

2025 Evaluation of Leadership Programmes Summary

My Home Life England



About the evaluation

This evaluation focuses on **25 leadership programmes** delivered by My Home Life England (MHLE) and completed between 1st May 2024 and 30th April 2025.

The location of the programmes included: Essex, Luton, London, Knowsley, Liverpool, St Helens, Bedfordshire, Surrey, and Suffolk.

We delivered **18 cohorts** of our flagship **Professional Support and Development Programme (PSDP)**, completed by a total of **181 care leaders**.

An additional **141 leaders** completed a Continuous Professional Development (CPD) course, or other development programme.

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

Working with these **322 care leaders** created a **positive ripple effect**, impacting approximately **10,000 people** receiving care and support and their families.

My home life
England



Evaluation Data

Of the leaders who started the PSDP:

- ✚ **75%** identified as female, **23%** as male, and **2%** preferred not to specify.
- ✚ **51%** were White British, **37%** were from a range of Black and Ethnic Minorities, and **10%** self described as “other” (including representation from Egypt, The Philippines, Latin America, and Romania.)
- ✚ **22%** worked in care homes with nursing, **34%** in care homes without nursing, **12%** in supported living, **24%** in domiciliary care, and **8%** said they worked 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%), and other roles** such as area manager, senior carer, care coordinator, clinical leads, and regional head (33%).

The Impact of MHLE's Programmes

Improved leadership quality and promoting a positive culture

- + 98% reported an improvement in the quality of their **management and leadership**.
- + 98% reported an improvement in **their communication skills**.
- + 97% found that their understanding of how to improve the **culture of care** had increased.
- + 91% noticed an increase in their overall feeling that there **was a positive community in their service**.

Better engagement with regulators and commissioners

- + 94% felt that **their professional confidence** had increased.
- + 81% reported an increased **confidence to be able to meet CQC requirements**.

Improved quality of support for individuals and families

- + 91% reported an improvement in the **care team's desire to take the initiative** in responding to people's needs.
- + 91% said **the quality of practice** in their care setting increased.
- + 88% felt that the **quality of life for those being supported** had improved.

Staff retention and increased morale for leaders and teams

- + 95% said that **the quality of their engagement with their team** had improved.
- + 93% said that their **sense of personal achievement** from work had increased.
- + 87% said they felt that their own **quality of life** had improved.

Reduced NHS pressures

- + 54% said that **inappropriate hospital admissions had decreased** (*37% said it stayed the same*).

Key Challenges: Personal

Professional Confidence and Courageous Leadership

Issue: Many of the care leaders began the programme lacking self-belief and confidence in their leadership abilities.

By the end of the programme, leaders were more confident in themselves, 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 found it beneficial to use these tools and communication approaches in more complex situations, such as in investigations and safeguarding discussions, as well as for more regular engagements including supervision and team meetings.

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.

“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”.

Resilience and Self Care

Issue: 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.






A powerful outcome for many of the leaders completing a MHLE programme was developing the capacity to, and allowing themselves to, appreciate and value themselves.

“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”.

[MHLE facilitator]

“I feel like I have grown up and learnt a lot. I have slowed down; I now take time to look up to the stars.”

As a result of being on a MHLE programme, leaders said that they:

-  Had enhanced leadership skills
-  Appreciated themselves as experts in their own right, and grew in professional confidence and assertiveness
-  Understood the value of, and practiced, self-care
-  Felt that they were no longer alone
-  Had developed a new, more positive mind-set

Key Challenges: Organisational

Leading through change

Issue: Care leaders often felt unsure about how to effectively manage change.

Leaders frequently entered their MHLE programme with concerns about effectively supporting their teams amid organisational change, technological innovation, and the fast pace of evolving care practices.

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

Adopting technology

Issue: The challenges leaders faced with having to integrate new technologies into their service, causing “resistance” and “suspicion” amongst the staff teams.

Leaders recognised that change needs to go at the pace of the individuals involved, to increase “buy in”. In one cohort, ideas included working with colleagues who were “early adopters” to show more tentative colleagues that change could be “safe”. They recognised the importance of all staff feeling involved in changes, in order for them to fully participate.

Navigating External Pressures

Issue: Balancing the ongoing pressure of external commercial pressure, limited funding, and market competition, with the responsibility of maintaining high standards of care, and supporting and inspiring their care teams.

These pressures often required leaders to make difficult decisions regarding resource allocation, staffing, and service provision, sometimes impacting the quality of care delivered. The MHLE programme helped them to think through their challenges and the possible solutions, whilst developing a confident and supportive leadership style.

“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”.

As a result of being on a MHLE programme, leaders said that they:

- ✚ Developed a stronger leadership identity
- ✚ Had an enhanced ability to deliver quality care
- ✚ Were more willing to ask for help from external professionals
- ✚ Coordinated better with partners in the system, leading to better transitions and more integration

Key Challenges: Interpersonal

Workforce Wellbeing

Issue: A growing concern about the stress, anxiety and mental health issues amongst staff teams. Frustrations around unmotivated staff and poor performance.

Leaders found it challenging to address issues directly, including declining standards of care, for fear of demotivating staff. As a result, leaders would take on extra work themselves which impacted on their wellbeing.

The MHLE programme helped leaders to see the importance of valuing staff, involving them in decisions, and recognising their achievements. Celebrating good practice, alongside clear and compassionate communication, helps to strengthen morale, boost motivation and maintain high standards of care. Leaders also learnt the importance of looking after their own mental health to better support their teams.

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

Supporting internationally recruited workers (including leaders themselves)

Issue: Internationally recruited workers face a multitude of challenges including adapting to new roles and a new culture, managing workload pressures, navigating language and cultural differences, as well as incidents of racism and exploitation.

Leaders 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

Issue: Some leaders struggled with staff forming cliques, while others found it difficult to manage those who were perceived as resistant to change. Some recognised that their workload increased when people failed to work well as a team.

Many leaders expressed a desire to improve communication and foster collaboration, especially among those hesitant to embrace new approaches. Leaders learnt strategies to empower others, promote collaboration, celebrate achievements, and to support care team members emotionally. They also became even more skilled at listening, providing a space for others to talk without offering advice or interjecting with “answers”.

“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.”

Professional Jealousy

Issue: New leaders sometimes found themselves facing resistance or resentment from former peers, which could feel undermining, and they had to manage feelings of professional inadequacy.

Leaders on the programme frequently spoke about how they were now able to lead in a more open way, which helped to form better relationships with their teams. The My Home Life framework of Caring Conversations (Dewar, 2011) supported leaders in compassionate communication, helping create a more positive and supportive workplace environment in which care team members felt valued, motivated and confident in their roles.

Establishing Professional Boundaries




Issue: Leaders found 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.

Being able to maintain clear and professional boundaries is important for building a culture of trust, accountability, and integrity in workplace relationships. Leaders learnt to model appropriate behaviour which fostered a culture of respect and professionalism. The model of Transactional Analysis also helped identify parent-child relationships and how to communicate on an adult-to-adult level.

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

“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.”

As a result of being on a MHLE programme, leaders said that they:

-  Refined their communication style and listening skills
-  Learnt strategies on how to empower others and promote collaboration
-  Recognised and celebrated positive practice

Conclusion

Participation in a My Home Life England programme **had a clear and significant impact** on care leaders, helping them **grow in professional confidence**, strengthen their **leadership skills**, and build supportive peer relationships that reduced feelings of isolation. Leaders developed **greater self-awareness and resilience**, improved their ability to set boundaries, and achieved a healthier work–life balance.

Leaders reported that they had adopted more **coaching-focused approaches**, delegating effectively and **empowering staff**, which contributed to **more open, positive, and collaborative team cultures**, with higher levels of engagement and initiative taking amongst teams.

Enhanced communication skills, including better active listening and the use of open-ended questions, led to **stronger relationships** with teams, families, external partners, and the people they support, **directly facilitating improvements** across the services.

Overall, by creating a **safe space** for care leaders to connect and learn from peers, acquire practical tools and strengthen their leadership practice, **the programmes supported significant professional growth**. Care leaders were equipped with the **tools, mindset, and peer relationships** they needed to **support quality of life** for the people they support, **enhance team dynamics, improve their services, and sustain their own wellbeing** in demanding roles.