The Adult Social Care workforce and their work-related quality of life

Wave 1 technical report

Contents

1 Introduction

This technical report provides details of the first wave of an online survey exploring the experiences of people working in adult social care (ASC) in England. The survey was commissioned by the Department of Health and Social Care (DHSC) and conducted by Ipsos in partnership with Skills for Care and University of Kent. The project was developed with the guidance and support of an Expert Reference Group (ERG), which comprised of senior stakeholders from the ASC sector.

This report outlines the technical details on how survey fieldwork was conducted, and how data processing and analysis were carried out. It also includes the findings from psychometric testing of the ASCOT-Workforce measure, and the full questionnaire.

1.1 Methodology

Survey design

The survey was developed over several months from January 2023. The design phase began with a rapid evidence review of existing measures of subjective wellbeing and Work-Related Quality of Life (WRQoL). A new measure of care-work related quality of life (CWRQoL), specific to the ASC sector and forming part of the ASCOT suite of measures was developed by University of Kent. This involved focus groups to test and refine ASCOT-Workforce domains, and cognitive interviews to test key questions with the ASC workforce. The overall questionnaire was then designed in collaboration with University of Kent and Skills for Care.

Pilot survey

Ahead of launching mainstage fieldwork, a small-scale pilot in two regions of England was conducted between 1 and 7 August 2023 to identify any potential issues. It achieved 110 responses. Analysis of the pilot data focused on:

- Fieldwork outcomes and dropouts.

- Survey length.

- Level of response for the answer options 'Don't know', 'Prefer not to say' and 'Other, please specify'.

- Achieved sample profile based on pre-determined quotas.

- Permission for linking survey responses with the Adult Social Care Workforce Data Set (ASC-WDS).

Overall, the analysis of the pilot outcomes was reassuring. The number and proportion of dropouts at different points in the survey did not indicate any major issues with the different sections of the survey. In addition, the pilot achieved a good demographic spread and helped to identify harder to reach groups.

Based on the findings from the pilot survey, the following changes were made ahead of the mainstage survey:

1. The introduction to the survey was reviewed to ensure that it clearly conveyed the importance of the survey to participants. This would help minimise dropouts at the introduction stage.

2. The order of the ASCOT-Workforce and Van Laar WRQoL sections were alternated for half of the sample. This meant that half of the participants would complete the Van Laar WRQoL section

followed by ASCOT-Workforce, while the other half would complete ASCOT-Workforce followed by Van Laar WRQoL. This was to help mitigate the impact of the repetition between these two sections and to determine if one section had a higher dropout rate than the other, regardless of the order.

3. An additional message was included between the Van Laar WRQoL and ASCOT-Workforce sections to warn participants that the upcoming section would cover similar topics as the previous one and explained why this was the case.

4. Some codes were added, clarified or tweaked to help reduce the number of 'other please specify' responses that would require coding.

Mainstage survey

The mainstage survey was launched on 17 August 2023 and closed on 20 October 2023 (9 weeks). All eligible survey responses received during this time are included in the results (7,133) together with the 110 pilot cases, resulting in a total sample size of 7,243. Data from the pilot and mainstage were checked at the end of fieldwork, which identified ten cases who worked in children's social care rather than ASC. This resulted in a dataset for analysis of 7,233.

The survey covered the following measures and topics:

▪ Screening questions to ascertain eligibility for the survey and quota information.

▪ Van Laar measure, which is an existing robust and validated measure of WRQoL.

▪ The ASCOT-Workforce measure, which is a care work-related quality of life (CWRQoL) of the adult social care workforce based on ASCOT principles.

▪ ONS wellbeing measure.

▪ Number of hours contracted to work per week, paid and unpaid overtime, burnout, learning and personal development, harassment/bullying/abuse, intention to leave the workforce.

▪ Permission for data linking with employer data from ASC-WDS.

▪ Demographics. This included some questions to identify members of the workforce who have come from abroad and/or are working on a health and care visa, with the aim to look at equality issues between them and members of the workforce who are UK citizens.

▪ Permission for recontact for wave 2.

The final questionnaire is included in the appendix of this report.

As there is no sample frame for the ASC workforce in England, the survey was designed to be completed online using an open link which was widely disseminated to the sector through Skills for Care networks. A telephone mode was made available for those who preferred or were unable to complete the survey online. Only one response was completed by phone.

Further details about the survey design can be found in the main research report.

1.2   Survey development

Focus groups

Focus groups were held with the ASC workforce to help understand what factors participants felt were important to work-related quality of life and what should be included in a survey about workforce wellbeing. The findings from the focus groups informed the design of the survey and what messages were communicated to the sector to encourage people to take part.

Three focus groups were conducted via Microsoft Teams with members of the ASC workforce between 4 and 6 April 2023. The focus groups lasted approximately 90 minutes.

Participants were recruited by Skills for Care to reflect the diversity of the social care workforce (e.g. age, gender, ethnicity, role/profession, tenure). The focus groups were moderated by Ipsos.

Participants were split into three groupings based on their role/profession. The achieved sample of these focus groups were:

- Focus Group 1: four participants from registered managerial roles working in residential and home care settings.

- Focus Group 2: six participants from care workers/ personal assistant roles working in different settings.

- Focus Group 3: six participants from nursing, social worker and occupational therapist roles working in adult social care.

Most participants had worked for many years in the sector and the sample under-represented those who had been working in adult social care for less than two years.

Participants were asked about the aspects of their work that impact positively and negatively on their quality of life. The concepts and examples the research team used to describe positive and negative aspects of quality of life (in relation to working in adult social care) resonated with the workforce. They were then presented with the proposed ASCOT-Workforce domains. These were found to be relevant and meaningful to participants and specific feedback on terminology and understanding was used to refine and improve them.

Participants were also asked about their willingness to have their survey responses linked with workplace level data from the ASC-WDS and what information they would need to in order to make a decision about this. Based on this feedback data linkage questions were developed for the survey.

Participants expressed a willingness to take part in the survey but indicated the importance of understanding what value and impact the survey would have for the workforce.

Cognitive interviews

Two rounds of cognitive interviews were carried out to test the proposed ASCOT-Workforce questions as well as some other key questions such as job role and setting, harassment and bullying, and intention to leave their role. Interviews lasting up to 60 minutes were conducted by Ipsos via Microsoft Teams or telephone, with participants from the adult social care workforce.

Round one: 11 cognitive interviews between 31 May and 9 June 2023.

Round two: 11 cognitive interviews between 21st June and 5th July 2023.

Participants were recruited by a recruitment agency to reflect the diversity of the social care workforce (e.g., age, gender, ethnicity, role/profession, tenure). All participants were citizens of the United Kingdom.

Participants worked in a range of roles in adult social care including nursing, occupational therapy, registered management, social work and personal assistance. They worked across various settings and varying sized organisations. Around half of the participants were experienced in their roles, with 12 across both rounds having worked in the sector for five years or more, while seven participants had worked in the sector for up to two years.

Following round one and discussion with the ERG, the questions were adjusted prior to the second round of testing.

The main findings from the focus groups and cognitive interviews which informed the design of the questionnaire included:

Safety: There were different interpretations of safety across the groups. For example, care workers working with people with challenging behaviours were most focused on personal safety from clients (e.g. getting abused on the job). In contrast, nurses, social workers and occupational therapists first described safety as feeling secure in their role and safe to challenge work practices or raise issues. We therefore added a follow up question asking about aspects of safety which most negatively impacted participants.

Time to care: Participants interpreted this ASCOT domain differently depending on their role. Those working in caring roles understood it as having time to deliver care to clients and give them undivided attention while caring. In contrast, social workers, nurses and occupational therapists interpreted this as having time to manage their workload. The definition of this domain was broadened to include both interpretations of the domain.

Autonomy: Participants were unsure of how to define autonomy and could be open to different interpretations. To avoid confusion, we amended the wording for this domain to 'freedom and independence' which was better understood by the workforce.

Demographic questions: In the cognitive interviews participants said they would not be comfortable answering questions about pregnancy and maternity. Pregnancy and maternity are a protected characteristic and this question was originally included for equality analysis. Participants did not see why this information was relevant to DHSC and found the question intrusive. For this reason we removed the question on pregnancy and maternity from the questionnaire.

2 Survey fieldwork

This chapter outlines the approach to fieldwork, this includes how the survey was disseminated across the ASC workforce, the quotas set and quality control procedures in place to ensure only genuine responses were analysed.

2.1 Survey dissemination

Dissemination of the survey invitation and link was managed by Skills for Care, a specialist organisation focused on the development of the ASC workforce in England. They work with employers, government and other sector organisations to ensure the ASC workforce has the right people, skills and support required to deliver the highest quality care.

Skills for Care distributed the survey invitation through a small number of core messages and calls to action, across direct communication channels, and promotion through trusted partners. Examples of core messages included:

- ▪ 'Have your say in the first national Government survey of the adult social care workforce'.

- ▪ 'Tell the Government what is needed to make social care a better place to work'.

- ▪ 'The Government has launched the first major national survey of all care workers in all care roles in adult social care in England, including personal assistants'.

- ▪ 'Share the survey with your colleagues and encourage them to respond. Use our communications resources to help spread the word'.

That core messaging took account of the fact that the collective efforts of Skills for Care and their partners relied on a combination of direct and proxy communications to reach frontline workers. Skills for Care also published a press release about the launch of the survey, and provided a set of communication resources for partners, including infographics to use. DHSC also published a blog with information about the purpose of the survey and how it will inform policy development in the future (https://socialcare.blog.gov.uk/2023/09/21/take-the-adult-social-care-workforce-wellbeing-survey/).

Skills for Care used their contact relationship management (CRM) system, fortnightly E-newsletter (over 29,000 contacts), and special interest newsletters, to send communications targeted at different audience segments via email. This was complimented by work through local, regional and national relationships with ASC employers and stakeholders to engage the workforce, as well as the use of social media.

Following an initial wide-scale launch, Skills for Care were able to select channels for repeat or enhanced communication where a greater number of survey responses was required. Similarly, where quotas were met, Skills for Care withdrew messaging – helping to ensure contacts only receive communications when and where necessary.

In regard to involving partners, Skills for Care undertook an early mapping exercise to identify the most relevant partners (e.g., providing additional reach to one or more key audiences), as well as employing a robust stakeholder management approach. That stakeholder management activity meant that partners understood, and were supportive of the survey, ahead of launch. It also ensured they identified the

communication channels they would use, and the nature and frequency of these, ahead of the fieldwork launch.

As with Skills for Care's own communication channels, following an initial wide-scale launch, Skills for Care worked closely with stakeholders to manage further communications based on the live tracking of responses, managed by Ipsos.

2.2   Quotas and sampling

There is no existing sample frame for the ASC workforce in England. To determine the quotas for the survey, Ipsos worked with Skills for Care and University to Kent to design quotas based on ASC-WDS data. These quotas were agreed with DHSC, the consortium and the ERG. Quotas were set by:

- Job role.

- Service type.

- Employer type.

- Gender.

- Age.

- Ethnicity.

- Region.

Although the sample was designed to be representative of the ASC workforce, where specific groups in the workforce are small, quotas larger than their representation in the population were set. This was to ensure there would be sufficient cases in these sub-groups for analysis purposes. These groups included:

- Professional roles (social workers, occupational therapists, nurses or nursing assistants working in ASC), personal assistants.

- People working for a day centre or providing community care.

- People employed by a local authority or an individual employer using direct payments.

- People aged under 25.

- People from ethnic minority backgrounds.

Table 2.1 outlines the quotas set for the survey. Please note that when originally designed it was expected Ipsos would receive 3,000 responses in total, therefore the quotas were based on these numbers. For reference the table shows the quota percentages so they can be compared with the population profile. The sample was designed based on the ASC-WDS 2021-22 figures available at that time. The population profile shown in the table below is based on more up-to-date 2022-23 data which had been published by the time of reporting. Differences between the quota profile and the population profile reflect oversampling of smaller groups and evolution in the profile of the workforce between 2021-22 and 2022-23.

Oversampling was required for analysis purposes, with some groups intentionally oversampled to achieve large enough unweighted base sizes for sub-group analysis. For example, social workers only represent 1% of the adult social care workforce (column 'population profile' in table 2.1). If quotas for social workers had been set in line with the population profile, the survey would have aimed for only 30 responses from social workers out of 3000 responses, which would not have been enough to analyse findings for this job role and to draw comparisons between this and other job roles. Over quotas were set with the aim to achieve 200 responses from social workers (column 'quota number' in table 2.1), out of the target of 3000 responses, i.e. 7% of the target number of responses (column 'quotas set').

Quotas were closely monitored during the survey and Skills for Care's dissemination efforts were adjusted accordingly as fieldwork progressed. However, given the enthusiastic response from the sector, DHSC decided to keep the fieldwork open beyond 3,000 responses and accept all valid responses, even for quotas targets that were already met. The achieved sample profile and weighting approach are provided in chapter 3.

Table 2.1: Sample quotas compared with population profile

Job Role	Quota number	Quota set %	Population profile %
Direct Care	1,600	53%	76%
Managerial supervisory general	150	5%	5%
Registered managers	250	8%	2%
Social worker	200	7%	1%
Occupational therapist	200	7%	1%
Nurse/ nursing associate	200	7%	2%
Other	400	13%	13%
Job setting	**Quota number**	**Quota set %**	**Population profile %**
Residential nursing home	450	15%	17%
Residential care home (not nursing)	650	22%	19%
Day service	200	7%	2%
Domiciliary care	1,100	37%	43%
Community (support and outreach, LA services, reablement)	400	13%	14%
Other/ multiple services	200	7%	5%

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Employer	Quota number	Quota set %	Population profile %
Local authority or other	400	13%	7%
Independent	2,200	73%	79%
Individual employer	400	13%	8%
Other	No quota	No quota	7%
Age	**Quota number**	**Quota set %**	**Population profile %**
Under 25	400	13%	8%
25 to 54	1,800	60%	63%
55 and over	800	27%	29%
Gender	**Quota number**	**Quota set %**	**Population profile %**
Female	2,400	80%	81%
Male	600	20%	19%
Ethnicity	**Quota number**	**Quota set %**	**Population profile %**
White	2,100	70%	74%
Other Ethnicity or unknown	900	30%	26%
Region	**Quota number**	**Quota set %**	**Population profile %**
Eastern	300	10%	11%
East Midlands	300	10%	9%
London	400	13%	14%
North East	200	7%	5%
North West	400	13%	14%
South East	500	17%	16%
South West	300	10%	11%
West Midlands	300	10%	11%
Yorkshire and the Humber	300	10%	10%
Total	**3,000**	**100%**	**100%**

2.3   Quality assurance

As there is no comprehensive and robust sampling frame of the ASC workforce in England, the survey was conducted using an open link, with the invitation to take part widely and extensively disseminated to the workforce (as described earlier in this chapter).

The use of an open link was carefully controlled and managed to ensure the responses were genuine. To limit the risk of fraudulent responses, it was decided not to use incentives. Ipsos took several different approaches to quality assurance to ensure responses to the survey were genuine. This included monitoring the time taken to complete the survey, the countries from which responses were submitted (based on IP address), and the time of day the survey was completed. The combinations of answers to survey questions were also monitored to ensure they were consistent. These extensive checks did not identify any suspicious responses.

During initial analysis it was identified that, based on open ended responses to questions about the type of service they work in and the type of people supported by the service, 10 participants worked in services which exclusively support children and not adults. These cases were excluded from the analysis, reducing the dataset to 7,233. Where there was no evidence that their employer exclusively supports children up to 18, cases were retained. No other exclusions were made from the achieved sample. The range of job roles in the 'other' job roles category was diverse. A decision was made to include all participants with any role in adult social care even if it was outside the originally envisaged job roles and involved, for example, management, training or advisory roles. This was to ensure we did not remove responses which had been provided in good faith and because the complexity of adult social care means an increasingly diverse range of roles are involved in providing care and support.

3 Data processing

This chapter outlines the achieved sample profile, base size for key subgroups, the approach to weighting the data, and the process of linking survey responses with the Adult Social Care Workforce Data Set (ASC-WDS).

3.1 Achieved sample profile

The profile of the achieved sample is outlined in the table below (unweighted profile column). This also shows the weighted profile which reflects the population profile based on the ASC-WDS 2022-23. Weighting is described in section 3.3. Note that the categories below are based on responses achieved and the categories into which participants placed themselves which differs slightly from the quota profile. It also reflects the groups used for weighting (e.g. for age the grouping is slightly different).

Table 3.1: Achieved sample profile compared with weighted (population) profile

Job Role	Unweighted profile	Weighted profile
Direct Care	58.79%	75.66%
Senior manager, director, owner, Middle manager or below but not RM, other or multiple roles	19.92%	17.90%
Registered managers	9.39%	1.52%
Social worker	6.94%	1.44%
Occupational therapist	3.62%	1.37%
Nurse/ nursing associate	1.34%	2.11%
Job setting	**Unweighted profile**	**Weighted profile**
Residential nursing home	9.08%	16.73%
Residential care home (not nursing)	13.42%	18.49%
Day service	3.30%	2.03%
Domiciliary care	41.48%	42.47%
Community (support and outreach, LA services, reablement)	25.31%	13.96%
Other/ multiple services/ other residential/ other not in ASC-WDS (e.g., shared lives, respite, hospice, other)	7.40%	6.33%
Employer	**Unweighted profile**	**Weighted profile**
Local authority or other	31.81%	13.61%
Independent	65.31%	78.58%
Direct payments (individual employer)	2.88%	7.82%

Age	Unweighted profile	Weighted profile
Under 35	14.07%	27.59%
35-44	19.05%	20.77%
45-54	27.64%	22.31%
55 and over or unknown	39.24%	29.33%
Gender	**Unweighted profile**	**Weighted profile**
Female	81.90%	79.79%
Male	16.09%	18.47%
Other or unknown	2.00%	1.74%
Ethnicity	**Unweighted profile**	**Weighted profile**
White	78.93%	72.62%
Other Ethnicity or unknown	21.07%	27.38%
Region	**Unweighted profile**	**Weighted profile**
Eastern	6.15%	10.66%
East Midlands	10.45%	9.45%
London	6.01%	13.83%
North East	8.83%	5.31%
North West	12.57%	14.14%
South East	21.51%	15.62%
South West	13.34%	10.62%
West Midlands	8.28%	10.64%
Yorkshire and the Humber	12.84%	9.72%

3.2 Base sizes for key subgroups

The unweighted and weighted base size of the key subgroups included in the data tables and research report are outlined in the table below. For reviewing the size of a sample group for its robustness for analysis, unweighted bases should be considered.

Table 3.2: Unweighted and weight base sizes for analysis

Job Role	Unweighted base	Weighted base
Care worker or assistant care worker	1,998	2,645
Senior care worker	627	881
Support or outreach worker	1,364	1,478
Personal assistant	263	468
Social Worker	502	104
Occupational Therapist	262	99
Nurse/ nursing associate/ allied health professional	97	152
Registered Manager	679	110
Deputy or other manager role, team leader or supervisor	825	799
Job responsibilities	**Unweighted base**	**Weighted base**
Providing care and/or support directly	5,382	6,238
Managing staff who provide direct care	2,373	2,009
Care assessments, planning and advising	2,911	2,254
Job setting	**Unweighted base**	**Weighted base**
Residential overall	1,634	2,551
Residential nursing home	663	1,214
Residential care home (not nursing)	971	1,337
Day service	239	146
Domiciliary care	1,633	1,789
Community (support and outreach, LA services, reablement)	1,813	1,768
Other/ multiple services/ other residential/ other not in ASC-WDS (e.g., shared lives, respite, hospice, other)	1,445	583
Employer	**Unweighted base**	**Weighted base**
Local authority	2,157	909
Independent	4,724	5,683
Direct payments (individual employer)	208	565
Other	144	75

Time in role	Unweighted base	Weighted base
Up to six months	329	425
Six months up to 12 months	480	687
One year to five years	1,927	2,127
Five years up to ten years	1,563	1,590
More than ten years	2,924	2,382
Profile of service user	**Unweighted base**	**Weighted base**
Working age with learning disability and/or autism	2,170	2,338
Working age with mental health condition	1,678	1,831
Working age with physical disability	1,708	1,855
Working age with sensory impairment	1,308	1,373
Older people with dementia	2,458	2,986
Older people without dementia	2,097	2,357
Contracted hours	**Unweighted base**	**Weighted base**
0 hours	280	355
1-20 hours	698	889
21-35 hours	2,043	2,065
36 hours+	4,046	3,762
Age	**Unweighted base**	**Weighted base**
Under 35	1,018	1,996
35-44	1,378	1,502
45-54	1,999	1,613
55 and over or unknown	2,783	2,090
Gender	**Unweighted base**	**Weighted base**
Female	5,922	5,771
Male	1,164	1,336

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Ethnicity	Unweighted base	Weighted base
White	5,709	5,252
Mixed ethnic background	127	128
Asian	278	461
Black	611	822
All non-white ethnic backgrounds	1,343	1,781
Citizenship	**Unweighted base**	**Weighted base**
Citizen of the UK	6,436	5,991
Not a UK citizen	668	1,067
Working on health and care visa	**Unweighted base**	**Weighted base**
Yes	246	493
No	403	548
Annual household income	**Unweighted base**	**Weighted base**
Up to £25,999	1,963	2,447
£26,000 up to £51,999	2,297	2,165
£52,000 up to £99,999	858	576
£100,000 and above	256	210
Sexual orientation	**Unweighted base**	**Weighted base**
Straight/Heterosexual	6,297	6,218
Gay or lesbian	288	308
Bisexual	244	288
Disability	**Unweighted base**	**Weighted base**
Yes	2,443	2,412
No	4,413	4,440

Caring responsibilities	Unweighted base	Weighted base
No	4,339	4,466
Yes, 9 hours a week or less	1,237	1,050
Yes, 10 to 19 hours a week	543	473
Yes, 20 to 34 hours a week	317	305
Yes 35 to 49 hours per week	206	268
Yes 50 or more hours a week	278	274
Religion	**Unweighted base**	**Weighted base**
No religion	3,061	3,075
Christian	3,416	3,283
Muslim	134	222
Hindu	59	105
Buddhist	62	60
Jewish	21	25
Sikh	11	21

3.3 Weighting

Prior to the fieldwork, quotas were set for participants with different characteristics. However, as fieldwork progressed and in discussion with DHSC, it was agreed to relax quotas so that all members of the workforce who wanted to participate could. This decision was made in light of the very positive survey take-up from the ASC workforce, with the number of responses quickly exceeding the target. Furthermore, as discussed in section 2.2, some groups were intentionally oversampled to give large enough unweighted base sizes for sub-group analysis. This was achieved by targeting communications at those particular groups. Therefore, following fieldwork the eligible achieved sample for analysis was weighted to reflect the profile of the adult social care workforce.

Skills for Care provided the latest available ASC-WDS profile information (2022-23) with detailed information for particular jobs and services. Published ASC-WDS data is available from https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx. Skills for Care provided more detailed information to work out the weighted sample profile. Ipsos and Skills for Care worked together to map ASC-WDS categories with categories in the online survey questions. This allowed the achieved sample to be weighted using participant characteristics reported in the survey with the profile based on the ASC-WDS. The characteristics used for weighting were job role,

setting, employer or service, age, gender, ethnicity and region. The weighted sample profile is shown in Table 3.1.

During weighting some compromises had to be made in order to achieve an acceptable level of efficiency. For example, weighting by ethnicity was based on white and all other ethnicities, rather than specific ethnic sub-groups. Some age categories (e.g. under 25 and 25-34) had to be collapsed. The reason for this was that very small numbers of cases in specific combinations of weighting categories led to very large weights and a large range of weights. In the final weighting scheme the rim weighting efficiency was 49.2%, maximum rim weight was 13.92 and the minimum rim weight was 0.02. Owing to oversampling of some groups such as registered professionals and registered managers, weights were larger than on some quota surveys.

3.4   Data linkage with ASC-WDS

Respondents were asked for permission to link their survey responses with information about their workplace available on ASC-WDS. Those who gave permission were asked for information about their workplace to allow the matching to take place (workplace name and address, postcode, CQC provider ID if the employer could not be found). The workplace level information was used purely for matching, and no employer or workplace level analysis was conducted. The matched data was used for analysis by characteristics of the workplace such as staff turnover or vacancies. It was hypothesised that this analysis may show relationships between such factors and participants' responses at questions on intention to leave the workforce and overall measures of WRQoL and CWRQoL.

For those who gave permission, the following process was followed:

- Workplace name, address and CQC provider ID were sent to Skills for Care. If the survey data contained a workplace name and provider name; both fields were used for address matching.

- Some respondents were able to provide their CQC provider ID. Multiple locations can have the same CQC Provider ID, so some matching was possible based on this field but not all.

- Matching occurred when comparing the survey dataset with the ASC-WDS and/or the CQC register. The CQC register and the ASC-WDS can be linked using CQC Location ID (individual to each workplace) therefore some information is shared and can be extrapolated between the two datasets. If the CQC register and ASC-WDS were not linked for a particular location, then only ASC-WDS information was used for matching to the survey data.

Matching between the survey data and the ASC-WDS was based on the following rules. These rules were followed as a hierarchy, with data removed from process once successfully matched.

1. Automated match based on workplace name in CQC register and postcode.

2. Automated match based on CQC Provider ID if linked to only one CQC Location ID.

3. Automated match based on CQC Provider ID and postcode.

4. Automated match based on workplace name in ASC-WDS and postcode.

5. Manual match based on two data items matching between Ipsos data and the ASC-WDS / CQC register e.g., 1st line of address and postcode.

Not all addresses in the survey data could be matched to the ASC-WDS. These were grouped into three categories:

- No match because permission was not given or no location information provided.

- No match due to insufficient data e.g., no postcode, incomplete address etc.

- No match as location was a local authority or council building. Not always possible to match here as several departments can exist on one site and they all should have individual ASC-WDS accounts.

- No match as addresses were not comparable.

At the end of this process 15% of cases in the survey data were matched to ASC-WDS workplace data.

Table 3.3: Matching status of cases responding to survey

Matching status	Number of participants	% of responding sample	% of cases for matching
Cases in data (responding to survey)	7,243	100%	
Cases agreeing to data linkage	3,624	50%	
Cases willing to provide details for matching	2,729	38%	
Cases providing detail with potential for matching	2,659	37%	100%
Matched ASCWDS name and postcode	103	1%	4%
Matched CQC name and postcode	536	7%	20%
Matched CQC single postcode	220	3%	8%
Matched CQC single provider	11	0%	0%
Matched manually	219	3%	8%
Total matched	1,089	15%	41%
Cases matched after removing 12 cases*	**1,077**	**15%**	**41%**
Not matched insufficient data	356	5%	13%
Not matched local authority	139	2%	5%
Not matched manually	371	5%	14%
Not matched postcode not in ASCWDS	704	10%	26%

12 cases were removed from matching because they did not work in ASC or because information about their place was missing when matching was carried out.

Table 3.4 shows the weighted profile of the matched data was similar to the overall dataset when using the main weights (created based on all cases in the data).

Table 3.4: Unweighted profile of matched cases compared with all cases

Job Role	Weighted profile of all cases	Weighted profile of matched cases
Direct Care	75.66%	74.73%
Senior manager, director, owner, Middle manager or below but not RM, other or multiple roles	17.90%	20.39%
Registered managers	1.52%	1.72%
Social worker	1.44%	0.57%
Occupational therapist	1.37%	0.89%
Nurse/ nursing associate	2.11%	1.70%

Job setting	Weighted profile of all cases	Weighted profile of matched cases
Residential nursing home	16.73%	18.09%
Residential care home (not nursing)	18.49%	23.04%
Day service	2.03%	1.13%
Domiciliary care	42.47%	42.32%
Community	13.96%	10.26%
Other/ multiple services/ other residential/ other not in ASC-WDS (e.g., shared lives, respite, hospice, other)	6.33%	5.17%

Employer	Weighted profile of all cases	Weighted profile of matched cases
Local authority or other	13.61%	10.74%
Independent	78.58%	88.23%
Direct payments (individual employer)	7.82%	1.02%

Age	Weighted profile of all cases	Weighted profile of matched cases
Under 35	27.59%	31.15%
35-44	20.77%	21.33%
45-54	22.31%	20.32%
55 and over or unknown	29.33%	27.20%

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Gender	Weighted profile of all cases	Weighted profile of matched cases
Female	79.79%	77.55%
Male	18.47%	22.16%
Other or unknown	1.74%	0.29%

Ethnicity	Weighted profile of all cases	Weighted profile of matched cases
White	72.62%	74.85%
Other Ethnicity or unknown	27.38%	25.15%

Region	Weighted profile of all cases	Weighted profile of matched cases
Eastern	10.66%	13.26%
East Midlands	9.45%	10.42%
London	13.83%	13.89%
North East	5.31%	6.22%
North West	14.14%	11.66%
South East	15.62%	13.50%
South West	10.62%	10.95%
West Midlands	10.64%	9.54%
Yorkshire and the Humber	9.72%	10.56%

For individual measures within the ASC-WDS data, there were fewer than 1,077 cases for analysis owing to missing values and filtering requirements in the ASC-WDS linked data. Analysis was carried out to explore the links between overall CWRQOL (ASCOT-Workforce) and turnover (overall and for direct care workers), workforce size and vacancy rate. This showed no significant associations. Analysis by whether or not training was compulsory showed some associations but because of the relatively low level of matching, more analysis is needed to investigate the quality of matched data. Therefore analysis of linked ASC-WDS data is not included in the main report. The analysis was carried out using the main weights designed for the overall sample. As the profile of the matched sample was similar to the overall sample, using the same weights was suitable for this exploratory analysis.

4 ASCOT-Workforce measure

This chapter provides information about the ASCOT-Workforce measure that was developed for this survey, and explains why this was developed. While doing so it refers to previous studies – complete references for these are provided in chapter 8.

4.1 Background

Quality of life outcomes for people using adult social care and their unpaid carers are associated with the quality of care and support being provided. Good quality care and support requires compassionate and dedicated leadership and the resources to ensure services are adequately staffed, with a skilled, motivated and knowledgeable workforce (Spilsbury et al, 2011; Dellefield et al, 2015; Allan and Vadean, 2019; Towers et al, 2021; Haunch et al, 2021). Care quality is associated with staff retention, yet vacancy rates remain a significant challenge in England (Skills for Care, 2023). Adult social care work has a number of features that are likely to negatively impact the quality of life of the workforce, including pressured working conditions, potential abuse, harassment and bullying of staff and excessive workloads (Delp et al, 2010; Innes et al, 2015; Morse, 2018). Other organisational factors, including lack of career progression opportunities, limited support and supervision at work and the perceived low status of the care sector, have also been identified as important (Silarova et al, 2022). Understanding how care work impacts the quality of life of the workforce is key to improving working conditions, reducing turnover and capturing the impact of workforce reform.

4.2 Work-related quality of life

Work-related quality of life (WRQoL) is a complex concept originating in the field of industrial-organisational psychology (Landry, 1997). Most of the work conducted and measures developed in this area have been outside of health and social care settings and there is a lack of agreement about how it should be defined and measured (Silarova et al, 2022). A recent international scoping review, focusing on how the concept of WRQoL has been defined and measured in social care settings and community health care, identified 68 relevant papers covering a very broad range of potential components of WRQoL: organisational characteristics, job characteristics, mental wellbeing and health, physical wellbeing and health, spill-over from work to home, and professional identity (Silarova et al, 2022). The review noted that very few studies provided an explicit definition of WRQoL and even fewer linked the definitions to specific theoretical models (Silarova et al, 2022).

Many of the components identified by the review could be conceptualised as attributes of the work environment (e.g. working conditions, organisational characteristics, leadership), or personal (e.g. mental and physical health) and organisational (e.g. turnover) outcomes. We define (adult social care sector) WRQoL as the aspects of quality of life that are affected by work and are important to those working in the adult social care sector. Care WRQoL (CWRQoL) can be positively or negatively impacted by organisational characteristics, working conditions and workplace culture and spills over into other aspects of our lives, having an impact on the individual's health and wellbeing. Ultimately, CWRQoL will impact on the delivery of care, which will influence the outcomes of the social care recipients they are supporting (see, Figure 4.1).

Figure 4.1: Theoretical model of care work-related quality of life
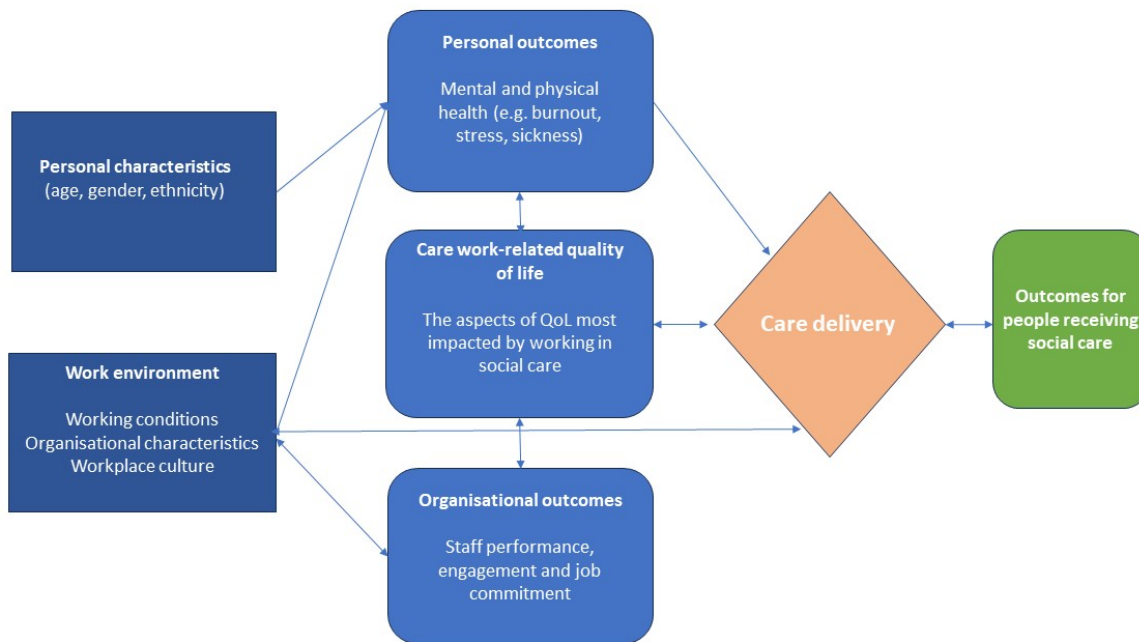
In some circumstances (e.g. exploitative or unsafe conditions), the work environment could have a direct impact on personal and organisational outcomes. For example, if you work in an unsafe environment you are more likely to have a workplace injury (personal) and this could lead to higher levels of absences and turnover (organisational). However, often the pathway is not as direct, being mediated by one's own qualifications, skills, knowledge, preferences and values. This is often referred to as person-job fit (how well your skills, abilities and knowledge align with the requirements of the job) and person-organisation fit (how well your values, goals and personality align with the organisational culture and mission). Both are important to WRQoL and partly explain why jobs, roles and organisations suit some people more than others. To be useful in evaluating the impact of care work on the workforce's quality of life, a measure of CWRQoL needs to be: (1) sensitive to the impact of care work and (2) able to reflect the individual's needs and preferences (job/organisational fit). The aim of this part of the work was to develop and test the first measure of CWRQoL for the social care workforce, building on previous research.

4.3 Identifying domains of care work-related quality of life (CWRQoL)

The domains of CWRQoL (see Table 4.1), refined and tested in this study, built on previous consultations with the adult social care workforce and sector representatives (Hussein et al, 2022; Towers et al, 2022), the scoping review (Silarova et al, 2022), and the Adult Social Care Outcomes Toolkit (ASCOT) programme of work. The ASCOT is a suite of preference-weighted utility measures designed to capture the aspects of quality of life most impacted by social care services and support (Netten et al, 2012). The tool for people using social care has eight domains of social care-related quality of life (SCRQoL) (see Table 4.1). There is also an ASCOT-Carer measure, with seven domains, which is designed to capture the impact of social care on unpaid carers' quality of life (Rand et al., 2015) (see, Table 4.1). ASCOT measures have one question per domain, with four response options. The response options correspond to one of four outcome states, which reflect Sen's Capability Framework (Sen, 1993): ideal state, no needs, some needs and high needs. To illustrate how these are articulated, Table 4.2 compares the question wording and response options for

the control over daily life/autonomy domain for each ASCOT measure (see, https://www.pssru.ac.uk/ascot/ for examples of ASCOT and ASCOT-carer questionnaires). Psychometric testing has consistently confirmed that both the ASCOT (Malley et al, 2012; Netten et al, 2012; Rand et al, 2017; 2019 and 2022; Towers et al, 2023) and the ASCOT-Carer (Rand et al, 2015; 2022; McCaffrey et al, 2020) have good psychometric properties.

CWRQoL is an important outcome for the social care workforce. The ASCOT-Workforce domains were refined in this study through focus groups with the workforce, cognitive testing of the question wording and response options, and review from the study team and Expert Reference Group. The measure was then piloted (using the Workforce survey pilot and main fieldwork) with over 7,000 people working in different roles in adult social care in England and the data used to explore the measure's psychometric properties (see Chapter 5).

The ASCOT-Workforce measure will be adopted into the ASCOT-suite of tools and available for free for non-commercial use in 2024, subject to licensing. Future research will explore its utility in evaluating workforce interventions and the validity of the theoretical model.

Table 4.1: Showing the ASCOT, ASCOT-Carer and ASCOT-workforce domains.

ASCOT domains (8)	ASCOT-Carer domains (7)	ASCOT-Workforce domains (13)
Control over daily life	Control over daily life	Autonomy
Occupation (doing things I value and enjoy)	Occupation (doing things I value and enjoy)	Making a difference
Social Participation	Social Participation	Relationships with people drawing on care and support
Personal Safety	Personal Safety (as relevant to carers)	Feeling safe at work
Personal cleanliness and comfort	Self-care (as relevant to carers)	Self-care (as relevant to ASC workforce)
Food and Drink	Time and space to be yourself (to step away from caring role)	Worrying about work
		Professional working relationships
Accommodation cleanliness and comfort	Feeling supported and encouraged in caring role	Supported by managers
Dignity		Skills and knowledge
		Career pathway
		Financial security
		Valued by Society
		Time to care

Further development work could also be carried out to provide an overall picture of the ASC sector and better understand the relationship between the outcomes of the "triad of care" (people drawing on care and support, their unpaid carers and the workforce), and how they could be used together. This would build on previous work exploring the outcomes of care dyads: people drawing on social care and their unpaid carers (REFS). Ongoing (at the time of writing) conversations are taking place between University of Kent and DHSC about this work.

Table 4.2: Question wording and response options for the Control over daily life (ASCOT and ASCOT-Carer) and Autonomy (ASCOT-Workforce) domains.

Control over daily life (ASCOT and ASCOT-Carer)	Autonomy (ASCOT-Workforce)
Question wording: Which of the following statements best describes how much control you have over your daily life?	Question wording: Think about how much freedom and independence you have to make decisions and carry out tasks as part of your day-to-day work. Which of the following statements best describes how you feel?
Response options † I have as much control over my daily life as I want	Response options † I have as much freedom and independence as I want
I have adequate control over my daily life	I have adequate freedom and independence
I have some control over my daily life, but not enough	I have some freedom and independence, but not enough
I have no control over my daily life	I have no freedom and independence

† These four response options align conceptually to the following outcome states: ideal, no needs, some needs and high-level needs (Netten et al, 2012; Rand et al, 2012).

5 Psychometric properties of ASCOT

5.1 Background

In this section, we outline the analyses to evaluate the psychometric properties of the 13 items developed to measure care work-related quality of life (CWRQoL) of the adult social care workforce based on ASCOT principles. This new measure is referred to as the ASCOT-Workforce. The development of the items was informed by prior work, including a literature review (Silarova et al., 2022), interviews and focus groups with care staff and a consensus survey (Hussein et al., 2022), and conducted as part of this project (see chapter 4 for further details).

5.2 Methods

All analyses in this section were conducted using STATA 16.

In these analyses, as is typical of psychometric analyses, we do not adjust or add population weights. Instead, the ASCOT-Workforce psychometric properties are assessed by subgroup to be indicative for that subgroup of the adult social care workforce. Psychometric analysis and evaluation is typically an iterative process. It may be repeated on future data collections, especially if collecting data in new contexts (for example, cultural or contextual adaptation) or following refinement of items/measures. However, we are able to draw preliminary conclusions from the analyses presented here.

Sample selection

For structural validity by exploratory factor analysis (EFA) and internal consistency using Cronbach's alpha analyses, the overall sample was split into subgroups by care role/context (see Table 5.1). This was to evaluate the performance of ASCOT-Workforce across samples from the adult social care workforce that vary by their type of role/context.

Table 5.1: Subgroups by role/context

Job role	n
1. Direct care, residential nursing home	413
2. Direct care, residential home (not nursing)	566
3. Direct care, domiciliary care	2,194
4. Direct care, day or community services	801
5. Direct care, other settings	278
6. Senior or mid-level managers	1,441
7. Registered managers	679
8. Social workers	502
9. Nurses, nursing associates, OTs or AHPs	359
TOTAL	**7,233**

Exploratory factor analysis

Exploratory factor analysis (EFA) was conducted to establish the factor structure of the 13 ASCOT-Workforce items. The existing ASCOT measures for adults using care services by self-report or interview (Netten et al., 2012; Rand, Malley, et al., 2017), easy read format (Rand et al., 2019) or proxy report (Rand, Caiels, et al., 2017; Silarova et al., 2023) and their carers by self-report or interview (Rand et al., 2015) have been found to have a single-factor structure using EFA, with the exception of the ASCOT-Proxy that only had a single factor structure for one of the two proxy-report measures (Silarova et al., 2023). It is anticipated that the final selection of items that form the ASCOT-Workforce measure will also load onto a single factor: CWRQoL.

Factor structure is typically considered when developing a new measure with classical test theory (CTT) methods, like EFA (Prinsen et al., 2018). However, the ASCOT was originally developed as a preference-based measure (PBM) for economic evaluation (Netten et al., 2012). As such, it can be argued that ASCOT and any measures developed from it (including the ASCOT-Workforce) ought to be conceptualised as formative, rather than reflective, and, like EQ-5D, should not be evaluated for its structural characteristics using EFA (Prinsen et al., 2018; Trukeschitz et al., 2020).

In response, the ASCOT development team have evaluated the ASCOT against these different models and their assumptions. This also considered the range of uses of ASCOT in research, evaluation and practice, from application as a PBM to the sum of raw scores as a scale. It has been concluded that a formative or mixed measurement model best applies to ASCOT. EFA adds useful insights when considering ASCOT as a mixed measure and where it may be used as a sum score of items scale (Rand et al., 2023). Therefore, we apply EFA here, to evaluate the structural characteristics of ASCOT-Workforce and to assess whether any item reduction is necessary.

Horn's parallel analysis using paran, which uses principal component analysis (PCA), without rotation, was applied to inform retention of factors in the EFA (Dinno, 2009, 2015; Fabrigar et al., 1999; Horn, 1965; Humphreys & Montanelli, 1975). Factors were retained where observed eigenvalues exceeded the random principal component eigenvalues estimated in 5,000 random correlation matrixes, using the 95th percentile (Dinno, 2009; Glorfeld, 1995). Ordinal EFA was then applied using polychoric correlation matrices calculated with the user-written command, polychoric (Holgado -Tello et al., 2008; Kolenikov, 2016). Items were evaluated to load onto a factor where loadings were ≥.40 (Hair et al., 1998).

Internal consistency

Internal consistency (that is, internal agreement between items) was explored using Cronbach's alpha, with α ≥ 0.7 as satisfactory (Cronbach, 1951). Although the rule of thumb often applied to Cronbach's alpha indicate higher values are 'better', with α ≥ 0.9 as 'the best', we do not anticipate α ≥ 0.9 due to the small number of items and also, since such values would indicate redundancy within the items, which we have sought to reduce through early development work combined with the EFA.

Convergent validity

We assessed the construct validity of a measure calculated from the sum of the ASCOT-Workforce items. By construct validity, we mean whether the measure measures what we expect it to measure. In this study, we assessed construct validity by convergent validity, which refers to whether a measure is related in the way we would expect to other measures of the same construct or similar constructs.

The development of the ASCOT-Workforce items in this project, which was through initial drafting by the project team followed by cognitive interviews (see chapter 4 and section 1.2), was informed by prior literature review, qualitative interviews and focus groups with care staff, and a consensus exercise to identify concepts around the construct of work-related quality of life for the adult social care workforce – also known as 'care work-related quality of life' (CWRQoL) (Hussein et al., 2022; Silarova et al., 2022). There are no other measures of CWRQoL, but there are measures of similar constructs. Two of these were included in the survey and are used to assess the convergent validity of the ASCOT-Workforce, as outlined below.

Work-related quality of life scale (WRQoL)

First, there is the work-related quality of life scale (WRQoL) developed for healthcare workers (Van Laar et al., 2007). This is a 23-item questionnaire that forms six factors or subscales of WRQoL: job and career satisfaction (JCS); general wellbeing (GWB); home-work interface (HWI); stress at work (SAW); control at work (CAW); and working conditions (WCS). There is also a 24th item, which relates to overall WRQoL that can be used to assess overall validity of items, and the average of the six subscales can be used to derive an overall indicator of WRQoL (Easton & Van Laar, 2018). The measure has been widely used in UK studies of health and social care workers (for example, (Gillen et al., 2022)) and also been used in surveys of other workforces, including higher education employees(Edwards et al., 2009) and the police force (Easton et al., 2013). The measure has also been translated and cross-culturally adapted into nine languages (Easton & Van Laar, 2018) and applied in studies, internationally (for example, (Opollo et al., 2014)).

Although the developers propose that an overall measure can be derived from the six subscales (Easton & Van Laar, 2018), the psychometric evidence indicates that the six subscales are each measures that can be used to capture the constructs of the six factors (as listed above). Therefore, in this analysis, we propose to use each of these six scales (and the single item of overall WRQoL) to assess the construct validity of the ASCOT-Workforce by convergent validity. The hypothesised relationships are outlined below, which we will test using Pearson correlation coefficients and apply the following rule of thumb to interpret strength of relationship for significant associations (p ≤ .05): ≤ 0.3 (weak), ≥ 0.3 ≤ 0.6 (moderate) and ≥ 0.6 (strong).

> Strong positive associations are expected between ASCOT-Workforce and
>
> - Job and career satisfaction (JCS)
>
> - Control at work (CAW)
>
> - Working conditions (WCS)
>
> - Single item on overall WRQoL
>
> Moderate positive associations are expected between ASCOT-Workforce and
>
> - Home-work interface (HWI)
>
> - Stress at work (SAW)
>
> - General wellbeing (GWB)

We also expect that there will be strong positive associations between the WRQoL subscales below and ASCOT-Workforce items:

- Job and career satisfaction (JCS)

    - ASCOT-Workforce: Opportunity to develop

    - ASCOT-Workforce: Feeling supported in role

- Control at work (CAW)

    - ASCOT-Workforce: Autonomy at work

- Working conditions (WCS)

    - ASCOT-Workforce: Safety at work

    - ASCOT-Workforce: Feeling supported in role

- Stress at work (SAW)

    - ASCOT-Workforce: Worrying about work

ONS personal wellbeing four measures

The survey also included four additional measures of similar constructs to the ASCOT-Workforce – namely, the ONS personal wellbeing four measures (ONS4) (Personal Well-Being User Guidance - Office for National Statistics, 2023). The ONS4 items relate to aspects of subjective wellbeing (life satisfaction, feeling that life is worthwhile, happiness, anxiety), rated on a scale from zero (not at all) to 10 (completely). Unlike the WRQoL scale, these items do not relate to aspects of the person's quality of life in the workplace or in/at work. Instead, they relate to wellbeing, broadly, which can be affected by factors outside of work, even if working lives and work can be an important component of wellbeing.

Moderate positive associations are expected between ASCOT-Workforce and

- ONS4: Life satisfaction

- ONS4: Feeling life is worthwhile

- ONS4: Happiness

We also expect a moderate negative association between ASCOT-Workforce and

- ONS4: Anxiety

Acceptable construct validity was determined by applying the criterion that the majority (>75%) of hypotheses are accepted (Terwee et al., 2007).

5.3   Results

Exploratory factor analysis

Horn's parallel analysis indicated a one factor solution for all analyses, by subgroup (see Table 5.3 on next landscape page). Across analyses, the items loaded onto one factor with loadings ≥.40 (Hair et al., 1998), with three exceptions that also exhibited very high uniqueness (>.80): (1) Skills and knowledge for

Subgroup 1 (direct care, nursing residential care), (2) Skills and knowledge for Subgroup 9 (nurses, nursing associates, OTs and AHPs) and (3) Income/financial security for Subgroup 9. Taken together, these analyses provide tentative evidence of a single factor structure for the 13 items of the ASCOT-Workforce, although there may be some issue with these two items (Skills and knowledge, Income/financial security). There is no clear evidence that these items should be excluded, although further psychometric analysis is warranted.

Internal consistency

Cronbach's alpha was between .83 and .87 (13 items) for each subgroup (Table 5.2), which indicates very good internal consistency.

Table 5.2: Cronbach's alpha

	α (13 items)
1. Direct care, residential nursing home	.85
2. Direct care, residential home (not nursing)	.87
3. Direct care, domiciliary care	.85
4. Direct care, day or community services	.86
5. Direct care, other settings	.87
6. Senior or mid-level managers	.86
7. Registered managers	.86
8. Social workers	.83
9. Nurses, nursing associates, OTs or AHPs	.85

Convergent validity

Each of the 13 ASCOT-Workforce items was rated, as follows: 'ideal state' (3), no needs (2), some needs (1) and high-level needs (0). An overall CWRQoL scale was generated from the sum score of the items, from zero (lowest CWRQoL) to 39 (highest CWRQoL). Since there were no substantial differences in ASCOT-Workforce structural characteristics or internal consistency by subscale, we consider associations for the combined sample (n=7,233).

The hypothesised associations between ASCOT-Workforce and the WRQoL subscales were tested using Pearson's correlation coefficients. Five of seven hypothesised relationships were accepted (see Table 5.4). Two cases where the hypothesis was not accepted was due to a stronger than expected association between ASCOT-Workforce and the WRQoL subscales, HWI and GWB. The four expected moderate associations, both positive and negative, between ONS4 items (see Table 5.4) were also observed. Hypothesised relationships between ASCOT-Workforce items and WRQoL subscales were also observed in three of five cases (see Table 5.5), with moderate rather than strong associations observed between ASCOT-Workforce *Autonomy* and WRQoL CAW (r=.52) and ASCOT-Workforce *Worrying about work* and WRQoL SAW (r=.55).

Taken together, 13 of the 17 hypotheses were accepted (>75%), which indicates that the ASCOT-Workforce has acceptable construct validity.

Table 5.3: Exploratory factor analysis

Subgroup	1	1	2	2	3	3	4	4	5	5
	Factor loading	Unique.	Factor loading	Unique.	Factor loading	Unique.	Factor loading	Unique.	Factor loading	Unique.
1. Making a difference	.52	.72	.67	.55	.58	.66	.61	.62	.60	.64
2. Care relationships	.42	.83	.61	.63	.50	.75	.53	.72	.59	.65
3. Autonomy at work	.69	.53	.70	.51	.69	.53	.66	.56	.72	.48
4. Time to do job well	.68	.53	.72	.48	.67	.55	.72	.48	.64	.59
5. Worrying about work	.63	.60	.61	.63	.60	.64	.59	.65	.63	.60
6. Looking after yourself at work	.69	.53	.74	.45	.70	.51	.71	.49	.76	.43
7. Safety at work	.65	.58	.72	.49	.70	.51	.71	.50	.73	.47
8. Professional relationships	.52	.73	.56	.69	.60	.64	.62	.61	.57	.67
9. Feeling supported in role	.75	.43	.74	.45	.71	.49	.69	.52	.64	.59
10. Skills and knowledge	**.25**	.94	.49	.76	.45	.79	.45	.80	.51	.74
11. Opportunity to develop	.59	.65	.59	.65	.61	.63	.64	.58	.67	.56
12. Income/financial security	.56	.68	.56	.68	.55	.69	.55	.70	.54	.71
13. Valued by society	.66	.56	.64	.59	.55	.69	.59	.65	.62	.62

Items with factor loading ≤.40 shown in **bold**.

Table 5.3 (continued): Exploratory factor analysis

Subgroup	6	6	7	7	8	8	9	9
	Factor loading	Unique.	Factor loading	Unique.	Factor loading	Unique.	Factor loading	Unique.
1. Making a difference	.57	.68	.64	.59	.55	.70	.65	.57
2. Care relationships	.52	.73	.51	.74	.56	.68	.57	.67
3. Autonomy at work	.69	.52	.68	.54	.62	.62	.66	.57
4. Time to do job well	.73	.47	.79	.38	.74	.45	.73	.47
5. Worrying about work	.54	.71	.59	.65	.57	.68	.64	.59
6. Looking after yourself at work	.69	.52	.74	.45	.69	.53	.70	.51
7. Safety at work	.68	.53	.65	.57	.63	.60	.60	.65
8. Professional relationships	.63	.61	.59	.65	.59	.66	.61	.63
9. Feeling supported in role	.69	.53	.73	.46	.62	.61	.70	.52
10. Skills and knowledge	.50	.75	.45	.80	.45	.79	**.37**	.86
11. Opportunity to develop	.67	.56	.63	.60	.60	.64	.63	.61
12. Income/financial security	.53	.72	.56	.69	.41	.83	**.38**	.86
13. Valued by society	.61	.63	.65	.58	.52	.73	.61	.63

Items with factor loading ≤.40 shown in **bold**.

Table 5.4: Pearson's Correlation Coefficients: ASCOT-Workforce (overall)

Strong positive associations between **ASCOT-Workforce** and…	**Pearson's Correlation Coefficient**	**Accept Hypothesis?**
Job and career satisfaction (**JCS**)	.74**	Yes
Control at work (**CAW**)	.65**	Yes
Working conditions (**WCS**)	.74**	Yes
Single item on **overall WRQoL**	.71**	Yes
Moderate positive associations between **ASCOT-Workforce** and…	**Pearson's Correlation Coefficient**	**Accept Hypothesis?**
Home-work interface (**HWI**)	.61**	No
Stress at work (**SAW**)	.56**	Yes
General wellbeing (**GWB**)	.70**	No
Moderate positive associations between **ASCOT-Workforce** and…	**Pearson's Correlation Coefficient**	**Accept Hypothesis?**
ONS4: life satisfaction	.53**	Yes
ONS4: feeling life is worthwhile	.49**	Yes
ONS4: happiness	.47**	Yes
Moderate negative associations between **ASCOT-Workforce** and…	**Pearson's Correlation Coefficient**	**Accept Hypothesis?**
ONS4: anxiety	-.33**	Yes

**p<.001

Table 5.5: Pearson's Correlation Coefficients: ASCOT-Workforce (single items)

ASCOT-Workforce items	**JCS**	**CAW**	**WCS**	**SAW**
ASCOT-Workforce 3. Autonomy at work	n/a	.54**	n/a	n/a
ASCOT-Workforce 5. Worrying about work	n/a	n/a	n/a	.54**
ASCOT-Workforce 7. Safety at work	n/a	n/a	**.64**	n/a
ASCOT-Workforce 9. Feeling supported in role	**.70**	n/a	**.65**	n/a
ASCOT-Workforce 11. Opportunity to develop	**.64**	n/a	n/a	n/a
Hypotheses accepted?	**2/2**	**0/1**	**2/2**	**0/1**

**p<.001

5.4 Conclusion

The analyses presented provide preliminary evidence of ASCOT-Workforce's structural validity, internal consistency and construct validity. Two of the 13 items (*Skills and knowledge, Income/financial security*)

had low factor loading[1] and high uniqueness[2] in EFA, which indicate that they may not 'fit well'. However, these findings were only found in two of the nine subgroup analyses, so we recommend that these items are retained. Additional analysis (for example, using Rasch analysis) may provide further insight to guide future decisions around whether to remit or omit these items. Nonetheless, these analyses indicate that ASCOT-Workforce items form a single-factor scale of CWRQoL, which has acceptable internal consistency and construct validity.

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[1] Factor loadings is the Eigenvalues of the correlation matrix. These indicate how strongly each factor influences the measured variable. In EFA, factor loadings of >.4 are taken as acceptable and indicative of stable loading onto a factor.

[2] Uniqueness is the percentage of variance for the variable that is not explained by the common factors. High uniqueness is typically taken to be values >.60. This can be due to pure measurement error or can indicate that something is measured in that variable, which is not in any of the others.

6 Work-Related QoL measure for Wave 2

As outlined in the introduction, the ASC Workforce survey included two measures of WRQoL, with the aim to choose one of these two measures for future waves of the survey:

- The Van Laar measure, which is an existing robust and validated measure of WRQoL used in various work place settings to understand work related quality of life and wellbeing. It uses 24 short statements with identical (agree/ disagree) answer codes.

- The ASCOT-Workforce measure, which is a care work-related quality of life (CWRQoL) of the adult social care workforce based on ASCOT principles. This measure was developed as part of the design of the ASC Workforce survey. It has 13 domains with four specific answer codes per domain.

In the survey, both measures were included and they were rotated, so half of participants were asked to answer the Van Laar measure first and the other half were asked to answer the ASCOT-Workforce measure first.

This chapter outlines the time taken to complete Van Laar and ASCOT-Workforce questions, the volume of neutral responses at the Van Laar measure, the proportion of people who dropped out from the survey while completing each measure, and the consistency between ASCOT-Workforce questions and the two associated follow up questions. This analysis aims to inform the choice of one Work-Related Quality of Life measure for future waves of the survey.

6.1   Time taken to complete Van Laar vs ASCOT-Workforce measures

Analysis of the time to complete each section shows that when the Van Laar measure is answered first the median time to complete this set of questions is 2 minutes and 27 seconds whereas the median time to complete the ASCOT-Workforce measure and its two follow-up questions when they are answered first is 4 minutes and 53 seconds. When the Van Laar measure is presented after ASCOT the median time to complete is 2 minutes and 32 seconds compared with 4 minutes 43 seconds for the ASCOT-Workforce and its two follow-up questions when they are presented second. Note that this analysis excluded outliers, defined as people who took more than 25 minutes to complete either section.

Overall, this shows that ASCOT-Workforce and its two follow-up questions take around as twice as long to complete as the Van Laar measure. This can be accounted for by the wording of the questions: Van Laar uses 24 short statements with identical answer codes, whereas ASCOT-Workforce includes 13 distinct questions, each with different answer codes, and two follow-up questions were added to the ASCOT-Workforce measure which are included in the above timings.

On average, participants spent about 6 seconds reading and answering each Van Laar statement, and 19 seconds reading and answering each ASCOT question.

6.2   Neutral responses at the Van Laar measure

24 statements are included in the Van Laar measure, with participants asked to what extent they agree or disagree with each statement on a scale of 1-5, as shown below:

1. Strongly agree.

2. Agree.

3. Neither agree nor disagree.

4. Disagree.

5. Strongly disagree.

The proportion of participants who provided a neutral answer to each statement, by selecting 'neither agree nor disagree' ranged from 15% to 37%. Some statements have a high proportion of neutral responses, such as 'I am involved in decisions that affect members of the public in my own area of work' (36%), 'Generally things work out well for me' (37%), and 'Recently I have been feeling reasonably happy all things considered' (33%). This could suggest that the wording or topic of the statement is seen as less relevant by participants. This may reduce the usefulness of the data for particular statements.

In contrast, ASCOT-Workforce does not include a neutral response. Having different wording for the answer categories on every ASCOT domain means that more time is spent reading the question and answer options than in the Van Laar measure. It also means that there may be more cognitive work for participants in completing the ASCOT-Workforce but also a lower risk of satisficing and 'straight lining'. Each domain has to be carefully considered when responding to the ASCOT-Workforce scale.

6.3   Dropouts

The proportion of people who dropped out from the survey while completing the ASCOT section first was similar to the proportion who dropped out while completing Van Laar first (31% and 29% of all dropouts respectively).

When Van Laar was asked second, the drop out was 14%. When ASCOT was asked second the drop out was also lower, at 22%. These dropout rates when either measure is asked second show the importance of selecting one measure only for wave 2.

6.4   Consistency between ASCOT-Workforce and the two follow-up questions

There were two questions in the ASCOT-Workforce domain which had follow-up questions: ASCOT_safe_7 and ASCOT_income_12.

6.4.1 ASCOT_safe_7 and ASCOT_safe_7_follow

ASCOT_safe _7 asks participants which statement best describes how safe they feel at work:

1. I feel safe
2. Generally, I feel adequately safe
3. I feel less than adequately safe
4. I don't feel safe at all

This is followed by ASCOT_safe_7_follow, which asks participants to select from a list of 15 answer codes which covers risks which make participants feel unsafe while doing their job. There is strong consistency across these two questions. For example, 64% of participants who said they do not feel at all safe at work, selected the code 'Physical abuse or violence from those I care for or support or from their family members of friends'. A similar proportion (60%) of those who say they do not feel at all safe, also selected 'Verbal or emotional abuse, bullying or harassment from those I care for or support or from family members of friends' and 42% of this group also selected the code 'Verbal or emotional abuse, bullying or harassment from colleagues.

These findings show that the two questions are related and that those selecting that they feel unsafe are selecting answers which suggest that they were interpreting it in the way intended. However, they also show that this follow-up question uncovers more nuance in the specific ways in which different members of the workforce may feel more or less safe.

6.4.2 ASCOT_income_12 and ASCOT_income_12_follow

ASCOT_income_12 asks participants about their level of financial security. Participants can select the following answer code:

1. I have as much financial security as I want
2. I have enough financial security
3. I do not have enough financial security
4. I do not have any financial security

This is followed by ASCOT_income_12_follow, which asks participants to indicate what financial difficulties apply to them from a list of 15 answer codes. Analysis of answer codes selected at ASCOT_income_12 and the follow up questions also shows a good level of consistency across these questions. For example, seven in ten (68%) of participants who said they do not have enough financial security selected the answer code 'Hourly rate of pay is too low' and most (84%) of people who said they do not have any financial security also selected this answer code.

Similarly, the majority of participants (91%) who said they do not have any financial security said the cost of living is too high and over half (53%) also cited a 'lack of sick pay' and 43% said their 'financial commitments are too large'.

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Appendix: Questionnaire

The questionnaire below includes the scripting instructions for surveys conducted online and via telephone.

Adult Social Care Workforce Survey – Questions

GREEN text denotes script routing and scripter instructions.
SINGLE CODE means that the participant can only select one answer. Show 'Please select one option only' on screen (for online and telephone).
MULTICODE means the participants can select more than one answer. Show 'Please select all the options that apply' on screen. (for online and telephone).

ORANGE text denotes additional telephone interview instructions.
DO NOT READ OUT MENTIONED FOR CERTAIN CATEGORIES WHERE THE QUESTION IS GENERALLY READ OUT.
EXCLUSIVE MENTIONED WHERE NECESSARY FOR MULTICODE QUESTIONS. ON SINGLE CODE QUESTINS ALL CATEGORIES ARE EXCLUSIVE.

Please create TIMESTAMPS where indicated.

TIMESTAMP_1
INTRODUCTION
WHAT IS THIS SURVEY ABOUT?
This survey asks about your employment in the adult social care sector, how your role relates to your quality of life and wellbeing, and other experiences of working in the social care sector.
Findings from the survey will help the Department of Health and Social Care (DHSC) understand more about the adult social care workforce, how working in the sector contributes to people's lives and how support for the workforce could be improved in the future.
We need to hear from as many people as possible, who work in an adult social care related role in England.
It is only by hearing from as many people as possible that we can be sure that our results reflect the experiences of the workforce. A large number of responses from across the adult social care workforce in England will provide robust evidence to inform DHSC policy decisions.
If you hold more than one job, please only think of your work in adult social care when answering the questions. If you have more than one adult social care job, please answer in terms of the role you spend most of your time doing.
Your **responses will be treated confidentially and will not be shared with your employer or anyone at your workplace**. DHSC will not know who has taken part in the survey – they will receive only anonymous results. No analysis will be conducted at employer or organisation level.

INTRODUCTION – TELEPHONE VERSION

INTROCHECK_1
My name is….. from Ipsos, the research organisation, I'm calling about taking part in the adult social care workforce survey which you have been in contact with us about.
We are carrying out this short survey on behalf of the Department of Health and Social Care (DHSC), to explore how your role in adult social care related to your quality of life and wellbeing, and other experiences of working in social care.
The survey will take around 30 minutes to complete and will help DHSC understand how working in the sector contributes to people's lives and how support for the workforce could be improved in the future.

Is now still a good time to take part in the survey?
1. Yes – Now
2. Yes – later (TELEPHONE TEAM TO BOOK APPOINTMENT)
3. No – I no longer want to take part – THANK AND CLOSE

IF YES, TAKE PART NOW
Before we begin, Id like to inform you that Ipsos is a member of the Market Research Society. All information that you give us will be treated in the strictest confidence and your identity will not be passed on to a third party or connected to your answers in any way.

We follow strict quality control procedures and record calls for this purpose – audio files are destroyed within three months. This call may be monitored as part of our quality control procedures.
TELEPHONE ONLY
ONLINE_CHECK
DO NOT PROMPT
Just so you are aware, there is also an online version of this survey running at the moment that has been shared in some newsletters in the care sector and on social media. Can I please check that you have not completed the online version? As a reminder, it is about work related quality of life.
1. No, have not completed online – CONTINUE
2. Yes, I have completed it online already – THANK AND CLOSE

BACKGROUND INFORMATION AND WORKING ARRANGEMENTS
TIMESTAMP_2
ASK ALL
Q.Job_role
Which of the following adult social care roles best describes the role you currently work in?
Please answer in terms of the role you spend most of your time doing.
READ OUT
SINGLE CODE
1. Care worker or assistant care worker
2. Senior care worker
3. Support or outreach worker
4. Personal assistant
5. Social Worker
6. Occupational Therapist
7. Registered Nurse
8. Nursing Associate
9. Registered Manager (e.g. in a care home)
10. Deputy or other manager role, team leader or supervisor
11. Other adult social care role – please write in [SPECIFY]
12. Roles less involved in care e.g. receptionist, cook, cleaner, caretaker, administrative assistant, senior manager [THANK AND CLOSE] / [THANK AND CLOSE]
13. I do not work in adult social care [THANK AND CLOSE] / [THANK AND CLOSE]

ASK IF Registered nurse, nursing associate or registered manager (Q.Job_role=7,8,9)

Q.Job_role_Reg
Do you currently work in [IF Q.Job_role=7 or 8: this adult social care role /IF Q.Job_role=9: either of these adult social care roles]?

READ OUT
SINGLE CODE – ONLY SHOW CATEGORIES WHICH WERE NOT MENTIONED AT PREVIOUS QUESTION. If Q.Job_role= 7 or 8 then only show registered manager at Q.Job_role_Reg. If Q.Job_role= 9 then show registered nurse and nursing associate at Q.Job_role_Reg.
1. Registered Nurse [IF Q.Job_role=9]
2. Nursing Associate [IF Q.Job_role=9]
3. Registered Manager/ Assistant Registered Manager (e.g. in a care home) [IF Q.Job_role=7 or 8]
4. [IF Q.Job_role=7 or 8: No /IF Q.Job_role=9: None of these]
5. Don't know

ASK IF JOB_ROLE=1-3, 5-11

Q.Job_set (COG)

Which of the following services do you currently work in? If you work in more than one service please select the one you work in most.

READ OUT
SINGLE CODE

1. Care home services <u>with</u> nursing

2. Care home services <u>without</u> nursing
3. Homecare services (Domiciliary care)
4. Live-in care
5. Support and outreach services
6. Extra care housing services
7. Shared lives
8. Supported living services
9. Day care services
10. Hospice
11. Local authority adult social care services
12. Enablement or reablement
13. Short break or respite
14. I work across multiple services
15. Other adult social care service– please write in [SPECIFY]

ASK IF JOB_ROLE=1-11
Q.Job_role_emp (COG)

Who are you employed by?

READ OUT
SINGLE CODE

1. Local authority or Council
2. Private care provider
3. Care provider (not for profit/ charity)
4. Staffing agency
5. Person cared for or supported (individual employer)
6. Self-employed / Independent
7. NHS
8. Other, please write in [SPECIFY]

ASK IF Q.Job_role_emp=4
Q.Job_role_agency (COG)

You said you are employed by a staffing agency. Which type(s) of organisation are you currently working with through the agency?

READ OUT
MULTICODE

1. Local Authority
2. Care provider
3. NHS
4. Person cared for or supported (individual employer)
5. Other, please write in [SPECIFY]

ASK IF JOB_ROLE=1-11
Q.Job_role_main (COG)
Does your job involve…?
READ OUT
MULTICODE

1. Providing care and/or support directly to people with care and support needs
2. Managing other staff who provide direct care and support
3. Conducting assessments, care planning, advising on equipment or helping people access care and support
4. None of these [EXCLUSIVE CODE]
5. Don't know [EXCLUSIVE CODE] [DO NOT READ OUT]

ASK IF JOB_ROLE=1-11
Q.Job_role_time (COG)

How long have you worked as a [INSERT ROLE from Q.Job_role/ Q.Job_role other specify)]**? Please include any time spent working for another employer in the same role.**
SCRIPT WRITER: WHEN INSERTING ROLE FOR CODE 9 DELETE '(e.g. in a care home)'

TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVDED.
SINGLE CODE

1. Up to six months
2. Six months up to 12 months
3. One year up to five years
4. Five years up to ten years
5. More than ten years
6. Can't remember

ASK IF JOB_ROLE=1-11
Q.Set_reg

In which region of England do you work?

If you work in more than one, select the main region.

TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVDED.
SINGLECODE

1. Eastern
2. East Midlands
3. Greater London
4. North East
5. North West
6. South East
7. South West
8. West Midlands
9. Yorkshire and Humber
10. None of these – THANK AND CLOSE

TIMESTAMP_3
ASK IF Q.Job_set =1-4, 6 OR 8, AND Q.Set_reg=1-9
ASK ALL WHOSE MAIN SERVICE IS CARE HOME (WITH OR WITHOUT NURSING), DOMICILIARY CARE,
LIVE-IN CARE, EXTRA CARE HOUSING OR SUPPORTED LIVING SCHEME AND REGION=1-9
Q.Set_age
Who do you provide care services for?
READ OUT
MULTICODE
1. People who are working age e.g., 18-64 years old
2. People aged 65 or over
3. Don't know [EXCLUSIVE CODE[[DO NOT READ OUT]

ASK ALL WHO SELECT CODE 1 AT Set_age
Q.Set_con
Thinking about people of working age, who do you provide care for in this service?
READ OUT
MULTICODE
1. People with a learning disability and/or autism
2. People with a mental health condition
3. People with a physical disability
4. People with a sensory impairment
5. Other – please write in [SPECIFY]
6. None of these [EXCLUSIVE]

ASK ALL WHO SELECT CODE 2 AT Q.Set_age
Q.Set_old

Thinking about people aged 65 or over, who do you provide care for in this service?

READ OUT
MULTICODE

1. Older people <u>with</u> dementia diagnosis
2. Older people <u>without</u> dementia diagnosis
3. Other – please write in [SPECIFY]
4. None of these [EXCLUSIVE]

ASK IF Q.JOB_ROLE=1-11 and Set_reg=1-9 and Q.Job_role_emp<> 6.self-employed/independent
Q.Hours_work
How many hours a week are you contracted to work? Please do not include any overtime you may do.
TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVDED.
SINGLE CODE

1. 0 hours
2. 1-10 hours
3. 11-15 hours
4. 16-20 hours
5. 21-30 hours
6. 31-35
7. 36 or more hours
8. Don't know [EXCLUSIVE]

ASK IF Q.Hours_work= 1 (ZERO hours contract) or Q.Job_role_emp=6
Q.Usual_hours
What are your usual standard hours per week? If your hours vary from one week to another please think of a typical week. Please do not include any overtime or extra hours you may do.
TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVDED.
SINGLE CODE

1. 0 hours
2. 1-10 hours
3. 11-15 hours
4. 16-20 hours
5. 21-30 hours
6. 31-35
7. 36 or more hours
8. I work on an ad hoc basis without usual hours
9. Don't know
10. Prefer not to say

ASK IF JOB_ROLE=1-11 and REGION=1-9
Q.Add_hours_paid
On average, how many additional PAID hours do you work per week [IF Q.Job_role_emp <>6 ADD **for your employer**] **over and above your contracted or usual hours?**
TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVDED.
SINGLE CODE

1. 0 hours
2. 1-10 hours
3. 11-15 hours
4. 16-20 hours
5. 21-30 hours
6. 31-35
7. 36 or more hours
8. I work on an ad hoc basis without usual hours

9. Don't know
10. Prefer not to say

ASK IF JOB_ROLE=1-11 and REGION=1-9
Q.Add_hours_unpaid
On average, how many additional UNPAID hours do you work per week [IF Q.Job_role_emp <>6 ADD **for your employer**] **over and above your contracted or usual hours?**
Please include unpaid overtime and additional unpaid hours on-call.
DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVDED.
SINGLE CODE

1. 0 hours
2. 1-10 hours
3. 11-15 hours
4. 16-20 hours
5. 21-30 hours
6. 31-35
7. 36 or more hours
8. I work on an ad hoc basis without usual hours
9. Don't know [EXCLUSIVE]
10. Prefer not to say [EXCLUSIVE]

NOTE: FROM NOW ON 'ASK ALL' MEANS ASK IF JOB_ROLE=1-11 and REGION=1-9 (ALL ELIGIBLE PEOPLE WORKING IN A SOCIAL CARE ROLE IN ENGLAND)

TIMESTAMP_4

WORK RELATED QUALITY OF LIFE

ASK ALL. SCRIPT WRITER: PLEASE USE MOBILE-FIRST DROP DOWN. ALTERNATE ORDER THIS QUESTION IS SHOWN WITH ASCOT (Q.ASCOT_Intro to ASCOT_income_12_follow)
SHOW IF WRQoL ASKED AFTER ASCOT
You may find that the next set of questions cover similar topics as those you have just answered. We would really appreciate if you could answer them despite this as it will help us decide which questions are most suitable for future waves of this survey.
Q.VL_WRQoL
To what extent do you agree with the following?
TELEPHONE ONLY: **do you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree? Please select one answer for each statement.**
READ OUT EACH STATEMENT
SINGLE CODE FOR EACH STATEMENT. DO NOT ROTATE STATEMENTS OR ANSWER CATEGORIES.
   A. I have a clear set of goals and aims to enable me to do my job
   B. I feel able to voice opinions and influence changes in my area of work
   C. I have the opportunity to use my abilities at work
   D. I feel well at the moment
   E. IF **Q.Job_role_emp =6 (self-employed) INSERT N1:** My client(s) provide(s) adequate facilities and flexibility for me to fit work in around my family life
      IF **Q.Job_role_emp <>6 INSERT N2:** My employer provides adequate facilities and flexibility for me to fit work in around my family life
   F. My current working hours / patterns suit my personal circumstances
   G. I often feel under pressure at work
   H. When I have done a good job it is acknowledged [IF **Q.Job_role_emp <>6** by my [IF **Q.Job_role <>4 INSERT**: line manager / IF **Q.Job_role=4 (PA) INSERT** employer**]]**
   I. Recently, I have been feeling unhappy and depressed
   J. I am satisfied with my life
   K. I am encouraged to develop new skills
   L. I am involved in decisions that affect me in my own area of work
   M. IF **Q.Job_role_emp =6 (self-employed) INSERT N1:** My client(s) provide(s) me with what I need to do my job effectively

IF **Q.Job_role_emp <>6 INSERT N2:** My employer provides me with what I need to do my job effectively

N. IF **Q.Job_role_emp =6 (self-employed) INSERT N1:** My client(s) actively promote(s) flexible working hours / patterns.

IF **Q.Job_role_emp <>6 INSERT N2:** My [IF Q.Job_role <>4 INSERT line manager / IF Q.Job_role=4 (PA) INSERT employer] actively promotes flexible working hours / patterns.

O. In most ways my life is close to ideal
P. I work in a safe environment
Q. Generally things work out well for me
R. I am satisfied with the career opportunities available for me here
S. I often feel excessive levels of stress at work
T. I am satisfied with the training I receive in order to perform my present job
U. Recently, I have been feeling reasonably happy all things considered
V. The working conditions are satisfactory
W. I am involved in decisions that affect members of the public in my own area of work
X. I am satisfied with the overall quality of my working life

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

TIMESTAMP_5

ASK ALL
SHOW IF ASCOT ASKED AFTER WRQoL
You may find that the next set of questions cover similar topics as those you have just answered. We would really appreciate if you could answer them despite this as it will help us decide which questions are most suitable for future waves of this survey.

Q.ASCOT_Intro (COG)
SCRIPT WRITER: SHOW INTRO BELOW ON SEPARATE SCREEN TO FIRST QUESTION
The next set of 13 questions are about different areas of your quality of life that are likely to be impacted by working in social care. For each question, please think about how you feel your work in social care impacts each area of your quality of life and select an answer that best describes how you feel.
SCRIPT WRITER: DO NOT REVERSE CODES 1-4 IN THE ASCOT STATEMENTS BELOW.

ASK ALL
ASCOT_diff_1
Thinking about your current role and the difference you are able to make to people's lives, which of the following statements best describes how you feel?
By making a difference, we mean how far you are able to support people to lead the lives they want.
READ OUT
SINGLE CODE
1. I am able to make as much of a difference as I'd like.
2. I am able to make some difference.
3. I am able to make some difference but not enough.
4. I am not able to make any difference.

ASK ALL
ASCOT_rel_2
Thinking about your relationships with people who have care and/or support needs, which of the following statements best describes how you feel?
Please think about the person/people you have contact with and the quality of the relationships.
Overall, my relationships with people who have care and support needs are:
READ OUT
SINGLE CODE
1. As good as I want them to be
2. Good enough
3. Not as good as I would like
4. Not at all good

ASK ALL
ASCOT_aut_3
Think about how much freedom and independence you have to make decisions and carry out tasks as part of your day-to-day work. Which of the following statements best describes how you feel?
Thinking about making decisions and carrying out tasks in my everyday work, I have:
READ OUT
SINGLE CODE
  1. As much freedom and independence as I want
  2. Adequate freedom and independence
  3. Some freedom and independence, but not enough
  4. No freedom and independence

ASK ALL
ASCOT_time_4
Thinking about the time you need to do your job well, which of the following statements best describes how you feel?
Please think about all the tasks you are required to do within your role and your ability to do them well within paid hours. Depending on your role, this might include direct care and support, paperwork, supervision and management.
READ OUT
SINGLE CODE
  1. I have the time I need
  2. I have adequate time
  3. I do not have enough time
  4. I do not have time to do my job well and it is having a negative effect on me.

ASK ALL
ASCOT_worry_5
Which of the following statements best describes how much you worry about work outside of working hours?
If you have multiple jobs, please focus only on your social care job(s). Think about how much you worry about the people you care for or support, and the tasks you need to do in your working hours.
Outside of working hours:
READ OUT
SINGLE CODE
  1. I hardly ever worry about work
  2. I occasionally worry about work
  3. I often worry about work
  4. I constantly worry about work

ASK ALL
ASCOT_look_6
Thinking about looking after yourself at work, which of the following statements best describes how you feel?
By 'looking after yourself at work', we mean having comfort breaks and time to eat, drink and rest.
READ OUT
SINGLE CODE
  1. I am able to look after myself as well as I want
  2. I am able to look after myself well enough
  3. Sometimes I am not able to look after myself well enough
  4. I am rarely able to look after myself well enough

ASK ALL
ASCOT_safe_7
Which of the following statements best describes how safe you feel at work?
By 'feeling safe at work', we mean how safe you feel doing your job. This includes fear of physical harm (e.g., from lifting and handling, risk of infection, physical abuse) and psychological harm (e.g., verbal or emotional abuse).
READ OUT
SINGLE CODE
  1. I feel safe

2. Generally, I feel adequately safe
3. I feel less than adequately safe
4. I don't feel at all safe

ASK ALL
ASCOT_safe_7_follow
Which, if any, of the following risks make you feel unsafe doing your job? Please only select those which make you feel unsafe in your role at the moment.
READ OUT
MULTICODE
1. Physical harm from lifting, handling or movement involved in the job or the physical conditions at work
2. Physical abuse or violence from those I care for or support, or from their family members or friends
3. Physical abuse or violence from colleagues
4. Physical abuse or violence from the general public
5. Infection e.g. from COVID or other communicable diseases
6. Verbal or emotional abuse, bullying or harassment from those I care for or support, or from their family members or friends
7. Verbal or emotional abuse, bullying or harassment from colleagues
8. Verbal or emotional abuse, bullying or harassment from the general public
9. Sexual abuse or sexual harassment
10. Harm to wellbeing from work pressure and stress
11. Risks associated with administering medication
12. Lack of supervision
13. I feel unsafe in other ways
14. None of these [EXCLUSIVE]
15. Don't know [EXCLUSIVE] [DO NOT READ OUT]
16. Prefer not to say [EXCLUSIVE] [DO NOT READ OUT]

ASK ALL
ASCOT_prof_rel_8
Thinking about your professional relationships with colleagues or people you work with, which of the following statements best describes how you feel?
Depending on your role, you might regularly interact with family members and other health and social care professionals.
Overall, my professional relationships with the people I work with are:
READ OUT
SINGLE CODE
1. As good as I want them to be
2. Good enough
3. Not as good as I would like
4. Not at all good

ASK ALL
ASCOT_supp_9
Thinking about how supported you are in your role, which of the following statements best describes how you feel?
By 'supported' we mean the extent to which you feel respected and encouraged [IF **Q.Job_role_emp <>6 by your [**[IF **Q.Job_role <>4 INSERT** manager(s) /IF **Q.Job_role = 4 INSERT**: employer]]**.**
READ OUT
SINGLE CODE
1. I feel highly supported **[**IF **Q.Job_role_emp <>6** by my [IF **Q.Job_role <>4 INSERT** manager(s) /IF **Q.Job_role = 4 INSERT**: employer]]
2. I feel adequately supported **[**IF **Q.Job_role_emp <>6** by my [IF **Q.Job_role <>4 INSERT** manager(s) /IF **Q.Job_role = 4 INSERT**: employer]]
3. I do not feel as supported as I would like **[**IF **Q.Job_role_emp <>6** by my [[IF **Q.Job_role <>4 INSERT** manager(s) /IF **Q.Job_role = 4 INSERT**: employer]]
4. I do not feel at all supported **[**IF **Q.Job_role_emp <>6** by my [[IF **Q.Job_role <>4 INSERT** manager(s) /IF **Q.Job_role = 4 INSERT**: employer]]

ASK ALL

ASCOT_skills_10
Thinking about the skills and knowledge you need to do your job well, which of the following statements best describes how you feel now?
Skills and knowledge might have been obtained through training, education, personal or life experience and shadowing other people.
READ OUT
SINGLE CODE
1. I have the skills and knowledge I need
2. I have adequate skills and knowledge
3. I have some skills and knowledge but not enough
4. I do not have the skills and knowledge I need

ASK ALL
ASCOT_asp_11
Thinking about the opportunities you have to develop and progress in social care, which of the following statements best describes how you feel?
READ OUT
SINGLE CODE
1. I have as many opportunities as I would like
2. I have adequate opportunities
3. I have some opportunities but not enough
4. I have no opportunities

ASK ALL
ASCOT_value_13
Thinking about how your role in social care is valued by other people, which of the following best describes how you feel?
Think about other people 'overall', including the public, people you know and views expressed in the media.
READ OUT
SINGLE CODE
1. My role is highly valued by others
2. My role is adequately valued by others
3. My role is not as valued as I would like by others
4. My role is not at all valued by others

ASK ALL
ASCOT_income_12
Thinking about your financial security which of these statements best describes how you feel?
By 'financial security', we mean whether your household income meets your and your dependents' needs. Please think about pay and other benefits (e.g. pension, sick pay).
READ OUT
SINGLE CODE
1. I have as much financial security as I want
2. I have enough financial security
3. I do not have enough financial security
4. I do not have any financial security

ASK ALL
ASCOT_income_12_follow
Which of these, if any, apply to you?
REVERSE 1-12, 13,14,15 always last
READ OUT
MULTICODE
1. Hourly rate of pay is too low
2. Insufficient or no pay for travel time between visits
3. Insufficient pay for sleep-in or night shifts
4. Number of hours worked is too low or uncertain
5. Uncertainty about job security and future income

6. Lack of sick pay
7. Lack of maternity or paternity pay
8. Lack of paid holiday
9. Employer does not contribute (enough) to pension
10. My financial responsibilities are too large
11. The cost of living is too high
12. My financial security is dependent on someone else's income
13. None of these [EXCLUSIVE]
14. Don't know [EXCLUSIVE] [DO NOT READ OUT]
15. Prefer not to say [EXCLUSIVE] [DO NOT READ OUT]

TIMESTAMP_6

OVERALL WELLBEING

We would like to ask four questions about your feelings on aspects of your life overall. There are no right or wrong answers.

ONLINE: **Give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".**
TELEPHONE: **For each of these questions I'd like you to give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".**
SCRIPT WRITER: PLEASE USE MOBILE FIRST, DROP DOWN
ASK ALL
Q.Life_sat
ONLINE: **Overall, how satisfied are you with your life nowadays?**
Scale of 0 to 10, where 0 is "not at all" and 10 is "completely".
TELEPHONE: **On a scale of 0 to 10, overall, how satisfied are you with your life nowadays?**

ASK ALL
Q.Life_worth
ONLINE: **Overall, to what extent do you feel that the things you do in your life are worthwhile?**
Scale of 0 to 10, where 0 is "not at all" and 10 is "completely".
TELEPHONE: **On a scale of 0 to 10, overall, to what extent do you feel that the things you do in your life are worthwhile?**
ASK ALL
Q.Life_hap
ONLINE: **Overall, how happy did you feel yesterday?**
- Scale of 0 to 10, where 0 is "not at all" and 10 is "completely".

TELEPHONE: **On a scale of 0 to 10, overall, how happy did you feel yesterday?**
ASK ALL
Q.Life_anx
ONLINE: **Overall, how anxious did you feel yesterday?**
- Scale of 0 to 10, where 0 is "not at all" and 10 is "completely".

TELEPHONE: **On a scale of 0 to 10, overall, how anxious did you feel yesterday?**

TIMESTAMP_7

LEARNING AND PERSONAL DEVELOPMENT

ASK ALL EXCEPT SELF-EMPLOYED (Q.Job_role_emp<>6)
Q.Appra
In the last 12 months, have you had an appraisal, annual review, or development review?
This is an annual meeting, usually with [TEXTFILL: Q.Job_role_emp =1-4, 7 **your line manager or the person who employs you** / Q.Job_role_emp =5 **individual employer**] **to discuss your performance and career development.**
Please only select one option.
READ OUT
SINGLE CODE
1. Yes

2. No
3. Can't remember
11. Don't know [DO NOT READ OUT]

ASK WHO CODED 1 AT Q.Appra
Q.Appraisal_impact
Thinking about your most recent appraisal, annual review development review, to what extent would you agree with the below statements?
TELEPHONE ONLY: **do you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree? Please select one answer for each statement.**
READ OUT EACH STATEMENT
SINGLE CODE
SCRIPT WRITER: USE MOBILE FIRST, DROP DOWN. REVERSE ANSWER SCALE FOR HALF THE RESPONSES.
   A. It helped me to improve how I do my job
   B. It helped me agree clear objectives for my work
   C. It left me feeling that my work is valued by my [TEXTFILL: Q.Job_role_emp =1-4, 7 organisation/ Q.Job_role_emp =5 individual employer]

   1. Strongly agree
   2. Agree
   3. Neither agree nor disagree
   4. Disagree
   5. Strongly disagree
   6. Don't know [DO NOT READ OUT]

ASK ALL
Q.Per_dev
To what extent do these statements reflect your view of your [TEXTFILL: Q.Job_role_emp =1-4, 6 AND 7 organisation as a whole/ Q.Job_role_emp =5 individual employer/ Q.Job_role_emp =6 role?
TELEPHONE ONLY: **do you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree? Please select one answer for each statement.**
READ OUT EACH STATEMENT
SINGLE CODE
SCRIPT WRITER: USE MOBILE FIRST, DROP DOWN. REVERSE ANSWER SCALE FOR HALF THE RESPONSES.
   A. This [TEXTFILL: Q.Job_role_emp =1-4, 7 organisation/ Q.Job_role_emp =5 individual employer/ Q.Job_role_emp =6 role] offers me challenging work
   B. There are opportunities for me to develop my career [TEXTFILL: Q.Job_role_emp =1-4, 7 in this organisation/ Q.Job_role_emp =5 with this individual employer/ Q.Job_role_emp =6 no text]
   C. I have opportunities to improve my knowledge and skills
   D. I feel supported to develop my potential
   E. I am able to access the right learning and development opportunities when I need to

   1. Strongly agree
   2. Agree
   3. Neither agree nor disagree
   4. Disagree
   5. Strongly disagree
   6. Don't know [DO NOT READ OUT]

TIMESTAMP_8

HARASSMENT, ABUSE AND BULLYING
ASK ALL
SCRIPT WRITER: SHOW INTRODUCTION ON SEPARATE SCREEN TO FIRST QUESTION
Q.INTRO

The next few questions ask about your experiences of physical violence, harassment, abuse and bullying at work. If your work involves travel or being out and about in public places please think about this aspect of your work, as well as when you are in your main workplace.

ASK ALL
Q.Phy_vio
In the last 12 months how many times have you personally experienced or witnessed <u>physical violence</u> while working in adult social care…
READ OUT EACH STATEMENT
SINGLE CODE
SCRIPT WRITER: USE MOBILE FIRST, DROP DOWN
   A. From the people you care for or support
   B. DO NOT INSERT IF Q.Job_role =4 OR IF Q Job_role_emp=6 From managers or team leaders
   C. DO NOT INSERT IF Q.Job_role =4 OR IF Q Job_role_emp=6 From other colleagues
   D. From family members or friends of people you care for or support
   E. From members of the public

TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED. IF PARTICIPANT CANNOT GIVE A PRECISE ANSWER READ OUT.
   1. Never
   2. 1-2
   3. 3-5
   4. 6-10
   5. More than 10
   6. Don't know [DO NOT READ OUT]
   7. Prefer not to say [DO NOT READ OUT]

ASK ALL WHO CODED 2-5 AT QPhy_vio on A,B,C,D,E
READ OUT
Q.Phy_vio_report
The last time you experienced or witnessed physical violence while working, did you or a colleague report it?
MULTICODE
   1. Yes, I reported it
   2. Yes, a colleague reported it
   3. No [EXCLUSIVE]
   4. Don't know [EXCLUSIVE] [DO NOT READ OUT]
   5. Prefer not to say [EXCLUSIVE] [DO NOT READ OUT]

ASK ALL
READ OUT
Q.Har_bull
In the last 12 months, how many times have you personally experienced or witnessed <u>harassment, bullying or abuse</u> while working in adult social care…
Please select only one option.
READ OUT EACH STATEMENT
SINGLE CODE
SCRIPT WRITER: USE MOBILE FIRST, DROP DOWN
   A. From the people you care for or support
   B. DO NOT INSERT IF Q.Job_role =4 (PA) OR IF Q Job_role_emp=6 (SELF-EMPLOYED) From managers or team leaders
   C. DO NOT INSERT IF Q.Job_role =4 OR IF Q Job_role_emp=6 From other colleagues
   D. From family members or friends of people you care for or support
   E. From members of the public

TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED. IF PARTICIPANT CANNOT GIVE A PRECISE ANSWER READ OUT.
   1. Never
   2. 1-2

3. 3-5
4. 6-10
5. More than 10
6. Don't know [DO NOT READ OUT]
7. Prefer not to say [DO NOT READ OUT]

ASK ALL WHO CODED 2-5 AT QHar_bull
READ OUT
Q.Har_bull_report
The last time you experienced harassment, bullying or abuse at work did you or a colleague report it?
MULTICODE
1. Yes, I reported it
2. Yes, a colleague reported it
3. No [EXCLUSIVE]
4. Don't know [EXCLUSIVE] [DO NOT READ OUT]
5. Prefer not to say [EXCLUSIVE] [DO NOT READ OUT]

TIMESTAMP_9

INTENTION TO LEAVE THE WORKFORCE

ASK ALL EXCEPT SELF-EMPLOYED (Q.Job_role_emp<>6)
Q. Intention_intro
The next few questions are about retention. As for all questions in this survey, we would like to remind you that your responses will NOT be shared with your employer, workplace or the Department of Health and Social Care (**DHSC). No analysis will be conducted at employer or workplace level.**
Q. Intention_to_leave
ASK ALL EXCEPT SELF-EMPLOYED (Q.Job_role_emp<>6)
TEXTFILL: IF Q.Job_role_emp <>5 INSERT organisation/IF Q.Job_role_emp = 5 INSERT employer
To what extent do you agree or disagree with these statements?
READ OUT EACH STATEMENT
SINGLE CODE
SCRIPT WRITER: USE MOBILE FIRST, DROP DOWN. REVERSE ANSWER SCALE FOR HALF THE RESPONSES.
   A. I often think about leaving this [TEXTFILL]
   B. I will probably look for a job at a new [TEXTFILL] in the next 12 months
   C. As soon as I can find another job, I will leave this [TEXTFILL]

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

ASK IF ANY of Intention_to_leave_A,_B,_C = 1, 2, 3
Q.Destination_leave
If you are considering leaving your current job, what would be your most likely destination?
READ OUT
SINGLE CODE

1. DO NOT ASK IF Q.Job_role_emp = 5 I would want to move to another job within this organisation.
2. I would want to move to a job [IF Q.Job_role_emp <> 5 INSERT with a different social care organisation/IF Q.Job_role_emp = 5 INSERT with a different employer].
3. I would want to move to a job in the NHS or healthcare.
4. I would want to move to a job outside of health and social care.
5. I would retire or take a career break.
6. I am not considering leaving my current job.
7. Don't know [DO NOT READ OUT]

8. Prefer not to say [DO NOT READ OUT]

ASK ALL EXCEPT Q.**Destination_leave = 6**

Q.Factor_to_leave. For which of the following reasons, if any, are you considering leaving your current job?
READ OUT

MULTICODE

1. Lack of learning and development offer
2. Lack of career opportunities or progression
3. Income or salary is too low
4. Employment terms and conditions e.g. zero hours contract, lack of paid overtime, lack of sick pay, lack of maternity pay
5. Impact on health and wellbeing e.g., stress, burnout
6. Working conditions (e.g., equipment for safe working, access to technology and internet, cleanliness)
7. Bullying and harassment
8. Poor relationships with colleagues and/or manager
9. Travel time/difficulties with travel to your workplace
10. Other, please specify
11. Lack of recognition for the adult social care sector
12. None of these [EXCLUSIVE]
13. Don't know [EXCLUSIVE] [DO NOT READ OUT]
14. Prefer not to say [EXCLUSIVE] [DO NOT READ OUT]

ASK IF Q.Factor_to_leave has more than one answer.
Q.Factor_L_most

You said you are considering leaving your current job for the following reasons. Which one of them is most important in your decision to leave?

READ OUT

SINGLE CODE

INSERT REASONS CHOSEN AT Q.Factor_to_leave.
1. They are all equally important
2. Don't know [DO NOT READ OUT]
3. Prefer not to say [DO NOT READ OUT]

TIMESTAMP_10

DEMOGRAPHICS

ASK ALL
We would now like to ask some questions about you to help us understand how experience of adult social care work affects different groups. Your responses will be treated confidentially and will not be shared with your employer or anyone at your workplace. The Department of Health and Social Care (DHSC) will not know who has taken part in the survey – they will receive only anonymous results. It will not be possible to identify anyone from the findings we will provide.
ASK ALL

Q.Age

ONLINE: How old are you?
TELEPHONE: **What was your age at your last birthday?**

SINGLE CODE

TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.
1. Under 18
2. 18 - 24

3. 25 – 34
4. 35 – 44
5. 45 – 54
6. 55 - 64
7. 65 or over
8. Prefer not to say

ASK ALL
Q.Gen_1

READ OUT QUESTION
Which of the following best describes your gender?
READ OUT
SINGLE CODE

1. Man
2. Woman
3. Non-binary
4. My gender is not listed
5. I would prefer not to say [DO NOT READ OUT]

ASK ALL
Q.Sex_2
READ OUT QUESTION
At birth, were you described as…
READ OUT
SINGLE CODE

1. Male
2. Female
3. I would prefer not to say [DO NOT READ OUT]

ASK ALL
Q.Sexuality

Which of the following best describes your sexual orientation?

READ OUT
SINGLE CODE

1. Straight/Heterosexual
2. Gay or lesbian
3. Bisexual
4. Other sexual orientation
5. I would prefer not to say [DO NOT READ OUT]

ASK ALL
Q. Marital
What is your legal marital or registered civil partnership status?
TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.
SINGLE CODE
1. Single, that is, never married and never registered in a civil partnership
2. Married
3. In a registered civil partnership
4. Cohabiting with a partner but not married or in a civil partnership
5. Separated, but still legally married
6. Separated, but still legally in a civil partnership
7. Divorced
8. Formerly in a civil partnership which is now legally dissolved
9. Widowed
10. Surviving partner from a civil partnership
11. Prefer not to say

ASK ALL
Q. Eth

What is your ethnic group?

TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.
SINGLE CODE

WHITE

1. English/ Welsh / Scottish / Northern Irish / British
2. Irish
3. Gypsy or Irish Traveller
4. Another white background

MIXED / MULTIPLE ETHNIC GROUP

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Another Mixed / multiple ethnic background – PLEASE WRITE IN [SPECIFY]

ASIAN / ASIAN BRITISH

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Another Asian background – PLEASE WRITE IN [SPECIFY]

BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

14. African
15. Caribbean
16. Another Black / African / Caribbean background – PLEASE WRITE IN [SPECIFY]

OTHER ETHNIC GROUP

17. Arab
18. Another ethnic group – PLEASE WRITE IN [SPECIFY]
19. I would prefer not to say

ASK ALL
Q.Religion

What is your religion?

Please select one option only.
TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.
SINGLE CODE

1. No religion
2. Christian (including Church of England, Catholic, Protestant and other Christian denominations)
3. Buddhist
4. Hindu
5. Jewish
6. Muslim
7. Sikh
8. Any other religion
9. I would prefer not to say

ASK ALL
Q. Int_citizen

The Department of Health and Social Care would like to understand the experience of people who have come from other countries originally and now work in adult social care. To do this we need to know which citizenship(s) you hold.
Which country or countries are you a citizen of?
TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.
MULTICODE
SCRIPT WRITER: CODES 2 AND 3 ARE MUTUALLY EXCLUSIVE
1.   I am a citizen of the United Kingdom
2.   I am a citizen of one other country (not UK) [NOT WITH 3]
3.   I am a citizen of two other countries (not UK) [NOT WITH 2]
4.   Prefer not to say [EXCLUSIVE]

ASK IF Int_citizen=2 or 3 (not a UK Citizen)
Int_Country_1
Which other country apart from the UK are you a citizen of?

TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.
SELECT COUNTRIES FROM DROP DOWN MENU

ASK IF Int_citizen=3 (not a UK Citizen)
Int_Country_2
Which second country apart from the UK are you a citizen of?

TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.
SELECT COUNTRIES FROM DROP DOWN MENU

ASK IF Int_citizen<> 1 OR 4 (not a UK Citizen or not known)

Q.Int_Arrive (COG)
When did you most recently arrive in the UK to live and work here?

TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.
ENTER MONTH AND YEAR

1.   Don't know
2.   Prefer not to say

ASK IF Int_citizen<>1 OR 4 (not a UK Citizen or not known)

Q.Int_Visa (COG)

Are you working in social care on a Health and Care Worker visa?

TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.
SINGLE CODE
1.   Yes
2.   No
3.   Don't know
4.   Prefer not to say

If selected code 1 at Int_Visa and code 3 at Int_citizen.
Q.Int_Visa_Count

Which passport is your visa attached to?
TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.
INSERT COUNTRIES SELECTED AT Int_Country_1 and Int_Country_2
Prefer not to say [DO NOT READ OUT]

ASK ALL.
Q. Dis_1

Do you have any physical or mental health conditions, disabilities or illnesses lasting or expected to last for 12 months or more?
TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.

SINGLE CODE

1.   Yes
2.   No
3.   I would prefer not to say

ASK IF Q.Dis_1=1 (any disability).
Q. Dis_1
Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?
READ OUT

SINGLE CODE
1. Yes, a lot
2. Yes, a little
3. Not at all
4. I would prefer not to say [DO NOT READ OUT]

ASK ALL
INTRO_CARE
The next few questions are asked to help us understand how other responsibilities outside work may impact on experience of adult social care work.

ASK ALL
Q.UNPAID_CARE
Excluding anything you do as part of your paid employment, do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?
Please think about care for family or friends.
TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED
SINGLE CODE
1. No
2. Yes, 9 hours a week or less
3. Yes, 10 to 19 hours a week
4. Yes 20 to 34 hours a week
5. Yes, 35 to 49 hours a week
6. Yes, 50 or more hours a week
7. Don't know
8. Prefer not to say

ASK ALL
Q.Childnum
Are there any children or young people under age 18 living in your household?
READ OUT
MULTICODE
1. No children under 18 in household [EXCLUSIVE]
2. Yes child(ren) aged 0-4
3. Yes child(ren) aged 5-10
4. Yes child(ren) aged 11-14
5. Yes child(ren) aged 15-17
6. Prefer not to say [EXCLUSIVE]

ASK ALL
R27_A
Thinking about the total income of your household as a whole from all sources before tax - including benefits, savings and so on, which of the following do you know best?
READ OUT
SINGLE CODE
1. Your household's weekly income
2. Your household's monthly income
3. Your household's annual income
998.   Don't know [DO NOT READ OUT]
999.   Prefer not to say [DO NOT READ OUT]

ASK ALL
R27 m_hhincome
What is the total income of your household as a whole (earned by all members of your household), per [year/month/week BASED ON R27_A=1, 2 OR 3; if R27_A IS 998 OR 999, USE MONTH] from all sources before tax - including benefits, savings and so on?
All the data you provide continues to be anonymous and will not be shared with anyone in a way that can identify you.
ONLINE: **Please select one option only**
TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED. IF THEY DO NOT WISH TO GIVE PRECISE ANSWER THEN READ OUT BANDS.
SINGLE CODE
ONLINE: SHOW ONE SET OF CODES BASED ON ANSWER TO R27_A

WEEKLY

1. Up to £49
2. £50 up to £99
3. £100 up to £199
4. £200 up to £299
5. £300 up to £399
6. £400 up to £499
7. £500 up to £599
8. £600 up to £699
9. £700 up to £799
10. £800 up to £899
11. £900 up to £999
12. £1000 up to £1,439
13. £1,440 up to £1,899
14. £1,900 up to £2,899
15. £2,900 or more

MONTHLY

16. Up to £216
17. £217 up to £432
18. £433 up to £866
19. £867 up to £1,299
20. £1,300 up to £1,732
21. £1,733 up to £2,166
22. £2,167 up to £2,599
23. £2,600 up to £3,032
24. £3,033 up to £3,466
25. £3,467 up to £3,899
26. £3,900 up to £4,332
27. £4,333 up to £6,249
28. £6,250 up to £8,299
29. £8,300 up to £12,499
30. £12,500 or more

ANNUAL

31. Up to £2,599
32. £2,600 up to £5,199
33. £5,200 up to £10,399
34. £10,400 up to £15,599
35. £15,600 up to £20,799
36. £20,800 up to £25,999
37. £26,000 up to £31,199
38. £31,200 up to £36,399
39. £36,400 up to £41,599
40. £41,600 up to £46,799
41. £46,800 up to £51,999
42. £52,000 up to £74,999
43. £75,000 up to £99,999
44. £100,000 up to £149,999
45. £150,000 or more

998.   Don't know [DO NOT READ OUT]
999.   Prefer not to say [DO NOT READ OUT]

ASK ALL
Q. Education
Where did you complete your highest level of education?
ONLINE ONLY: **If you completed the same level of education in the United Kingdom and in another country, please select "In the United Kingdom".**
TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.
SINGLE CODE
1.   In the United Kingdom
2.   In another country
999.   Prefer not to say

ASK IF EDUCATION=1

Q._Uk_education
What is your highest educational qualification completed in the United Kingdom?
This means any educational, professional, vocational or other work-related qualifications for which you received a certificate.
TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.
SINGLE CODE
FIXED LIST
1.   Degree level or above, SVQ Level 5
2.   Other Higher Education below degree level, SVQ Level 4
3.   A levels, Scottish Highers, NVQ level 3 and equivalents; includes AS level, Higher Grade, Advanced Higher, CSYS, Scottish Baccalaureate, SVQ and GNVQ level 3, BTEC National, SCOTVEC National Diploma, SVQ Level 3
4.   GCSE/O level grade A*-C or 4-9, Scottish O Grade/Standard Grade/National 5/Intermediate 2, NVQ level 2 and equivalents; includes SVQ and GNVQ level 2, BTEC first or general diploma
5.   Qualifications at level 1 and below; includes GCSE or O level below grade C or 4, CSE below grade 1, NVQ, Scottish National 1-4/Intermediate 1, SVQ and GNVQ level 1, BTEC first or general certificate, SCOTVEC National Certificate
6.   Another type of qualification: includes other vocational or professional qualifications
7.   No qualification
999.   Prefer not to say

ASK IF EDUCATION= 2 (OUTSIDE UK)
Q. Nonuk_education
What is the highest level of education you completed in another country?
Please select the option that best matches the highest level of education you completed.
TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.

SINGLE CODE
FIXED LIST

1. University degree (completed a bachelor/master/PhD degree or equivalent)
2. Vocational qualification specific to a particular occupation or trade (below degree level)
3. Upper secondary that allows access to university
4. Lower secondary education (schooling approximately until the age of 15)
5. Primary education (schooling approximately until the age of 11)
6. No primary education completed
7. Never been in formal education
999.   Prefer not to say

HIDDEN VARIABLE
m_all_education
Highest level of education (Inside/Outside UK)
IF (uk_education = 1 OR nonuk_education = 1) – Graduates (Degree/Master/PhD/above)
IF (uk_education = 2 OR nonuk_education = 2) – Other Higher Education below degree level
IF (uk_education = 3 OR nonuk_education = 3) – A-level or equivalent
IF (uk_education = 4-5 OR nonuk_education = 4) – GCSE/O-Level/CSE/NVQ12/equivalent
IF (uk_education = 6) – Another type of qualification (vocational/professional/foreign)
IF (uk_education = 7 OR nonuk_education = 5-6-7) – No formal qualifications

TIMESTAMP_11

DATA LINKAGE
ASK ALL.
Q.Data_link
Thank you for taking the time to respond to this survey.
To help us understand more about how things in your workplace impact on your experiences, we would like to link some information about your employer to your survey responses. This would be things like the number of staff and the turnover of staff at your workplace.
It will not be possible to identify you, or your employer or workplace, from any information that is linked. The answers you have provided in this survey would still be anonymous.
If you agree and tell us the name and address of your employer we will use this to match information about your employer held by Skills for Care in the Adult Social Care Workforce Data Set (ASC-WDS) to your survey answers.
Ipsos would only share information you provide about where you work with Skills for Care for matching on information they hold about your employer. No other answers you have given would be shared with Skills for Care so they would not know who you are.
Can Ipsos link the answers provided in this survey with information about your employer from the ASC-WDS data set held by Skills for Care?
TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.
SINGLE CODE
1. Yes
2. No

IF DATA LINK=1 (YES) AND WORKING FOR REGISTERED PROVIDERS (JOB_SET=1,2,3).
Q.Data_link_CQC
To help us to link your survey responses please
ONLINE: type in the name of your workplace (e.g. care home name), the first line of the address or the postcode of where you work to look up your workplace.
TELEPHONE:**: tell me the name of your workplace (e.g. care home name), the first line of the address or the postcode of where you work so I can look up your workplace.**
-     Workplace is not listed.

INSERT DROP DOWN MENU
-     My workplace is not listed

IF DATA LINK=1 (YES) AND (NOT WORKING FOR REGISTERED PROVIDERS (JOB_SET<>1,2,3) OR
Q.Data_link_CQC = 'My workplace is not listed'
Q.Data_link_NOTCQC (COG)
To help us to link your survey responses please provide us with information about

- INSERT IF WORKING FOR REGISTERED PROVIDERS (JOB_SET=1,2,3): CQC registration number (please write in)
- Workplace name
- Workplace address
- Workplace postcode

RE-CONTACT

ASK IF INTERNATIONAL RECRUIT INT_Visa= 1 (yes)

Q.Re_con_Visa (COG)

You previously told us you are employed on a Health and Care Worker visa. The Department of Health and Social Care (DHSC) would like to understand how they can further improve the experience of working in the care sector for people holding this visa.

Would you be willing to be re-contacted by DHSC or a third party organisation on their behalf to take part in further research about your experience as an international recruit to the social care workforce, within the next 12 months?

TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.

SINGLE CODE

1. Yes I agree to be contacted to take part in further research
2. No I do not want to contacted

ASK IF 1 AT Re_con_Visa

Q.Re_method_1(COG)

Would you be happy to be re-contacted in the following ways?

TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.

MULTICODE

1. By email
2. By telephone
3. Neither of these [EXCLUSIVE CODE]

ASK IF 1 AT Re_con_Visa

Q.NAME_1

TELEPHONE: ONLY ASK IF THEY HAVE NOT MENTIONED THEIR NAME IN THE INTERVIEW SO FAR

What is your name?

- Prefer not to say

IF **Q.NAME_1=Prefer not to say**

Q.NAME_2

In order to recontact you we need to know your name so we know we are speaking to the right person.

TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.

1. I would like to give my name
2. I would not like to be recontacted

ASK IF 1 AT Re_method_1

Q.EMAIL_1

What is your email address?

ONLINE: If you are happy to be re-contacted by email, please write your email address below.

TELEPHONE: If you are happy to be re-contacted by email, please tell me your email address.

WRITE IN. SCRIPT CHECKER CHECK IT CONTAINS THE @ SIGN.

ASK IF 2 AT Re_method_1

Q.TEL_1

ONLINE: **If you are happy to be re-contacted by telephone, please write your telephone number below…**

TELEPHONE: **If you are happy to be re-contacted by telephone, please tell me your telephone number.**

- WRITE IN

SCRIPT WRITER: ADD COUNTRY CODE IN CASE IT IS NOT A UK NUMBER. FOR UK NUMBER ENSURE THEY HAVE 11 DIGITS.

ASK ALL
Q.Re_con_Wave
Thank you for taking the time to respond to this survey. In the future the Department of Health and Social Care (DHSC) would like to re-contact people who have taken part in the survey to invite them to take part again, within the next two years. This will help them to monitor how the workforce is changing and provide information about DHSC policies.
Would you be willing to be re-contacted by DHSC or a third-party organisation on their behalf to take part in further research about your experience of working in the adult social care sector, within the next two years?
TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.
SINGLE CODE

1. Yes
2. No

ASK IF Re_con_Wave = 1
Q.Re_method_2
Would you be happy to be re-contacted in the following ways?
TELEPHONE: DO NOT PROMPT. INTERVIEWER TO CODE BASED ON ANSWER PROVIDED.
MULTICODE

1. By email
2. By telephone
3. Neither of these [EXCLUSIVE CODE]

ASK IF Re_con_Wave = 1. DO NOT ASK IF Q.NAME_1 ALREADY COMPLETED.

Q.NAME_2

TELEPHONE: ONLY ASK IF THEY HAVE NOT MENTIONED THEIR NAME IN THE INTERVIEW SO FAR

What is your name?

- Prefer not to say

IF Q.NAME_=Prefer not to sayREAD OUT

In order to recontact you we need to know your name so we know we are speaking to the right person.

1. I would like to give my name
2. I would not like to be recontacted

ASK IF 1 AT Re_method_2. DO NOT ASK IF Q.EMAIL_1 ALREADY COMPLETED.

READ OUT

Q.email_2

What is your email address?

ONLINE: If you are happy to be re-contacted by email, please write your email address below.

TELEPHONE: If you are happy to be re-contacted by email, please tell me your email address.

WRITE IN

ASK IF 2 AT Re_method_2. DO NOT ASK IF Q.TEL_1 ALREADY COMPLETED

Q.TEL_2

ONLINE: **If you are happy to be re-contacted by telephone, please write your telephone number below…**

TELEPHONE: **If you are happy to be re-contacted by telephone, please tell me your telephone number.**

- WRITE IN

SCRIPT WRITER: ADD COUNTRY CODE IN CASE IT IS NOT A UK NUMBER. FOR UK NUMBER ENSURE THEY HAVE 11 DIGITS.

Please click here to submit your responses.

SUBMIT

Thank you very much for taking the time to complete this survey.

NEXT SCREEN TO SHOW SOURCES OF SUPPORT

TIMESTAMP_12

Our standards and accreditations

Ipsos' standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a "right first time" approach throughout our organisation.

ISO 20252

This is the international specific standard for market, opinion and social research, including insights and data analytics. Ipsos in the UK was the first company in the world to gain this accreditation.

Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos UK endorse and support the core MRS brand values of professionalism, research excellence and business effectiveness, and commit to comply with the MRS Code of Conduct throughout the organisation & we were the first company to sign our organisation up to the requirements & self-regulation of the MRS Code; more than 350 companies have followed our lead.

ISO 9001

International general company standard with a focus on continual improvement through quality management systems. In 1994 we became one of the early adopters of the ISO 9001 business standard.

ISO 27001

International standard for information security designed to ensure the selection of adequate and proportionate security controls. Ipsos UK was the first research company in the UK to be awarded this in August 2008.

The UK General Data Protection Regulation (UK GDPR) and the UK Data Protection Act 2018 (DPA)

Ipsos UK is required to comply with the UK General Data Protection Regulation and the UK Data Protection Act; it covers the processing of personal data and the protection of privacy.

HMG Cyber Essentials

A government backed and key deliverable of the UK's National Cyber Security Programme. Ipsos UK was assessment validated for certification in 2016. Cyber Essentials defines a set of controls which, when properly implemented, provide organisations with basic protection from the most prevalent forms of threat coming from the internet.

Fair Data

Ipsos UK is signed up as a 'Fair Data' Company by agreeing to adhere to twelve core principles. The principles support and complement other standards such as ISOs, and the requirements of Data Protection legislation. .

For more information

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Ipsos Public Affairs works closely with national governments, local public services and the not-for-profit sector. Its c.300 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. Combined with our methods and communications expertise, this helps ensure that our research makes a difference for decision makers and communities.