

Who Cares?

Amplifying the voices of paid carers in Wakefield District

The full report can be found on our website www.healthwatchwakefield.co.uk

Summary and recommendations

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.

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.