



# 2025

## Evaluation of Leadership Programmes

### My Home Life England

City St George's, University of London



## About My Home Life England

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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. Based within City St George's, University of London, we are part of the international My Home Life initiative.

My Home Life England 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.

My Home Life England has worked with over 2,700 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 information, please visit: [www.myhomelife.org.uk](http://www.myhomelife.org.uk)

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Front cover image: Cohort 6 of the South London Care Home Pioneer Programme – jointly delivered by My Home Life England and the Health Innovation Network (HIN) South London.

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## Introduction

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**This report draws upon the research and evaluation data gathered from 25 programmes delivered by My Home Life England (MHLE) between May 1<sup>st</sup> 2024 and April 30<sup>th</sup> 2025.**

My Home Life England's **Professional Support and Development Programme (PSDP)** was completed by a total of **181 care leaders**, and **141 leaders** completed a **Continuous Professional Development (CPD) course** or other development programme - **a total of 322 leaders**. Working with these 322 care leaders created a **positive ripple effect**, impacting **approximately 10,000 people receiving care and their families**.

To evaluate My Home Life England's programmes during this period, qualitative data from final programme reports was thematically analysed, accompanied by an analysis of the quantitative and open-ended qualitative data collected through pre- and post-programme surveys for each PSDP.

This report highlights **the experiences of leaders working in the social care sector, the challenges they face in their role, and the difference that My Home Life England programmes have made** to their care services, as well as to them as individual leaders.

**Key findings indicated that participants developed a stronger leadership identity and grew in confidence. Communication skills also improved, which led to improved relationships within teams, with partners in the system, and with the people they support. Finally, leaders developed the skills to support their own self-care, to put in boundaries and to achieve a better work-life balance.**

## Background

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**My Home Life England is part of an international initiative aiming to empower care workers and enable a positive working environment, improve the quality of life of people receiving care, provide support for their families and visitors, and foster meaningful relationships between people living in care, families, and those working in care settings.**

To achieve this, My Home Life England works with a variety of care settings, care at home services, housing support, NHS, statutory bodies, community organisations and others to co-create new ways of working to better meet the needs of people living in care, their relatives, and care teams. One central element of this initiative is the My Home Life England Professional Support and Development Programme (PSDP). The programme began in England, hosted by City St George's, University of London, and since then My Home Life initiatives have developed in Scotland, Northern Ireland, Wales, Germany, and Australia, supported now by the My Home Life Charity. To date, approximately 2,700 care leaders have participated in a My Home Life England programme.

## About the PSDP Programme

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The Professional Support and Development Programme (PSDP) typically follows the model of **three initial full-day workshop days** (comprising group exercises, discussion, and reflective practice) focused around three themes:

1. Relationship with Self
2. Relationship with Others
3. Managing Change

The initial three workshop days include an introduction to the programme and the My Home Life evidence base, as well as the opportunity for group learning activities. The programme is underpinned by a series of four key frameworks, which focus on improving care through promoting positive relationships and meeting the needs of those who use care services, family members, and care teams.

## My Home Life’s Four Underpinning Frameworks

<b>Developing Best Practice Together</b>	This asks, what is it that people value and what works well in care homes and other care settings? (NCHR&D Forum, 2007)
<b>Focusing on Relationships</b>	This includes an introduction to the Relationship-Centred Care Framework (Tresolini and the Pew-Fetzer Task Force, 1994) and the Senses Framework (Nolan et. al., 2006).
<b>Being Appreciative</b>	This offers an overview of “Appreciative Inquiry”, which is a process for improving practice by focusing on core strengths, then using these strengths to reshape the future. It involves four steps: discover, envision, cocreate, and embed. (Cooperrider et al., 2003).
<b>Having Caring Conversations</b>	The Caring Conversations Framework (Dewar and Nolan 2013) provides a method for enhancing communication and compassionate, dignified care by using the 7C’s (be Courageous, Celebrate, Connect Emotionally, be Curious, Collaborate, Consider other perspectives, and Compromise).

### Action Learning Sets

The three workshops are typically followed by a series of **six facilitated action learning sets (ALS)**, in which leaders come together to explore an issue brought to the group by one of the members during dedicated “airtime”. The group actively listens to the issue, and asks open questions, whilst refraining from offering advice.

These ALSs encourage and model asking open questions, and reframing language. The broad outline of the PSDP is consistent in each location across England, however the delivery of the content is tailored and guided by the leaders’ discussions and questions. Occasionally the PSDP is tailored on a bespoke basis to fit the specific needs identified by the commissioner. Regardless of the structure, the programme is always focused around supporting care leaders to arrive at their own solutions to issues that they are facing; achieved through experiencing and practicing high-quality listening and engagement.

The final session of the programme is a completion day, which is a chance for leaders to reflect upon their learning in the programme, celebrate their achievements, and to consider how they will take that forward.

At the end of each PSDP the facilitator writes a report reflecting upon the learnings and outcomes and this is validated by the leaders on the programme. Participants also complete a pre- and post-survey of the programme, which evidences the impact it has made upon them as an individual and the impact on their services.

### My Home Life England's Facilitators

My Home Life England work with a valued and dedicated team of facilitators across England, who run these programmes. The facilitators draw upon a carefully designed toolkit of resources and activities throughout the programme to elicit discussion and reflection.

The resource pack contains a variety of tools and approaches, including visual inquiry postcards to spark conversations, key jar questions, positive inquiry notepads, a relationship mapping tool to reflect on workplace connections, self-portrait activities for self-reflection, and transactional analysis worksheets. Leaders are encouraged to apply these tools and techniques in their own care settings after the workshops to support staff, people receiving care and support, and in continuous improvement.

## Evaluation Approach

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This evaluation report is based upon the data collected from the **25 final reports from each PSDP** and associated programme, and the **PSDP surveys**. The data in the reports was provided with permission from the leaders and anonymised to protect their individual and organisational identity. Leaders were also given the opportunity to amend their contribution to the programme reports, to ensure that it accurately reflects their experiences.

**Eighteen final PSDP reports** and **seven additional programme final reports** were thematically analysed using MAXQDA. The emergent themes highlighted a range of organisational, interpersonal and internal challenges, as well as programme outcomes which rippled through to care teams, relatives and care receivers.

Ethical approval has been granted to use the data collected on these programmes for research purposes by City, St George's, University of London Research Ethics Committee Ref: ETH2425-0123.

### Programmes Included in this Evaluation

A total of **25 My Home Life England programmes** took place between May 1<sup>st</sup> 2024 and April 30<sup>th</sup> 2025. These included:

-  **18 cohorts** of My Home Life England's Professional Support and Development Programme (PSDP)
-  **2 cohorts of Continuous Professional Development (CPD)** with leaders who had been on a PSDP.
-  **3 one-off courses** (Homecare workshop, a bespoke course, and a half-day Thriving workshop)
-  **2 specialist courses** (Four-day Thriving workshop programme and a daycare programme)

The location of the programmes included: Essex, Luton, London, Knowsley, Liverpool, St Helens, Bedfordshire, Surrey, and Suffolk. A final report for each programme was produced by the facilitator/s of the programme which forms the qualitative dataset for this evaluation.

### *The Leaders who Took Part*

The “About You” survey showed the profile of the leaders who started the Professional Support and Development Programme. The findings revealed that of the leaders who started the programme;

- ✚ **75%** identified as female, **23%** as male, and **2%** preferred not to specify their gender.
- ✚ **51%** of leaders were White British, **37%** were from a range of ethnic minority groups, and **10%** self-described as “other” and included representation from Egypt, The Philippines, Latin America, and Romania.
- ✚ **22%** of participants worked in care homes with nursing and **34%** worked in care homes without nursing. **12%** worked in supported living, **24%** were in domiciliary care, and 8% described themselves as working in other types of service.

Leaders held a variety of roles, including:

- ✚ **Registered managers** (32%)
- ✚ **Care home managers** (20%)
- ✚ **Deputy managers** (11%)
- ✚ **Care at home manager** (4%)
- ✚ **Other roles** such as area manager, senior carer, care coordinator, clinical leads, and regional head (33%)

Collectively these role-holders are interchangeably described as “*care leaders*” or “*leaders*” throughout this report. Cohorts included leaders from both rural and urban care environments, as well as a range of sizes of providers.

Working with the 322 care leaders across all of the My Home Life England programmes in the studied time period created a **positive ripple effect**, impacting approximately **10,000 people receiving care and their families**.

### *The About You Survey*

A total of **216 participants began a PSDP** and were invited to take part in a Qualtrics pre-survey, “About you Survey”. This survey gathered biographical details about the participants in advance of attending the PSDP programme. A total of **127 leaders** (of the 216) completed a valid survey and agreed to their data from this survey being included in the evaluation (**59% completion rate**).

### *The Endings Survey*

At the end of the programme, participants were invited to complete a Qualtrics “Endings Survey”. This survey measures the impact of the PSDP on leaders, assesses changes in service quality, improvements in their wellbeing, and the effects on their relationships with others. It also collects feedback on participants’ overall experience and includes a section for some open-ended qualitative responses. A total of **140 leaders** (of the remaining 181 participants) completed a valid Endings Survey and agreed to their data from this survey being included in the evaluation (**78% completion rate**).

The other seven courses were not evaluated by a survey and the data from these comes from their final report only.

### *Completion Rates from the Programme*

In total, 322 care leaders completed a programme during the timeframe (May 1<sup>st</sup> 2024 and April 30<sup>th</sup> 2025). The Professional Support and Development Programmes recruited 216 care leaders, of which 181 completed the programme, giving an **84% completion rate**. On the other programmes (CPD, bespoke, and one-off), 160 leaders began the programme and 141 completed, resulting in an **88% completion rate**. Combining these figures, shows that 376 participants began and 322 completed one of our programmes, giving an **86% completion rate across all programmes**.

There were several reasons why leaders missed a session or were unable to complete, including:

- ✚ Time constraints and not having the time to fully commit to the programme.
- ✚ Workplace demands, including needing to cover staff sickness or additional duties as a result of illness, hospital admissions, or deaths in the care service.
- ✚ Staff absences and annual leave.
- ✚ Personal reasons and emergencies, including family emergencies, a new baby, and funerals.
- ✚ Job changes, such as leaving the role or having a new employer.
- ✚ Inspections and audits, including unannounced CQC inspections.
- ✚ Prior commitments, including work meetings.

These reasons for non-attendance or inability to complete the programme highlight the daily complex challenges that care leaders face in their roles.

## Evaluation Findings

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### Participant Expectations of the Programme

In the start of each programme, facilitators invite the leaders to share their expectations of the programme. This input provides a valuable foundation for tailoring the content to better align with the group's needs.

The things that the leaders said they wanted to work on during the programme included:

- ✚ Managing the balance between commercial pressures and delivering quality care.
- ✚ Support with how to deal with safeguarding issues.
- ✚ How to deal with professional jealousy if they had been promoted and must manage their peers.
- ✚ Managing conflict and addressing poor practice.
- ✚ Improving communication.
- ✚ Developing confidence in leadership.
- ✚ Creating a better work-life balance.
- ✚ How to effectively run team meetings.
- ✚ How to improve relationships across staff teams.
- ✚ Recruitment and retainment of good quality staff.
- ✚ How to celebrate the differences that internationally recruited workers bring to the service.
- ✚ Communicate better with families.

### Appreciative Inquiry

One of the four frameworks underpinning the My Home Life Programmes is “*Appreciative Inquiry*” (Cooperrider et al., 2003). This involves a process of noticing and asking; ‘What is working now and what more do we need to do to make it even better?’ (My Home Life England, 2022). This involves asking leaders to tell us and show us what is working well, as well as acknowledging challenges, in order to highlight positive practice. Leaders were asked to think about what they could be proud of, which was a novel experience for some.

They were also asked to think back to what initially motivated them to work in the care sector, which helped them to reconnect to their motivation for working in social care, and to think about how far they had come in their career. The use of visual imagery postcards was a useful tool in helping draw out these stories from the leaders and was a tool that many now use for a similar exercise with their own care teams. Leaders recognised the value of appreciative inquiry in bringing about change by focusing on the positive aspects of skills and behaviours, rather than solely on areas for improvement.

Using an Appreciative Inquiry approach is a vital tool in being able to bring about change, in that it allows leaders to recognise the positive practice that is already happening and to build on those strengths. This approach also helps leaders to practice more positive self-regard, which, in turn, helps improve the way they interact with others. Most leaders agreed that their instinct is to start from what needs to be changed, or what needs to be done better or differently, and they were able to reflect on how the appreciative approach can change that narrative. One leader said:

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*“Now I share what’s positive with staff and acknowledge what they do by telling and thanking them directly.”*

### Challenges faced by care leaders and how the programme supported them

Care leaders participating across the programmes described the challenges inherent in working within the care sector and showed considerable courage in expressing these issues and exploring strategies for managing them. These challenges, drawn from final reports and qualitative responses to the Endings Survey, are presented here under the categories of *Organisational, Interpersonal, and Personal Challenges*, together with insights into the difference the My Home Life Programme made.

## Organisational Challenges

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The qualitative findings highlight several organisational challenges related to leadership in care settings, which include leading and supporting change and navigating external pressures.

### Leading and Supporting Change

A dominant and recurring theme was the challenge of leading through change and managing transitions. Leaders frequently entered the programme with concerns about effectively supporting their teams amid organisational change, technological innovation, and the fast pace of evolving care practices. Care leaders recognised the impact that change can have on their organisation, saying:

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*“I’ve had an eye opener into the emotional energy that can be dispersed through change. Since the onset of COVID-19 and lockdowns, there have been a string of changes – staff and resident deaths, building work, and management, to name but a few.”*

*“Staff are on edge about a new person starting, and I have to give reassurance to the team, identify the positive things that we are doing”.*

The theme of Workshop Three of the PSDP is *“How to Manage Change”*, where leaders learn how to support their teams through periods of uncertainty and how to navigate the emotions associated with such change. One leader said:

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*“The process of change seen using Bridges Transition Model was really useful to me emphasising the importance of acknowledging the emotions around endings and how to support the team in new beginnings.”*

Another said:

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*“I celebrated the skills needed for change and was explicit about what new roles would look like and how they built on skills the team already had. We agreed what we wanted to see happen in day-to-day practice, especially in our new activities project.”*

Through the programmes, leaders developed a greater understanding about the human and emotional dimensions of transition. This enabled them to better support their teams, particularly through periods of uncertainty, and they were able to celebrate and articulate new roles and embed new ways of working.

### ***The Use of Technology***

Care leaders often found themselves in the position of having to integrate new technologies into their service, but this could cause *“resistance”* and *“suspicion”* amongst staff teams. One leader said, *“We need to be digitalised to run a full service and stay competitive”*. But implementing these changes was challenging. They recognised that change needs to go at the pace of the individuals involved so that they can increase *“buy in”*. In one cohort there was a discussion about how to best manage change and ideas included working with colleagues who were *“early adopters”* to show more tentative colleagues that change could be *“safe”*. They recognised that it is important to ensure that all the staff team feel involved in changes, pointing out that if people are not part of the plan, it might psychologically block them from full participation. One leader said, *“Change is complex and it’s about actioning collaboratively, working and using what will be most useful.”*

In one programme there was a session on *“Technology as Your Friend”*, which highlighted that some services were supported IT wise by different systems and laptops, and others were still inputting service user details and updates manually. Towards the end of the programme there appeared to have been a shift to a greater degree of IT roll-out. Leaders were also able to think about how the use of AI could support them to communicate more effectively, and how to feel more confident in digitised record keeping.

## Navigating External Pressures

Leaders in the care sector face the ongoing pressure of balancing external commercial pressures, such as limited funding, financial constraints, and market competition, with the responsibility of maintaining high standards of care. These pressures often required leaders to make difficult decisions regarding resource allocation, staffing, and service provision, sometimes impacting the quality of care delivered.

Organisational challenges also varied depending on the leader's role. For example, some leaders were also care owners, and they faced challenges in finding and appointing staff who understood their "vision", as well as building external relationships within a complex and competitive market. One leader said:

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*"I want to be more proactive, not just reactive, think outside the box."*

Another said:

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*"Running a business, you can feel isolated and overwhelmed. It can feel like you have to do everything yourself, and find the motivation..."*

Challenges discussed by one cohort included the brokerage system for care services, which was described as "ineffective" and "unfair", with funding levels often viewed as insufficient to cover the actual cost of care. This concern is reflected in Care England's warning that council funding rates frequently do not cover providers' real costs, creating financial strain and limiting the system's effectiveness (Care England, 2024). Additionally, regulatory oversight from the Care Quality Commission (CQC) was a source of pressure, with leaders emphasising the importance of effective advocacy when inspectors misunderstood situations or failed to appreciate the complexities of care provision.

Some managers struggled to ensure high-quality care delivery within administrative demands, such as the appropriate management of safeguarding and dealing with disciplinary

investigations. In one cohort, leaders talked about the challenges that arise when, for example, a client at home asks for help having slipped to the floor, yet the policy of the organisation does not allow the carer to lift them up again. This creates tension with clients and families who may not understand. The carer felt conflicted:

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*“It’s not easy to deal with this - you know the person and want to help, but it’s not allowed for safety reasons, which are reasonable but it’s tricky”.*

One care manager gave a speech entitled *“Walking in Our Shoes”* at the end of his programme. This is an extract from that speech which beautifully captures the challenges, but also the successes resulting from collaborating with peers on this programme:

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*“But what does life look like in our shoes? It means balancing strategic vision with the realities on the ground. It’s about navigating complex systems while staying focused on the people who rely on us. It’s about making tough decisions with limited resources, while always striving for compassionate and effective care. And above all, it’s about partnership—working together across disciplines, organisations, and communities to build a future where no one falls through the cracks”.*

To summarise, care leaders often found themselves navigating a social care landscape which was marked by financial constraints, regulatory demands, and change, whilst also needing to support and inspire their care teams. This programme helped them to think through their challenges and the possible solutions, whilst developing a confident and supportive leadership style. One leader said:

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*“The course and the group work have allowed me to think about my management style and the way I approach the team. We’re all working better as a result”.*

The Endings Survey evidenced an increased ability by leaders to support their teams:

- **98% (n=137) of care leaders reported an improvement in the quality of their management and leadership.**
- **91% (n=119) of leaders noticed an increase in their ability to make sufficient time to support staff.**
- **90% (n=118) reported an increase in their team's ability to take initiative.**
- **81% (n=114) of leaders reported an increased confidence to be able to meet Care Quality Commission requirements.**

Leaders felt more willing to ask for help from external professionals, which has enhanced their ability to deliver quality care. They reported improved communication and collaboration with external stakeholders such as hospitals, social workers, and other healthcare professionals. This was creating better transitions and a more integrated approach to care. Examples of new initiatives which the leaders had implemented, included *newsletters, keeping in touch meetings, and weekly cups of tea chats*, all designed to improve accessibility, increase interpersonal contact, and simply check-in with colleagues to ensure everyone felt included and involved.

**The outcomes of the My Home Life England programme evidence a transformative impact on the culture and practices within the participating care settings, leading to improved experiences and outcomes for both staff teams and for those receiving care.**

## Interpersonal Challenges within Teams

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Interpersonal relationships are a central feature of care leadership, particularly in teams which include international workers. Their diverse experiences and backgrounds enrich teams, but they may also need additional support to feel included. Leaders commonly highlighted difficulties in managing conflict, promoting wellbeing, building inclusive teams, and celebrating individual strengths. However, through developing enhanced communication skills and new ways of engaging with their teams, they became better equipped to navigate these challenges, strengthen relationships, and celebrate the diversity within their organisations.

### Workforce Wellbeing

Some care leaders reported a growing concern and noticeable rise in stress, anxiety and mental health issues amongst their staff teams. This was leading to increased absences and a reduced quality of care. One facilitator wrote in their notes that:

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*“The care leaders on the programme noticed an increase in mental health issues within staff teams since the Covid Pandemic. Staff off sick with these issues can sometimes leave service users without full provision. [One leader said], “Staffing is always on my mind – either getting staff to cover, or the cost of agency””.*

Leaders learnt to recognise the importance of supporting their own mental health, so that they could better assist their teams. Strengthening leadership capacity in mental health awareness and wellbeing management is vital to sustaining a resilient and supported workforce.

A few leaders reported how they found it frustrating when staff were unmotivated or displayed poor performance, which impacted on the quality of their care delivery. They found it challenging to address issues directly, including declining standards of care, for fear of demotivating the staff team. As a result, leaders would take on extra work themselves – instead of delegating - which then impacted upon their own wellbeing.

Delivering positive change within this context presented additional challenges. High staff turnover, increased sickness, low motivation, and subsequent staffing shortages can make it difficult to maintain continuity or implement improvements effectively. Through the programme, the leaders learnt to recognise the need to value staff, involve the team in decision-making, and celebrate achievements to build motivation and engagement. As one leader reflected:

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*“I am going to celebrate more and feedback positives to my staff. I like the idea of asking ‘what are you proud of?’ It is easy to just feedback the negatives”.*

Recognising and rewarding good practice, alongside clear and compassionate communication, helps to strengthen morale and maintain high standards of care.

### Support for Internationally Recruited Workers

Internationally recruited (IR) team members, as well as IR leaders on the MHLE programmes, often felt that they required additional support when joining a care organisation. IR workers face a multitude of challenges, including adapting to new roles and a new culture, managing workload pressures, and navigating incidents of racism. Leaders described that there were sometimes difficulties around language or cultural differences, which could impact upon the confidence of the IR worker and the way they were able to work well as part of a team.

Some leaders described that putting additional support in place for IR team members could put pressure on their colleagues and change the team dynamics. Care leaders also acknowledged that some of the people in their care sometimes exhibited racist behaviour towards IR team members, which undermined their sense of psychological safety and confidence.

One MHLE programme reported that some leaders from an international background, particularly under sponsorship schemes, had experienced exploitation and felt additional pressure to meet high expectations. This really highlighted the importance of care managers to set clear boundaries and an equity of treatment across the workforce. The programme

reports evidence that IR participants expressed feeling awkward when they wanted to turn down extra shifts and found it hard to say “No”, but they also struggled to address this with their senior management, feeling that they had to put aside their own needs. One IR leader said:

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*“I am trying my best and they think it’s going well, but I am exhausted trying to meet their expectations.”*

Internationally recruited workers often required extra support in areas such as housing, navigating public transportation, driving, and induction training. Some leaders found that IR workers often required more time to benefit from the training and required additional shadowing opportunities. Leaders on the MHLE programme found that the opportunity to discuss these challenges and share experiences helped them feel less alone and able to raise difficulties without feeling judged.

### Managing Conflict in Teams

One of the most significant challenges leaders faced was handling conflict within their teams. Some leaders struggled with staff forming cliques, while others found it difficult to manage team members who were older or perceived as resistant to change. Many expressed a desire to improve communication and foster collaboration, especially among those hesitant to embrace new approaches or ways of working. In one instance, a leader said that taking disciplinary action led to unease and distrust within the team. However, confidentiality requirements prevented them from sharing the full story behind the decision.

Some leaders also recognised that their workload increased significantly when others failed to work well as part of a team. In one programme, participants who were nurses highlighted that this problem worsened when members of the care team held unrealistic expectations of their role, or when their clinical decisions were overruled. For example, in one service, a nurse decided not to admit someone, but this decision was overturned by the deputy manager. The nurse felt that this not only compromised the quality of care but also undermined their professional authority.

## Professional Jealousy

New leaders sometimes found themselves facing resistance, resentment, or jealousy from their former peers, which could feel undermining. They found themselves having to manage feelings of professional inadequacy. One facilitator wrote in their notes:

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*“Some leaders had moved into new roles and they had to manage feelings of professional inadequacy as well as to deal with the reactions of those they’d previously worked with. There might be resentment or gossip, even jealousy, which was unsettling and undermining”.*

Being able to address these experiences requires courage, self-awareness and effective communication.

## New Ways of Communicating and Developing a Team

Following the participation on a My Home Life programme, care leaders reported a significant improvement in their communication skills, including through active listening, open questioning and creating a safe space for expressing emotions and opinions. This had led to greater understanding within teams, as well as stronger collaboration and trust, both amongst team members and external stakeholders.

The Endings Survey revealed that:

- **98% of care leaders reported that their leadership and communication skills had increased.**

Leaders described how learning new ways of communicating had made a difference in their teams:

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*“Communication with staff is about tone of voice and body language, and to involve the team and have the trust to let them make decisions.”*

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*“One of the most important things I’m taking away from this programme is the ability to listen. I now have patience to truly listen to others and give them time to say what they need.”*

*“Open questions can de-escalate a situation for they are non-judgemental. They involve the person and so they feel happier and more supported emotionally.”*

How to communicate and develop staff teams was a particularly important area of learning for the leaders. They learnt strategies on how to empower others, promote collaboration, celebrate achievements, and how to emotionally support care team members. Their aim was to create a more positive and supportive workplace environment, in which care team members felt valued, motivated and confident in their roles.

The My Home Life tools were all helpful in empowering care leaders to think about how to communicate better with their teams, and these are tools that they can continue to use in their own practice. Examples of what leaders told us about the use of the new MHLE tools included:

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*“Using the relationship circle tool helped me reflect on who I need to support me in my role. I wasn’t asking for help, but by bringing the senior manager into my inner circle helped me get the support I need.”*

*“We started with the key jar exercise to create a change in the dynamic of the meeting and now take time to celebrate each other’s achievements every month”.*

The opportunity to share experiences in a safe and confidential space allowed care leaders to acknowledge the impact of their communication style and how this impacted the culture of their care service. Leaders became even more skilled at listening, providing a space for others to talk without offering advice or interjecting with “answers”. Initially the action

learning approach of asking only open questions - rather than offering advice - was challenging for leaders, but many quickly came to appreciate this new way of communicating and went on to model these skills to their staff teams and those they supported.

The My Home Life framework of Caring Conversations (Dewar, 2011) is a powerful approach for leaders looking to foster compassionate communication. This framework is built around 7 Cs: be Courageous, Connect emotionally, be Curious, Consider other perspectives, Collaborate, Compromise, and Celebrate. By guiding conversations with these principles, leaders can move beyond simple, transactional exchanges and instead nurture discussions that are relational and empathetic. The 7 Cs serve as reminders to listen attentively, celebrate achievements, connect with others, and collaborate effectively, ultimately creating deeper understanding.

The visual inquiry postcards were also a helpful tool in facilitating new ways of communicating. The postcards are a My Home Life tool and comprise a series of carefully selected and generic images, which can be used to represent how someone might feel about a particular issue. These were used in check-ins during the PSDP programmes, and leaders were encouraged to use them in staff or relatives' meetings, or in helping aid conversations with care recipients and clients. Leaders told us how they were using their postcard packs:

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*“I’ve used the postcards in staff meetings when there was a lot of tension in the team, it helped them to reconnect and understand each other’s point of view.”*

*“Using the postcards with the team helped remind everyone of our shared values and what we come into work for every day. I feel we’ve more patience and empathy as a team.”*

## The Impact on Relationships in the Workplace

Leaders on the programme frequently spoke about how, as a result of the programme, they were now able to lead in a more open way, which helped to form better relationships with their teams.

The Ending Survey revealed that

- **87% (n=114) of leaders said that team morale had increased over the last twelve months of being on the programme.**

By supporting better work relationships through increased trust, open communication, and team involvement, they found new ways to manage busy and pressured shifts. Leaders also found new ways of celebrating positive practice. A number of leaders noted an indirect effect on those people receiving care. They described how when they, as leaders, were better at modelling relationship-centred care with their care teams, staff felt listened to and more supported, and this was seen to have a knock-on effect on those receiving care.

## Establishing Professional Boundaries

Being able to identify and maintain clear and professional boundaries are important for building a culture of trust, accountability, and integrity in workplace relationships. For leaders this meant learning to model appropriate behaviour which fostered a culture of respect and professionalism.

Through the model of Transactional Analysis, leaders learnt how to identify parent-child relationships and how to communicate on an adult-to-adult level. Leaders said:

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*“When I hear myself being controlling, I remember to talk adult to adult rather than sounding like a nagging parent”.*

*“I no longer treat the carers like [I am] their mother, I can see a clearer boundary between them and me.”*

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*“I use transactional analysis in team meetings to keep me on track and not take over! My team are adults, so I need to involve them as adults. This has been great learning for me.”*

Leaders on the programme learnt to recognise the importance of setting and maintaining boundaries, and they made significant changes to their leadership style in this respect. For instance, many of the leaders identified the need to set clear expectations about when and under what circumstances they could be contacted outside of work hours.

They learnt that a lack of boundaries could have a significant impact on their ability to do their own job effectively and could negatively affect their mental wellbeing. Leaders said it was vital to put boundaries in place; not only did this clarify roles between team members, but it also promoted the sharing of skills and promoted empowerment. Examples of what leaders told us included:

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*“I have put in boundaries. I realised I was getting exhausted so needed to put them in place.”*

*“I’m more organised and so have a more balanced work-life balance because I trust my team”.*

There were positive examples of the changes individual leaders made to ensure professional boundaries were upheld, such as switching off phones, not taking their laptop home, and protecting time in the office to get tasks done. As a result, leaders were able to establish a better work-life balance. One leader eloquently shared:

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*“I could never switch off, even at home and weekends. [I] continually responded to non-important emails and messages. [I] learned to slow down and be in the moment and not to think ‘what if’ or worst-case scenario. [Now] I am less stressed and in turn [it] has ensured the staff are not stressed, which benefits the residents and families. I am still learning to say ‘no’. and that the world will not end. My children know when I am home, I am there, and not constantly dealing with work, which has improved our communication when things are troubling them.”*

Leaders realised that being approachable, supportive and a 'good' manager did not require constant availability to everyone. They learnt to understand that it was possible to set boundaries whilst also providing strong support to their teams, and that these qualities were not mutually exclusive.

Additionally, leaders found that the programme allowed them to step back from daily pressures and reflect upon their practices. They recognised the importance of making time for reflection within their regular workday. As a result, many care leaders felt more confident, respected, and empowered in their roles.

The Endings Survey reflected some of the key areas of impact for leaders in terms of their overall wellbeing and improvements in their teams:

- **80% (n=112) of leaders felt an increased satisfaction with their overall working conditions since starting the programme.**
- **70% (n=97) felt that their job security had increased.**
- **74% (n=104) felt an increased satisfaction in their relationship with their line manager or owner.**
- **97% (n=136) of leaders found that their understanding of how to improve the culture of care had increased since taking part in the programme.**
- **42% (n=55) of leaders reported that sickness levels in their staff team had decreased, whilst 47% (n=61) said it stayed about the same.**

## Personal Challenges

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The personal challenges faced by care leaders included managing overwhelming work pressures, a fear of failure, and low personal resilience. Many struggled to find time and space for self-care, to balance work and home life, to manage their time effectively, and had an overall lack of confidence in their leadership abilities and skills.

## Resilience and Self-Care

Care leaders often began the programme exhausted by the demands of their role and were used to prioritising the needs of others above their own. It was therefore important for leaders to feel safe, heard and cared for on the programme, to model how to practice good self-care. The MHLE programme is deliberately slowed down, compared to other training that they might have received. It is designed to allow for full and open communication, listening with care, and even sharing over lunch together. There is often a palpable sense of relief in the room when leaders come and sit down in circle together.

One leader beautifully captured this saying:

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*“I feel like I have grown up (during the programme) and leant a lot. I have slowed down; I now take time to look up to the stars”.*

A powerful outcome for many leaders was developing the capacity to, and indeed allowing themselves to, appreciate and value themselves. As leaders in the social care sector, they were very used to not prioritising themselves. Through the programme they were able to appreciate that practising self-care is not selfish, and that the benefits of their own self-care positively impacted themselves, as well as their staff teams and the people who they supported. Facilitator notes on one report said:

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*“Some managers described taking more care of themselves since the programme; leaving work on time more often, taking an actual lunch break, even if only for only 15 minutes, not taking work home, sleeping better, spending more time with friends and family socialising, or in solitude for peace and quiet and to recharge their batteries”.*

In the Endings Survey:

- **87% (n=121) of leaders said that they felt that their own quality of life had improved.**
- **74% (n=98) reported that their levels of stress had decreased a little or a lot since the completion of the programme.**
- **85% (n=119) experienced the feeling of being valued in their role.**

Many of the leaders on the programme recognised that they had been able to develop a new, more positive mind-set, as a result of having the opportunity to think about and reflect on situations and their own behaviours. They now practised focusing their mental energy on things that were within their control, let go of things that were out of their control, and practised reframing negatives to positives.

### Professional Confidence and Courageous Leadership

Many of the care leaders began the programme lacking self-belief and confidence in their leadership abilities. Many of the reports reflected the growing confidence of the leaders on the programme. One leader said:

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*“I’m amazed at how much my confidence has risen, and that of my colleague (also on the programme), she has really blossomed.”*

In the Endings Survey:

- **98% (n=137) of leaders reported that the quality of management and leadership they were able to offer had increased.**
- **94% (n=131) felt that their professional confidence had increased.**

The consequence of this was that leaders came to appreciate themselves as experts, possessing a wide range of skills, knowledge and experience of social care. This acknowledgement of themselves as experts then gave them a solid foundation to develop the additional skill of being professionally assertive. They were able to harness their passion

for social care and their empathetic nature and use this alongside professional competency in using data to make reasoned arguments.

The heightened ability to delegate, push back, and challenge assertively and courageously meant that leaders were able to encourage some other team members to become more independent. This had a more lasting impact on those team members as they too grew in confidence and were able to take on new challenges.

In the Endings Survey:

- **95% (n=133) of leaders said that the quality of their engagement with their team had improved.**

As the leaders became more confident in themselves there was a noticeable and positive impact on how they carried out different aspects of their role and how they saw themselves as leaders. This enhanced belief in themselves and in their own competency empowered them to undertake their leadership role with greater clarity and more strategic direction.

One facilitator wrote in their report:

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*“Leaders talked about being courageous and open with staff. In meetings, handover and one-to-one sessions, they started to ask for ideas and feedback and, because they tried this in a ‘real’ setting, witnessed it strengthening their authority. [One leader said] “I felt brave enough to face the staff and to take feedback from them and to ask their views. It was a victory.”*

Leaders felt empowered by the learning on the programme. They became confident in trying out the tools and approaches that they had learnt, and how they could use these to encourage and empower staff, upskilling their workforce. They also found it a useful approach to use these tools and communication approaches in more complex situations, such as in investigations and safeguarding discussions, as well as with the more regular engagements including supervision and team meetings.

## Not Feeling Alone

Being together in a shared, confidential space over an extended and regular period of time meant that leaders felt safe to share and build emotionally intimate connections with one another. The structure of the programme fostered a shared culture and sense of community amongst the leaders. Many leaders wanted to continue collaborating with one another beyond the programme, establishing social media groups to keep in touch. One leader said:

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*“We now have a WhatsApp group internally and externally. We use this to ask questions, update each other, connect with our external contacts and generally to keep information flowing and build rapport. We will carry that on”.*

The discussions and activities of the programme helped to normalise experiences and allowed the leaders to reflect on solutions together. Leaders felt that they were part of a network of like-minded others and were no longer alone in their worries or challenges. The workshops and action learning sets provided a safe space for leaders to connect, be vulnerable, and share their challenges and successes without judgment.

The Endings Survey showed that:

- **85% (n=119) of leaders reported an increase in job satisfaction as a result of being on the programme.**

Leaders valued this sense of belonging and emotional connection, particularly as some had felt quite isolated in their roles prior to the programme. For some leaders, this was the first job they had taken since arriving in the UK, so meeting others in the same situation was particularly helpful. For others, it was just important to hear others describe the pressures they face each day and who also listened with respect and without judgement.

These sentiments were reflected in the Endings Survey:

- **75% (n=105) of leaders reported that their enthusiasm for working in the care sector had improved.**
- **93% (n=130) said that their sense of personal achievement that they got from work had increased.**

## Value of the Programme and the Ripple Effect

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Care leadership can be mentally, physically, and emotionally demanding, and leaders often feel overburdened by a multitude of responsibilities. The programme was important in improving the leaders' sense of confidence, self-belief, and professional competence. They appreciated spending time together, eating lunch together, and talking with one another after the sessions. In their final reports the facilitators noted in the groups' commitment, openness, and willingness to provide constructive feedback and support to their peers.

The leaders highlighted the value of having a dedicated space for reflection, where they could consider their current practices and identify areas for improvement. This process left them feeling more energised, enthusiastic, and ready to tackle challenging issues. The programme had a transformative impact, empowering the leaders with increased self-confidence, pride in their abilities, and a renewed dedication to delivering high-quality care and support in their services.

In the Endings Survey:

- **83% (n=109) of leaders reported that the amount of time their teams now actively talk with relatives and service users had increased.**
- **88% (n=123) felt that the quality of life of the service users had improved.**
- **91% (n=128) noticed an increase in their overall feeling that there was a positive community in their service for those who lived, visited and worked in it.**
- **86% (n=113) of leaders said that the quality of interaction between the team and service users had improved.**
- **91% (n=119) told us that there was an improvement in the care team's desire to take the initiative in responding to service user's needs.**
- **91% (n=128) of leaders also reported that the quality of practice in their care setting had increased.**
- **54% (n=76) said that inappropriate hospital admissions had decreased (with 9% reporting an increase, and 37% saying it stayed the same).**

## Action Plans

As part of the Action Learning Sets on the Professional Support and Development Programme, leaders are given the opportunity to have “airtime” and discuss a challenge or something they want to “notch up” in their care service. As a result of this, they are encouraged to develop an action plan to help with this issue. Other MHLE programmes also encouraged quality improvement projects and action plans. Leaders shared some practice ideas which they planned to put in place in their workplaces following the completion of the programme. These included:

- ✚ *A ‘happiness initiative’ which aims to build on what was working well in the organisation, to share good practice, to energise staff and to build resilience.*
- ✚ *Asking a care home resident to be ‘the ambassador’ for the home; to help new residents to settle in, represent residents’ views back to the staff team and be the ‘celeb’ at the opening of the care home cafe.*
- ✚ *Including a resident on interview panels for new staff.*
- ✚ *Consideration about how to provide even more support, nurture individual team members and team-working.*
- ✚ *Thinking about the value of splitting ‘1-1’s into 6 hour shifts to reduce fatigue.*
- ✚ *Leaning into the needs of night staff, some of whom are struggling.*
- ✚ *Reflective sessions that help people to share frustrations with other teams and ‘what we should be able to expect from each other?’*
- ✚ *To deeply reflect on how it might be to ‘be’ a particular resident, what works well and what could be better.*
- ✚ *To consider what interests team members have that might be shared with others, including residents.*
- ✚ *To have permission to bring the strengths of their own cultures to work.*
- ✚ *To take little rest breaks in a 12 hour shift without feeling guilty.*
- ✚ *To consider how they can get more fresh air!*

Another area of positive practice that was discussed during the programme was the increasing importance of environmental sustainability as part of the CQC inspections. The

participants shared ideas like car-pooling for shift work, 'meat free Mondays' and monthly meetings to spark new ideas with people receiving care and support, relatives and staff.

### The Experience of Taking Part in a My Home Life Programme

Taking part in a My Home Life leadership programme was a powerful experience for many of the managers involved. It gave them the space to pause, reflect, and reconnect with what matters in their roles. Many spoke about learning to listen more deeply and finding new ways to communicate with their teams and external stakeholders. By coming together face-to-face with their peers, participants gained a sense of belonging. This reminded them that they are not alone in facing challenges and that sharing experiences can be a real source of strength. It also helped them to see the value of self-care, to appreciate others' perspectives, to delegate more, and to create more open and supportive working relationships. It encouraged a sense of community, renewed purpose, and increased confidence in their leadership. They appreciated and recognised the value of the variety of tools and approaches used across the programme, and particularly valued the model of Transactional Analysis, the Caring Conversations, and Appreciative Inquiry frameworks. They learnt how to ask open-ended questions, how to relate on an adult-to-adult basis, and to celebrate positive practice. Overall, the programme helped leaders become more effective in their roles, and to better support their teams and those who they care for.

In the Endings Survey, leaders were asked to list three things that they learnt from their programme. This word cloud is formed from their most frequently stated responses:



## Qualitative Survey Feedback: My Home Life England Programmes

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The Endings Survey for the PSDP included some open-ended, qualitative questions to capture participants' reflections and experiences in their own words. In these responses, the care leaders spoke extremely highly of all the programme facilitators. They appreciated the open and supportive atmosphere where they could share their experiences, challenges, and ideas without judgment. They highlighted the kindness, patience, and expertise of the facilitators, who created a safe and trusting environment that enabled meaningful discussions and reflections.

The programme was described as transformative, providing the leaders with increased confidence, tools for personal and professional development, and the formation of valuable support networks and friendships. They felt that the programme had led to improvements in team development, better collaboration with families, and even more empathy with service users. Leaders described how they had adopted a more coaching style approach when working with their staff teams, focusing on individual development plans and goals. They described the programme as having led to a more open and resilient working environment where team members felt more comfortable in expressing opinions, making suggestions and raising concerns.

### The Experience of Sharing in a Group

When asked in the Endings Survey what they found most difficult about the group and why, most leaders did not think of anything, but some found it a little challenging to talk about their feelings and their experiences in a group for the first time. For instance, one wrote:

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*"I did find it hard to share / divulge my own issues too much. I didn't want to hog the time and I wasn't ready to share my whole insecurities. But I really valued being included".*

Another articulated her experience of finding the experience challenging, but ultimately beneficial for her own development:

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*“What I found most difficult about the group was stepping out of my comfort zone and sharing my own challenges and areas for improvement. While the environment was supportive, it still took time for me to feel confident enough to open up honestly, especially when discussing sensitive topics like leadership struggles or workplace pressures. At times, hearing different viewpoints also challenged my thinking, which, although ultimately helpful, required me to reflect deeply and reconsider some of my approaches. Balancing the programme with the demands of my role was another challenge, as it required careful time management. However, these difficulties ultimately contributed to my personal and professional growth, and I’m grateful for the learning they brought”.*

### What Leaders Learnt About Themselves

In the Endings survey leaders were also asked what the most important thing that they learned about themselves by taking part in the programme. Their qualitative responses showed that leaders gained a much deeper understanding of themselves - both personally and professionally. Many spoke about learning to slow down, developing the ability to reflect, and recognising their own worth. Their responses in this part of the survey highlight a greater confidence, resilience and a heightened awareness of the importance of self-care and looking after their mental wellbeing. They became more comfortable in being able to ask for help and being more open about their emotions.

They gained insights into their communication and leadership styles and were able to be reflective about the impact of these on those they work with. Several leaders described feeling less isolated, realising that they were “not alone” and that others faced similar challenges. They found comfort and strength in the connections that formed in the groups. Overall, the leaders became more curious and courageous and developed the confidence to navigate challenges, both in their professional and personal lives. The qualitative responses from this part of the survey are represented in the following quotations and the word cloud:

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*“The most important thing I’ve learnt about myself is that I’m always evolving through the people I interact with. Each conversation helps me understand new perspectives, reflect compassion more deeply, and improve how I support others”.*

*“After completing the My Home Life programme for managers, the most significant insight I’ve gained about myself is my resilience and adaptability in the face of professional challenges. This course has taught me the importance of self-reflection and continuous personal development, which has enhanced my leadership skills and deepened my understanding of how to foster a supportive and empowering environment for both staff and residents”.*

*“[I’ve learnt] That all care settings in our area, and possibly all over, are feeling the same — and that there is a community willing to help us. We just need to put ourselves out there and find that help. The My Home Life programme was a great support”.*



## Conclusion

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Care leadership is complex, multifaceted, and demanding work, which is often under-valued and under-appreciated. The My Home Life England Professional Support and Development Programme, and additional MHLE programmes, offered the opportunity for care leaders across England to come together to support and learn from one another in a safe space.

**The programme had a significant impact on the participating care leaders and their respective services, enabling them to develop a range of skills and strategies that they were able to apply in their workplaces, with positive impact rippling down to their staff teams and people receiving care and support.**

There were several significant points of learning and professional development for the leaders, including understanding the importance of setting and maintaining boundaries, developing courageous leadership, and increased professional confidence and self-assurance in managing relationships with external stakeholders. Leaders enhanced their communication skills, including better active listening and being able to use open-ended questions. They learnt to delegate and empower their staff teams to find solutions to their own problems, and these approaches led to improved working relationships and a more positive culture in their services. Through engaging in self-reflection and by using an Appreciative Inquiry approach, leaders were able to adopt a more positive mindset, focusing on what was within their control, and reframing negatives to positives.

Leaders also valued the opportunity to connect with and learn from their peers, reducing feelings of isolation. The outcomes of the programme clearly indicate that the care leaders showed significant growth in confidence, self-awareness, and leadership capabilities. The skills and strategies learnt enabled them to improve team dynamics, service user experiences, improve relationships with external stakeholders and service owners, as well as develop better personal resilience. Through their participation in My Home Life England programmes, care leaders recognised an increased sense of professional confidence, and this was making a real difference to the ways in which they worked with others, supported their clients and their families, as well as how they cared for themselves.

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