Early findings from a social care workers’ longitudinal survey (Wave 1): COVID-19 implications

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Work in progress. Please contact the 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.
RESSCW C19 Activities

Extra Funding Media/policy Analysis Drafting & Piloting Survey

‘Pulse’ survey 296 frontline UK care workers

Qualitative interviews Six SC stakeholders

Wave1 of a longitudinal survey 1,037 UK frontline care workers (+ approx. 500 USA)

W1 analysis Engagement Recruitment

Wave 2 to be launched Longitudinal + CS

March 20

Jul-Aug 20

Oct 20

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Apr-Jun 21

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Nov 21

Analysis, designing a two-wave survey, engagement, piloting, recruitment
Summary of Findings from Pulse Survey & Stakeholders Interviews
Pulse survey (Jul-Aug 20)

• 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
Stakeholders Interviews

- High levels of anxiety amongst the social care workforce
- Social care sector felt to be abandoned in the early months of the pandemic
- Lack of understanding of the social care sector by central government
  - Policy guidance felt to be focused on the NHS
- Pressure to source PPE
- Supporting staff wellbeing: an onus on providers
  - “let’s split the care givers amongst ourselves and phone up, and we’re not asking about work, we’re just saying, “And how are you, how’s it going at the moment, what can we do to support you?””
Timeline leading to Wave 1

January

- England enters third lockdown

February

- Hotel quarantine for travellers arriving in England from 33 high-risk countries begins
- PM publishes a roadmap for lifting lockdown

March

- Schools and outdoor sport facilities in England reopen
- Recreation (outdoor) allowed between two people
- Outdoor gatherings of six people or two households allowed
- ‘Stay at home’ order ends; people encouraged to stay local

April

- Non-essential retail, hairdressers, public buildings, outdoor venues reopen
- Self-contained holiday accommodation opens
- No indoor mixing between different households allowed

May

- 30 people allowed to mix outdoors
- ‘Rule of six’ or two households allowed for indoor social gatherings
- Indoor venues reopen
- Up to 10,000 spectators can attend the very largest outdoor-seated venues

June

- All legal limits on social contact removed and the final closed sectors of the economy reopened
- Restrictions on weddings and funerals abolished

Source: Institute for Government analysis

18/10/2021 @DrShereehussein
Findings from W1 Frontline care staff survey (Apr-Jun 2021)

Eirini Saloniki
An online survey from 13\textsuperscript{th} April to 28\textsuperscript{th} June 2021
Received 1,037 valid responses

Gender

- **Female**: 82%
- **Male**: 16%
- **Other/Prefer not to say**: 2%

Age

- **White British**: 78%
- **BAME British**: 4%
- **BAME Non-British**: 8%
- **White Non-British**: 5%
- **Prefer not to say**: 5%

**Under 25**: 5%
**25-34**: 29%
**35-44**: 19%
**45-54**: 21%
**55-64**: 22%
**65 or over**: 3%

**Other/Prefer not to say**: 2%

18/10/2021
@DrShereehussein
Time working in social care

<table>
<thead>
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<th>Time Period</th>
<th>Percentage</th>
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<tr>
<td>More than 10 years</td>
<td>41%</td>
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<tr>
<td>6-10 years</td>
<td>18%</td>
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<tr>
<td>2-5 years</td>
<td>21%</td>
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<tr>
<td>12-23 months</td>
<td>11%</td>
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<tr>
<td>6-11 months</td>
<td>6%</td>
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<tr>
<td>Less than 6 months</td>
<td>2%</td>
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Employment type

- 71% guaranteed hours
- 27% zero-hours
- 1% self-employed
- 54% private sector
- 18% public sector
- 13% charity
- 3% individual employer
- 3% temporary staffing agency

58% are/have been a member of a trade union or staff association
Main job role

- Direct care: 74%
- Management: 19%
- Regulated professional: 5%
- Other (incl. ancillary): 3%

Groups work with
- 58% older adults (including those with dementia)
- 16% adults with physical and/or sensory disability
- 14% adults with mental health needs
- 8% adults with a learning disability or autism
- 3% children and young people

Examples (Skills for Care)
- Direct care: care worker, personal assistant, advocacy worker
- Management: manager, team leader, specialist coordinator
- Regulated professional: social worker, occupational therapist, nurse
- Other (incl. ancillary): administration roles, cook, domestic worker

Setting mainly carrying out work
- 36% residential care (with/without nursing)
- 38% domiciliary care
- 5% day centre/service/community
- 19% supported living/extra care housing

Personal assistant: 2%
Live-in care worker: 2%
Since the start of 2021:

- **32%** increased workload without additional pay
- **27%** self-isolated
- **20%** increased paid working hours
- **18%** took sick leave due to COVID-19
- **13%** redeployed to a different role or workspace
- **13%** stopped or was stopped by employer from working in different places to reduce spread of COVID-19

If self-isolated, took sick leave or stopped working:

- **48%** normal pay
- **28%** statutory sick pay
- **9%** employers’ sick pay
- **11%** no pay

Pay

Employers should have more staff to avoid increased workload

Domiciliary care, older adults

Care workers are now on their knees and fatigued and yet still no light at the end of the tunnel.

Management, domiciliary care

We had to work longer hours with less staff

Direct care, supported living/extra care housing

Direct care, older adults, care home w or w/o nursing

It is such a struggle .. to keep my head above water to pay bills and council tax as i only received about £93 for the 11 days I had off with COVID 19

I work more hours than the legal limit.

Direct care, older adults, care home w or w/o nursing

We had to work longer hours with less staff

Direct care, supported living/extra care housing

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It is such a struggle .. to keep my head above water to pay bills and council tax as i only received about £93 for the 11 days I had off with COVID 19
Since the start of 2021:

Among the people they work with

7 out of 10 had **confirmed** COVID-19 cases among staff or clients

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Had first dose of COVID-19 vaccine

- **87% ✓**
- **9% ✗**
- **3% !**

Source: canva.com

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Pressure to take COVID vaccine at work, no sensitivity about that.

Pressure to take COVID vaccine at work, no sensitivity about that.

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Vaccines shouldn't be forced on ourselves or risk losing our jobs if not wanting to have the injection.

I am very happy that we had both doses of vaccine and I hope for this whole thing to be over with and to go back to normal

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Regulated professional, older adults, care home w or w/o nursing

Direct care, older adults, care home w or w/o nursing
Experienced in relation to COVID-19:

- 26% reported being abused (verbal abuse, bullying, threat or physical violence)
- 20% Verbal abuse
- 11% Bullying
- 8% Threat
- 5% Physical violence

A huge amount of negative comments on social media, blaming carers for so many residents who died of COVID, and blaming care homes of keeping residents hostage, unwilling to allow visits.

Social care workers have been the target for blame from all areas during COVID-19, we were told to stop family visits then lots of documentaries on how cruel we were. … the general population now see us as a low paid, in a role where we don’t need to be respected - yet we are caring for your loved ones.

Management, care home w or w/o nursing
Management threatened that we would have to complete our isolation period in work and live there for the duration if there was an outbreak amongst residents. Management ordered us to not use the track and trace app on our phones.

I feel abused by the Government...! Coerced and bullied into forcing me to wear masks.

Family's don't seem to understand that the company I work for don't make the rules, guidance given from PHA. They can be very frustrated and take that anger out on us.

I was threatened with a disciplinary from a regional manager due to me stating I was not going to let my team look after residents without full PPE despite having positive covid results on my unit.

Verbally abused by

- 43% service user/client
- 32% service user's/client’s family
- 24% colleague/staff member
- 24% general public
- 19% manager/supervisor

Bullied by

- 31% colleague/staff member
- 29% manager/supervisor
- 24% service user/client
- 16% service user’s/client’s family
- 10% general public
Experienced in relation to COVID-19:

**Verbally abused – action taken**

- 47% reported it to a manager/supervisor
- 26% took no action
- 19% told a colleague/staff member

**Bullied – action taken**

- 30% reported it to a manager/supervisor
- 27% told a colleague/staff member
- 15% sought help from a union

There was nothing I could do. It was reported to line management. I was trying to keep all within the government guidelines and to keep people safe but colleagues wanted to and did work against the directives given placing all others at risk. When this was raised they bullied and used threatening behaviour.

It was reported to police and management, but they did nothing because "can't do anything about it because of covid restrictions and tenancy agreements". So we had to take the abuse for almost a year …

Management, care home w or w/o nursing

It's not safe to get help.

Direct care, adults with mental health needs, domiciliary care

Direct care, adults with physical and/or sensory disability, supported living/extra care housing
The desperately low pay, zero hours & no paid travel time is, the killer for this job. It's the most fulfilling job I have had. But I am constantly angry with the unfairness of the wages, pretence that it is unskilled labour, and so on. Which is why I can't stay.

Direct care, older adults and adults with physical and/or sensory disability, domiciliary care

We were hung out to dry, we don't want clapping support we want fair wages for an extremely difficult job, appreciation in the pay packet not standing on front doors. Jobs stacking shelves in supermarkets pay better .... how is that right?

Direct care, older adults, care home w or w/o nursing

I feel undervalued, definitely under paid and have been looking for other jobs, not in care.

Management, care home w or w/o nursing
My immediate supervisor, line manager, boss, individual or family I work for...

- **respects me as a person**
  - 67%
  - strongly/somewhat agree

- **recognises when I have done a good job**
  - 63%
  - strongly/somewhat agree

- **treats me fairly**
  - 61%
  - strongly/somewhat agree

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All through the pandemic I have worked every day had full support from managers and team mates been kept updated on COVID restrictions and had good supply of PPE

Direct care, older adults, domiciliary care

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No support from management what so ever for people that suffer mental health, they seem to get rid of you and say your unfit for work, even when you have a drs note to say they think your fine. The management have no skills or support for supporting people with mental health, you actually feel victimised and that you are the one in the wrong etc.

Management, supported living/extra care housing

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very satisfied/satisfied with **job safety**

- 70%

very satisfied/satisfied with **support from managers and/or co-workers**

- 54%

Source: freepik.com
**Work-life Balance, Health and Wellbeing**

- **51%** very satisfied/satisfied with work-life balance
- **47%** very satisfied/satisfied with workload

**Strongly/somewhat agree**
- **50%**

**Often find it difficult to fulfil commitments outside work because of the amount of time spent on their job**

**In the past few weeks, job has made you feel**
- **39%** all/most of the time tense, uneasy or worried
- **32%** all/most of the time calm, contended or relaxed
- **40%** all/most of the time cheerful, enthusiastic or optimistic

**General health (now)**
- Excellent/very good: 44%
- Good: 33%
- Fair/poor: 23%
Differential experience: Race & Nationality

Had first dose of COVID-19 vaccine

- **White British**: 90%
- **White Non-British**: 75%
- **BAME**: 87%

*White British vs BAME statistically significant at 5%. Remaining differences not statistically significant.

Abuse (any)

- **White British**: 24%
- **White Non-British**: 29%
- **BAME**: 40%

*White British vs BAME statistically significant at 5%. Remaining differences not statistically significant.

Intention to leave current employer voluntarily in the next 12 months

- **White British**: 41% (Not very/at all likely), 59% (Very/quite likely)
- **White Non-British**: 55% (Not very/at all likely), 45% (Very/quite likely)
- **BAME**: 56% (Not very/at all likely), 44% (Very/quite likely)

*White British vs BAME statistically significant at 1%. White British vs White Non-British statistically significant at 10%. Remaining difference not statistically significant.
Differential experience: Race & Nationality

- No significant differences:
  - Intention to leave SC altogether
  - Feeling tense or unease
  - Work-life balance

- Cheerful, enthusiastic or optimistic
- Calm, contended or relaxed

*White British vs BAME and White Non-British vs BAME statistically significant at 1%. Remaining difference not statistically significant.

*White British vs BAME and White Non-British vs BAME statistically significant at 1%. White British vs White Non-British statistically significant at 5%.
Differential experience: Residential/domiciliary

**Tense, uneasy or worried**
- Domiciliary care/other: 22% occasionally/never, 35% some of the time, 33% all/most of the time
- Residential care: 27% occasionally/never, 27% some of the time, 51% all/most of the time

*Difference is statistically significant at 1%.

**Calm, contended or relaxed**
- Domiciliary care/other: 33% occasionally/never, 31% some of the time, 35% all/most of the time
- Residential care: 25% occasionally/never, 27% some of the time, 48% all/most of the time

*Difference is statistically significant at 1%.

**Cheerful, enthusiastic or optimistic**
- Domiciliary care/other: 27% occasionally/never, 29% some of the time, 44% all/most of the time
- Residential care: 35% occasionally/never, 33% some of the time, 32% all/most of the time

*Difference is statistically significant at 1%.
Differential experience: Residential/domiciliary

- No significant differences:
  - Intention to leave current employer
  - Intention to leave SC
  - Receiving first dose of vaccine
  - General health

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*Difference is statistically significant at 5%.
Summary and Conclusion
Key findings

Continued pressure on the sector and the workforce

Worrying findings related to bullying and abuse

Significant impact on workers’ health and wellbeing

Workload pressures and unmatched pay

Intention to leave employers and the sector altogether

Some significant differences by ethnicity, nationality and care settings
- Racialised workers (BAME) adversely affected
- Impact on care homes
Wider Implications

- Care workers feel neglected and undervalued
  - Workload; job satisfaction; sense of responsibility
  - Wellbeing: physical, mental and financial
  - Further retention issues

- Brexit & COVID19
  - The nature and structure of social care provision?
  - Live-in care
  - Migrant workers: who will fill the gaps?

Sector-wide changes
+ Better pay & better jobs
+ Funding & reforms
+ Pool of recruits
+ Sector wide support mechanisms
- Geographical disparities
- Impact on users and their informal carers

Wellbeing?
Thank you for listening

Happy to respond to questions

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