

'Agile' working has become common in some areas of health and social care. People may work at home, in public areas such as libraries and coffee shops, or even in their car. At the start of the COVID-19 pandemic, a significant proportion of the UK population were forced to work at home with little preparation or support. Remote working is popular but although it has benefits, such as increased flexibility for workers and financial savings for organisations, not having a physical 'base' or having to share a workspace (e.g. hot-desking) can threaten psychological safety and a sense of belonging to the team and the organisation. It can even increase the risk of burnout (Stone et al., 2018). Most organisations do not provide workers with guidance on how to manage the psychosocial risks of agile working, or even recognise the need to do so (McDowall & Kinman, 2017). Many organisations are considering continuing with homeworking after restrictions ease, with a 'hybrid' approach that alternates between working remotely and on site being particularly popular. Leaders should therefore think carefully about the downside as well as the advantages of introducing new working patterns and consider how they will provide support. When developing policies and practices for homeworking, it is also important to consider the implications for the team as well as individuals and to consider how to support collective as well as individual wellbeing and productivity. There is little research on the implications of agile working for health and social care workers, but a study by Jeyasingham (2018) used several data sources (diaries, photographs and interviews) to explore practitioners' experiences when working away from office spaces. The findings highlighted a sense of ambivalence: agile working offered practitioners a 'superficial' sense of control, but concerns were raised about data security, the risks of working in public spaces, and lack of opportunity to interact with others. More recent research, also with social care practitioners, highlighted the creative ways that workers used to engage remotely with people who access services during the COVID-19 pandemic (Pink et al., 2021). The authors argue that social care work is likely to remain a 'hybrid digital practice' with benefits for workers and families, but it is crucial to assess how best to use technologies to support workers' practice and judgements. Also identified is the need to consult people who access services about their experiences of virtual social care practice (Cook & Zschomler, 2020). When introducing flexible working, it is crucial that leaders ensure that practitioners have opportunities to communicate with managers and engage with colleagues on a regular basis – whether this is face to face or online. All too often, insufficient attention is given to what happens at the end of the working day, when people are unable to return to a physical base or may return to find there is no one to check in with. Health and social care workers need a sense of community and value the secure base provided by their team, particularly during stressful times. They may need an opportunity to reconnect with colleagues, debrief or just have a chat before finishing work for the day, which can be an effective way to maintain boundaries between work and personal life. Informal as well as formal opportunities for communication are also needed. Quick Win 1.4 offers guidance on how to use technology to 'check in' with colleagues when working remotely