healthwatch Wakefield

Who cares?

Amplifying the voices of paid carers in Wakefield District

Contents

Summary 4

Introduction 5

What we wanted to find out 8

What we did 10

Survey findings 13

Interviews 19

Elizabeth

Anna

Jane

Megan

Daryl

Sara

Nicola

Kim

Helen

Interview findings 34

Recommendations 36

Conclusion 37

Demographics 39

July 2026

If you need this report in another format, please contact Healthwatch Wakefield.

Summary

Paid carers are one of the largest, most skilled, and least visible parts of our health and care system.

Every day, they support people with the most complex health and care needs, often spending more time with them than any other professional. They notice the early signs that something has changed, understand people's routines and preferences, advocate for those who struggle to speak for themselves, and help people maintain their independence and dignity.

Yet despite this, their knowledge and expertise are rarely recognised as part of wider health and care decision-making.

This report presents the experiences of paid carers across Wakefield District working in domiciliary care, residential care, nursing homes, supported living, and as personal assistants. Through surveys and interviews, they described a workforce that is proud, experienced, and deeply committed to providing high-quality care, despite increasing pressures.

The findings challenge some common assumptions about the care workforce. Rather than a transient workforce, many participants had built long-term careers in care, developing significant expertise and trusted relationships with the people they support. However, they also described feeling overlooked, undervalued, and too often excluded from conversations that directly affect the people they care for.

At a time when demand for care continues to grow and workforce pressures remain significant, these findings represent an opportunity as much as a challenge.

Better recognising paid carers as skilled professionals and integrating their insight into neighbourhood and multidisciplinary working has the potential to improve communication, personalise care, reduce avoidable deterioration, and strengthen outcomes for people receiving support.

The message from this research is clear: paid carers do not simply want greater recognition; they want to be enabled to provide the best possible care.

This report recommends that commissioners, providers, and system partners:

- Co-produce service improvements with the paid care workforce.
- Strengthen communication across health and social care.
- Commission care in ways that support person-centred relationships.
- Invest in workforce wellbeing, development, and retention.
- Recognise paid care as a skilled profession.
- Improve opportunities for integrated working across neighbourhood teams.
- Share and spread effective practice across the system.
- Continue listening to the workforce to shape future improvement.

The opportunity is not simply to improve the experience of paid carers. It is to better use the expertise of a workforce that already knows some of the most vulnerable people in our communities better than anyone else.

Introduction

Paid carers play a vital role in supporting people across Wakefield District to live safely, comfortably, and with dignity. Working across residential care, nursing care, and home care settings, they provide practical, emotional, and person-centred support to some of the most vulnerable members of the community.

Despite the importance of their role, the experiences and perspectives of paid carers are often underrepresented in service design, workforce planning, commissioning, and wider system decision-making.

Healthwatch Wakefield has consistently gathered insight from people using health and social care services, their families, and local communities. However, through this work it became increasingly clear that there was a gap in understanding the day-to-day realities faced by the paid care workforce itself. Paid carers hold unique insight into what helps and hinders the delivery of good care, workforce wellbeing, and the sustainability of adult social care services.

This project was developed as a legacy piece of work, with the aim of making sure that paid carers' voices are heard, valued, and used to inform future improvement across the adult social care system. We wanted to create safe and independent opportunities for paid carers to share their experiences honestly and anonymously, while also identifying common themes, challenges, and examples of good practice.

The work was designed to complement existing insight and to provide practical learning for Wakefield Council Adult Social Care, Wakefield District's Integrated Care Board, NHS partners, care providers, and other stakeholders.

By capturing lived experiences directly from those delivering care every day, we hoped to support more compassionate, informed, and sustainable approaches to workforce support and service improvement.

Through surveys, one-to-one conversations, and wider engagement activity, this report brings together the voices of paid carers across Wakefield District.

It highlights the realities of working within adult social care, recognises the dedication and value of the workforce, and identifies opportunities for positive change across the system.

Background

In 2024/25, Wakefield's adult social care workforce comprised approximately 10,000 posts, including 9,600 filled posts and 650 vacancies. Workforce capacity increased compared to the previous year, with vacancies falling by 4.6%.

Despite this growth, workforce challenges remain. Staff turnover in Wakefield is estimated at 30%, which is above both regional and national averages of 24%, while the vacancy rate was 6.9%. However, the sector retains valuable experience, with workers averaging 8.6 years in adult social care and 68% having worked in the sector for at least three years.

Looking ahead, demand for adult social care is expected to continue growing, with workforce requirements across Yorkshire and the Humber projected to increase by 24% by 2040 due to an ageing population.

Information taken from Skills for Care, Adult Social Care Workforce Data.

https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/workforceintelligence/resources/Reports/Local/2025/Yorkshire-and-Humber/Wakefield-Summary.pdf

Wakefield Council Adults and Health Strategy 2030

As part of Wakefield Council's vision and ambition in their Adults and Health Strategy 2030, they speak of promoting integrated working, fostering a learning culture, and empowering the workforce. They say:

Thriving Workforce

We will enhance a confident, compassionate, and proactive workforce that champions prevention, reduces health inequalities, and supports people to live well and independently.

By 2030 we will achieve:

- A permanent structure that reflects current demand and pressures within Adult Social Care, ensuring resources are positioned where they are most needed to meet these demands effectively.
- Strong partnerships across health and social care who work collaboratively to deliver integrated, person-centred support.
- Successfully delivered our learning and development plan, strengthened a positive and collaborative departmental culture, and expanded investment into the wider public health network to enhance shared capabilities and impact.
- A culture of learning and research, driven by evidence, data, and lived experience to improve quality and equity.
- A workforce whose wellbeing is prioritised through supportive environments and resources.
- Embed trauma-informed approaches across adult health and care services to support engagement, recovery, and sustained independence.
- Recruitment and retention excellence, supported by clear career pathways and recognition of every role.
- A skilled and confident workforce equipped to deliver personalised, high-quality care.

Find out more about the Council's Strategy here:

https://www.wakefield.gov.uk/adult-social-care/adult-social-care-in-wakefield/adults-and-health-in-wakefield-our-plan-for-2030

Workforce

Amplifying the voices of **paid** carers in Wakefield District

Information from Skills for Care 2024/5

Adult social care workforce in Wakefield, including local authority, independent sector, and posts working for direct payment recipients.

All figures are approximate

Post numbers

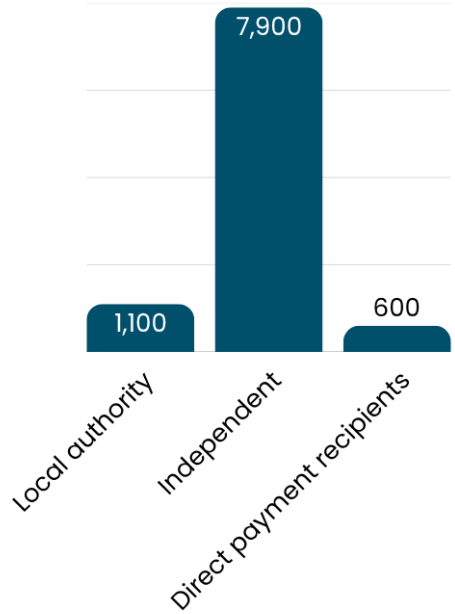
10,000
total posts

9,600
filled posts

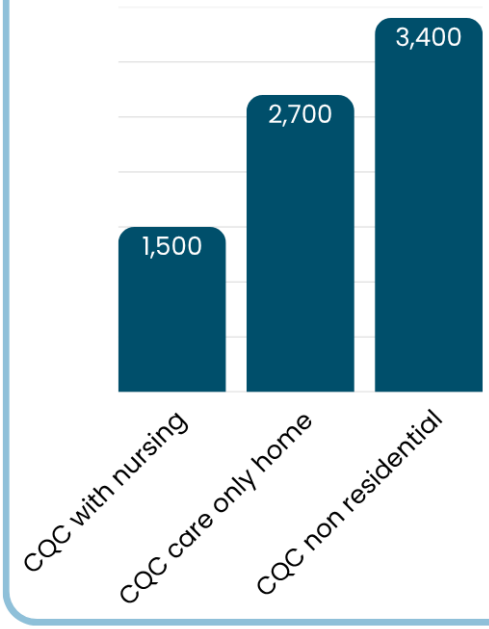
650
vacant posts

600
filled posts employed by direct payment recipients

Filled posts by sector



Filled posts CQC registered service



7,000 Posts are 'direct care' roles / frontline positions

190 CQC regulated establishments

What we wanted to find out

Through this project, we wanted to better understand the experiences of paid carers working across adult social care in Wakefield District. We know that paid carers play a crucial role in supporting people every day, but their voices are not always included in conversations about how services are designed, delivered, and improved.

We wanted to hear directly from paid carers about what it is really like to work in care today — what works well, what challenges they face, and what they feel would make the biggest difference to both staff wellbeing and the quality of care people receive.

More specifically, we wanted to explore:

- What helps paid carers to provide good quality care
- The challenges and pressures carers experience in their day-to-day roles
- How valued, listened to, and supported paid carers feel
- The impact of staffing, workload, communication, and organisational culture
- What changes paid carers would like to see across the adult social care system
- Examples of positive practice and support that make a difference

We also wanted to create opportunities for carers to speak openly and honestly in a safe and independent way, recognising that some people may not always feel comfortable sharing their experiences through formal workplace channels.

Unfortunately, we heard from some care staff that they 'weren't allowed' to take part in things like this. We reassured people that they could take part and remain anonymous, whether that be responding to the survey or taking part in an interview.

By gathering these experiences and insights, we hoped to build a clearer picture of the realities facing the adult social care workforce and identify practical learning and recommendations for providers, commissioners, and system partners.

Theory of **Change**

Amplifying the voices of **paid** carers in Wakefield District

What we did

This part of the report looks in more detail at how the project was created and developed and what practical things we did to try to reach local paid care workers.

Project team and plan

We put together a project team and plan to make sure we understood what we needed to do and what we wanted to find out. This included identifying potential audiences in the paid care workforce and putting in timelines to keep the project on track. We identified that this would be a legacy project for Healthwatch Wakefield in our last year. We recognised we needed a reasonably quick turnaround in order to feedback to staff and for recommendations to be considered at a time when contracts and services were being discussed and recommissioned.

Communications and information

We created a communications plan and information pack which included materials for our channels but also for care organisations and settings to use to encourage people to take part. These materials included social media graphics and suggested post text; leaflets and flyers, posters with different images to cover different care roles and different cared for people and communities.

We drew up lists of local care organisations including both domiciliary and residential settings and mapped them across the District. We also compiled a list of stakeholders who we wanted to approach including service managers and commissioners, and elected members and their deputies who held portfolio responsibilities for health and social care.

We agreed to do some paid advertising on Facebook to extend our reach, in general for the project, and in particular for the survey. We also decided to incentivise people taking part with a prize draw and vouchers if people did one to one interviews with us.

Survey

Our survey ran from 1 April to 5 May and received 71 responses. The survey had some tick box questions to speed things up and find things out about where people worked and what role they had, but also open text questions where people could describe how they felt about different aspects of their work.

We posted copies of our survey posters to all residential care homes contracted through Wakefield Council across the district. We also telephoned each home to check they had received information and that posters were displayed for all staff to see.

Engagement and involvement

We had attended the Care Home Sharing and Learning Event meeting at St Swithun's in March 2026, and asked professionals there if they would be interested in taking part in the project, we collected contact information from those who were interested.

We promoted the survey to the Complete Care Choir at Fanfare Music in Ossett by going along to the music session and joining in. This choir was established to support and promote the wellbeing of Complete Care West Yorkshire Limited staff.

We visited care homes that had said they would circulate print copies of the survey to their teams. We went to Bennett Court Care Home in South Elmsall, and four other homes also provided by Exemplar Health Care in the Airedale, Castleford area, which were Fairburn Mews, Fairburn Vale, Kingfisher View, and Wheldale Heights. We then went back in person to collect the paper copies that staff had completed for us.

Interviews

We had included a section in the survey to ask people to identify themselves to us if they were willing to take part in a more in depth one to one interview with us. We told them their contact information would be kept confidential and separate to their responses. We also approached some key individuals known to us to ask if they would be interviewed. These were care service managers and others who might give insights that other care professionals might not be able to provide.

Challenges we found

Engaging paid carers proved more challenging than anticipated. Many people work irregular shifts or have limited time available outside of providing care, making it difficult to arrange interviews and conversations. We also heard from some staff that they felt unable or were not permitted to take part in activities such as this, requiring additional engagement with providers and stakeholders to explain the purpose of the project and reassure participants that their views would be treated confidentially.

The project also involved engagement with a wide range of stakeholders, including commissioners, and elected representatives. This added time to the project but we were keen to involve key decision makers in the process from the start.

Despite these challenges, the project successfully engaged carers, providers, and managers from across Wakefield District, providing a varied picture of the realities of working in adult social care.

What we **did**

Amplifying the voices of **paid** carers in Wakefield District

Created the team

Brought together the team and developed the plan
Set our timescales and what to do when

Communications

- Created promotional materials and communications plan (social media, posters, flyers, information packs, paid advertising, and incentives).
- Mapped care providers and engaged key stakeholders (care organisations, service managers, commissioners, and elected members).

Survey

- Collected staff experiences through a survey (role and workplace information, plus open-text feedback).
- Promoted participation across care settings (distributed posters and followed up with care homes to encourage engagement).

Engagement

- Engaged care staff through events and community groups (care sector meetings and wellbeing-focused staff activities).
- Supported participation through direct outreach (visited care homes, distributed paper surveys, and collected completed responses).

Interviews

- Recruited volunteers for in-depth interviews through the survey, with confidential contact arrangements.
- Conducted targeted stakeholder interviews with care managers and other key professionals to gather additional insights.

Report

- Analysed findings, collated interviews, report and recommendations written.

Survey findings

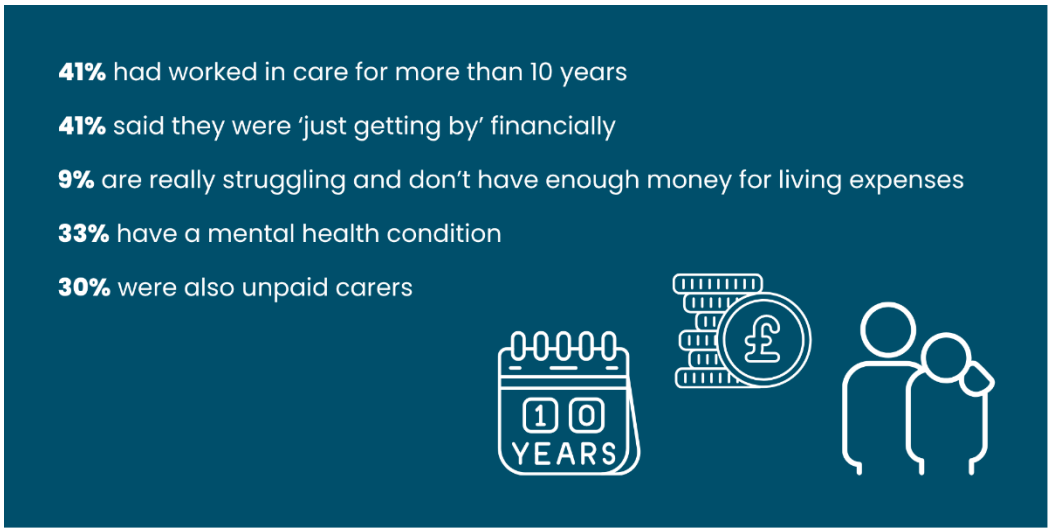
Who took part

We heard from 71 paid carers working across Wakefield District in a wide range of roles and settings. Most people who took part were experienced professional care workers who had spent many years working in care.

The majority worked across domiciliary care, in residential care homes, or nursing homes, with others working in supported living, hospital settings, and personal assistant roles. Most described themselves as 'Care or Support Workers', although managers, domestic staff, activity coordinators and administrators also took part.

The workforce was predominantly female, with 91% of respondents identifying as female and 9% as male. This broadly reflects the wider adult social care workforce in England, where approximately 80% of workers are women, suggesting the survey reached a workforce profile similar to that seen nationally. (The state of the adult social care sector and workforce in England, 2025)

The profile of respondents suggests the survey reached a workforce with significant experience and insight into the realities of delivering care. Many participants were balancing challenges in their own lives alongside caring responsibilities at work, highlighting the importance of recognising paid carers not only as a workforce, but also as individuals who may need support themselves.



Despite these challenges, people consistently spoke with pride, compassion, and commitment about the work they do.

> "Working in care is not just a job, it's a life changing experience. You see lives and conditions differently from the eyes of a care worker than just a member of the public".

Overarching theme

A clear message ran throughout the survey. Respondents were passionate about the work they do and proud of the difference they make to people's lives. However, many also described feeling stretched, emotionally drained and under pressure. The findings suggest that while people remain deeply committed to providing good care, system pressures are making it increasingly difficult to deliver the standard of care they would like to provide.

People spoke passionately about supporting others and the difference they make to people's lives. People were proud of the work that they do. Many described care as more than a job. Respondents talked about helping people remain independent, supporting families through difficult times, and building meaningful relationships with the people they care for.

> "We really love our job, but it is really hard sometimes. We're not 'just' carers, we are a genuine support system to a lot of people who otherwise wouldn't have anything. We become friends as well as carers".

However, this pride often sat alongside frustration. While people remained committed to delivering high-quality care, many felt that increasing pressures within the wider system were making this harder to achieve.

This finding is important because workforce discussions often focus on recruitment, vacancies and retention. While these issues matter, our findings suggest that many paid carers remain highly committed to their role. The challenge is not a lack of dedication, but ensuring that staff have the time, resources and support needed to deliver the standard of care they aspire to provide.

Support

Nearly all respondents told us that they felt supported and valued most of the time. The support of colleagues and managers was one of the strongest protective factors identified throughout the survey. Many described teamwork, trust and mutual support as helping them cope with the emotional and practical demands of the role.

65% felt 'very supported' to provide good care

76% of respondents felt either 'always' or 'often' valued

77% said colleagues help them feel supported

70% said managers help them feel supported

76% said the people they care for make them feel valued

69% said family and friends of people they care for make them feel valued

Many told us about the importance of teamwork and feeling supported by colleagues. For some, this support was what helped them to continue through difficult days.

> "We look after each other so we can look after others".

> "I feel proud daily of my team and how amazing they are. I adore the company I work for; they care about people and making a difference to those they support".

While colleagues and managers played an important role in helping people feel valued, the strongest source of pride came from the people they supported and their families.

> "[What makes me feel proud is] the feedback from service users and families, delivering the highest standards possible and making a difference".

Sadly, 10% of respondents said that they 'rarely' or 'never' felt valued.

Feeling supported matters not only for staff wellbeing, but also for the quality and consistency of care people receive. Respondents described supportive teams as helping them manage difficult situations, remain resilient during challenging periods, and continue working in a demanding profession. This suggests that workplace culture may play an important role in both staff retention and care quality.

Challenges paid carers face

While respondents spoke positively about their work, many also described significant challenges that affect both staff wellbeing and the quality of care they are able to provide. Common concerns included staffing shortages, time pressures, travel between visits, emotional strain and communication between services.

While many of these challenges are not new, respondents described how they often interact with each other. Staffing shortages can increase workload, time pressures can affect communication, and emotional strain can build over time. Taken together, these pressures can make it more difficult for carers to provide the relationship-based, person-centred support that they value most.

Travel pressures

Travel pressures were raised most often by staff working in domiciliary care. Respondents felt that journey times were not always reflected in schedules, particularly during busy periods or where roadworks and traffic caused delays. For some, this created stress and reduced the flexibility they had to spend additional time with people when needed.

> "Travel time from one call to the next isn't always possible as the council will only pay so much for travel… what could be a 5 minute journey as the crow flies, takes longer due to traffic or road works…. Also, fuel has gone up but the mileage or travel time rate hasn't increased".

Time pressures

Respondents frequently described the tension between completing tasks and providing person-centred care. While visits are often commissioned around specific activities, carers told us that people also need conversation, reassurance and emotional support. When time is limited, staff can feel unable to provide the level of care they would like.

"Sometimes I find that there isn't enough time to complete essential tasks, so the calls run over, which has a knock on effect for me getting to my next call. Then the next service user is upset that you are late".

Emotional exhaustion

Caring roles often involve supporting people through illness, deterioration, bereavement and end-of-life care. While many respondents accepted this as part of the role, some described the emotional impact of repeatedly experiencing loss whilst continuing to support others. The findings suggest that emotional wellbeing support may be just as important as practical workplace support.

"It is very emotional seeing people pass away / be end of life care and having to carry on with other service users like nothing happened".

Staff retention and shortages

Concerns about recruitment and retention were often discussed in relation to care quality rather than organisational performance. Respondents worried that workforce shortages increased pressure on existing staff and reduced opportunities to build continuity and relationships with the people they support.

"One argument is that paying providers on a time and task basis (minute by minute billing) is having a detrimental effect on recruitment and retention. The council nor the NHS could and would not recruit this way".

Communication between services

Many respondents felt that communication between services was inconsistent. Good communication is essential to safe and effective care. Respondents described situations where they felt responsible for chasing information – "we have to chase and chase" - clarifying medication changes or helping coordinate support between different organisations. This suggests that paid carers are often acting as a bridge between services, despite not always having the authority or information needed to do this effectively.

"The communication between health and social care isn't great. There isn't the same respect at times, which can impact on getting the right information for the individuals we support".

53% felt services communicated very or quite well

35% felt services communicated sometimes well and sometimes not

9% felt services communicated not very well or not well at all

Hospital discharge and medication changes emerged as recurring examples of where communication challenges can have a direct impact on care. Respondents described spending time chasing information, clarifying medication changes, and arranging equipment that was not always in place when people returned home.

> "The reality is that medication changes are often left for the care company to chase, moving and handling equipment is not in place when the person arrives home".

This not only created additional pressure for care staff but could also affect the experience of people moving between services at what is often a vulnerable time. Several respondents felt that more joined-up planning and information sharing between health and social care services would help ensure people receive safe, coordinated support when moving between services.

> "Hospital discharges can be challenging, especially when someone's needs have changed. It could be great to have that joined up working so that the person at the centre gets the best care possible".

What makes people feel proud to work in care?

Despite the challenges described, respondents spoke passionately about the value of care work and what it means to them. The responses to this question provide an important balance to the challenges identified elsewhere in the survey. Despite significant pressures, respondents consistently returned to the positive impact they have on people's lives. For many, this sense of purpose appeared to be one of the main reasons they remained in the profession.

Proud of making a positive difference to people's lives

Many people described the pride they feel when they see someone smile, feel safe, regain confidence, or stay independent at home. Respondents often measured success through small everyday moments rather than formal outcomes. Helping someone feel safe, maintain confidence or enjoy their day was frequently described as being just as important as meeting practical care needs.

> "I know that on every visit I have made a difference to their day and that fills me with pride. They look forward to my next visit, and I look forward to it too".

Proud of helping people to maintain quality of life and stay independent

Supporting independence was a recurring theme throughout the survey. Many carers saw their role as helping people remain connected to their homes, communities and routines for as long as possible. This reflects the wider goals of adult social care around prevention, independence and wellbeing.

> "Making a difference to the people we care for, allowing them to stay in the comfort of their own homes".

> "When residents don't ask to go home anymore and want to know what activities are on today instead".

Proud of the team and the quality of care provided

Pride was not only linked to individual achievements. Many respondents spoke positively about being part of teams that shared common values and worked together to support people well. This

reinforces the importance of workplace culture in creating positive experiences for both staff and those receiving care. Many respondents spoke warmly about their colleagues and the support that they give each other.

> "The team I work with, I am very proud of them. Also cards and notes we receive from families saying how they can't thank the staff enough at the home".

Proud of the profession

Respondents frequently challenged the perception that care work is low-skilled or simply task-based. Many described a role that requires emotional intelligence, communication skills, clinical awareness, problem-solving and resilience. The findings suggest a desire for greater recognition of care as a skilled and valued profession.

> "Overall, I feel proud to be part of a profession that genuinely matters and has such a big impact on people's quality of life".

> "I believe it's time for care work to be properly recognised as the professional role it is, and for pay and support to reflect the level of responsibility and the impact we have on people's lives".

"We're not 'just' carers"

Interviews

All those interviewed gave their consent to be identified using their names and roles, and where they worked if they were managers or providers.

Elizabeth, Domiciliary Care Worker

"Watching carers come into my grandparent's home and look after them so well inspired me to think about the role as a career. I got married young and I had three children so basically, there was a moment then when my children were old enough to go to school and that's when I decided to go to into the work force and I chose to go into care.

The job has changed a lot since I first started, in the beginning, I worked as a domiciliary care worker then later in care homes and finally back now to domiciliary care again.

When I originally came into care it was to do domiciliary work. The job I used to do was such a different role than the job is nowadays. I would do some personal care, making meals, going shopping for the elderly and things like that. We didn't really deal with medication and things like that you know like we do now. Now it is managing controlled medications, contacting the GP for the client if there are issues, and shorter visits.

The biggest challenge now I would say is when we arrive at a person's home, we never know what we're going into. For example, the person could be well one day, and they could be unwell the next day. So that is a big issue for us domiciliary staff.

Traffic is another big issue these days especially at peak times' because a 5-minute journey in peak times might take me 15 minutes and we only get paid for 5 minutes even if it takes 15 minutes. As I said before, you never know when go through someone's door, we never know what we are walking into. I've walked into a home where someone has been deceased.

I'd say the job does take its toll emotionally on me sometimes, not all the time.

Sometimes I feel like I don't want to leave a client if they are unwell, but I have no choice you know, that is the job. When you get to know your regular clients and when you can see them gradually deteriorating, that is hard emotionally.

One of the hardest things in the job is running late to the next client. Because I get to know most of my clients, they do understand, that for whatever reason, I have had to stay a little bit longer with someone else. As I have a good rapport with them it is easier, even the patients with dementia understand that I will be coming, just running late.

I am quite a calm person in general, so I just try to keep that in mind. I will get there to see everyone I need to on the day.

I think it's just knowing that I've made a difference to someone's day. Now walking in there to the client's home, they are always happy to see me because I think the way I come across that they know it's about the best care that I can give to them. When I leave them, I know that I've done the best I can for them."

Anna, Domiciliary care worker

“My grandmother lived until 93 and I helped to look after her. My daughter worked as a carer and my daughter in law is a carer too.

I had my own business and then I had a TIA (mini stroke), I had to re-evaluate my work life. A friend suggested being a carer and I have not looked back since. I shadowed for a bit to see what the job was about and then started being a carer.

It’s a lot harder than I thought. Sometimes trying to get a client into the shower is a battle in itself. The medication side of things is complicated. I had a client recently who had his medication changed and he was like a zombie. I suggested his wife reach out to the GP. They reduced his medication and he is a lot better now. As another pair of eyes coming into the home you see things quicker.

It’s the little things too, A lady I visit three times a week, asked me to get her a cream for personal issues. She has a wonderful loving family but did not want to discuss women’s issues with her son. It’s knowing that you make a difference to that person’s day. We get to know them individually; one lady can be lovely in the morning and evening and not know me at dinnertime. It can be really difficult. You learn to see past it and see the whole person.

We as carers do go above and beyond in the job sometimes. Ringing the GP, or reassuring family about their loved ones when they live far away. The management team I work for are amazing and they know I have the clients’ best interests at heart, and they support me in my work.

It’s a greedy role for time. We never have a full team of staff. It’s hard to get the staff these days. The younger generation find it hard work and are not always able to connect with the clients. The driving is hard between my nine clients. I cover 56 miles a shift.

15-minute visits are not enough, as people need conversation and company as well as care. Sometimes they just want to hold your hand or have a reassuring hand on their shoulder. To have their hair brushed or to put on some lipstick to make them feel special. I realise that some have no other human contact and just want that nurturing touch occasionally.

It’s a hard job, it’s hard to switch off. When a new carer goes to one of my regulars, I do check in as I know older people are not good with change.

It’s not easy when you lose a client. One client recently lost her husband and now it’s all about keeping her going and not letting her give up on living.

These are my people; how can you walk away from people when they need you. It’s so much more than a job to me.

My employers are brilliant. I have had difficult experiences with two other employers. I work four days one week and three another. I help to cover holidays and sickness too.

It’s a hard question, thinking about how we inspire the next generation to come into the profession. It depends on the individual, if they don’t care, you cannot teach that.

Being part of a great team helps too, they speak to us and not down to us, it makes a difference when employers care for staff.”

Jane, Personal Assistant

“Currently I am working as a personal assistant which means I give private care, I have worked in domiciliary care and in a care home setting too as well as training as a nurse and a midwife.

I was a nurse originally then I took time out to be with my family, I worked for a domiciliary care company for a while. Then I worked in a care home setting and finally as a Personal Assistant, which was the best experience overall.

It’s hard to say what I expected coming from a nursing background. The care home was my least favourite place to work. I am used to working with sick people.

One challenge is that anyone can set themselves up as a personal assistant and offer care. No one checks up on you, there are no rules or regulations, there is no watchdog in place such as the CQC. I would welcome something.

One domiciliary care company is doing a really good job. They realistically plan their visits for the staff. The carers need time to travel and also to chat with the person and get to know them personally.

Communication is a challenge between everyone involved in the care of a person. In theory there is an electronic book, but all services need to talk to each other.

My idea is to have one person to advocate for the person being cared for. Not the next of kin but a professional. To say ‘I am here for you’ to support the client and family. This would link up the services and take the pressure off families.

My main frustration is with the system. You want to be able to care for the person and do your job. An example that I have experienced was working in the care home as a nurse. I was responsible for the drugs rounds, that took two hours in total. A few times I was required to attend meetings that I had no prior knowledge about. These were with families, social workers, and so on, and I had to administer medication. I decided to send carers who worked one on one with the patients to advocate for them in the meetings. My managers were not happy as they wanted a nurse in the meeting, even without notice. My experience of the home setting was the lack of communication, the lack of staff. Managers did not understand my role. I am well able to look after sick people; it's part of what I do. The hard thing is lack of communication.

I left the care home setting and decided to work as a personal assistant. This took away the stress. In my opinion when a care needs situation is being assessed, it should be done with the best care for the person, and their best interests, in mind. For example, I had an elderly frail lady of 85 years old and 6.5 stone in weight. I wanted to walk down the stairs in front of her to stabilise her by her arms. In the regulations that is not allowed. I should only walk behind her on the stairs. Surely this should be decided on a case-by-case basis. If the elderly person is lighter than the carer, can we not do this simple thing to help?

Lastly, we need to try to improve working conditions and in turn pay. Care plans that companies do are very task oriented, can they not be so vague? For example, this person needs encouraging to get out of bed. Offering her a choice of trousers or which blouse really works well. another suggestion would be to have body cams for the staff to protect themselves and the clients too.

Megan, Residential Care Worker

"I've worked in a residential care home setting, including people living with dementia, for the past two years. We have 66 bedrooms. I work permanent nights and work three 12 hour night shifts in a row.

I needed a job, and a friend was working at this residential home and put me in touch with the Manager. One of the reasons that I have stayed in this job is because I could see the difference that I make to people. For one person in particular, seeing the improvement in her quality of life inspired me to stay. My role has helped to make a difference to this one person. We have put things in place to turn things around for her. Initially she was very aggressive and was hard to get to go to bed in the evening and this is when she would get aggressive and sometimes physically lash out. The team and I began observing her and we realised that if we could spot the signs of her getting tired and help her to bed then, she cooperated and slept all night. If we miss this window, it's not good at all.

In addition, her medication was changed, and this has helped with sleep too. From being a person that never slept to seeing her sleep is great. We have got to know her triggers and signs of tiredness and help her to bed then. It's been amazing to see.

Seeing this big improvement in just one person has helped me to enjoy my job even more.

I was out of work and a friend suggested that I might be good at this job and to come along and have a chat. In my head it was harder than it was. The working nights it tough, the first night shift is hard but the other two are easier after that. I have been doing it nearly two years, so I am used to it now.

I would say in our care home a challenge is communication between the day shift and the night shift. Over half of things do not get handed over to us. I sit down every shift and read through the patients notes so I have a good idea of what is the up-to-date situation with all the patients I am caring for.

On a good shift we have a full quota of four carers and two senior carers. This doesn't always happen, and they get an agency staff or someone from bank staff to come in, if they can.

Another challenge was the training that I had to do. It seemed very textbook and then the reality of the job is nothing like the training. The training seemed old fashioned to be honest. For example, it didn't take into account the difference between day and night shifts. I think that at night we need to press the emergency button to get help quickly. Maybe the call bell works on the day shift but at night it is different as not as many staff are working. I felt the training was aimed more at the day staff and not night staff.

I would say this job has broken my emotions to be honest. Before doing this job if my mum told me something about a family member that was sad news I would have cried. Now this job has hardened me and made me emotionless. The old me would have felt more and cried. Now I am less emotional and just get on with the job in hand.

If I have a difficult shift or if I am tired or overwhelmed by work, I have found driving home in silence helps, no radio, just me in the car alone, no noise around me. This really helps before I go home to sleep.

I like the job for the residents not the staff. People say that you do not know the residents if you work nights but this not the case. Some of our residents do not go to bed until 2.00 am sometimes. Others wake up at 3.00 am thinking its breakfast time.

When we start the shift, we check in on each and every single resident. We see if they need a drink or are hungry. This is after 8.00 pm in the evening. Some of the residents are finding summer harder as there is more daylight and it confuses them.

I have found ways to work with the patients living with dementia. If I see them getting distressed, I have realised that if I get a new face, someone who they have not seen on the unit, a new person, this can calm the situation down. If the patient does not settle down at least another member of the staff is there to assist me. I feel I have made a difference to the resident's care.

If any other young people are thinking of coming into this profession, I would ask them to think about, can they deal with a distressed person? How do they feel about being hit when someone lashes out at you in distressed situations?

It's not an easy job but it's worthwhile. There is a lot of training to do at the start, and it is overwhelming but then you just need to stay on top of it. In the future I might not stay at this home, but I hope I will stay in the profession.

Daryl, Residential Care Worker

"I currently work in a residential care setting for people with brain injuries. I'm ex armed forces, and I wanted something to keep me busy.

Originally, I worked with people with challenging behaviours in the community. Then I worked in a residential unit and after that I did outreach work. After that I worked delivering one to one 24-hour care to those who had brain injuries. I have worked here in this residential setting for those with brain injuries for two years now, and I love it.

It is as interesting and fascinating as I thought it would be. It is challenging too. In my previous job, some people started on the job and went out to lunch and never came back! It's not for everyone.

One employer said to me that the best people he has employed as carers are ex miners, ex armed forces, and women whose families have grown up. I think this work appeals to ex armed forces as it is disciplined, has structure, and the people I know from this background love it.

The work is harder than I thought, both physically and emotionally, but I am happy doing it. I consider myself a hardy person, but when I see some families visiting and being good with their loved ones and then others hardly visit. It's hard when we get to know these lovely people with brain injuries and the families find it too hard to visit. We become their families in a way.

The biggest challenge for me is trying to empathise with the service users, what they are living with. Also, with some of my colleagues it's hard to empathise with their complex lives. I see some who are carers, who have difficult domestic situations, and financial pressures, and I am just in awe of how they turn up and give 110% day after day. They inspire me each day.

I have been around death in my life and as an army veteran, I am no stranger to death, sadly. This is the first time I have had the experience of losing people that I have got to know and care for through work. When I worked doing the one-on-one care, it was never a thought or an issue. It is in this setting, people die. It's quite taxing emotionally.

I have witnessed an incident recently where young staff aged 18 and 19 had to resuscitate a resident more than once. The resident was taken to hospital afterwards. Those involved were visibly distressed by the end of it all. They were inspiring during the whole incident as they were trained and knew what to do, they kept it together at the time.

Afterwards they naturally were upset. I did see one senior carer, go one by one to each person and take the time to check in with them. It was peer support at its best. It reminded me of the military; it was peer support that got us through the hard times.

It helps for me to go to the gym, I exercise, I go hill walking, anything with a challenge really.

The team, the staff, are incredible. They have not had the training I have had in my life or the lived experiences, but they are amazing. When families thank us for the work we do, saying that they could not do this work, it means a lot. The team spirit keeps us all going. I work with a variety of ages from 18 to 50 and we all get on which is great to say.

We work a 12-hour shift and if one person needs to do a last-minute job with a resident at 8.00 pm, we all wait and leave together. It's just an unwritten rule, we are all in it together.

The pay is an issue in this job. I took a pay cut to come to work here but I am in the position that I have pensions from other jobs, and I do this job as I enjoy it so much. I see my colleagues struggling financially and trying to make ends meet. It's just not valued as a job.

Finally, it's a privilege to be working in this profession, no one goes into this to get rich, it's because they care."

Sara, Registered Manager Home Care Company

Sara Booth is the Registered Manager and Managing Director of Complete Care West Yorkshire Limited. Complete Care is a home care service for older adults in Wakefield district. They employ approximately 60 care professionals looking after around 120 clients.

Sara reflected on a career in social care that began when she was 17 years old and described how those early experiences shaped her values and approach to care today. Working initially in a residential care setting, as a Saturday job, while studying health and social care. She recalled developing a close connection with a resident called Daisy. Although Daisy was non-verbal, music became a way for them to communicate and connect, particularly through singing together.

"She couldn't communicate with any members of the staff or the other residents. But the moment I put Engelbert Humperdinck's record on, 'Please Release Me,' we used to sing that from start to finish. And I suppose that was my introduction into really making a positive difference."

Sara described this experience as the moment she first understood the importance of emotional connection and person-centred care, explaining that it stayed with her throughout her career and still influences the way she approaches supporting people today.

Over the years, Sara worked across a range of care and support settings, in residential care, in local authorities, in sheltered housing, before eventually establishing her own domiciliary care service in Wakefield district. She explained that her decision to create a care company came from a growing

frustration with aspects of the care system and a belief that people deserved more compassionate, responsive, and dignified support.

“One particular day when this care worker came in, and she just made a comment that she didn't provide showers on a bank holiday Monday. This tenant needed and wanted a shower. This was the straw that broke the camel’s back as they say. I thought do you know what, I can do a better job myself. That literally is all it took.”

Sara always wanted to be able to make a positive difference, be involved in decisions, and shape something. She spoke about wanting to create services where both staff and people receiving care felt valued, listened to, and connected to their community. So, at the age of around 30 years old, she established her own.

Throughout the conversation, Sara repeatedly returned to the importance of relationships, community, and maintaining people’s dignity. One example she shared involved a woman called Jean, who was approaching her 100th birthday during the COVID-19 pandemic. As Jean had no close family around her and restrictions prevented normal visits, Sara and her team became concerned that she would spend the milestone alone. After putting out a request online for birthday cards, the response grew far beyond expectations, with cards arriving from across the UK and internationally. Community groups, performers, and local people also became involved in celebrating Jean’s birthday. Jean had opera singers in her garden singing Happy Birthday to her. Sara described the experience as an example of how care can bring people together and how small acts of kindness can have a significant impact on reducing loneliness and isolation.

Sara also spoke passionately about the role of community involvement within social care. She described efforts to work closely with local organisations, schools, and community groups, believing that care providers should play an active role within the wider community rather than operating separately from it. Examples included supporting local activities, wellbeing initiatives, and intergenerational work. She felt strongly that good care should not only focus on meeting physical needs, but also on supporting emotional wellbeing, social connection, and a sense of belonging.

“What I love is the community spirit. I think that is what’s really important. Whatever we do, it is all about what benefits the people. Whether that's our staff or the people in the community and the communities themselves. We are supporters of Wakefield Theatre; this is because of the sense of community there. They do a lot for people and activities for all generations and all religions as well. The other week, we did a CPR-a-thon and delivered essential first aid training, teaching children lifesaving skills. We did that for Halfpenny Lane School and did it for 240 children. We could not walk the next day, our legs ached!”

A significant part of the discussion focused on staff support and development. Sara highlighted the importance of investing in care professionals through face-to-face training, wellbeing initiatives, and opportunities for staff to contribute ideas and feedback. She reflected on how different training standards were when she first entered care, they didn’t even have equipment, and felt that poor training and lack of support can directly affect the quality of care people receive. She described trying to create a workplace culture where staff feel respected and involved, recognising that care workers often face emotionally and physically demanding situations on a daily basis. Staff wellbeing activities,

informal support sessions, and opportunities for connection outside of work were all discussed as ways of helping the team feel valued and supported.

Alongside these positive examples, Sara raised concerns about the ongoing pressures facing adult social care. She described frustration with long-term underinvestment in the sector and the impact this has on both providers and families. Particular concerns were raised around commissioning arrangements, and inconsistent funding arrangements when people are admitted to hospital. Sara explained that providers are often expected to continue supporting staff availability while facing financial uncertainty themselves, which creates additional pressure across the sector.

“From a commissioning side, when they say council should pay more money, it's not necessarily the hourly rate that I have a problem with, it’s the terms and conditions. If a client cancels their call, we don't get paid. However, I pay my staff because I have a legal duty to do so, but I don't always get paid when the client cancels. It's not right having providers or their teams waiting around and not paying them. You wouldn’t have a nurse or doctor being paid on a time and task basis.”

Wakefield Council was referenced throughout the discussion, both positively and critically. Sara acknowledged the importance of partnership working with the local authority and valued opportunities for providers to be involved in wider conversations about social care. However, she also felt that families are too often left confused about where to turn for help and that navigating the system can be overwhelming. Concerns were raised about people struggling to access clear information, understand financial assessments, or identify who is responsible for coordinating support. Sara reflected that social care has become increasingly depersonalised, with families often lacking consistent points of contact or ongoing relationships with professionals.

There was also discussion about the importance of supporting good quality local providers and ensuring stronger oversight across the sector. Sara expressed concern that without sufficient support and monitoring, families can struggle to know which providers they can trust. She emphasised the importance of accountability, training, and community presence, believing that providers should be visible, approachable, and connected to the communities they serve.

“That's a key word: ‘trust.' Trusting providers to do a good job, there has to be some due diligence when it comes to compliance. Unfortunately, some providers don’t necessarily have those procedures or standards. Many providers enter the care sector with the very best intentions and a genuine desire to make a difference. However, delivering high quality care requires robust systems, governance, and ongoing monitoring to ensure services remain safe, effective, and person centred.”

“The majority of providers work incredibly hard to deliver excellent care, but without appropriate support, guidance, and oversight, there is a risk that issues can go unnoticed. This is why strong due diligence, quality assurance processes, and effective regulation are so important. They not only help identify areas for improvement but also provide reassurance to people receiving care and their families that services are meeting the standards expected of them."

Overall, the conversation highlighted Sara’s strong belief that social care is fundamentally about people, relationships, and community. She spoke about the importance of compassion, trust, and emotional connection, alongside practical support, and emphasised that good care can have a profound impact not only on individuals receiving support, but also on families, staff, and the wider community.

Nicola, Day Care Company Partner

Nicola Johnson, partner at Rainbow Care Group, spoke about her journey from a corporate career into dementia care, driven by a desire to make a meaningful difference within her community. After recognising gaps in local dementia support, particularly around daytime respite for carers, Nicola and her business partner have established community based dementia day clubs across Wakefield District and East Leeds.

Nicola explained that she had always wanted to move into work that allowed her to give something meaningful back to the community and felt drawn towards an area where support was growing, but significant gaps still remained.

Reflecting on the decision to move into care, Nicola said:

"I've always been ambitious. I've also always been generous, whether with my own finances or with my time… I wanted that firsthand exposure. I wanted to be involved — if I am doing something, I like to do it fully. And for me, this provided the opportunity to sit with so many individuals and just get to know them and support them, and it's so rewarding."

Nicola described how she and her business partner explored different types of community support before recognising the growing need for dementia services, particularly around respite for unpaid carers. She explained that many services focused on home-based support, but there were fewer opportunities for carers to have meaningful breaks away from the home.

"What we wanted to do is put an in between from home help to care home in essence and offer that sort of gap in between where we can take members for a good chunk of the day. They're not dropping off and then heading home and needing to set back. They've got a real good time to plan a day out and do something, whatever that is for themselves."

Nicola described this approach as providing "daytime recharging" for carers, allowing family members time to rest, socialise, attend appointments or simply take time for themselves while knowing their loved one was safe and supported.

Nicola explained that the organisation currently operates nine dementia day clubs, supporting around 85 members. The clubs are hosted in familiar community venues, such as local community centres and sports venues, which helps create a relaxed and reassuring atmosphere for people living with dementia.

"What we try to do is take community centres that are familiar with people. On the surface of it, it does look like a social group. And that helps reassure people really quickly. We take that sort of care mentality away from it."

She also explained that staff intentionally dress in non-uniform clothing to help create a more informal and welcoming environment.

A strong theme throughout the discussion was Nicola's belief that dementia support should focus not only on care needs, but on maintaining joy, connection, and identity. She spoke passionately about the importance of creating positive experiences for both members and carers and challenging the idea that dementia automatically means a poor quality of life.

"It changes shape, right? What you do changes shape, but it doesn't mean it ends."

She also reflected on the importance of fun within dementia support services:

“It’s equally important to have fun with it. So, where you can, you can have the good days and the good news and celebrate the successes. It’s really important to do that to balance out the other aspects of it as well.”

Nicola described the relationships developed with members and families as one of the most rewarding aspects of the role. She explained that the service goes beyond simply providing day care and instead becomes part of a much wider support network around families affected by dementia.

“You see it as looking after or taking care of an individual 10 to 4, but the reality is that you’re not — you join in a whole network of carers, families, people living with dementia, other organisations. It becomes more community driven, and you just get sort of sucked into it and you live and breathe it.”

She also highlighted the importance of person-centred care and the depth of understanding staff develop through spending consistent time with members.

“We get six hours at a time, people come to us several days. So, the level that we get to know them is so deep. It’s not transactional. These little quirks and things that make people smile, laugh if they’re having their bad day or sad day, we know what will lift the spirit. That’s exactly what we do.”

Alongside the positive experiences, Nicola also spoke honestly about some of the emotional and practical challenges involved in dementia care. She described finding it difficult when people reach stages where the organisation can no longer safely meet their needs.

“We can’t help everybody… there could be people that we have in for the day, they love it, you can see how much it means to them and how great it would be for their wellbeing. But unfortunately, when it comes to peoples mobility aspects, some are not able to meet our criteria to attend.”

Nicola also discussed supporting people living with high levels of agitation or complex needs, explaining that Rainbow Care Group tries to continue supporting people wherever possible, even when they may have struggled to access other services or been denied services.

“We’ve not turned anyone away over agitation. We have managed to manage it, whether we take one-to-one time, go for a walk, whatever it is that works with that individual. We allocate the staff and try and make it work because we know how crucial that is as well to their family member in the long run that needs that break.”

Funding and access to services emerged as another major issue during the conversation. Nicola expressed frustration that organisations such as Rainbow Care Group are not routinely commissioned, which means many families can only access support if they are able to self-fund.

“I’m also conscious we’re limiting our reach to those that can self-fund. There’s a huge amount of people out there that we’re not reaching. And that’s either because it’s not affordable to self-fund, and they’re not eligible for funding, or they are eligible for funding, but we’re not commissioned.”

She felt there was currently a gap within commissioning arrangements for smaller, community-based dementia day care services and suggested there was a need for more flexible frameworks to support this type of provision.

Nicola also raised concerns about how difficult many people find it to navigate dementia support and funding systems, particularly immediately after diagnosis.

"At the moment, it feels like it's a bit hard to navigate. A lot of carers don't know where to turn. They're not aware of funding, Attendance Allowance, or some of the things that are in place to support them."

She suggested that clearer and more accessible information, potentially in the form of a simple guide or booklet, could help families better understand the different types of support available throughout every step of the dementia journey.

Finally, Nicola highlighted broader financial pressures affecting families accessing dementia support. She expressed frustration that VAT can still apply to dementia day care services despite the essential nature of the support being provided.

"I feel quite passionately that people shouldn't be paying for dementia support, let alone paying VAT for dementia support."

Throughout the interview, Nicola's passion for dementia care, community support, and improving the quality of life for people living with dementia and their carers was evident.

Kim, Home Manager

Kim Storey is the Registered Manager at The Hollies, a care home with 29 residents.

Kim provided a powerful insight into the realities of residential care and the dedication required to support older people with dignity, compassion, and respect. Throughout the conversation, Kim spoke passionately about caring as a profession, the importance of genuine relationships, and the challenges facing care homes in an increasingly pressured system.

Kim has spent most of her life working in care. In fact, she first 'worked' in her care home at the age of thirteen when her sister worked as a hairdresser there, and Kim went along to help. Although she briefly left the sector on two occasions, including a period working in Wakefield Prison, she always found herself drawn back to caring for older people.

"I've always been drawn to the elderly. I don't know why, but I've always been fascinated by them… My calling is where I am now. It's been part of my life from the age of thirteen and now I'm forty-seven."

Starting as a care assistant and progressing to Registered Manager, Kim has worked in social care for more than three decades and has managed the home for almost seventeen years. Her commitment to older people was evident throughout, and she repeatedly described care as something that comes from personal values rather than simply being 'a job'.

A recurring theme throughout the interview was the need for care work to be recognised and valued as a skilled profession. Kim spoke candidly about the increasing difficulties in recruiting and retaining staff, explaining that care workers carry significant responsibilities while receiving little recognition and comparatively low pay.

"It's a profession and it's a very demanding job."

She described staffing as one of the biggest challenges facing the sector, particularly as care homes compete with other employers offering similar wages for less demanding work.

"Would you if you can earn the same pay on a till in Sainsbury's?"

Kim stressed that caring is about far more than helping people with practical daily tasks. Relationships sit at the heart of good care, and staff often become like extended family to residents.

“It’s not just about getting somebody up and getting them dressed and helping them with daily tasks. It’s more than that. You get attached to these people. It’s a family, and that’s what I see.”

She believes that if social care received better funding and staff were recognised for their skills and contribution, retention would improve and the sector would be better equipped to meet growing demand.

“If they gave more funding to pay people to be recognised, then I think you wouldn’t have such a high turnover.”

Kim also spoke openly about the emotional and physical demands of care work. While she emphasised the rewards of supporting residents, she acknowledged that staff often face difficult situations, challenging behaviours and physical risks as part of their everyday work.

“You get hit with all sorts. And you think, do we get paid enough for this? But I always think at the end of the day, you’ve made that person smile. And you’ve made them comfortable and you’ve made them happy.”

The interview highlighted Kim’s strong belief in person-centred care and the importance of treating residents as individuals rather than simply recipients of care. She was particularly passionate about maintaining residents’ personalities, preferences, and relationships, even when these do not fit neatly within formal systems and regulations.

Discussing the culture within the home, Kim described how meaningful relationships are built through familiarity, humour and understanding each person as an individual.

“How I speak to one person is not how I speak to another. It’s personal to them.”

She expressed frustration with approaches that can sometimes prioritise compliance over human connection, arguing that genuine relationships are essential to good care.

“You’re told how you should speak to someone, not to have banter, so then it’s very robotic to me. It isn’t about personalisation. Maybe as inspection staff get younger, they might have a bit more funk about them.”

Kim gave examples of residents joking with staff, using local expressions and engaging in playful conversations that reflected longstanding relationships and trust.

“Our residents have personality. Our residents come out with things that maybe aren’t very PC or very appropriate sometimes. So, if we are telling them ‘you shouldn’t say that’ or we don’t react to it, then it’s robotic. It’s not nice. That’s institutional.”

Instead, Kim described The Hollies as:

“One big family. One big extended family.”

Another important theme was Kim’s experience of working through the COVID-19 pandemic. Because her daughter has a compromised immune system, she made the difficult decision to move her daughter out of the family home so that she could continue supporting residents while reducing the risk of bringing infection home.

Kim also expressed frustration about hospital discharge processes during the pandemic, describing occasions where residents were discharged before testing arrangements were fully in place.

“The hospital disappointed me. They were asking me to accept people into the home, but they weren’t testing.”

She believes poor communication and unsafe discharge practices contributed significantly to outbreaks within care homes and continues to see challenges in information sharing between hospitals and social care services today.

Kim also highlighted ongoing concerns about important information following residents between services. She described times where care plans, ReSPECT forms and DNAR documentation did not return with residents following hospital admissions, despite care homes being expected to maintain these records at all times.

“If we didn’t have them in place, or somebody being given one, we get into serious trouble. But when they go to hospital, they don’t come back. Do you know what I mean? And it’s like, actually this isn’t fair.”

She spoke positively about the Red Bag Scheme, which was designed to make paperwork, personal information and belongings travelled with residents between care settings.

“I thought it was an amazing idea actually.”

However, Kim felt the scheme gradually lost momentum and is now rarely used.

She believes better communication and greater accountability across health and social care would improve safety and reduce unnecessary pressures on care providers.

The difficulties of navigating wider systems and regulation also emerged strongly during the discussion. Kim described frustration when different professionals provide conflicting advice, leaving providers unsure which guidance to follow.

“You get one person coming in and saying this is how things should be done. Then another one comes in and goes, ‘What are you doing that for? You need to be doing this.’”

This inconsistency, she said, can leave providers feeling as though they are being set up to fail despite their commitment to delivering high-quality care.

Kim was particularly candid about her experiences with regulation and inspection processes. While supportive of accountability and quality standards, she expressed concern that some aspects of inspection and ratings can lose sight of the realities of person-centred care.

“I want to have a ‘good’ rating and I want to be good for the right reasons.”

Funding was another significant concern. Kim questioned current approaches that prioritise supporting people at home when residential care may provide greater safety, companionship and quality of life.

“Especially if you’ve got somebody who’s on their own and they’ve got a dementia diagnosis… they’re isolated.”

She argued that residential care should be seen as a positive option rather than a last resort and that greater investment is needed to make sure older people receive the support they deserve.

Throughout the interview, Kim returned repeatedly to the importance of compassion. Whether discussing residents, staff, or families, she spoke about care as a profession built on relationships, empathy, and a genuine commitment to improving people's lives.

"We are always trying to think, how can we do better?"

Her reflections offer a powerful reminder that while buildings, paperwork, and inspection ratings matter, the quality of care is ultimately shaped by the people delivering it. Kim's interview highlighted the skill, resilience and compassion that underpin residential care and reinforced the message that care work deserves far greater recognition, respect and investment than it currently receives.

Helen, family member

"When you gradually over time become a carer for a loved one, it can become very difficult to relinquish that care and control. So, there was that, and the fact that over decades our Mum had begged us repeatedly to make sure she never ended up in care.

She then got her dementia diagnosis and was discharged from the service more or less simultaneously. We realised we'd need to start thinking about what help we might need, and what help we might be able to get. You don't stay a novice for long with dementia. Needless to say, we put everything into keeping our Mum in her own place for as long as possible.

We started by paying for a version of meals on wheels to get her used to people coming to see her. She loved this and loved the company. We also were reassured that someone had seen and interacted with her in the middle of the day when we were all at work. We then paid for a home visiting service, where some lovely women came and did crafts and took Mum out to the garden centre and the park. She really enjoyed these activities and the personal connections and company. Further on, and following a social care assessment, we then got help from some amazing home care workers. They were from Nigeria, they cared deeply, worked hard, showed true compassion, and eventually ended up visiting four times a day. The last visit of the day didn't really come to fruition as a routine as our Mum became very unwell, very quickly.

There's no way to describe her last week in her own place, other than as horrific. It involved madness, and trips to A&E, and sleepless days and nights. In the emergency assessment meeting just after Christmas Day, the social worker said: "She has no concept of home". Another heartbreaking reality to try and comprehend. Very shortly after that our Mum was in respite care.

Leaving her there broke our hearts. They couldn't possibly care for our Mum as we could.

Coincidentally my sister and I had contracted norovirus so we couldn't see her for the first week. We know now this was probably a blessing, and since then there have been other blessings, but many ups and downs.

She has now lived in her new home for over two years. She is safe, looked after, and loved.

The staff are incredibly hardworking and compassionate. They truly care about their residents and take care of all their needs. This might be a lovely bed with clean bedding, or food that they know is liked and will be eaten, or freshly laundered clothes, or activities tailored to interests. And making this all

happen whilst also dealing with doctors, and nurses, and social workers, and paramedics, and relatives, and friends, and the list goes on. It's a world we never really imagine until we have to.

'Home seeking' behaviour - when a person has dementia and says they want to go home, or tries to get home - can be really distressing. But it is more often the desire for a feeling of safety and comfort, rather than a physical space or place. The carers who look after my Mum give her that special feeling of 'home'".

Interview findings

Paid carer interviews

The interviews with paid carers revealed a workforce that is deeply committed to the people they support and takes great pride in the difference they make to people's lives. Across domiciliary care, residential care, and personal assistant roles, people consistently described care as being about much more than completing tasks. Building relationships, understanding individuals, supporting families, and helping people maintain their independence were seen as some of the most rewarding aspects of the role.

Many described care as a profession requiring compassion, emotional intelligence, problem-solving skills, and resilience. They spoke about noticing changes in people's health and wellbeing, advocating on behalf of those they support, and often acting as a bridge between individuals, families and services. This was reinforced by family members, who spoke warmly about the compassion and dedication of care staff. One family member described how their relative was not simply looked after, but was genuinely "loved" by those providing their care.

> "The carers who look after my Mum give her that special feeling of 'home'".

Alongside this strong sense of purpose, participants described significant challenges. These included staffing shortages, travel pressures, communication difficulties between services, and the emotional impact of supporting people through illness, deterioration and death. Several interviewees spoke about the difficulty of balancing the practical demands of the role with their desire to provide relationship-based, person-centred care.

Despite these pressures, all participants remained passionate about care work. The strongest message from paid carers was wanting the time, support, and resources needed to provide the best possible care to the people who rely on them.

Provider and manager interviews

The provider and manager interviews reinforced many of the themes raised by paid carers whilst also highlighting wider system challenges. They spoke passionately about the importance of delivering compassionate, person-centred care, and creating services that support dignity, independence, wellbeing, and community connection.

A recurring theme was the importance of relationships. They described care as extending beyond practical support to include emotional wellbeing, social connection, and helping people remain active members of their communities wherever possible. Examples included community partnerships, intergenerational activities, dementia support groups, and initiatives designed to reduce loneliness and isolation.

They also highlighted the importance of supporting and developing the workforce. Training, wellbeing support, positive workplace culture and opportunities for staff to contribute ideas were all seen as essential in helping staff feel valued and deliver high-quality care.

Alongside these positive examples, they described ongoing pressures affecting the sector. These included recruitment and retention difficulties, financial pressures, commissioning arrangements, inconsistent approaches across organisations, and challenges navigating health and social care systems.

They also spoke about the importance of recognising care as a skilled profession. They highlighted the significant responsibility carried by care staff and expressed concern that workforce pressures are exacerbated by a lack of recognition and understanding of the complexity of the role. Some also reflected on the challenges of balancing regulatory requirements with genuinely personalised, relationship-based care, and described examples where communication and information sharing between services created additional pressures for staff.

Overall, providers and managers shared the view that good care is built on relationships, trust, and continuity. They emphasised that supporting both the workforce and local care providers will be essential to making sure high quality care remains available to people across Wakefield District.

Recommendations

1. Co-produce improvements with the paid care workforce

Commissioners, providers and system partners should establish regular opportunities for paid carers to help shape service design, commissioning, and quality improvement. This should go beyond consultation and involve carers as equal partners in developing solutions, recognising the unique expertise they gain through supporting people every day.

Why?

Throughout this project, paid carers demonstrated detailed knowledge of what helps people receive good care and where the current system creates barriers. Their voices should routinely inform decisions about service development, workforce planning and commissioning.

2. Strengthen communication across health and social care

Improve information sharing between hospitals, community health services, social care providers and primary care, particularly around hospital discharge, medication changes and equipment provision.

This should include clearer accountability for who communicates key information and ensure care staff have timely access to the information they need to provide safe, coordinated care.

3. Commission care in ways that support person-centred relationships

Review commissioning approaches to ensure they enable relationship-based care rather than purely task-based delivery.

This should include consideration of realistic travel times, flexibility within care visits where appropriate and commissioning models that recognise the importance of conversation, reassurance and emotional support alongside practical care.

4. Invest in workforce wellbeing and professional development

Providers should continue to prioritise staff wellbeing through supportive leadership, reflective supervision, peer support and opportunities for professional development.

System partners should recognise the emotional impact of caring and ensure wellbeing support is available across the sector.

5. Recognise and value care as a skilled profession

Continue work across the system to raise the profile of paid care as a skilled, professional career requiring compassion, judgement, communication, clinical awareness and resilience.

This includes supporting recruitment, retention and career progression whilst recognising the contribution paid carers make to preventing hospital admissions and supporting independence.

6. Improve support for integrated working

Develop stronger partnership working between health, social care and care providers, ensuring paid carers are recognised as equal members of the multidisciplinary team.

Where appropriate, carers should be included in conversations about people's ongoing care and supported to share their observations and expertise.

7. Share and spread good practice

Create opportunities for providers to share examples of innovative practice, staff wellbeing initiatives and approaches that improve outcomes for people using services.

Learning from providers already demonstrating positive workplace cultures and community partnerships could support improvement across the wider sector.

8. Continue listening to the workforce

This project should not be a one-off exercise. Commissioners and providers should commit to regularly gathering feedback from paid carers and reporting back on the actions taken as a result.

Closing the feedback loop will help build trust and demonstrate that staff experiences lead to meaningful change.

Conclusion

In conclusion, and overall, we would elevate co-production as a cross-cutting recommendation.

Embed co-production with paid carers as a core principle of adult social care improvement.

Paid carers should be routinely involved alongside people drawing on care, unpaid carers, and providers in designing services, developing commissioning approaches, reviewing quality and identifying priorities for improvement.

Their lived experience represents an underused source of expertise that can improve both workforce experience and outcomes for people receiving care.

Finally, we would like to say thank you to everyone who took part, often sharing challenges or difficult experiences and feelings, to give us a better picture of what it is like to work in care. And thank you to all care staff for the valuable job you do.

Information about working in care

Natalie Cassidy
Caring Together

Wakefield College
Health and Care
Course Information

Wakefield Cares
Careers Hub

Wakefield Council
Growing Talent

Wakefield Council
Make a Difference

Wakefield Council
Choose a career
in Reablement

Natalie Cassidy: Caring Together

https://connect.open.ac.uk/nataliecassidy/

Wakefield College Health and Care Course Information

https://www.heartofyorkshire.ac.uk/courses/wakefield-college/health-social-care

Wakefield Cares Careers Hub

https://www.wakefield.gov.uk/jobs-and-training/careers-at-wakefield-council/join-our-adult-social-care-team/routes-into-adult-social-care/guidance-from-the-wakefield-cares-careers-hub

Wakefield Council Growing Talent

https://www.wakefield.gov.uk/jobs-and-training/careers-at-wakefield-council/join-our-adult-social-care-team/routes-into-adult-social-care/opportunities-for-students

Wakefield Council Make a Difference

https://www.wakefield.gov.uk/jobs-and-training/careers-at-wakefield-council/join-our-adult-social-care-team/routes-into-adult-social-care/starting-out-in-adult-social-care

Wakefield Council Choose a career in Reablement

https://www.youtube.com/shorts/L9cOnoCj5xI

Survey Demographics

Demographics are the statistical characteristics typically used to analyse groups of people.

About **you**

Amplifying the voices of **paid** carers in Wakefield District

Demographics

We collect information to know who has taken part

age

- 18-24 10.29%
- 25-34 17.65%
- 35-44 23.53%
- 45-54 25.00%
- 55-64 20.59%
- 65-74 2.94%

gender

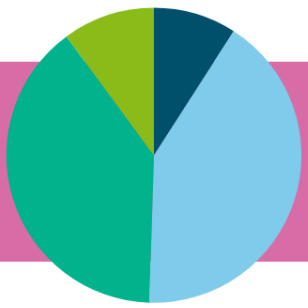
- Men **8.82%**
- Women **91.18%**

ethnicity

- Asian/Asian British: Any other Asian/Asian British background **1.49%**
- Black/Black British: African **7.46%**
- Black/Black British: Any other Black/Black British background **1.49%**
- Mixed/multiple ethnic groups: Asian and White **1.49%**
- White: British/English/Northern Irish/Scottish/Welsh **83.58%**
- White: Any other White background **4.48%**

standard of living

- Really struggling
- Just getting by
- Quite comfortable
- Very comfortable



About **you**

Amplifying the voices of **paid** carers in Wakefield District

Demographics

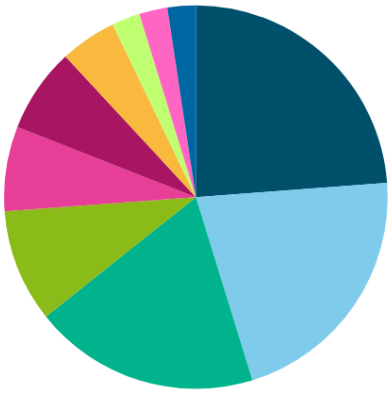
We collect information to know who has taken part

wider determinants

We also asked a question about other things that were significant and might make a difference in people's lives.
These are often called the 'wider determinants' of health. They are social, economic, and environmental factors - such as housing, education, income, and working conditions - that can dictate long-term physical and mental wellbeing.

30 people answered this. They were able to tick any that applied, and some people ticked more than one.

10 said they have a mental health condition
9 said they are unpaid carers
8 have a long-term health condition
4 are members of the LGBTQ+ community
3 have a physical or mobility condition
3 are neurodivergent
2 have a sensory condition, for example, are Deaf
1 was pregnant or had given birth in the last 12 months
1 was a veteran
1 said they had no support network or friends and family around to help them



healthwatch Wakefield

Telephone 01924 787379

Mobile 07885 913396

Email enquiries@healthwatchwakefield.co.uk

Website www.healthwatchwakefield.co.uk

We are social people. Find us, follow us, message us.