programmes for care leaders, alongside innovative research and community engagement projects. We have worked with hundreds of homecare leaders over the past 15 years, supporting them to take forward quality improvements. We recognise that delivering high quality homecare services requires extensive skill and expertise. We also hear about the significant challenges that face homecare workers and homecare leaders, but more than that, we hear about how they rise to these challenges, and we see how they support one another in our programmes.

This project grew from both our professional development work with homecare leaders and wider conversations with providers about a desire to better understand and to be able to share what good leadership looks like in homecare. While there is significant overlap with leadership across other areas of the social care sector, there are some specific challenges within homecare, as well as brilliant examples of responding to those challenges.

This report explores what good leadership looks like at a branch and organisational level within homecare. It does this by collating insights from:

- Fieldnotes from five long-term professional development programmes for homecare leaders over the past three years. These reflect the perspectives of 44 care leaders from a wide range of providers in different parts of England, and of the professional support and development for these homecare leaders
- Face-to-face interviews undertaken with 46 branch managers, care co-ordinators, care staff and training team staff across 12 branches of a homecare provider
- A scoping literature review of 'leadership in homecare'
- A workshop with nine homecare leaders in Suffolk to test and add to the key messages.

It is important to note that while the 44 homecare leaders were from a range of providers from across England, including those mainly reliant on local authority contracts, the larger care provider involved in face-to-face interviews is one where private payers typically pay directly, and so are not reliant on local authority contract rates.

More details of the methodology can be found in Appendix 1. Where references are shown, this indicates that the message has arisen from the academic research and relevant sector publications, whereas other messages were identified through our work with frontline homecare leaders and workers.

This report sets out some of the key motivations and benefits for people working within homecare, before identifying some of the challenges, particularly those of the care leaders. Six interwoven elements of good leadership are then set out, each describing what care leaders and the literature told us works well when addressing those challenges.

THE CONTEXT & DEMANDS OF LEADERSHIP IN HOMECARE

This section starts by setting out a little of the wider context within homecare, particularly in relation to funding. This was not the main focus of our conversations with homecare leaders, and is largely outside of their control. However, it is important to highlight that adequate resource is necessary for capable care leaders and their teams to be able to meet the requirements of their roles.

From this high-level context we move to the day-to-day roles of those working in homecare. We set out what homecare workers and leaders have reported motivates them in their role, before describing some of the challenges - firstly for the care workers that they manage, and then for the care leaders themselves.

> By homecare workers, we are referring to the direct care and support staff that go out to visit and support people living in their homes. By homecare leaders we are using this term to broadly describe registered and branch managers, deputy managers, care co-ordinators and care training practitioners.

National context within homecare

Councils and NHS bodies buy almost 80% of homecare services, and therefore they are the ones to dictate fee rates. Every year, the Homecare Association calculates the minimum rate that a homecare provider needs to deliver safe, quality services, meet employment regulations, and operate sustainably. Their 2025 report highlights that almost a third of local authorities are paying below this minimum rate, and the average fee uplift was 5.6% when cost increases have been 10-12%. Hourly rates need to cover the pay of the homecare workers, but also the other costs of running a homecare agency - some of which are highlighted in this report. While this project focussed on those aspects of their role that homecare leaders can and do influence, we acknowledge that to do so, they need adequate resource and this is not currently available across too much of the sector.

What motivates homecare workers and homecare leaders?

> *"I go home at night with a smile on my face knowing I've made a difference."*
> (Homecare worker)

There is limited research as to what motivates homecare workers specifically, and even less that focuses on homecare leaders, but there is more data in relation to care workers more widely, include homecare workers.

When asked why they chose to work in adult social care...

- **74%** Wanted to work with and care for people
- **27%** Motivated by the experience of caring for a loved one
- **22%** Wanted to work locally
- **19%** Needed a job that would fit around caring responsibilities

When asked what motivates them to stay in their job...

- **69%** Finding caring for clients rewarding
- **65%** Getting on well with colleagues
- **51%** Getting on well with the manager
- **47%** Being local
- **40%** Good training
- **32%** Flexible hours
- **28%** Opportunities to progress

(Silversides and Astakhov, 2023)

These findings are generally supported in the limited homecare-specific research, which highlights how fulfilling staff find helping others (Ravalier, 2019), and that appreciation from those they support contributed to having a good day (Bjerregaard et al, 2015). A feeling of belonging both among their colleagues and managers, but also building friendships or family-type relationships with clients and their families were reasons people chose to stay in their homecare role (Bjerregaard et al, 2015; Ravalier, 2019).

Likewise, the homecare workers we spoke to highlighted the positive impact of their role on the people they support. Many spoke about working with people living with dementia, describing it as uplifting and that it could bring a sense of joy and achievement.

> *"I really like going to people with dementia. [I] Potentially shine there. They are the most rewarding people you'll ever work with - every day a different day. Even if you've made them smile for 5 minutes, you've made a difference."*
>
> (Homecare worker)

Some care workers specifically highlighted the branch team and their colleagues as a particular highlight of their role. Where homecare workers had worked at more than one provider, they emphasised how it was the leadership and the terms and conditions of their role that had made them leave or stay.

> *"We are valued and treated well, our work-life balance is considered, and they will move mountains to ensure we have the time off we need. It's give and take, we cover for each other and look after each other. We have someone to talk to about our mental health and don't feel alone."*
>
> (Homecare worker)

Care leaders reflected on the positive aspects of their role, and being motivated by the positive impact that they, and their organisation, has on others. They told us that aspects of the role can be joyous, and that they feel a sense of being able to make a real difference. They also talked about each day being different and potentially exciting; it was certainly not seen as a boring job!

> *"[I most enjoy] meeting customers, new business, enabling and developing carers so they are happy and excel, embedding everything that we do to be excellent, pro-actively using 'lessons learned' to bring in improved initiatives, training staff."*
>
> (Homecare leader)

Being able to support and develop care staff was also a significant motivator. One branch manager commented that she wanted to make sure carers had the right information and support, and could enjoy their role as carers, because that had been her experience of working as a carer, and she wanted her team to feel the same.

A high proportion of branch managers were motivated by growing the business and attracting more clients and hours, gaining a real sense of achievement for doing so. Homecare leaders were also motivated by being able to make the organisation run more smoothly and effectively, be that around staff rotas, staff communication, compliance or putting 'lessons learned' into practice.

Some care leaders were motivated by the relationship with the local community, not only in terms of building the business, but also their reputation. One commented that they particularly liked "being part of the community and being well known and trusted".

Some of the challenges experienced by homecare workers

The homecare sector represents skilled and challenging work. Care workers are required to work autonomously in often complex, demanding, unpredictable conditions with people living with complex needs. Staff also work with family members or friends who can bring their own challenges and needs. The work requires high levels of decision-making and case management skills. Relative to social care staff who work in other settings, such as a care home, homecare staff have less, and sometimes little, direct communication with co-workers and managers.

Whilst there is recognition of the many positive aspects of being a homecare worker, care leaders have shared with us how the homecare worker role can be isolating, physically tiring, and that they have to work within timeslots that are not always long enough. They describe a potential risk and fear due to working alone in potentially unsafe neighbourhoods, working in unsuitable homes, responding to unpredictable behaviour, finding individuals in crisis and sometimes finding a person who has died.

> The reported challenges of being a homecare worker resonate with those reported within adult social care as a whole. A recent survey of the adult social care workforce indicated that over half of care workers (52%) report worrying about work outside of working hours, nearly half (49%) have experienced or witnessed physical violence in the workplace and a quarter of those surveyed rated their wellbeing as low. Just over half of care workers (51%) felt they had access to the right learning and development opportunities. Over a third (37%) of people who are considering leaving their job cited a lack of career opportunities or progression, with 23% citing a lack of learning and development on offer (Department of Health and Social Care, 2025).

In a study of the reasons why people had left their social care roles, relationships and working cultures were noted frequently (Silversides and Astakhov, 2023). Care workers talked about how a lack of support, not being listened to, and even bullying impacted on their mental health and ability to manage their workload. One commented "…but if you're not getting the support from people up there, then you're failing down here on your own." (Quoted in Silversides and Astakhov, 2023, pp.22).

Homecare workers have a challenging job, and this is recognised by care leaders. Some of the challenges are inherent to the role, or not within a manager's control, but the literature and My Home Life England's conversations with homecare leaders demonstrates that managers are pivotal to how care workers feel about their role, if they feel valued, and ultimately if they choose to continue in their role. Thus, the relationships between leaders and their teams, and the role of leaders in establishing and maintaining positive working cultures, are central to retaining homecare staff and promoting wellbeing.

Challenges identified by homecare leaders and their impact

> *"Running the homecare business, you can feel isolated and overwhelmed."*
> (Homecare leader)

While there is data about some of the challenges facing homecare providers, this tends to be at the provider level and does not always acknowledge the people - the managers and leaders - behind those numbers, and what those challenges look or feel like at a personal level.

For example, the recent workforce survey from the Homecare Association (2024) highlights issues of not being able to meet demand or conversely having too little demand, issues with retaining staff, with pay rates, and with contracts and international contracts. These challenges resonate with My Home Life England's conversations with homecare leaders, with the leaders expanding on these findings and further explaining the impact the pressure can have.

> *"I do everything. We have 124 clients and 60-70 staff. I feel responsible for them all."*
> (Homecare leader)

> *"[You have to] learn to keep calm under pressure. Expect the unexpected!"*
> (Homecare leader)

Key challenges identified by the 44 homecare leaders engaged in My Home Life England professional support and development programmes included:

- Managing unrealistic workload and unpredictable demands, including:
  - responding to external compliance
  - safeguarding issues
  - staff sickness
  - new urgent packages
  - a client facing a crisis situation
  - staff challenges including underperformance
  - complaints from teams, clients or families
  - navigating the constraints of the wider health and social care system
- The continual recruitment of staff while knowing that, following investment in training, they may leave
- Maintaining standards and a high level of care practice when short staffed and when staff are dispersed around the community
- Managing risks to the client while not always feeling supported by the wider health, social care and housing systems in these situations
- Managing risks for the teams working in the community, including potentially managing experiences of abuse
- Supporting international workers to settle into the role and the country
- Supporting care workers who speak English as an additional language
- Trying to run a business strategically whilst much of the time is being consumed by urgent operational matters
- Building external relationships within a complex and competitive market
- Balancing commercial pressure with a commitment to high quality care

These reported challenges highlight some wider issues where there is perceived to be a lack of support from, or well-functioning professional relationships with, the wider system. Indeed, some homecare leaders described operating in a health and social care environment that could feel hostile.

Given the challenges experienced by homecare leaders, they recognised the essential need for strategic thinking and development, but often found they lacked the time and capacity to do so due to daily pressures.

The impact on the homecare leader

Homecare leaders described how, over time, undertaking their roles and responding to these significant challenges within a wider environment that was often felt to be unsupportive can lead to:

- Low self-confidence from exhaustion
- Self-doubt in managing teams and dealing with the ever-changing context
- Taking all the problems personally
- Never switching off and taking work home
- An impact on family and personal relationships
- An impact on physical and mental health
- Experiencing a threat to one's resilience, for example, feeling ok then suddenly staff call in sick at the last minute
- A sense of loneliness, and of being alone with the pressures and risks

> *"I do not feel the support of my staff sometimes, almost feel bullied by them. They don't undertake the work set out in their job descriptions and I'm trying to gather the confidence to address this. Sometimes I feel overwhelmed..."*
> (Homecare leader)

The work of homecare can be one of mixed and extreme emotions. There are rarely dull days. Homecare leaders recognised that there is an excitement to the role but it can be difficult to gain that balance of a role that involves responding to different challenges every day, and feeling a sense of overwhelm leading to longer term burnout.

The next section explores what can be put in place to buffer the demands, and to support quality.

MEETING THE CHALLENGES - WHAT WORKS WELL IN HOMECARE LEADERSHIP?

Identifying 'the buffers' in homecare

When thinking about what can help support homecare leaders to meet the challenges of their role, it can be helpful to consider the 'buffers'. By this we mean the factors or resources that can reduce the negative impact of a demand or stressor on a person's physical and mental health and wellbeing.

Occupational health research indicates the importance of balancing the job *demands* (aspects of an occupation which require physical, cognitive and emotional skills to fulfil necessary tasks and may become stressors if they surpass an employees' capacity to cope with them) with job *resources* (aspects of the work environment that either reduce job demand, stimulate personal growth and development, or support the achievement of work targets) (Bakker et al., 2005; Demerouti et al., 2001 Möckli et al., 2020).

> When job *demands* (mental, emotional, physical) are high and chronic, such as in homecare, the management of job resources (e.g. support, autonomy, feedback), becomes vitally important. Job *resources* have a motivating effect. They can increase work engagement and as such can act as a buffer for job demands, reducing the likelihood of burnout.

The long-term success of a homecare service relies on its ability to attract and retain the right staff. This requires a work environment and roles where staff can see a future for themselves; where they will be a valued resource, their wellbeing will be supported, where career progression pathways are visible, and opportunities for professional development are emphasised.

In their research exploring work engagement and burnout in homecare workers, Möckli et al., (2020) identified structural job resources (predictability, collaboration, staffing) and psychosocial job resources (social support, sense of community, leadership, teamwork, feedback). Zoeckler (2018) characterised agency level buffers (similar to job resources) in home healthcare workers as: latitude (control over work), rewards, workplace support and training.

The wellbeing of leaders is connected to the wellbeing of staff and the people and families they work with

My Home Life has adopted The Senses Framework (Nolan et al, 2006) as a helpful tool to identify what care teams, people who draw on care and support, and their families need in order to support their wellbeing. It recognises that the quality of life of everyone involved in the care experience is linked as part of a wider care culture.

Within this framework, we need to consider what gives each individual a sense of:

- Security - to feel safe
- Belonging - to feel part of things
- Continuity - to feel a link to what has happened, is happening and will happen
- Purpose - to have goals
- Achievement - to reach these goals
- Significance - to feel that you matter

If homecare workers and leaders are to create these senses for the people they support, they need to experience these senses for themselves. Developing a culture that supports these senses to flourish will also support the quality of care being delivered.

Components of good leadership

The homecare leaders we spoke with were very aware of the challenges of their role and those of the teams that they manage. The following sections focus on what homecare leaders that My Home Life England has worked with, and the wider literature, tell us about how they respond to those challenges, and some of the ways in which they balance those 'job demands' with 'job resources'.

The six interwoven elements of good leadership we identified are:

1
Managing teams to feel safe, supported & valued

2
Communication, collaboration & belonging

3
Creating a positive culture of practice

4
Clarity of roles & responsibilities, processes & policies

5
Strong quality assurance & customer care

6
Sustainability, growth, development & community engagement

1. MANAGING TEAMS TO FEEL SAFE, SUPPORTED & VALUED

Given the challenges of delivering homecare and the isolation that care teams can feel, leadership and organisational culture needs to strongly and actively convey a sense of value and support to homecare workers. Bergqvist et al. (2024) note that "…homecare workers… can feel abandoned and unappreciated whilst having a great responsibility for their clients' well-being."

Research indicates that leadership has a direct impact on staff feeling safe and supported in their roles. Feeling safe and supported relates to the extent to which the leader is deemed effective, committed, visible, part of the team, and is involved in and aware of what daily work looks like (Bergqvist et al., 2024). In this regard, the leader needs to be someone who has good experience and strong empathy with the carer role. When investigating factors which influence burnout and work engagement in homecare staff, Möckli et al. (2020) found that job-related social support and feedback had a strong positive correlation with levels of work engagement, closely followed by collaboration. Assander et al. (2022) go further in suggesting that such supportive leadership can even "reduce job strain and … protect against adverse health effects among staff."

Trust is key

Both the literature and the homecare leaders we spoke to emphasised that trust is vital to feeling safe, supported and valued - for the care staff and for the care leaders. In their research on trust-based service innovation in homecare, Eide et al, (2022) note several ways leaders can build trust with their teams. Leaders can do this by being present and engaged and by facilitating shared decision-making. This links to communication and collaboration in the next section. They can foster a culture of openness and psychological safety by encouraging feedback, speaking up about concerns, and considering improvement suggestions without defensiveness.

Trust is also developed by being consistent and modelling the values that leaders would like to see in their team.

> *"We can openly voice concerns, there is good comradery, [the branch manager] asks for views, we all talk about it, there is no browbeating, we have 'always here to help' each other in our minds."*
>
> (Homecare worker)

The homecare leaders felt that trust was key and that it needs to be two-way: trust by managers that the work will be carried out independently to a high standard, and trust by staff that they can rely on the support of their manager and/or organisation when needed, that the environment that they are working in is safe, and that what is being expected of them is realistic and fits with their competence. This is echoed in the literature where it is noted that managers must find the right balance between giving teams autonomy and maintaining oversight to ensure quality and safety (Eide et al., 2022). Ultimately, knowing that your organisation or branch manager will make tough decisions but will back you up when necessary is crucial.

Feeling valued

Connected to fostering two-way trust is the importance of feeling valued. Care leaders shared the ways in which they support their own teams to feel appreciated in their role:

- Cash or gift card on birthdays
- Presents for Valentine's Day and Easter etc.
- Long service awards
- 'Carer of the Month' or 'Going the Extra Mile' awards
- Identifying specific stories of great work or positive feedback in newsletters and verbally in meetings or one-to-ones
- Holiday pay that isn't incorporated into standard weekly wage - to ensure people really have a break
- 'Recommend a friend' system
- Parties that the team arrange
- Asking "what can we do for you"?
- Enabling the team to manage their own rota
- Spontaneous acts of kindness, for example bringing ice creams to carers during a heatwave
- Noticing when you haven't spoken to a specific carer for a while, and picking up the phone to say "I was just thinking of you, and wondered how you are doing?"

> *"Carers are gold dust. We show appreciation [for example] Maltesers Monday, Fudge Friday - going out to surprise carers on their shift to say thank you with chocolate. A carer who doesn't like chocolate was given a steak!"*
> (Homecare leader)

Training

Training opportunities and understanding expectations are a core part of feeling safe, supported and valued. It is essential that care workers feel like they are competent in delivering individualised care to people who potentially have complex needs, and that they will receive training where new skills or an understanding of new processes are needed. Competence training may not only be about direct care, but also around digital skills, shared decision-making and interdisciplinary teamwork (Eide et al., 2022).

Prioritising training and development supports staff to feel valued, building trust in their manager and organisation. Moreover, it is an element of two-way trust, whereby managers need to feel confident their team have the required training and are confidently able to put it into practice.

2. COMMUNICATION, COLLABORATION & BELONGING

Linked to feeling safe and supported is the importance of communication and being connected.

> *"[One of the best things about my job is] the great relationship I have with carers e.g. if I send a text out RE help, masses reply."*
> (Homecare worker)

Good homecare leadership is about being more active in seeking to communicate with homecare staff (Assander et al., 2022). This could include debriefing complex cases, providing the opportunity to discuss and reflect on their work and to learn from each other (Bergqvist et al., 2024). Assander et al., (2022) indicate that regularly sharing and learning together could improve the psycho-social work environment e.g. with Action Learning Sets or peer mentoring. This requires a structured approach with protected time planned into staff schedules for reflection, support and supervision (Lilsjo et al., 2023). Such an approach can support a 'culture of feedback' with regular team meetings and case discussions actively encouraged by management, supporting an active two-way dialogue with staff (Motley and Dolansky, 2015).

The tone and balance of communication is also highlighted in the literature. Bergqvist et al., (2024) described care staff as aware of the fact that they received little positive feedback and supportive communication from their manager, but that any issues or complaints were communicated very quickly. This had a negative impact on morale.

Being approachable and accessible helps to build and maintain trust. Rydenfalt et al., (2021) identify this as central to making improvements. Strong, personal connections between the team working in the branch and the care staff helps to create consistent care. These connections improve the wellbeing of customers, improve the quality of feedback managers receive about visits, and helps care teams to feel seen, valued and heard.

> *"As a manager, always providing the personal touch to carers e.g. I ring them if I hear some positive feedback so they receive lots of praise..."*
> (Homecare leader)

In conversation with homecare leaders, the value of honesty and openness in conversations with care staff and customers was seen as vital in establishing good relationships and enhancing reputation. Leaders also spoke of the importance of not being afraid to have difficult conversations with staff, individuals and families, but of knowing how to approach them in a caring and respectful way.

Care leaders also argued that care workers need to have real clarity about the different roles that branch managers, care co-ordinators and others play, so they always know who to go to for support and advice, or to provide updates. It should always be explicit who has responsibility for each client. Clarity does not need to imply rigidity however, as leaders also found overlapping roles to be helpful (see 'Clarity of roles and responsibilities, processes and policies' pp21).

Feeling like you belong

Having a support structure that enables teams to feel connected to one another and to the local branch team is important. One provider paired younger/newer team members with more experienced mentors, so that they could provide guidance and foster a sense of belonging, establishing vital connections between staff and in turn increasing engagement in the role and supporting staff retention (Caring Times, February 2025). Feeling like you are part of things, that your voice is heard, and you can contribute to decision-making can give you a sense of belonging and significance (Nolan et al, 2006). In relation to organisational change, Sharkey and Lefebre (2017) suggest that engaging care workers in change processes can empower them, as well as reducing job strain and negative health effects.

Linked to feeling like you belong is an understanding of the diversity of the workforce, as well as the people they support, and recognising that there's not a 'one size fits all' approach. Part of people belonging was, for example, having training resources that supported people who speak English as an acquired language, and inclusive values within the organisation - these values are then instilled through a positive culture of practice as set out in the next section (pp21).

Prioritising good communication when time is limited

Connecting with teams remains probably the biggest challenge within homecare, given how teams rarely come into the office or attend meetings. When communication opportunities are limited, there is an even greater need for all communications to be effective in modelling the culture, values and appreciation of the branch towards care staff. The leaders we spoke to were mindful of how they as leaders come across in every communication with their teams, in the office, on email or via telephone - knowing that every communication is an opportunity to convey value, connection and culture. Communication that focussed on their role and the individuals they support was of course essential, but leaders and care workers also told us that communication focussed on the team, how they were doing and opportunities to celebrate their work were also vital.

Below are some ideas that homecare leaders shared for supporting communication when time can be limited:

- Contact people randomly to see how they are and start a conversation
- Pay for attendance at meetings
- Develop WhatsApp groups
- Send personal letters or notes of thanks
- Arrange summer Barbeques
- Think creatively about exciting ways to meet - invite homecare workers to design the 'perfect meeting'.

Gannan et al (2019) and Rydenfält et al. (2021) have both identified how, when used efficiently, emerging information and communication technology can really support workplace communication. It can ensure the right people are updated in relation to a client, support working across organisations and with other professionals, help manage schedules, as well as promoting feeling part of a team and supporting individuals to get some advice quickly.

Communicating with individuals and their families

Communication with individuals and their families is a core part of the wider culture of communication within the homecare organisation, and also overlaps to a great extent with the 'strong quality assurance and customer care' theme discussed later. Meeting new customers, building up trust, meeting their needs and being able to 'solve problems' were often aspects of the homecare leader role that they told us they most enjoyed and gave them satisfaction.

Three areas of communication with individuals and their families were frequently highlighted:

1. **The first contact or conversation**, whereby someone may be looking for first time support, considering their options, or be unhappy with their current support from another provider. Homecare leaders balanced listening to the needs and experience of the individual and the family, who were often in a stressful or distressing situation, with considering the potential business. Leaders were careful not to overpromise and aimed to be realistic about what level of support could be offered.

2. **The ongoing communication** both directly by the branch staff and indirectly via care staff. Care leaders we spoke to talked about quality assurance calls as being the formal process for understanding if people experienced positive practice, however everyone also referenced a much more informal and relational connection with customers, carers and family members.

   Central to ongoing communication was the importance of the connections between the team working in the branch and the carer workforce, to create consistent and open feedback about what was working well, where people might need additional support, or if a relationship between an individual and a carer might need to be reviewed.

   Apps and similar systems were an additional way of ensuring regular communication with individuals and families, and some care staff viewed the use of such technology as enabling them to work alongside individuals, families and friends.

3. **Ensuring clear systems for receiving and responding to problems and complaints** was the third area. Care leaders spoke about dealing with the complaint directly, not passing it on, responding as quickly as possible, and seeing complaints as opportunities to learn.

> *"[One gentleman] came from another provider and was unhappy. I went out and met his daughter who just wanted Wednesdays off. One day he declined breakfast, said he was going out with his daughter - the daughter later called to ask why he hadn't had his breakfast. Now I know to say to the carer 'I don't care if he says he's going out with the Queen, he's to have breakfast'. We took him on 4 months ago and now the daughter is having her first holiday in 3 years. We go in twice a day. It's about building the trust."*
>
> (Homecare leader)

3. CREATING A POSITIVE CULTURE OF PRACTICE

Person-centred care is considered a central tenet of quality in homecare and features heavily throughout the research. However, a concerted effort is required to ensure it remains a priority amongst the many demands of the sector. Knowing and caring for clients, and building relationships based on compassion and trust, is one of the primary joys of the job reported by care staff. Supporting this is key to job satisfaction. Homecare staff take pride in the fact that these strong relationships enable them to identify and respond with sensitivity to clients' needs (Bergqvist et al., 2024). Supporting care team members to connect deeply with their role is therefore essential. Research indicates a link between care worker job satisfaction and the time provided to them to establish relationships (Lhussier et al., 2018) and provide quality care (Gannan et al., 2019).

It is crucial that the language, behaviours, policies and processes of the branch and organisation as a whole reflect the values that we are expecting of the care workers in their engagement with the people they support.

> *"We have time to get to know the customer as well as giving care. We are valued and treated well, our work-life balance is considered and they will move mountains to ensure we have the time off we need."*
>
> (Homecare worker)

What care leaders say works well

Homecare leaders understood that their relationship with each carer has a direct impact on the relationship between that carer and the people they support. This core knowledge guided their approach to relationship building with their team.

Homecare leaders described the positive values and behaviours they wanted to instil or enable within their care teams:

- Helping care teams to connect with the positive difference that they are making, helping them feel a sense of uplift, joy and achievement when working with individuals, including those with complex needs
- Helping care teams recognise deeply that the 'carer role' is about a relationship with another individual, not just about delivering a list of tasks within someone's home
- Helping homecare workers to see themselves as supporters, with a vital role in helping people to stay living at home
- Reinforcing that the manager or management team have confidence in the homecare workers, in terms of the great work that they are doing to establish a relationship
- Developing and maintaining a culture of celebration, curiosity, support and appreciation, with a focus on noticing positive practice that aligns with the values of the organisation.

> *"We're not micro-managed and so we feel empowered, we are a kind team."*
>
> (Homecare leader)

Some of the ways homecare leaders achieved this was with the following practical, positive actions:

- Modelling avoiding language that objectifies people - for example, 'doubles, feeding, toileting, spot checks'
- Giving people time to get to know each other as individuals, ensuring homecare workers have good background information on the person they are supporting, not just a list of their care needs
- Providing reasonable flexibility in how the homecare worker supports the individual, promoting a person-centred approach
- Asking the homecare worker how they feel about the person they support, including what they find hard
- Ensuring that everyone's behaviours, across all job roles, are aligned with the values of the care organisation. For instance, when a person dies, care leaders attend to what matters - the person, the carer, any family member - and provide carers with emotional support, rather than focusing on the loss of 'income or hours' from the care package.
- Enabling care teams to better understand each person's health, including other conditions an individual may be living with, and working with them to develop a detailed care plan that builds a strong understanding of the individual
- Really knowing the homecare worker enables care co-ordinators to ensure a good match between care workers and individuals needing care and support. Mismatches can be viewed as a main source of complaints.
- Providing emotional support around client death (checking in with staff, opportunities to discuss feelings, content in staff induction training) (this action is also supported by Tsui et al., 2022)

> *"I have weekly updates with all the carers every Friday, to discuss highlights, new training, changes and always ask [at the] end of this 'any support you need?'"*
> (Homecare leader)

4. CLARITY OF ROLES & RESPONSIBILITIES, PROCESSES & POLICIES

At the heart of a good homecare business there needs to be a strong branch team who have clear, distinct roles and responsibilities and are communicating the same messages to care workers and to clients. There also needs to be a strong relationship between head office and local branches. This team underpins essential activities including quality assurance, improvement and staff development.

> *"[We have] very clear role descriptions agreed with the manager so it's clear when decisions should be passed on."*
> (Homecare leader)

As noted earlier, care workers can gain a sense of security when they feel trust in the local branch. This trust relies on solid relationships and clearly defined roles and responsibilities across the branch manager, care co-ordinator and other roles. Overall, consistency around whose role it is to liaise with each individual and/or their family is likely to be important for both individuals and care workers.

> *"The manager is the best thing for this branch. The support offered is helping with professional boundaries."*
> (Homecare leader)

One suggestion was a 'Branch and Head Office culture' reflective checklist to help homecare leaders really think about some of their ways of working and to keep track of that over time, but in a simple, light-touch way. You can see an example of this in Appendix 2.

Homecare leaders described how the skills and strengths required for one role may not be the same as for another. It may not therefore be a 'natural progression' to move from a homecare worker to Care Co-ordinator, to Branch Manager. What was important across roles though was that people working in the branch have experience of, or strong empathy with, the carer role. Professional development opportunities were additionally seen as supporting people when they moved to a new, more senior, role.

Different skills for different roles?

Our conversation with homecare leaders would suggest that there may be different skills required for different roles:

The Branch Manager: Balancing 'support and leadership' for the team, and a focus on clients, compliance, and growth. Skilled in 'difficult' and sometimes courageous conversations with clients, team members and those above them within the service.

The Care Co-ordinator: Particularly beneficial for them to have previously been a carer, and to know the carers well, to have great people skills, as well as understanding local geography to plan runs. Great at matching carers with individuals, having a focus on rotas, and developing new business.

5. STRONG QUALITY ASSURANCE & CUSTOMER CARE

Clarity over roles and clear policies and procedures within homecare additionally supports quality assurance and customer care (Purbhoo and Wojtak, 2018), whilst there is also recognition that flexibility is important to be responsive to individual needs and circumstances.

> *"When the chips are down you have to be able to do all roles as you have to be able to fill in."*
> (Homecare leader)

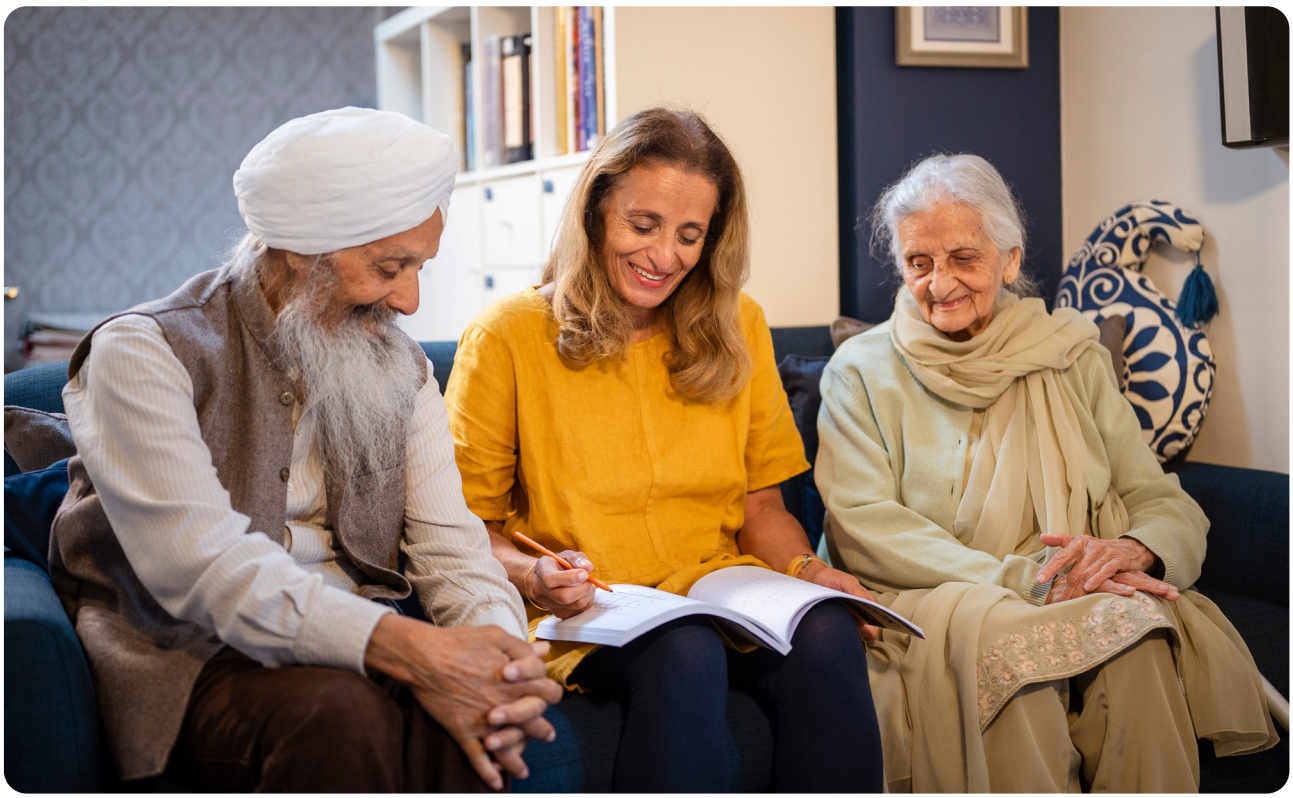
Homecare leaders described some ways in which they worked with their management teams to maintain a high level of quality assurance and customer care:

- Viewing complaints from any source as opportunities to learn, rather than responding to them with defensiveness.
- Recognising 'quality assurance calls' (calls to individuals or their families to check they are receiving the service that they should be) as a means to maintain relational connection with individuals, family members and care workers, and to explore together how the life of the individual receiving support can be improved.

> *"I have a very good relationship with customers and next of kin/ their partners and so they always tell me [if there is a problem]. I always end any update with 'Anything I should know about or want to let me know?' I do a monthly email to next of kin/partners to keep them involved and [to] let us know if there is anything they need to discuss."*
> (Homecare leader)

- Giving an immediate direct response to an individual when a concern or question has been raised, as well as immediate feedback on actions taken - rather than passing the individual and/or their family onto someone else.
- Ensuring clarity for both the care worker and the individual's family at the beginning of the relationship about how decisions are made in relation to the individual's care, particularly in the context of supporting someone who may lack capacity to make some decisions. This helps care workers when balancing expectations of different family members.

> *"[Clear communication with families] is key and [I'm] mindful of ensuring that the boundaries of what is offered does not bit by bit over time become greater from the relatives within the initial time scale. Spending time really listening and supporting them and [I] also will say no, if need be, to their demands."*
> (Homecare leader)



- Developing positive relationships with the wider care and health system, as well as with local community groups and representative bodies, can enable homecare organisations to act as the 'glue' between the individual and the assets and resources that they might tap into to support their quality of life. This engagement in the community will also support increased care worker recruitment, attract new clients and supports a positive reputation.

> *"We have strong relationships and know the two District Nurses, a social worker and the pharmacist very well, as many customers have the same ones - we're on first name terms."*
> (Homecare leader)

6. SUSTAINABILITY, GROWTH, DEVELOPMENT & COMMUNITY ENGAGEMENT

Homecare leaders describe spending a lot of their time 'fire fighting' and 'spinning plates'. It is not always easy to shift from this 'reactive' mental state to one that is strategic - thinking about growth and development. There's no 'one size fits all' approach to growing and maintaining a homecare business, but the homecare leaders we spoke with shared some key learning from their own experiences:

1. Diversification and spreading risk

Among some homecare leaders that we spoke to, there was a view that gradual sustainable growth, built on more customer numbers, was a better strategy than relying heavily on fewer intensive support packages. With fewer, more intensive packages, if a person no longer needs your service, then there are more significant implications for your team and your business. This is supported by some of the industry publications around homecare, which highlight the importance of diversification (e.g. Home Care Insight, March 2023).

2. Linking to local communities, including through social media

There can be value in building word-of-mouth reputation in one locality, to attract both clients and care workers. This can minimise the geographical spread and increase sustainability. Care leaders shared how promoting the service to the local community needed to be nuanced and social media led - both for the recruitment of carers and for promotion of the organisation. Promotion of local stories and outcomes may be better than national messaging from a head office. The adoption of social media to promote positive practice and positive experience, and to improve dialogue with clients and carer workers, can be a helpful strategy.

3. Reputations are built on the care workforce

Care leaders were aware that reputations can take a long time to develop but can be lost very quickly. With this in mind, focusing time and energy on supporting a strong, capable and professionally confident workforce is key to growing and sustaining a homecare business.

4. Working with the wider health and social care community

Linked to the above, professional confidence and an understanding of aspects of the local health and care system means that staff can work effectively both with the wider health and social care system and with the local community. It helps individuals when the care workforce has some understanding of the systems they are navigating (for example on discharge from hospital) as well as enabling homecare and healthcare providers to work effectively together. It was also acknowledged that this could be easier said than done, and healthcare providers were not always valuing of homecare organisations, a sentiment echoed in the literature (Bergqvist et al. 2024).

There were positive examples of homecare providers having a positive impact on the attitudes and understanding of the wider system, for example a continuing healthcare team being surprised by the level of competency and training the carers had, and building a direct relationship with hospital discharge teams.

> *"[I have] examples of good reviews from Occupational Therapy, Social Services, GP's. Networking is a massive part of the Branch Manager role, making sure they know what we do and getting a named contact to communicate with."*
> (Homecare leader)

SUPPORTING OUR CARE LEADERS

The demands on the homecare workforce and on homecare leaders are significant. Care leaders play the pivotal role in creating a caring and effective culture and in developing the business. This is highly skilled work, that requires juggling the day-to-day pressures ('firefighting'), with ensuring effective communication and support for care staff, while also thinking and planning strategically.

The risks of burnout are high. Care leaders tell My Home Life England about the impact the work has on them, that it has at times felt too much, and that this can have a negative effect on their teams and ultimately on their business.

However, the opposite is also true, that with time to understand and develop their leadership skills, consider their own wellbeing and support needs, and ensure their own support network is in place, homecare leaders can have a positive ripple effect on their care teams and throughout their organisation.

With this in mind, My Home Life England, and the care leaders we have worked with, strongly advocate for the importance of ongoing professional support or coaching for care leaders working in homecare, to help them reflect on themselves, their teams and the care that they are delivering.

> Homecare leaders have immense experience and expertise and those we spoke to were keen to share what they found has helped them and worked well. They also felt they didn't have this opportunity - to share and to learn from one another - often enough. Moreover, they reflected on how important it was for them to have a group that they could share their concerns and achievements with and be supported by - something that some of them were not aware they needed until they experienced it.

How My Home Life England is helping homecare leaders

My Home Life England promotes quality of life for people wherever they are supported, by empowering confident care leaders and creating sustainable systems. We do this through our professional development programmes for care leaders, alongside innovative research and community engagement projects.

The 44 homecare leaders who took part in the five My Home Life England professional support and development programmes told us about the impact that the programmes had on them as leaders and on their organisation.

Each programme was spread across nine months, and consisted of a three full-day workshops, seven Action Learning sessions and a celebration day. Care leaders also received materials to support them with putting their learning into practice with their teams.

What the homecare leaders told us in their own words:

Leaders feel safe and supported on the My Home Life England programme and following it:

"Sometimes I feel like I am the main one supporting staff. I need that support too and I get that in this group."

"You can be vulnerable in our group and that's not something you can do at work... It's lovely, I like the group because I know I'm not on my own."

"I developed a greater awareness of self and those things that could undermine my resilience."

"I am not alone and have the courage to carry on."

This helped them better understand how they can help their teams to feel safe and supported, and gave them some tools to do so:

"Key Jar Questions opened something up in the staff... the room felt lighter. It released some burdens."

"Talking with the others gave me an idea of how to approach a member of staff who was not achieving her potential."

... And reflect and make changes to how they communicate:

"Instead of reacting, I used Transactional Analysis to have an adult-to-adult conversation with a colleague about a mistake. It helped us learn together and build trust - it was win-win."

"This learning empowered me with great tools that I can use in coaching and mentoring."

"I have changed the way I address situations... let staff speak so that they answer it themselves."

Homecare leaders learned and shared ways of creating a positive culture and put their learning into practice:

"We now have a quarterly outing for staff... Employee of the Quarter... More rounded relationships. Yes, there are boundaries, but we can share of ourselves too."

"We call it 'lessons learned'... it's not about blame but learning. We talk about 'goals' not 'outcomes'".

They reflected on the clarity of roles and responsibilities, as well as their boundaries:

"I no longer treat the carers like [I am] their mothers, I can see a clearer boundary between them and me."

"I had a bank holiday with no calls!"

In the end-of-programme survey, they also reported:

- Improved quality of their management and leadership
- Increased professional confidence
- Improved experience for people using the service
- Improved confidence to meet CQC requirements
- Increased job satisfaction
- Enhanced staff retention

For more detailed information on the support and development programmes offered by My Home Life England, as well as the impact of our programmes, please see www.myhomelife.org.uk

CONCLUSION

This project grew from both My Home Life England's professional development work with homecare leaders and wider conversations with providers about a desire to better understand and to be able to share what good leadership looks like in homecare.

By drawing together and analysing insights from our leadership programmes, interviews with homecare leaders and workers, as well as the wider literature, we have identified challenges that are found across adult social care, challenges that are more specific to homecare, and brilliant examples of responding to those challenges.

The homecare leaders and workers that were involved in this project were predominantly motivated in their roles by a desire to support others and to make a positive difference in people's lives. Homecare workers were additionally motivated by strong relationships with their branch and their managers, highlighting the role of homecare leaders in ensuring their teams feel supported, valued and are working within a positive culture of care.

The six interwoven elements of good leadership identified both key aspects of positive leadership and management within homecare and some practical examples of how homecare leaders seek to achieve this. Homecare leaders are often expected to do this with little support. We conclude then, that for homecare leaders to enable their teams to feel safe, supported and valued, these same leaders need to feel that as well. We highlight, drawing on impact evidence, that participation in My Home Life England programmes enabled care leaders to feel this support and safety. This allowed them to identify what was already working well, to reflect on challenges, to consider new ways of working, and to apply learnings to practice for the benefit of their teams and organisations.

REFERENCES

Assander, S. Bergström, A. Olt, H. Guidetti, S. Boström, A.-M. (2022) Individual and organisational factors in the psychosocial work environment are associated with home care staffs' job strain: a Swedish cross-sectional study. BMC Health Services Research 22. Available at: https://doi.org/10.1186/s12913-022-08699-4

Bakker, A. Demerouti, E. & Euwema, M. (2005) Job resources buffer the impact of job demands on burnout. Journal of occupational health psychology, 10(2), 170-180. Available at: https://doi.org/10.1037/1076-8998.10.2.170

Bergqvist, M. Bastholm-Rahmner, P. Modig, K. Gustafsson, L. L. & Schmidt-Mende, K. (2024) Proud but Powerless: A Qualitative Study of Homecare Workers´ Work Experiences and Their Suggestions for How Care for Homebound Older Adults Can Be Improved. Journal of Gerontological Social Work, 67(6), 841-860. Available at: https://doi.org/10.1080/01634372.2024.2355154

Bjerregaard, K. Haslam, Sa. Mewse, A. Morton, T. (2017) The shared experience of caring: a study of care-workers' motivations and identifications at work. Ageing and Society. 37(1):113-138. https://doi.org/10.1017/S0144686X15000860

Demerouti, E. Bakker, A. Nachreiner, F. & Schaufeli, W (2001) The job demands-resources model of burnout. Journal of Applied Psychology, 86(3), 499-512. Available at: https://doi.org/10.1037/0021-9010.86.3.499

Department of Health and Social Care (2025) Adult social care workforce survey: April 2025 report. Available at: https://www.gov.uk/government/statistics/adult-social-care-workforce-survey-april-2025/adult-social-care-workforce-survey-april-2025-report

Eide, T. Gullslett, M. Eide, H. Dugstad, J. McCormack, B. & Nilsen, E. (2022) Trust-based service innovation of municipal home care: a longitudinal mixed methods study. BMC health services research, 22(1), 1250. Available at: https://doi.org/10.1186/s12913-022-08651-6

Ganann, R. Weeres, A. Lam, A. Chung, H. Valaitis, R. (2019). Optimization of home care nurses in Canada: A scoping review. Health & Social Care in the Community 27. Available at: https://doi.org/10.1111/hsc.12797

Homecare Association (2024) Workforce survey 2024. Available at: https://www.homecareassociation.org.uk/resource/workforce-survey-2024.html

Homecare Association (2025) Fee Rates for State-Funded Homecare in 2025-26. Available at: https://www.homecareassociation.org.uk/resource/fee-rates-for-state-funded-homecare-in-2025-26.html

Lloyd, G. (2023) Five ways to sustainably grow your homecare business. Homecare Insights, March. Available at: https://www.homecareinsight.co.uk/five-ways-to-sustainably-grow-your-homecare-business/

Lhussier, M. Dalkin, S. Hetherington, R. (2018) Community care for severely frail older people: Developing explanations of how, why and for whom it works. International Journal of Older People Nursing 14. Available at: https://doi.org/10.1111/opn.12217

Lillsjö, E. Bjuresäter, K. Josefsson, K. (2023). Registered nurses' challenges and suggestions for improvement of their leadership close to older adults in municipal home healthcare. BMC Nursing 22. Available at: https://doi.org/10.1186/s12912-023-01215-x

Möckli, N. Denhaerynck, K. De Geest, S. Leppla, L. Beckmann, S. Hediger, H. Zúñiga, F. (2020). The home care work environment's relationships with work engagement and burnout: A cross-sectional multi-centre study in Switzerland. Health & Social Care in the Community 28, 1989. Available at: https://doi.org/10.1111/hsc.13010

Motley, C. & Dolansky, M. (2015) Five Steps to Providing Effective Feedback in the Clinical Setting: A New Approach to Promote Teamwork and Collaboration. The Journal of nursing education, 54(7), 399-403. Available at: https://doi.org/10.3928/01484834-20150617-08

Nolan, M. Brown, J. Davies, S. Nolan, J. & Keady, J. (2006) The SENSES framework: Improving care for older people through a relationship-centred approach. University of Sheffield. Available at: https://shura.shu.ac.uk/280/1/PDF_Senses_Framework_Report.pdf

O'Rourke, P (2025) Strategies for a stable workforce. Caring Times, February. Available at: https://issuu.com/investorpublishing/docs/caring_times_february_2025

Purbhoo, D. & Wojtak, A. (2018) Patient and Family-Centred Home and Community Care: Realizing the Opportunity. Nursing leadership (Toronto, Ont.), 31(2), 40-51. Available at: https://doi.org/10.12927/cjnl.2018.25604

Ravalier, J. Morton, R. Russell, L. & Rei Fidalgo, A. (2019) Zero-hour contracts and stress in UK domiciliary care workers. Health & social care in the community, 27(2), 348-355. Available at: https://doi.org/10.1111/hsc.12652

Rydenfält, C. Persson, R. Arvidsson, I. Holgersson, C. Johansson, G. Östlund, B. Persson, J. (2021) Exploring Local Initiatives to Improve the Work Environment: A Qualitative Survey in Swedish Home Care Practice. Home Health Care Management & Practice 33, 154. Available at: https://doi.org/10.1177/1084822320986933

Sharkey, S. & Lefebre, N. (2017) Leadership Perspective: Bringing Nursing Back to the Future Through People-Powered Care. Nursing leadership (Toronto, Ont.), 30(1), 11-22. Available at: https://doi.org/10.12927/cjnl.2017.25110

Silversides, K. & Astakhov, M. (2023) Understanding the reasons why care workers move on and their future intentions - scoping study. Published by Skills for Care. Available at: https://www.careandsupportwest.com/s/Understanding-the-reasons-care-workers-move-on-and-their-future-intentions.pdf

Tsui, E. Franzosa, E. Reckrey, J. Lamonica, M. Cimarolli, V. Boerner, K. (2021) Interventions to Reduce the Impact of Client Death on Home Care Aides: Employers' Perspectives. Journal of Applied Gerontology 41, 332. Available at: https://doi.org/10.1177/0733464821989859

Zoeckler J. (2018). Occupational Stress Among Home Healthcare Workers: Integrating Worker and Agency-Level Factors. New solutions : a journal of environmental and occupational health policy : NS, 27(4), 524-542. Available at: https://doi.org/10.1177/1048291117742678

APPENDIX 1 - METHODOLOGY

This report pulls together intelligence from

1. **My Home Life England professional support and development programmes for homecare leaders** - trawl of reports from 5 programmes undertaken over the past three years, describing the challenges facing homecare leaders and their attempts to make improvements. These reflect the perspectives of 44 homecare leaders across Eastern and Northwest regions of England.
2. **Face-to-face semi structured conversations undertaken** with 46 branch managers, care co-ordinators, care staff and training team staff across 12 branches of a homecare organisation. More details below.
3. **A scoping literature review of 'leadership in homecare'.**
4. **A validation event** involving nine homecare leaders in Suffolk to test and add to the key messages.

Face to face conversations across 12 homecare branches

My Home Life England were invited to work alongside a large homecare organisation with over 100 local branches. They were keen to understand how the people who work every day in individual branches influence quality, reputation and growth at a local level, and to understand more about how the people who work for them can build on the best of who they are.

In particular:

- What makes the good branches good - what makes the difference?
- How do we understand what good is?
- How can we learn from each other?
- What do you do to help make this branch so special?
- How do you collaborate to support the work of this branch?
- Doing what you do now and into the future, what will you keep and develop?

Appreciative Inquiry is one of four research-informed and evidence-led frameworks that underpin My Home Life. While many traditional approaches to supporting change begin by focusing on pitfalls and problems, Appreciative Inquiry instead asks people to explore strengths and successes that already exist, both internally and externally, and to build on these.

By asking open questions with a focus on understanding more deeply what is working well within a team, group or organisation, a shared vision for the future can be created and small steps for change agreed.

My Home Life England developed an information sheet which explained a little bit about the project and outlined the approach to GDPR, data storage and safeguarding. This was shared with each branch manager. The homecare provider identified 12 branches that were deemed to be 'good' from across England and Wales. Branches were visited throughout January and February 2024. Participants were as follows:

- 12 Branch Managers
- 13 Care Co-ordinators (inc.1 job share)
- 11 Care Training Practitioners
- 10 Members of the Care Team

The conversations were undertaken by the Chair of the homecare provider, working alongside MHLE team members (Sally Hamilton, Suzy Webster, Steph Thompson) who took notes and ensured that each person was asked the same questions and that conversations didn't diverge too far away from topic. MHLE asked any important questions that might have been missed, and ensured each person received a verbal summary of the things they had said at the end of each conversation. The conversation followed good interview practice and ethical processes, but were not subject to University research ethics protocol, being consultation rather than formal research.

Conversation guide:

What do you do to help make this branch so special

1.1. Tell me about your role, how do you describe it?

1.2. Tell me about the training you received when you moved into the role?

1.3. Talk me through how it works if someone contacts the branch about a support package, what happens, what specific role do you have?

1.4. What do most enjoy about the job you do, what brings you joy?

1.5. How do you know, in your role, that people experience positive practice and support from this branch?

1.6. Where are your customers located... why do you think that is?

How do you collaborate to support the work of this branch

2.1. What do people who use the service say about the way this branch works, and how do you know, how do you gather feedback?

2.2. How do you work alongside relatives/partners/friends?... Does that change from enquiry to providing a service?

2.3. How do you work with other people e.g., GP, nurse, social workers ..who else?

2.4. What do these external organisations say about how you partner with them?

2.5. How have complaints or concerns led to improved outcomes for people?

2.6. How do you make decisions as a team, where do decisions get made?

2.7. Tell me about connections with the support hub, key relationships?

Doing what you do, now and into the future

3.1. What do you think makes the difference here?

3.2. What are the little and big things you do that support positive outcomes?

3.3. What gives you a sense of achievement?

3.4. What is your vision for this branch now and into the future …does everyone share that?

3.5. What are you going to build on and is there anything you would like to do less of?

3.6. If we could wave a magic wand, what's one thing that could help you in your role?

Anything else you would like to tell us?

LITERATURE REVIEW SEARCH METHODOLOGY

Databases

- English electronic databases
- CINAHL complete
- ProQuest health and medical collection
- PyscINFO
- Scopus
- British library index
- Google Scholar
- Google for grey literature and relevant sector publications

The research papers selected for review will be reported on using the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) reporting system.

Inclusion criteria

- Time frame: Last ten years
- Geography: Worldwide
- Language: English language only
- Methodology: qualitative, mixed methodologies, case studies, and systematic literature reviews
- Literature Source: Peer reviewed, grey literature, and other literature reviews
- Population: local and national home-care organisations and care leaders within them supporting adults who live in the community

Exclusion Criteria

- Informal carers

Key search words

- Domiciliary care / Home care / Homecare/ Home Care Association / Supported living

Only the above with:

- Leadership / culture/ organisation / improvement / communication/ wellbeing /reputation / resilience / workforce / business outcomes / efficiency / CQC / regulator
- Challenges / successes
- Impact
- Outcomes

Papers were reviewed and detailed in an extraction table

	Author(s) and Country	Aims	Study Participants & Sample	Study design	Methods	Results
Paper 1						
Paper 2						
Paper 3						

APPENDIX 2:
BRANCH & HEAD OFFICE CULTURE- REFLECTIVE CHECKLIST

		Strongly agree	Slightly agree	Slightly disagree	Strongly disagree
1	There is good experience of, and a strong empathy with, the carer role, within the branch team				
2	There is consistency in how all branch team members communicate to carers				
3	There is clarity about who does what within the local branch				
4	There is a wide mix of skills in the branch team that we can tap into				
5	The team and homecare workers feel confident that the branch manager will engage in 'difficult' conversations with customers, team members and those above them when required				
6	The homecare workers know that the branch team will always back them up where reasonable				
7	The branch team consistently communicate appreciation of each other and the care workers				
8	There is flexibility in how we can do things as a branch team				
9	The branch office will not worry about getting in trouble for trying out new things.				
10	There is clear and consistent communication and support from the head office to the branch office				
11	Head office regularly ask branch offices for their views to get an operational perspective				
12	Complaints are seen as opportunities to learn				
13	There is clarity, direction and support to ensure growth of the business				
14	The quality of listening and engagement towards staff, service-users and families is very high				