COVID19 and the UK Care Workers’ Wellbeing at Work: Policy and Practice Implications

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The social care workforce as agents of change: translating systems to service delivery

• The UK social care system
  • Mixed care economy
  • Personalisation & marketisation
  • Disconnected and fragmented care delivery models
  • Underfunded
  • Long-standing recruitment and retention challenges
  • Legacy of political neglect

• Emotionally taxing work
• Working conditions
  • Contract (in)security, wages,
• The profile of the workforce
  • Gender, age, ethnicity, nationality
• Societal image and (under)value
• Relationship to the NHS
COVID19 policies & the social care workforce

• A complex assembly of policies. For social care many guidance were fragmented and came too late

• The government's COVID-19: adult social care action plan was published in April
  • Almost a month after countrywide social distancing measures
  • In May, introduced a dedicated fund to fund to support infection control in care homes.

• Challenges in accessing PPE and testing
• System fragmentations → difficult to co-ordinate support
• Attention, when arrived, was primarily on care homes

Health Foundation, July 2020
King’s Fund, July 2020
Social care workers on the news: a brief timeline Mar-Sep

Clap for Carers: UK in 'emotional' tribute to NHS and care workers

People around the UK have taken part in a "Clap for Carers" tribute, saluting NHS and care workers dealing with the coronavirus pandemic.

The Royal Family and the prime minister joined well-wishers who flocked to their balconies and windows to applaud.

Care home staff on Isle of Wight live in tents to protect residents

Staff at a care home on the Isle of Wight are living in tents to protect residents during the pandemic.

It comes after figures from the Office for National Statistics and the Care
Social care workers on the news: a brief timeline Mar-Sep 2020

Coronavirus: 'Structural racism' must be taken into account when dealing with BAME deaths

Professor Fenton says ministers must understand how contextual issues are driving the excess risk amongst the BAME community.

Coronavirus pandemic

People working in social care in England and Wales have been twice as likely to die with coronavirus as the general working-age population, Office for National Statistics figures show.

Some of the BAME health workers who have died during the pandemic.
Social care workers on the news: a brief timeline Mar-Sep

Coronavirus spread fear of Sheffield carer who went untested

Coronavirus pandemic

COVID CONQUEROR Care home worker first person in Britain to test positive for coronavirus TWICE – and beat it both times

EXCLUSIVE

Patrick Raybin
2 Sep 2020, 22:30 | Updated: 3 Sep 2020, 6:37

A CARE worker told tonight of becoming the first person in Britain to test positive for Covid-19 twice – and beat it both times.

Heidi Kray, 31, is one of only five people worldwide to have had the virus more than once.

Read our coronavirus live blog for the latest news & updates

A carer who was unable to be tested for coronavirus until July said she feared she may have spread the disease into care homes despite showing no symptoms.
Early findings from a care workers’ pulse survey: COVID-19 implications

Shereen Hussein, Eirini Saloniki, Agnes Turnpenny and the RESSCW research team

Work in progress. Please contact authors before citing.
About the Retention and Sustainability of Social Care Workforce (RESSCW) project

Funded by the Health Foundation’s Efficiency Research Programme. Collaboration between UoK, UCL, City and SfC: 2019-2022

It aims to help social care providers, commissioners, regulators and policy-makers understand the specific organisational and individual drivers of staff retention in the social care sector

Work has been extended to examine the impact of COVID-19 on workforce retention & sustainability

Project Team:

Disclaimer: The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK. The views expressed are entirely those of the authors.
An online survey from 3rd of July to the 10th of August 2020
Received 296 valid responses

**Gender**
- Male: 8%
- Female: 91%

**Age**
- Under 25: 4%
- 25-34: 15%
- 35-44: 24%
- 45-54: 36%
- 55-64: 20%
- 65 or over: 1%

**Ethnicity**
- White British: 85%
- White Non-British: 8%
- BAME: 7%
Time working in social care

- More than 10 years: 50%
- 6-10 years: 21%
- 2-5 years: 20%
- 12-23 months: 6%
- 4-11 months: 2%
- Less than 4 months: 2%

Employment type

- 72% guaranteed hours
- 16% zero-hours
- 9% self-employed

- 56% private sector
- 15% public sector
- 15% charity
- 8% agency

(excluding self-employed)
89% of respondents have the same employer and same job now versus before COVID-19

Setting mainly carrying out work
- 50% residential care (w or w/o nursing)
- 42% domiciliary care/supported living
- 6% other

63% of respondents work in the same setting/client group now versus before COVID-19

Groups mainly work with
- 78% older people (age 65+)
- 42% adults with mental health needs
- 37% adults with a physical and/or sensory disability
- 32% adults with a learning disability or autism
- 11% adults who misuse alcohol or drugs
- 1% asylum seekers/refugees

Main job role
- 49% all hands on care work
- 19% mostly care work, some administration work
- 17% little/no care work, mainly administration and paperwork
- 14% mostly administration and paperwork, some care work
As a result of the pandemic:

56% increased their working hours

18% self-isolated

3% furloughed

6% stopped working due to fear of infection or for personal reasons (i.e. caring responsibilities)

If self-isolated, furloughed or stopped working:

Pay

- 43% normal pay
- 14% statutory sick pay
- 3% occupational sick pay
- 18% no pay

I was off work sick for 5 weeks in total, ...., the most I've been off work in my whole career .... I only received SSP!

As a carer on national living wage it will take quite a while to recover from 5 weeks of SSP!"

(Care home without nursing, older people)
Since the onset of COVID-19:

- 22% have not had the COVID-related training to ensure adequate care
- 16% have not had clear guidance to do my job safely and effectively
- 16% have not had the PPE required to do my job safely and effectively
- 6% have had COVID-19 symptoms and did not receive a test

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<thead>
<tr>
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<th>White British</th>
<th>White non-British</th>
<th>BAME</th>
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</thead>
<tbody>
<tr>
<td>No COVID-related training*</td>
<td>20%</td>
<td>12%</td>
<td>50%</td>
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</table>

*White British vs White non-British not statistically significant difference. Remaining differences significant at 5%.

“White British vs White non-British not statistically significant difference. Remaining differences significant at 5%.

Government and PHE have been next to useless. Testing from start to finish has been poorly managed to non-existent.

We couldn’t get tested when my partner had COVID and advice from 111 was very poor.”

Manager, Care home, Adults with Learning disability/Autism
Since the onset of COVID-19:

**General health**

- **Got a bit/lot worse**: 47%
- **About the same/has not changed**: 51%
- **Got a lot/bit better**: 2%

**Depressed, gloomy or miserable**

- **Increased a lot/little**: 58%
- **Has not changed**: 31%

**Tense, uneasy or worried**

- **Increased a lot/little**: 81%
- **Decreased a little/lot**: 15%

The level of stress has increased dramatically. Securing adequate supplies of PPE and the costs involved has been difficult to cope with.

So yes I've had many many worries and sleeplessness nights and I fear for the future but never have I felt more proud to do what I do.

Manager, care home without nursing, older people

I got caught in the lockdown with a private live-in care client. Covered for carer who could not get back to the country.

Manager, care home without nursing, older people

I feel let down by people's attitudes towards Covid-19. I would like a new job even though I used to love my job.

Manager, care home without nursing, older people

(domiciliary care, older people)
Since the onset of COVID-19:

How have the following aspects of your job changed?

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<tr>
<th>Aspect</th>
<th>Increased a lot/little</th>
<th>Has not changed</th>
<th>Decreased a little/lot</th>
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</thead>
<tbody>
<tr>
<td>Job safety</td>
<td>20%</td>
<td>36%</td>
<td>44%</td>
</tr>
<tr>
<td>Job security</td>
<td>15%</td>
<td>67%</td>
<td>18%</td>
</tr>
<tr>
<td>Workload</td>
<td>80%</td>
<td>10%</td>
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I feel completely let down by our government and governing bodies such as CQC/NICE there was no clear guidance we are all in the dark doing the best we can day by day

Manager, care home without nursing, older people

“...I personally loved lockdown, even though there was added stress, the worry of bringing the virus in to my boss's home from grocery shopping. (...) I had to cancel 2 weeks break as there is no point in going away, only to put myself at risk and having to self isolate. Also the longer breaks I usually get at the weekends were cancelled due to family not being able to help out, due to fear of bringing the virus in. (...) I was feeling very very fatigued towards the end of the 12 weeks

(employed, live-in carer, older people)

Use of PPE not great with this company. I was advised to use one mask a day and before that I was asked to use one mask for a week for one client and to keep it in an envelope.

(employed, live-in carer, older people)
I have been with the same employer for 15 years managing a domiciliary care service for a charity, previously with a good level of job satisfaction. Since the pandemic began job satisfaction has reduced hugely.

We are dictated in our working methods by the government, treated as poor relations to the NHS, scrambling to find PPE.

I was threatened by commissioners with having our contract taken away, and with a safeguarding referral when I had to refuse to continue a case as they would not provide PPE of an adequate type.

It does not help morale that local businesses offering discounts have not been happy to extend them to care staff.

Through being resolute and refusing to be bullied into unsafe practices by commissioners I have managed to keep my service COVID free since April.

Dom care manager, older people
"Adult social care - forgotten, misused and blamed"

care home without nursing, older people

"As long as one doesn't watch fear that media is spreading 24/7 on TV and one have knowledge about viruses, all is as usual :-)"

self-employed, live-in carer, older people

"Stop blaming private sector for government failings and educate the public as to what really goes on in care homes and it’s not just about making money."

care home with nursing, older people
Summary of findings

• Evidence of increased workload, stress and feelings unsafe at work
• Reported decline in general health
• Cases of self-isolation particularly high among black and minority ethnic staff (BAME)*
• Over fifth have not had COVID-19 related training (half of BAME respondents)*
• One in six reported not having clear guidance to be safe at work
• One in six did not have access to PPE
• One in sixteen had symptoms but did not receive a COVID-19 test
• Need to examine the effects of ethnicity and regional variation

* small number of cases for BAME respondents
Concluding remarks

• COVID-19 pandemic significantly increased the challenges faced by care workers
• Differential impact on different parts of the sector
• Care workers feel neglected and undervalued but remain committed
  • 20% reported some increase in job satisfaction
• Will there be enough forces to reform social care?
• New models of care?
  • Potential growth of live-in carers
  • Future of care homes and their workforce
• Planned work as part of RESSCW
Thanks for listening

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