Research into lone working in adult social care

Final report

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Skills for Care is the employer-led strategic body for workforce development in social care for adults in England. It is part of the sector skills council, Skills for Care and Development.

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Executive summary

Introduction

This report presents findings from an independent research study into lone working in the adult social care sector in England. The Health and Safety Executive defines lone workers as those *"who work by themselves without close or direct supervision."*[1] Using that definition as its basis, this study has included the following adult social care roles within its scope:

- domiciliary/home care workers

- personal assistants (PAs)

- live-in carers

- supported living workers

- drivers who are integral to a person's/people's care and support

- remote workers who work on the same site

- overnight workers (sleep-in and awake).

Research method

The research consisted of two main strands of activity:

- **Qualitative** telephone consultations with 55 lone workers, 20 managers and two Individual Employers (IEs). Research participants were recruited via Skills for Care's 'lone working interest group'.

- **Quantitative** e-surveys designed to augment and increase the robustness of the consultation findings. A total of 279 survey responses were received: 148 from lone workers, 125 from managers and six from IEs.

Job satisfaction, productivity and self-confidence

Job satisfaction amongst the lone workers in the research sample is high (80% said that lone working has a positive impact on their job satisfaction). Influencing factors include the opportunities that lone working offers to provide one-to-one care and to build strong relationships with clients. Importantly, the research suggests that some – and potentially many – lone workers simply prefer working by themselves. They have made a positive and deliberate choice to be a lone worker and derive considerable professional satisfaction from having done so.

In the main, lone workers were also very positive about the extent to which lone working impacts on their decision-making, productivity and self-confidence. They spoke of being able to work efficiently and with minimal distraction and of developing greater faith in their own professional competencies. The managers in the research

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[1] http://www.hse.gov.uk/pubns/indg73.pdf

sample were notably more positive than not on these topics, but to a lesser extent than the lone workers.

Lone workers' feedback on work-life balance was more mixed. Whilst they highlighted the benefits of flexibility, e.g. being able to arrange shift patterns to suit non-work commitments such as childcare, they also cited heavy workloads and long working hours and zero-hours contracts.

Communication

A large majority of the lone workers in the sample gave positive feedback about communication between themselves and their managers. They regularly spoke of managers being approachable, of having clear escalation procedures and of good quality out-of-hours support. Nonetheless, some lone workers prefer face-to-face contact and acknowledged that this can be difficult to co-ordinate.

Managers who contributed to the research tended to share similar views to lone workers, in terms of effective communication flows being in place. It is clear from the research that many managers are making concerted efforts to promote effective and efficient communication for the very reason that they employ a significant number or proportion of lone workers.

Lone workers were slightly less positive about being able to effectively communicate with their colleagues and spoke of the challenges involved in developing relationships with people whom they rarely meet in person. This can impact upon the extent to which a team spirit can be developed. Lone workers also raised the lack of relationships with their colleagues as potentially impacting on their ability to share good practice and learning from each other's experience.

Health and wellbeing

The research uncovered mixed views on the mental health impacts of lone working. At a headline level, 38% of the lone worker sample said that lone working had a positive impact on their mental health, 30% said it had no impact and 25% said it had a negative impact.

Positive effects included feeling calmer and more relaxed, improvements in self-confidence and higher self-esteem. Negative effects included anxiety/stress (particularly linked to the burden of decision-making) and feelings of isolation resulting from an absence of regular interaction with colleagues.

Managers reported that mental health issues can escalate more quickly and remain unresolved for longer amongst lone workers, in part because they are often less 'visible' to the employing organisation.

There was little consensus in the results on the physical health effects of lone working, although managers tended to state that physical health problems are no more prevalent amongst lone workers than non-lone working staff.

Nearly three quarters of managers and just under two-fifths of lone workers cited personal safety as a negative consequence of lone working. The main issues appear

to include not having colleagues on-site to assist in the event of an emergency, travelling alone to unfamiliar locations (especially at night) and working in areas with poor mobile phone signals.

Support and resources

The research found strong support for the arrangements and resources that are currently in place to support lone workers: over three-fifths of the lone workers and managers in the sample said they were satisfied and would not recommend any significant changes (the only exception to this was personal safety – see above).

It is therefore unsurprising that the research uncovered only limited demand for new or additional support for lone workers. Such demand was evident to a greater extent amongst managers than lone workers themselves, but not to the point where it constituted a majority view.

'General good practice', personal safety and mental health and wellbeing were the topics cited most regularly when lone workers and managers were asked about the most useful focus of any new resources or support arrangements. Only very rarely did they offer more detail, e.g. on a preferred format (app, factsheet etc.).

Recommendations

This research concludes that Skills for Care should concentrate on raising awareness of support that is currently available and working well, rather than seeking to develop new resources. Specifically:

- **Job satisfaction and staff turnover:** encourage employers to gather more, and more regular, information about the job satisfaction of their lone workers, the aim being to reduce or remove completely the disparity in views that the research has found between the views of managers and lone workers. Approaches may include:

  - staff surveys

  - employee forums[2]

  - events (e.g. lunch sessions) where lone workers can meet and provide feedback to senior managers

  - exploring the impacts of lone working on job satisfaction through line management meetings.

- **Job satisfaction and staff turnover:** encourage employers to actively promote lone working as a positive feature or benefit of a role.

- **Communication**: encourage employers to:

  - ensure that prompt, effective and easily accessible out-of-hours support is available to all lone workers

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[2] Where staff meet to discuss policies and procedures and provides a formal avenue for communication between senior managers and employees.

- ensure that lone workers are clear on who their senior contacts are, and the escalation procedures they should follow, during both conventional working hours and out-of-hours shifts

- explore opportunities for lone workers within the same organisation to meet on a periodic basis, e.g. through full-team meetings, coffee mornings or social sessions

- explore opportunities for staff to be able to meet each other to share good practice and learning, e.g. shadowing shifts and face-to-face training sessions

- establish staff intranets or equivalent that provide lone workers with quick and simple remote access to company policies, procedures and guidance documents (for organisations of a size where this is possible)

- more generally, make concerted efforts to liaise regularly with lone workers and remain conscious of the fact that they may not be as privy to company news or developments as those with a more permanent base.

- **Mental health:** in addition to the points made above under 'Job satisfaction and staff turnover', encourage employers to have carer liaison officers (or equivalent) in place and to ensure that support is available to help lone workers dealing with difficult events.

- **Personal safety:** encourage employers to remain alert to the personal safety risks of working alone. In particular, it is important to recognise that technology-driven solutions to monitor the location and safety of lone workers are not always effective, especially in rural areas where mobile/internet coverage remains inconsistent.

- **Top tips:** this research has identified an array of approaches and actions that appear to be useful and effective in the context of employing lone workers and/or working alone. Many of these are operational and do not require employers to commit large amounts of either time or money to implement them. Skills for Care could usefully draw these together into a 'top tips' document or webpage and promote it through its e-newsletter, social media and network of regional managers.

1. About this report

1.1 Introduction

This is a report of findings from an independent research study into lone working in the adult social care sector in England. Undertaken between September 2018 and January 2019, the study was commissioned by Skills for Care and was carried out by a team of researchers from York Consulting LLP.

The Health and Safety Executive defines lone workers as those *"who work by themselves without close or direct supervision."*[3] Using that definition as its basis, this research study has included the following adult social care roles within its scope:

- domiciliary/home care workers
- personal assistants (PAs)
- live-in carers
- supported living workers
- drivers who are integral to a person's/people's care and support
- remote workers who work on the same site
- overnight workers (sleep-in and awake).

The researchers would like to offer their sincere thanks to everyone who has taken the time to contribute to the study.

1.2 Method

The study has involved two main stages of primary research activity. In the first stage (September to November 2018) semi-structured, qualitative telephone consultations were undertaken with lone workers, managers of lone workers and Individual Employers (IEs)[4]. Each of those consultations was undertaken on a one-to-one basis.

In the second stage (December 2018), e-surveys of lone workers, managers and IEs were developed and publicised through a range of different channels.

Stage 1: Qualitative telephone consultations

In mid-2018, Skills for Care established a 'lone working interest group' in order that they could begin to explore the impacts and challenges of lone working in adult social care. Skills for Care promoted the opportunity to join the interest group via their fortnightly e-newsletter, through their network of regional managers and via membership organisations in the sector. This resulted in 19 organisations joining the group, including private sector domiciliary and residential care providers, local authorities and not-for-profit organisations. The group's early discussions focused on

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[3] http://www.hse.gov.uk/pubns/indg73.pdf

[4] An Individual Employer is defined as someone who employs their own care and support staff (a personal assistant) using a direct payment, their own money, a personal care or health budget or other means.

the definition of a 'lone worker' and the inclusion/exclusion criteria for the lone working roles that should be included within the scope of this study.

Twelve of the organisations from the interest group supplied the researchers with contact details for lone workers and managers in their organisations who could be approached to participate in this research. Table 1.1 shows the number of lone workers and managers from each organisation that were subsequently consulted (totalling 45 lone workers and 20 managers).

Table 1.1: Lone workers and managers consulted via the Skills for Care interest group			
Organisation ID	Service area	Lone workers consulted (n=45)	Managers consulted (n=20)
1	Domiciliary care	5	4
2	Community care	1	2
3	Residential care	2	1
4	Domiciliary care	6	1
5	Domiciliary care	4	3
6	Domiciliary care	5	3
7	Community care	3	3
8	Community care	2	1
9	Residential care	4	2
10	Domiciliary care	4	0
11	Domiciliary care	6	0
12	Community care	3	0
Source: York Consulting			

In addition to engaging research participants via the interest group, the Skills for Care Personal Assistant Framework Steering Group asked their members to promote the research amongst PAs and IEs. This resulted in one-to-one consultations being undertaken by telephone with the following:

- three PAs employed by IEs
- two self-employed PAs
- five PAs employed by an agency
- two IEs
- two managers working for care agencies.

A total of 55 lone workers, 20 managers and two IEs were consulted during Stage One.

Stage 2: Quantitative e-surveys

The purpose of the second stage of the research was to augment the qualitative findings with a larger and more robust body of evidence from lone workers and managers. To this end, e-surveys were developed for lone workers, managers of lone workers and IEs. The surveys were publicised by Skills for Care's regional managers and via their e-newsletter. The surveys covered the same topics as the qualitative consultations (see 'Research questions', below) but did so primarily via closed questions using Likert-style response options.

A total of 279 survey responses were received: 148 from lone workers, 125 from managers and six from IEs.

National Care Forum Managers Conference

Representatives from York Consulting and Skills for Care presented emerging findings from Stage 1 of the research during a workshop session at the National Care Forum Managers Conference on 12 November 2018. The workshop session also provided the opportunity for managers of lone workers to offer their thoughts against the main lines of enquiry for the research.

1.3   Composition of the research sample

Across the full sample of lone workers (qualitative consultations and e-survey returns), more than half worked in domiciliary/home care roles, whilst just over a quarter had a supported living role (Table 1.2)[5].

Table 1.2 Lone workers by role		
	Lone workers (n=203)	**Percent**
Domiciliary/home care worker	115	57%
Supported living staff	53	26%
PA	17	8%
Driver	2	1%
Overnight worker (sleep-in or awake)	6	3%
Other	10	5%
Source: York Consulting		

More than half the lone workers in the sample (52%) had been a lone worker for five years or less (Table 1.3), whilst two-thirds (64%) had between one and ten years' experience.

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[5] There is the possibility of a degree of double counting in each of the tables in the 'Composition of the research sample' section, should any lone workers or managers have taken part in a telephone consultation and completed the online survey.

Table 1.3: Lone workers by length of time as a lone worker		
	Lone workers (n=203)	**Percent**
Less than one year	19	9%
1-5 years	87	43%
6-10 years	45	22%
11-15 years	28	14%
16-20 years	14	7%
More than 20 years	10	5%
Source: York Consulting		

Turning to the managers in the research sample, nearly two-thirds (62%) work in adult domiciliary care (Table 1.4). Much smaller proportions work in community care, residential care or other settings.

Table 1.4: Managers by service area		
	Managers (n=145)	**Percent**
Adult domiciliary care	91	62%
Adult community care	24	16%
Adult residential care	20	13%
Other	12	8%
Source: York Consulting. Percentages do not sum to 100% due to rounding.		

Input was received from lone workers and managers in each region, although not in a way that reflects the size or density of the country's population at a regional level. The most obvious discrepancy in this regard is the low number of responses from lone workers and managers in London (Table 1.5). It is not obvious why this is the case, nor does it reflect any lack of effort to raise awareness of the research in London.

Table 1.5: Lone workers and managers by region				
	Lone workers (n=203)	Percent	Managers (n=147)	Percent
Midlands	56	28%	32	22%
North West	25	12%	23	16%
South East	19	9%	22	15%
Yorkshire and the Humber	14	7%	10	7%
Eastern	11	5%	16	11%
North East	10	5%	18	12%
South West	10	5%	9	6%
England-wide[6]	21	10%	13	9%
London	12	6%	4	3%
Not answered	25	12%	0	0%
Source: York Consulting. Percentages do not sum to 100% due to rounding.				

Further details of the lone worker and manager samples are provided at Appendix A.

1.4 Research questions

The main themes and sub-themes explored through the research are summarised in Table 1.6.

Table 1.6: Themes and sub-themes	
Themes	Sub-themes
Job satisfaction, productivity and self-confidence	Job satisfaction
	Productivity and self-confidence
	Work-life balance
	Staff turnover
Communication and workload management	Communicating with managers and colleagues
	Planning and managing workloads
Health and wellbeing	Mental and physical health
	Absence
	Presenteeism
	Personal safety
Support currently available to lone workers	Mental and physical health
	Personal safety
	Communication and management
	Learning and development
Demand for new resources	Demand for resources
	Topics and format

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[6] The lone worker responses have been reported here as per the survey returns. It seems likely that those lone workers who answered 'England-wide' were in fact referring to their organisation's/employer's coverage rather than their own.

1.5 Representation and statistical significance

Based on web searches undertaken in early 2019, it appears that this is the largest research study undertaken to date in the UK (in terms of number of participants) that has focused on lone working/workers in adult social care. At the level of the overall achieved sample (358 individuals), the margin of error – at a 95% confidence level – could be as low as 5.18%[7].

However, for a number of reasons this needs to interpreted with some caution. For example:

- The use of the interest group as the primary means of engaging people in the qualitative research calls into question the extent to which that part of the sample will be representative of lone workers and managers more widely. In other words, by virtue of their participation in the interest group, those organisations (and their staff) may be more engaged/interested in the research topic and may have more positive views towards lone working.

- Large organisations are over-represented in the research sample (when compared with the adult social care sector as a whole), while small and micro organisations are under-represented.

- As previously mentioned, very few of the research participants work in London.

- The information obtained in the research on the geographic location of participants was mostly at regional level. This prevents any meaningful analysis to identify commonalities or differences in the results by urban or rural setting.

1.6 Cross-tabulation

The analysis underpinning this report has included cross-tabulation by a range of variables including research method (qualitative consultation and e-survey), service area, role and organisation size. If no such differences are mentioned in the presentation of the results that follows, it should be assumed that either the cross-tabulations revealed no significant differences or that the sub-group samples were of an insufficient size.

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[7] Using 1.47million as the population of the adult social care workforce. Skills for Care (2018): 'The state of the adult social care sector and workforce in England'.

2. Job satisfaction, productivity and self-confidence

2.1 Job satisfaction

The general consensus amongst the lone workers and managers in the research sample is that working alone in adult social care can be, and often is, challenging. Issues of loneliness, isolation and personal safety were cited during the research (and are covered in later sections of the report), although in the main, job satisfaction amongst lone workers appears high.

As shown in Table 2.1, three-quarters of the lone workers reported being either satisfied or very satisfied in their current role, while fewer than one in ten said they were dissatisfied. It is also of note that 80% of the lone workers, and especially those working in supported living roles, said that working alone has a demonstrable *positive impact* on their job satisfaction.

Table: 2.1: Satisfaction with current role			
	Very satisfied or satisfied	**Neither satisfied nor dissatisfied**	**Dissatisfied or very dissatisfied**
Qualitative consultations	78%	18%	4%
e-survey	74%	19%	7%
Total (full sample)	**75%**	**19%**	**6%**
Source: York Consulting			

When asked what it is, specifically, about lone working that makes a positive contribution to job satisfaction, three main themes emerged in the lone worker feedback:

- the rewarding nature of being able to provide one-to-one, personalised care and support for clients

- the opportunity that working alone provides to build and sustain relationships with clients, which in turn enables lone workers to provide care and support tailored to clients' individual needs and preferences

- for live-in carers in particular, the positive effects – in term of happiness and general demeanour – that regular and consistent one-to-one support can have on clients.

> *"I am able to create an atmosphere of trust and reliability with the individuals I support."*
>
> *Supported living worker*

> *"I feel much more independent when I'm working on my own."*
>
> Domiciliary/home care worker

Whilst less tangible, the research suggests that some – and quite possibly many – lone workers simply prefer working by themselves. These individuals may have character traits that lead them to be happier or more relaxed when working alone, or may have had previous team-based roles or experiences that they did not enjoy. In many cases they appear to have made a positive and deliberate choice to be a lone worker and derive considerable professional satisfaction from having done so.

> *"I prefer being by myself…I like my own company and am more relaxed when working alone."*
>
> Domiciliary/home care worker

> *"Some people just have a personality that suits working alone. They enjoy it for the very reason that they aren't in an office or a team."*
>
> Registered manager – adult domiciliary, private sector

The managers in the research sample were a little more reserved about the job satisfaction impacts of lone working. Whilst half agreed that they have observed lone working having a positive effect, a third were non-committal and a fifth felt that the impact was more likely to be negative than positive. Managers in smaller organisations (10-49 employees) were more likely to cite job satisfaction as a benefit of lone working than those in larger organisations.

2.2   Productivity and self-confidence

In keeping with, and linked to, the feedback on job satisfaction, lone workers were also very positive about the extent to which lone working impacts on their decision-making, productivity and self-confidence (Table 2.2).

Table: 2.2: Lone worker views on decision-making, productivity and self-confidence	
	Lone workers who felt that lone working has a very positive or positive impact
Decision-making	85%
Productivity	78%
Self-confidence	76%
Source: York Consulting	

Lone workers (and domiciliary care workers especially) were particularly positive about working alone in terms of how it:

▪ enables them to work efficiently and with minimal distraction

▪ can increase their confidence, not only in their own professional competencies but also in their decision-making and judgement.

> *"In a busy office it can be difficult to focus…there are more interruptions. Working alone allows me to focus and get on with things. It means I am more productive."*
>
> Domiciliary/home care worker

> *"Lone working encourages workers to use their own initiative and make decisions. It also gives them a sense of independence."*
>
> Domiciliary/home care worker

Overall, the managers in the research sample were notably more positive than not on this topic, but once again to a lesser extent than the lone workers. For example:

▪ 43% of managers said that the productivity of lone workers was a benefit to their organisation

▪ 19% said that employing lone workers can hinder organisational productivity

▪ 38% said it was neither a benefit nor a challenge.

2.3   Work-life balance

The topic of work-life balance is the first in this report where the qualitative consultation results differ from the survey results. As shown in Table 2.3:

▪ 24% of the lone workers in the qualitative consultation sample said that lone working had a positive or very positive impact on their work-life balance, compared with 71% who said it had neither a positive nor a negative impact.

- By contrast, 52% of the lone workers in the e-survey sample reported a positive impact, compared with 30% who indicated there was no impact.

Table: 2.3: Lone worker views on work-life balance			
	Very positive or positive impact	Neither positive nor negative impact	Very negative or negative impact
Qualitative consultations	24%	71%	5%
e-survey	52%	30%	18%
Total (full sample)	**44%**	**42%**	**14%**
Source: York Consulting			

The reason(s) behind these differences is not obvious, although it may be due to, or influenced by:

- **Sample sizes:** the qualitative consultation sample is smaller than the survey sample and could therefore be more prone to atypical results.

- **Sample characteristics:** there are differences in the make-up of the two samples. For example, 61% of the survey respondents were domiciliary care workers, compared with 56% in the qualitative consultation sample (although a difference of this size is unlikely to account for such substantial variance in the results).

Where lone workers (regardless of how they contributed to the study) stated that the impact on their work-life balance was positive, they often spoke about flexibility, e.g. being able to arrange shift patterns to suit non-work commitments such as childcare. In reality, flexibility in working patterns is not a feature or benefit of lone working per se, or certainly not one that is unique to lone working. However, it is no surprise that it appears in the feedback due to the concentration of shift-based roles amongst the lone workers in the research sample.

This point also identifies a further possibility as to why the survey and consultation results differ. In the consultations, the researchers could probe and verify with the respondents that they were answering *with specific reference to lone working* and not with other aspects of their role in mind, e.g. shift working, being able to work nights etc. The researchers were obviously unable to do this when the e-survey was being completed.

Lone workers also provided examples of the negative consequences of lone working on their work-life balance, although in practice these relate more to sector-wide issues within adult social care. They include:

- the frequent use (in some organisations) of zero-hour and minimal-hour contracts and the financial instability these can create for staff

- heavy workloads and long working hours (particularly when taking into account travel time) and the impact of this on family life and social interaction.

"The challenge is getting enough time with friends and family. Because of the long hours and the travel, it can feel as though you are cut off from things."

Supported living worker

2.4   Staff turnover

Half the mangers in the sample cited staff turnover as a challenge of employing lone workers, compared with only 6% who spoke of the positive impacts on staff turnover. Amongst those who reported it as a challenge:

- 59% said that it tended to be a more significant issue amongst lone working staff than non-lone working staff

- two-thirds said they believe that lone working is one the main contributory reasons as to why that is the case.

Lone workers themselves offered a somewhat different message: just over three-quarters (76%) stated that lone working had a positive impact on the likelihood of them continuing to work in their current role. Only 8% said that working alone increases the likelihood of them looking for employment elsewhere.

3.   Communication and workload management

3.1   Communicating with managers

The lone workers in the sample were generally very positive about communication between themselves and their managers. As shown in Table 3.1, more than three quarters agreed that those communications were effective.

Table: 3.1: Lone worker views on whether communications with their managers are effective			
	Strongly agree/agree	**Neither agree nor disagree**	**Disagree/strongly disagree**
Qualitative consultations	75%	15%	10%
e-survey	82%	8%	10%
Total (full sample)	**81%**	**10%**	**9%**
Source: York Consulting			

It appears that three main factors underpin this feedback:

- **Access:** lone workers regularly said that their managers are approachable and respond promptly to queries and issues.

- **Escalation:** lone workers generally agreed that it is easy for them to escalate work-related issues and problems.

- **Out-of-hours support:** lone workers value the access they have to out-of-hours support from managers in their organisations, e.g. in the evenings and at weekends (see Chapter 5 for further details).

> *"I have a fantastic manager who is always on the other end of the phone if I need her. I can have open and honest discussions with her and she provides me with lots of support if I need anything."*
>
> *Live-in carer*

Counterbalancing the above to a certain extent – albeit for a small proportion of the lone workers in the sample – was the view they prefer face-to-face contact with their managers and that this can be difficult to organise when working alone. Where lone workers expressed a preference for face-to-face contact, they typically did so with specific regard to the raising and resolving of work-related issues and problems.

The managers who contributed to the research echoed the views of lone workers on the topic of communication. Their general consensus was that communications flow well in both directions and that lone workers have appropriate and effective channels to escalate and resolve work-related issues. Importantly in the context of this research, it is clear that, in many cases, managers/organisations are making concerted efforts to promote effective and efficient communications for the very reason that they employ a significant number or proportion of lone workers.

3.2   Communicating with colleagues

Lone workers were slightly less positive about being able to effectively communicate with their colleagues than with their managers. Although the majority of those in the sample said that they communicated effectively with their colleagues (Table 3.2), they noted (perhaps unsurprisingly) that this requires more effort than it would do if they were in non-lone working roles.

Table: 3.2 Lone worker views on whether communications with their colleagues are effective			
	Strongly agree/agree	**Neither agree nor disagree**	**Disagree/strongly disagree**
Qualitative consultations	70%	25%	5%
e-survey	79%	10%	11%
Total (full sample)	**77%**	**14%**	**9%**
Source: York Consulting			

Lone workers provided numerous examples of where communication with their colleagues works well. These included:

▪ short conversations during handovers (although time constraints dictate that these tend to be very functional)

▪ ad hoc (although often regular) communication between lone working colleagues via phone calls, text messages and social media

▪ doing double-up visits to client's homes.

The main issue or constraint reported by lone workers on this topic concerns the extent to which they are able to easily develop relationships, or bond with, their colleagues. For example, they spoke of it being less easy to share good practice or to learn from each other's experiences than it would be in a team-based environment. They also spoke of an absence of team spirit.

> *"I have no-one to bounce ideas off or to motivate me when things are difficult at work."*
>
> Domiciliary/home care worker

> *"A sense of teamwork is hard to achieve. I miss those chance encounters with co-workers."*
>
> Domiciliary/home care worker

The managers in the sample tended to share these views. They were typically upbeat about communications with and amongst lone workers in their organisations, but they also acknowledged that working alone is an inevitable constraining factor on the development of working relationships and the fostering of a team spirit.

> *"Our lone workers only ever get to see each other briefly. We give them phones and set up Facebook pages but I don't know how much they get used."*
>
> Registered manager – private sector adult domiciliary care

> *"This [communicating with colleagues] is one of the main downsides of lone working – there is no team dynamic and it is almost impossible to create one."*
>
> Registered manager – private sector adult domiciliary care

3.3   Planning and managing workloads

Lone workers and managers were equally positive about the implications of lone working for the effective planning and managing of workloads. As shown in Table 3.3, more than four-fifths of both samples agreed that planning and managing the workloads of lone workers in their organisation currently works effectively.

Table: 3.3: Planning and managing workloads	
	% agreeing that workload planning and management is effective
Lone workers	85%
Managers	86%
Source: York Consulting	

Lone workers and managers were asked to highlight particular approaches or processes that work well in terms of planning and managing workloads. Recognising that these are not necessarily unique to lone working/workers, they included:

▪ using apps (e.g. Rotaville) for workload planning and monitoring

▪ having a dedicated member of staff or team responsible for planning and managing lone worker workloads

▪ using caseload management tools that score clients in terms of need and risk and using those scores to match them appropriately with care and support workers

▪ planning rotas well in advance to give employees as much notice of future shifts as is possible.

> *"We have a rota app….it works well…if the rota is updated, I get a notification."*
>
> Personal assistant working for an agency

Lone workers – especially live-in carers and supported living staff – were also very positive about the autonomy that working alone enables, and the responsibility and flexibility that comes with this. In particular they cited the benefits of:

▪ being able to structure and plan their own day

▪ having less or less regular exposure to workplace tensions

▪ feeling more empowered and being more resourceful.

> *"I enjoy being able to plan my own workload and diary. It gives me great job satisfaction and ownership of my own work and enables me to prioritise tasks."*
>
> Live-in carer

Managers were once again in general agreement with the lone workers: more than four-fifths (86%) of the managers stated that lone working had positive implications for workload planning and management. When asked what works well, they cited:

- having care co-ordination teams that are responsible for workload planning (this applies mainly to larger organisations)

- regularly reviewing the workloads of lone workers, in line with changes in client needs

- assessing new clients to determine the level of need and suitability for individual lone workers.

However, they also noted some challenges from a managerial perspective, including:

- the investment of time needed to effectively induct lone workers can be, in proportionate terms, quite high given that they tend not to be based in a central location

- the day-to-day management and quality assurance of lone workers can also be more time-intensive for the same reason.

4.   Health and wellbeing

4.1   Mental health

The research uncovered mixed views on the mental health impacts of lone working, although, on average, those views tended to be less positive than they were for the other key lines of enquiry explored through the research.

At a headline level, 38% of the lone worker sample (and domiciliary care workers in particular) said that lone working had a positive impact on their mental health, 30% said it had no impact and 25% said there was a negative impact[8]. However, as shown in Table 4.1, the headline results mask notable variations in the results by research method.

Table: 4.1: Lone worker views on the impacts of lone working on mental health			
	Very positive or positive impact	Neither positive nor negative impact	Negative or very negative impact
Qualitative consultations[9]	4%	22%	51%
e-survey	51%	33%	16%
Total (full sample)	**38%**	**30%**	**25%**
Source: York Consulting			

Once again it is not immediately apparent why these differences exist, although the same possibilities apply here as discussed earlier in the report:

- the size of the qualitative consultation sample may mean that some atypical results have been generated

- it may be that some of the lone workers completing the survey responded not only from the perspective of lone working, but with other aspects of their roles also in mind.

The e-survey also explored the effects of lone working on levels of stress and feelings of loneliness and isolation. As shown in Table 4.2, in both cases the proportion of lone workers reporting a positive impact was larger than the proportion reporting a negative impact. That said, the 'positive impact' response was, in both cases, a minority view.

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[8] The remaining 7% is accounted for by 13 qualitative consultees who said they did not feel able to provide an answer.
[9] See above.

Table: 4.2: Lone worker views on the mental health impact of lone working		
	Stress	**Loneliness and isolation**
Very positive or positive impact	39%	29%
Neither positive nor negative impact	41%	47%
Negative or very negative impact	20%	24%
Source: York Consulting		

When asked to explain why lone working could have a positive effect on those categories in Table 4.2, the lone workers (and domiciliary care workers especially) typically identified one or more of three main factors:

▪ working alone can help them to feel calmer and more relaxed. For some lone workers, this is because they prefer not to be in team or office-based environments and feel happier when they are able to work with clients on a one-to-one basis

▪ closely related to the above, lone workers report that they enjoy working in an environment that typically involves fewer workplace tensions and conflicts

▪ lone working, and the responsibilities and (in certain roles) autonomy that it carries, can be a catalyst or driver for improved self-confidence and self-esteem.

> *"It is easier for me as there are no workplace tensions; no dynamics with colleagues that need managing."*
>
> Domiciliary/home care worker

The challenges raised by lone workers regarding mental health, stress and isolation included:

▪ it can be less easy for lone workers to discuss issues or just have general catch-up conversations with their colleagues. The significance of this is said to come to the fore when lone workers are facing emotionally challenging or traumatic workplace situations

▪ increased levels of stress can occur through lone workers feeling the burden of decision-making and not having colleagues present with whom to discuss different options or courses of action

▪ the feeling – for live-in carers especially – of being somewhat 'penned in' within a client's home and it being difficult to relax as a result. This appears to be more of an issue for lone workers in rural areas who report having fewer socialising opportunities when they are not at work.

> *"I find the lack of contact with other staff in the company has a negative effect on my personal wellbeing. It's sometimes frustrating to not have people to chat to and open up with."*
>
> Supported living worker

Concerns over mental health and wellbeing appear to be more prevalent amongst the managers who contributed to the research than the lone workers themselves. For example:

- Half the 22 managers who took part in a qualitative consultation said they observe mental health issues amongst lone workers more often than amongst non-lone workers.

- Two thirds of the managers who responded to the e-survey stated that mental health concerns were a challenge of employing lone workers, while three quarters stated that, in their experience, mental health and wellbeing issues were more likely to occur amongst lone workers than non-lone workers.

- Two thirds of the managers in the survey sample also stated that stress amongst lone workers was a challenge. More than half of these managers said that working alone is a major contributory factor to that stress.

Managers reported that mental health issues can escalate more quickly and remain unresolved for longer amongst lone workers, in part because they are often less 'visible' to the employing organisation. Lone workers, as opposed to non-lone workers, will also often have fewer opportunities to share pressures and concerns, which in turn can lead to a build-up of stress.

> *"Lone workers can have less opportunity to share pressures and can feel they carry sole responsibility for a client's health and wellbeing."*
>
> Area manager – voluntary/third sector adult community care

> *"Lone working staff are more likely to internalise problems. This causes stress and exhaustion to develop as they do not have others around them to rally."*
>
> Registered manager – private sector adult domiciliary care

Here, as elsewhere, it is not immediately evident why the views of managers would differ from those of lone workers. It may be because managers are more alert to, or give more regular consideration to, the potential mental health effects of lone working, be that through personal experience or with staffing/resource considerations in mind. Alternatively, it may that managers are more concerned because they typically find out about mental health issues amongst lone working staff at a later or more advanced stage than with non-lone working staff.

4.2 Physical health

As with mental health, the headline message on the physical health impacts of lone working masks a notable difference between the survey and consultation results (Table 4.3). Whilst 43% of lone workers who completed the e-survey stated that lone working has a positive impact on their physical health, none of the qualitative consultees did so. The qualitative consultees were more likely to cite negative impacts, including fatigue and issues arising from lifting and handling.

Table: 4.3 Lone worker views on the impacts of lone working on physical health			
	Very positive or positive impact	Neither positive nor negative impact	Negative or very negative impact
Qualitative consultations	0%	80%	20%
e-survey	43%	40%	17%
Total (full sample)	**32%**	**50%**	**18%**
Source: York Consulting			

> *"Long hours can become exhausting physically and mentally. If I need a break I have to keep going because there is no-one else to take over."*
>
> Supported living worker

The consensus amongst managers was that although physical health problems can, and do, occur amongst lone workers, they are no more prevalent than amongst non-lone working staff.

4.3 Absenteeism

Managers taking part in the study were asked for their views on absenteeism amongst lone workers. In response, three-fifths (60%) said that absenteeism was a challenge of employing lone workers. Half of these managers also said that absenteeism was more of an issue amongst lone workers than non-lone workers[10]. Issues cited in their feedback include:

- In team-based roles, the tasks or workload of an absent member of staff can often be covered by other team members each taking on a small amount of extra work. That is far less possible in the case of lone worker absence, where, commonly, the employer has to arrange one-for-one replacement cover, often at short notice.

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[10] It should, however, be noted that respondents working in organisations where a high proportion of staff work alone may be more predisposed to answering in that way than respondents in organisations with relatively few lone workers.

- The above can prevent some lone workers from making a phased return or resuming some of their responsibilities whilst they are still recovering, even if they would like to.

4.4 Presenteeism[11]

Across the full sample of managers, just under a third reported presenteeism to be a challenge of employing lone workers. However, differences exist across the two sub-samples:

- within the qualitative consultations, only two of the 22 managers said that presenteeism in their organisation was more of an issue amongst lone workers than non-lone workers

- in the e-survey, 30% of managers responded in this way.

Managers suggested that presenteeism amongst lone workers can be caused by a feeling that clients are solely reliant upon the lone worker for care and support, coupled with the strong sense of duty and/or the compassionate relationship that has been developed through working alone with a client.

> *"Staff who work alone are more likely to continue working when they should rest, due to the responsibility that they shoulder for the wellbeing of clients."*
>
> Operations manager – private sector adult domiciliary care

4.5 Personal safety

Lone workers and managers offered differing views on the impact of lone working on personal safety:

- nearly three quarters (74%) of managers cited personal safety as a negative consequence of lone working. Those in the qualitative consultation sample were slightly more likely to say this than those in the survey sample

- just under two-fifths (38%) of lone workers said that lone working had a negative impact on their personal safety, whilst 26% said it had a positive impact. However, this masks a significant difference between those consulted on the telephone and those completing the e-survey (Table 4.4).

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[11] Presenteeism occurs when employees attend work when they are unwell.

Table: 4.4: Views on personal safety	% who felt that personal safety was a negative impact/challenge for lone workers
Lone worker qualitative consultations	80%
Lone worker survey	24%[12]
Manager qualitative consultations	82%
Manager survey	73%
Source: York Consulting	

The key challenges or risks raised in relation to personal safety were:

▪ travelling to different locations alone, especially at night

▪ poor mobile phone signals meaning that lone workers may be unable to contact managers or colleagues in the event of an emergency or when they need prompt advice or assistance

▪ not having colleagues on hand to assist should they be exposed to volatile or unpredictable behaviour. Less experienced staff were more likely to report issues of this nature – and indeed issues relating to personal safety per se – than those with more lone working experience.

> *"It can sometimes feel a bit unsafe in some areas when it is dark, the weather is bad and you are driving long distances."*
>
> Domiciliary care/home care worker

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[12] 39% felt that lone working had a neither positive nor negative impact and 36% felt that it had a positive impact.

5. Support currently available to lone workers

5.1 Introduction

The majority (64%) of managers in the research sample identified at least one way in which they seek to support the wellbeing and mental health of their lone workers. A further 10% said that while they don't overtly do this now, they intend to in the near future.

Examples of current approaches are provided below. The first three are specific or tailored to lone workers, whereas the final one is typically organisation-wide:

- **Carer liaison officers:** staff in this role act as a point of contact for lone workers and support them via ad hoc conversations/catch-ups as well as through more formal business processes. The general consensus amongst managers and lone workers was that having this role in place can help with the early identification of mental health issues amongst lone workers, leading to earlier intervention.

- **Matching of lone workers to clients:** managers acknowledged the importance of trying to match lone workers with clients that have similar personalities and/or interests. Whilst of course this is not always possible, it is said to help mitigate the risk of loneliness and isolation becoming significant issues for lone workers.

- **Support to deal with difficult events:** where a client dies, or becomes seriously ill, some employers offer lone workers the opportunity to discuss their feelings with a psychologist or other mental health practitioner.

- **Employee assistance programmes (EAP)[13]:** EAPs are very common in the larger organisations represented in the sample, although very few of the lone workers had used them. Lone workers tended to say that they had "just not needed to" rather than citing any particular barriers or concerns. However, they reported feeling reassured by the fact that EAPs were available.

Lone workers in the sample welcome and value the mental health support that is available to them. More than two-thirds said it is working well (Table 5.1), with supported living staff being particularly complimentary. Four-fifths of the managers in the sample agreed that their current approaches are effective.

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[13] These confidential, external helplines provide a range of support for employees, for example counselling.

Table: 5.1: Views on the mental health support currently available to lone workers	
	Lone workers (full sample)
Works well	70%
Works neither well nor not well	16%
Does not work well	14%
Total	**100%**
Source: York Consulting	

> *"They understand that our mental health is as important as our physical health."*
>
> Domiciliary/home care workers

> *"When a person has passed away, they [the company] will support you. It's like a blanket has been wrapped around you."*
>
> Domiciliary/home care worker

Nonetheless, the feedback was not unanimously positive. For example, a small proportion of lone workers said that whilst, officially, mental health support was provided by their employer, to them it felt like little more than *"a tick-box exercise"*.

5.2   Physical health

It was rare for lone workers and managers to identify aspects of physical health support that are made available *specifically because* staff work alone. That is not to suggest a paucity of physical health support within the organisations represented in the sample, but rather that it is not lone worker specific.

The examples that were provided included the following:

- undertaking risk assessments for lone working settings/roles
- doubling-up on client visits if certain physical aspects of a role cannot be safely completed by one person
- ensuring that lone workers complete training relating to physical aspects of their roles (e.g. lifting and handling)
- making prompt referrals to occupational health if physical health problems arise.

The general message from lone workers and managers was that the above are largely fit for purpose. Nothing in the feedback suggests any overt dissatisfaction or prominent gaps.

5.3   Personal safety

Lone workers (particularly supported living staff) and managers identified the following approaches through which the personal safety of lone workers is supported and protected:

- mobile phones supplied by the employing organisation including, in a small number of cases, functionality that enables them to access specialist support in the case of an emergency

- panic alarms, torches and first aid kits, again supplied by the employer

- processes and systems for lone workers to clock in and out of each home or care setting that they visit

- GPS tracking devices such that the lone workers' locations are known (this was much less common than the approaches outlined above).

Despite the above, and despite the overall message still generally being a strong one (Table 5.2), the topic of personal safety generally attracted less positive feedback from lone workers than the other main lines of enquiry covered by the research. This appears to have been influenced by:

- poor mobile and internet signals in some areas/locations, limiting the effectiveness of technology-based approaches (e.g. apps) and, more significantly, limiting the lone workers' ability to contact colleagues or managers in the event of emergencies

- a view from managers that lone workers can, on occasion, forget to adhere to agreed processes (e.g. clocking in and out) which can create uncertainty as to their location and safety.

Table: 5.2: Views on the personal safety support currently available to lone workers	
	Lone workers (full sample)
Works well	69%
Neither well nor not well	16%
Does not work well	15%
Total	**100%**
Source: York Consulting	

5.4 Communication and management

Information sharing

The research identified three main channels through which employers seek to promote the effective sharing of information with, and amongst, lone workers:

- **Events at which lone workers can meet senior management:** these sessions – sometimes in the form of 'CEO lunches' or equivalent – serve a number of purposes, including helping to make lone workers feel valued and giving them the opportunity to share their experiences, concerns and suggestions with senior decision-makers in their organisations. There are also benefits from a managerial or organisational perspective as they act as a useful way of gathering staff feedback in greater detail and with more insight than is typically available through all-staff surveys.

- **Staff intranets or equivalent:** cited most regularly by those who work in larger organisations, these were praised for the speed and simplicity of access that they give lone workers to important policies, procedures and guidance documents.

- **Updates on organisational activity:** these most commonly take the form of weekly or monthly email circulars.

> *"Monthly newsletters are a great way of us sharing good practice and good things that have happened e.g. a client's 100th birthday. It keeps us in the loop."*
>
> Domiciliary/home care worker

> *"It is important to have good communication with up to date information, as clients' needs change and different situations develop which must be passed on to all of the team members involved."*
>
> Registered manager – adult residential care, private sector

Other approaches to information sharing (which in some cases have direct links to team building) cited through the research included:

- face-to-face meetings and drop-in sessions

- 'local guides' developed by lone workers for new starters or those that are less familiar with the local area. These might include tips on where to go for lunch, cheap parking or a nice place to go for a drink after work

- extended handover periods, allowing for more detailed discussions on clients' needs and conditions.

Lone workers were generally very positive on this topic (Table 5.3). The same is true of managers, although they did question the extent to which circular emails are read by the recipients.

Table: 5.3: Views on the 'information sharing' support currently available to lone workers	
	Lone workers (full sample)
Works well	70%
Neither well nor not well	20%
Does not work well	10%
Total	**100%**
Source: York Consulting	

5.5   Supervision and support

Those within the research sample identified three main ways that organisations are providing supervision and support to lone workers:

- **Face-to-face reviews or catch-ups:** most commonly undertaken on a four to eight-week basis, these were said to effectively complement the more regular and more ad hoc telephone communication that takes place.

- **Employee engagement:** this involves providing opportunities for lone workers to feed back to management via staff surveys or councils. Managers of smaller organisations in the sample were more positive about their effectiveness and impact than those in larger organisations.

- **Carer liaison officers:** as previously covered under 'Mental health'.

> *"We have a culture of communication which filters down from the top."*
>
> Manager – adult domiciliary care, private sector

Managers and lone workers were generally very upbeat about supervision and support: 75% of lone workers and more than 90% of the managers stated their current arrangements work well.

5.6   Out-of-hours phone support

The managers in the research sample agreed unanimously that out-of-hours telephone support is available to lone workers in their organisation. They were also very positive about how well it works: 91% said it was either effective or very effective.

Lone workers provided more mixed feedback, although in more cases than not said that it works well (Table 5.4).

Table: 5.4: Views on the out-of-hours support currently available to lone workers		
	% of lone workers (full sample)	**% of managers (full sample)**
Works well	63%	91%
Neither well nor not well	23%	6%
Does not work well	14%	3%
Total	**100%**	**100%**
Source: York Consulting		

The reasons behind the lone worker feedback being, overall, less positive than the manager feedback appears to stem from the following:

- some lone workers said they are not sure who to contact in the case of an out-of-hours emergency

- there was a sense that whilst out-of-hours support exists, it can sometimes be staffed by people who are less well-informed, particularly around individual client needs, than those who provide support during more conventional hours

- in some organisations, response times to calls to out-of-hours helplines can reportedly be slower than the lone workers would like.

5.7 Learning and development

Four-fifths (80%) of lone workers in the research sample agreed that the training and development support/opportunities offered to them by their employers were effective. In particular they praised:

- **Shadowing and buddy systems:** examples were provided of where, during the early weeks of a new lone worker being in post, they accompany more experienced colleagues on their shifts in a shadowing or buddying capacity.

- **Training:** lone workers regularly spoke of the training and development opportunities that they can access, and how this not only helps with skills development but (where it is not e-learning) also helps them in getting to know other staff in the organisation.

> *"Training gives me the confidence to make the correct decisions."*
>
> Domiciliary/home care worker

5.8   Additional employer support that would be beneficial

The research uncovered little by way of demand or appetite amongst lone workers to receive additional support from their managers/employers. In fact, 80% of the lone workers stated that they do not currently need any additional support. The only common theme in the feedback from those lone workers who would like additional support was to have more opportunities to meet and share learning/experiences face-to-face with other lone working colleagues. Recognising there may be some practical challenges, suggestions included more regular team meetings/events and coffee mornings or social sessions for lone workers.

6. Demand for new resources

6.1 Summary analysis

This research study has sought to explore the need/demand for new resources to help (better) support lone workers in adult social care. 'Resources' in this context could include guidance materials, top-tips or examples of best practice. It does not mean financial resources e.g. wage increases.

The headline message is that the research uncovered only modest demand amongst lone workers but greater demand amongst managers:

- 27% of lone workers said that one or more new resources would be useful, while 73% said they had no requirements

- 64% of managers would like one or more new resources, compared with 36% who would not.

It is important here to note that the majority of lone workers and managers reported having only a limited knowledge of any relevant resources that are already available publicly. It is therefore possible that where the sub-sections below identify a demand for 'new' resources, it might actually be more appropriate to increase the promotion and circulation of a resource that already exists.

In addition, even where lone workers and managers said that additional resources would be useful, they were often unable (or chose not) to offer any further detail in terms of the specific subject focus or preferred format. This obviously limits both the breadth and depth of what follows in this chapter.

6.2 "General good practice"

Just under a fifth (17%) of lone workers and 56% of managers in the research sample stated that resources highlighting "general good practice" in the employment of lone workers and the effective delivery of lone working roles would be useful. When pressed for detail, the following suggestions/topics were offered:

- mechanisms to share employment/workplace policies and procedures across organisations where they have proven to be effective

- a 'lone worker/working support repository' – potentially including the policies and procedures cited above – containing top-tips and checklists on lone working

- the routine inclusion of lone working considerations, risks and good practice within staff inductions, regardless of organisation size.

6.3   Personal safety

Over half (52%) the managers in the sample stated that they would welcome additional information and guidance on the best (and most cost effective) means of tracking the physical whereabouts of lone workers. Note that the managers appeared very clearly to be suggesting this in order that they might find more effective means of identifying possible risks to the physical safety of their lone workers. There was no indication in their feedback of any other motives.

Amongst the 19% of lone workers who said that additional resources on personal safety would be useful, the only common theme was to have a factsheet or top-tips guides to help them minimise risks and respond appropriately in the event of an unsafe situation developing.

6.4   Mental health and wellbeing

Whilst the lone workers in the sample generally agreed that their managers/employers take mental health support seriously, some suggestions were made (and were echoed by managers) that they do so with only partial knowledge of what is a fast-changing landscape. As such, a small number of recommendations were made for:

- signposting information (for both lone workers and managers) to specialist mental health support, including how to access external counselling

- managers making lone workers more aware of online resources to better support emotional health and wellbeing, for example mindfulness apps

- top-tips on promoting self-care and minimising loneliness and isolation.

6.5   Format

Amongst both lone workers and managers, there was a slight leaning towards new resources and materials being available digitally as a default, although the importance of accessibility – and, within that, hard copy formats – was also raised. The need for clear language that can be understood by recipients in a range of different lone working roles was also stressed.

7. Recommendations

7.1   Job satisfaction and staff turnover

The research findings highlight a difference in views between lone workers and managers on the topics of job satisfaction and turnover. In the main, lone workers were more positive on both of those topics. Or, put another way, managers appeared to be more concerned.

Skills for Care could therefore consider encouraging employers to gather more, and more regular, information about the job satisfaction of their lone workers, the aim being to reduce or remove completely this disparity in views. Suggestions, based on feedback provided during the research, are provided below.

Examples of practice for gathering lone worker views

- Staff surveys

- Employee forums[14]

- Events (e.g. lunch sessions) where lone workers can meet and provide feedback to senior managers

- Exploring the impacts of lone working on job satisfaction through line management meetings

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Employers could also be encouraged to actively *promote* lone working as a positive feature or benefit of a role. This fits well with the research finding that some, and potentially many, lone workers very much prefer and enjoy working alone compared with working in more of a team-based environment.

7.2   Communication

The importance and impact of effective communication between lone workers and managers, and between lone workers themselves, emerged as a common theme in the research findings. Although feedback around communication with managers was positive, lone workers reported finding it more difficult to communicate with their colleagues. With this in mind, Skills for Care is encouraged to promote the approaches/practice listed below across the adult social care sector. All of these attracted very positive feedback in the research.

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[14] Where staff meet to discuss policies and procedures and provides a formal avenue for communication between senior managers and employees.

> **Examples of approaches to effective communication**
>
> - Ensuring that prompt, effective and easily accessible out-of-hours support is available to all lone workers.
>
> - Ensuring that lone workers are clear on who their senior contacts are, and the escalation procedures they should follow, during both conventional working hours and out-of-hours shifts.
>
> - Exploring opportunities for lone workers within the same organisation to meet on a periodic basis, e.g. through full-team meetings, coffee mornings or social sessions.
>
> - Explore opportunities for staff to be able to meet each other to share good practice and learning, e.g. shadowing shifts and face-to-face training sessions. For organisations of a size where this is possible – establishing staff intranets or equivalent that provide lone workers with quick and simple remote access to company policies, procedures and guidance documents.
>
> - More generally, making concerted efforts to liaise regularly with lone workers and remaining conscious of the fact that they may not be as privy to company news or developments as those with a more permanent base.

7.3   Mental health

Managers in the research sample typically expressed greater concern about the mental health impacts of lone working than lone workers themselves. The approaches recommended under 'Job satisfaction and turnover' earlier in this section have the potential to facilitate a more regular dialogue on this topic and may lead to the earlier identification – and therefore enable an earlier response to – issues regarding the mental health and wellbeing of lone workers.

Carer liaison officers and ensuring that support is in place to help lone workers dealing with difficult events also generated positive feedback (and are explained in more detail in Chapter 5).

7.4   Personal safety

Concerns were expressed by both lone workers and managers about the personal safety risks of working alone. In particular, it is important for employers and lone workers in the sector to recognise that technology-driven solutions to monitor the location and safety of lone workers are not always effective, especially in rural areas where mobile/internet coverage remains inconsistent.

7.5   Cascading 'top tips' to the sector

Summarised below[15], this research has identified an array of approaches and actions that appear to be useful and effective in the context of employing lone workers and/or working alone. Many of these are operational and do not require employers to commit large amounts of either time or money to implement them. Skills for Care could usefully draw these together into a 'top tips' document or webpage and promote it through its e-newsletter, social media and network of regional managers.

Potential 'top tips' to be promoted by Skills for Care

- Actively promote lone working as a positive feature or benefit of a role or vacancy.

- Ensure that escalation procedures are clear and understood by lone workers and that good quality out-of-hours support is available.

- Ensure that managers remain approachable and respond as promptly to queries/issues raised by lone/remote workers as to those raised by centrally based staff.

- Provide opportunities for lone workers to meet face-to-face with colleagues and managers on a periodic basis.

- Review work/workload planning approaches in the light of technology-based solutions that are now available, e.g. apps and caseload management tools.

- Consider staff surveys, forums and councils as mechanisms for gathering feedback on lone working and its consequences/impacts.

- Ensure that lone workers remain up to date and informed on how to minimise risks to personal safety. Recognise also that technology-driven solutions are not always effective in areas where mobile/internet coverage is inconsistent.

- Acknowledge the importance and potential benefits of trying, where possible, to match lone workers with clients that have similar personalities and/or interests.

- Offer emotional support to lone workers to help them deal with difficult work-related episodes, e.g. a client dying.

- Provide updates on company activity via regular updates, recognising that lone workers may not be as privy to company news or developments as those with a more permanent base.

- Encourage experienced lone workers to develop 'local guides' for new colleagues to help with practical, day-to-day aspects of lone working roles.

- Promote existing mental health support, both company specific (where it exists) and information/resources available publicly.

---

[15] Some of the suggestions naturally repeat the recommendations made earlier in this chapter.

Research into lone working in adult social care

Appendix A: sample details

Lone workers: qualitative consultation sample

Table A.1: Lone worker qualitative consultation sample by role		
	Lone workers (n=45)	Percent
Domiciliary/home care worker	25	56%
Supported living staff	16	36%
Overnight worker (sleep-in or awake)	4	9%
Source: York Consulting		

Table A.2: Lone worker qualitative consultation sample by length of time as a lone worker		
	Lone workers (n=55)	Percent
Less than one year	10	18%
1-5 years	35	64%
6-10 years	4	7%
11-15 years	2	4%
16-20 years	2	4%
More than 20 years	2	4%
Source: York Consulting. Percentages do not sum to 100% due to rounding.		

Managers: qualitative consultation sample

Table A.3: Manager qualitative consultation sample by service area		
	Managers (n=20)	Percent
Adult domiciliary care	11	55%
Adult community care	6	30%
Adult residential care	3	15%
Source: York Consulting		

Lone workers: e-survey sample

Table A.4: Lone worker e-survey sample by role	Lone workers (n=148)	Percent
Domiciliary/home care worker	90	61%
Supported living staff	37	25%
PA	7	5%
Driver	2	1%
Overnight worker (sleep-in or awake)	2	1%
Other	10	7%
Source: York Consulting		

Table A.5: Lone workers e-survey sample by length of time as a lone worker	e-survey sample (n=148)	Percent
Less than one year	17	11%
1-5 years	52	35%
6-10 years	35	24%
11-15 years	24	16%
16-20 years	12	8%
More than 20 years	8	5%
Source: York Consulting. Percentages do not sum to 100% due to rounding.		

Managers: e-survey sample

Table A.6: Manager e-survey sample by service area	Managers (n=125)	Percent
Adult domiciliary care	80	64%
Adult community care	18	14%
Adult residential care	17	14%
Other	10	8%
Source: York Consulting		

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