Current challenges and opportunities for the social workforce in community care

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The UK Social Care Sector & COVID19



UK LTC context

- Devolved responsibility (four nations: England, Scotland, Wales, NI)
- % GDP spent on LTC: 1.5%
- Mixed-economy of care
- Ageing in place policy: home care, marketisation & personalisation

COVID19

- LTC residence accounted for 34% of COVID19 deaths
- Hazard pay introduced in some nations (Scotland & Wales)
- Single-site restrictions 'recommended' (England, Scotland & NI)

Some long-standing workforce challenges



Working conditions

Contract (in)security, wages, fragmentation

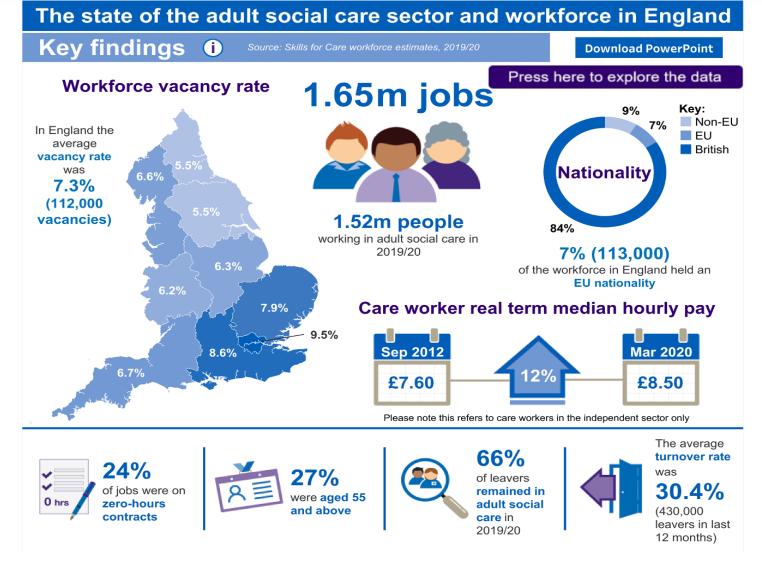
The profile of the workforce

 Gender, age, ethnicity, nationality

Recruitment & retention

Wellbeing: emotionally taxing work

Funding & relationship with NHS



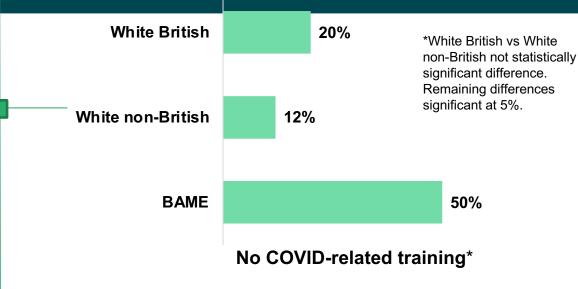
Training: existing & emerging needs



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



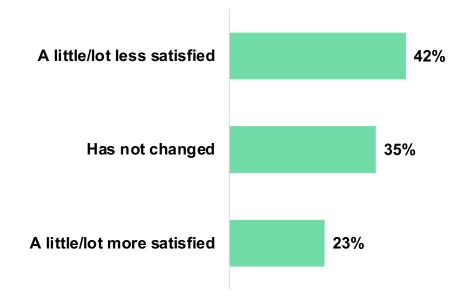
- New tasks & responsibilities
- Expansion of types & levels of support
 - Personal care, support with independent living including employment etc.
- More fragmented & isolated working environment
- Self-reliance

Pre-COVID

Job satisfaction & Retention



How satisfied are you with your job now, compared to the situation before the onset of COVID-19?



48% - likely or very likely to quit their current job 33% - likely or very likely to quit the sector all together

Interim Findings: May 21

Overall: 48% satisfied or very satisfied

Pay: 29% satisfied or very satisfied

Workload: 34% satisfied or very satisfied

Job security: 42% satisfied or very satisfied

Safety at work: 47% satisfied or very satisfied

Likely outcomes of the COVID-19 pandemic for the social care workforce (n =21; DS R2)

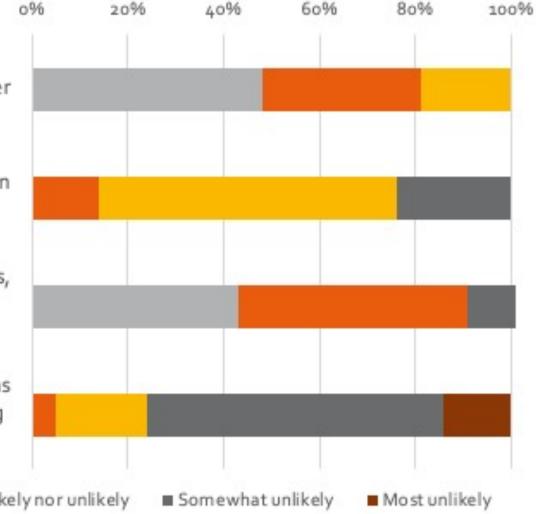


Short term, homecare will attract new applicants (e.g. pandemic volunteers / workers who have lost jobs in other sectors) but retention of these recruits will be low.

Long-term, homecare will attract new applicants; retention will be similar to existing levels, so vacancies will decline.

Greater pressure on homecare workers will increase absences, quits and turnover, and new entrants will be insufficient to compensate for this.

Reforms will be introduced that improve working conditions in homecare, making it more attractive work, and reducing vacancies.



COVID19 and the wellbeing of the workforce



Care staff are particularly vulnerable to low levels of wellbeing, due to:

- Caring being emotionally taxing
- > Structural pressures in sector low wages and increased fragmentation
- ➤ Moral distress

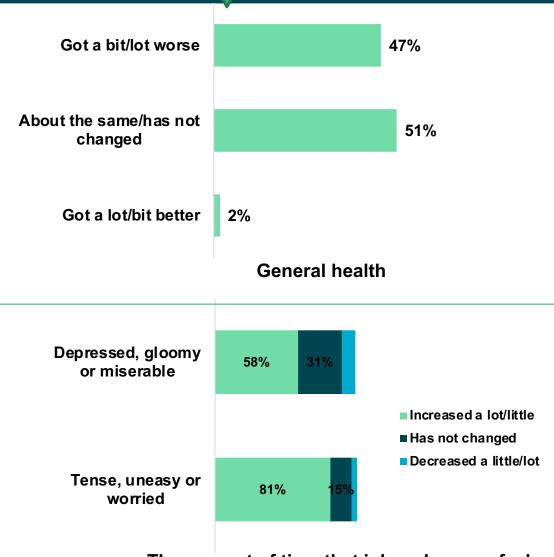
Some important elements of wellbeing

- > Opportunities for learning and growth
- > Social support and relationships
- ➤ Working culture
- > Spill-over from work to home
- > Professional identity

Place & relationships are particularly important in home and live-in care

Since the onset of COVID-19:





Interim Findings: May 21

87% received **first dose of vaccine**

42% reported some form of abuse since the onset of C19 32% felt depressed, gloomy or miserable - all or most of the time

The amount of time that job makes you feel European Social Services Conference @DrShereeHussein

Reflections



Brexit & COVID19

- The nature and structure of social care provision?
- Delphi survey: most impacted groups are older people with complex needs and livein care
- Migrant workers: who will fill the gaps?

Care workers feel neglected and undervalued

- Workload; job satisfaction; sense of responsibility
- > Wellbeing: physical, mental and financial
- Further **retention** issues

Sector-wide changes

- + Better pay & better jobs
- + Expansion of formal services
- + Regulation/registration
- Geographical disparities
- Impact on users and their informal carers

Wellbeing?

Thank you for Listening

Questions

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Sources:



Drawing on three studies

- RESSCW: Funded by the Health Foundation's Efficiency Research Programme. Collaboration between LSHTM, UoK, UCL, City and SfC: 2019-2022.
- Sustainable Care Programme: Funded by Economic and Social Research Council (award ES/Poog255/1, Sustainable Care: connecting people and systems, 2017-21, Principal Investigator Sue Yeandle, University of Sheffield).
- Developing a scale of quality of life among social care workers: funded by NIHR, RfPB (NIHR200070). 2019-2021.

Focusing on home and community care workforce (including live-in care) Reflecting on COVID19 in relation to training, retention & wellbeing