

Findings from a social care workers' pulse survey and interviews: COVID-19 implications

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Group session B: Organizational challenges and digital potential

Working group B1: Building digital competence in services: Staff training and organizational learning

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The RESSCW study is co-led by Dr Florin Vadean and Professor Shereen Hussein. A sub-study focusing on the impact of COVID-19 on the wellbeing of care workers was subsequently funded by the Health Foundation and is led by Professor Shereen Hussein.

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.

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

- Mixed care economy: personalisation & marketisation;
- Disconnected and fragmented care delivery models;
- Long-standing recruitment and retention challenges;
- Legacy of political neglect and delayed reforms (“Cinderella service”)
- Working conditions: contract (in)security and low wages;
- Profile of the workforce: gender, age, ethnicity, nationality;
- Societal image and (under)value

COVID-19 impact on disabled people and social care

- People who use and work in services disproportionately affected;
- Higher risk of deaths for disabled people across all types of living arrangements but care home and nursing home residents especially badly affected (around 5% of care home residents died);
- People with intellectual disabilities had a 3.7 times greater risk of death involving COVID-19: some of this explained by socio-economic characteristics, living arrangements, and pre-existing health conditions.

- <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbydisabilitystatusenglandandwales/24januaryto20november2020#main-points>
- <https://ltccovid.org/wp-content/uploads/2020/11/COVID-19-Long-Term-Care-situation-in-England-19-November-3.pdf>

COVID-19 policies & the social care workforce

- Guidance for social care fragmented and came too late;
- Government's COVID-19: adult social care action plan published in April, a month after 'lockdown'.
- Health service 'protected' at the expense of social care.
- Initial challenges accessing testing, personal protective equipment (PPE), support for self-isolation and sick pay;
- Focus on care home for older adults, other social care services, including homes for people with intellectual disabilities sidelined;
- Ban on visits, lockdown, and social distancing measures.

The pulse survey: characteristics of respondents

On-line survey in July 2020;
296 complete responses received.



of respondents have the same employer and same job now versus before the pandemic

Setting mainly carrying out work

- 50%** residential care
- 42%** domiciliary care/supported living
- 6%** other

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

Main job role

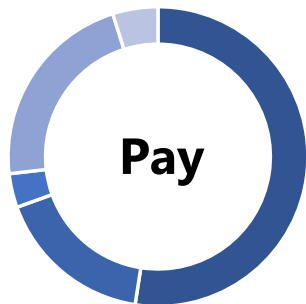
- 49%** all hands on care work
- 19%** mostly care work, some admin work
- 17%** little/no care work, mainly admin
- 14%** mostly admin, some care work

As a result of the pandemic:

56% increased working hours

18% self-isolated

Pay during self-isolation



43% normal pay

14% statutory sick pay

3% occupational sick pay

18% no pay

22% have not had the COVID-related training to ensure adequate care

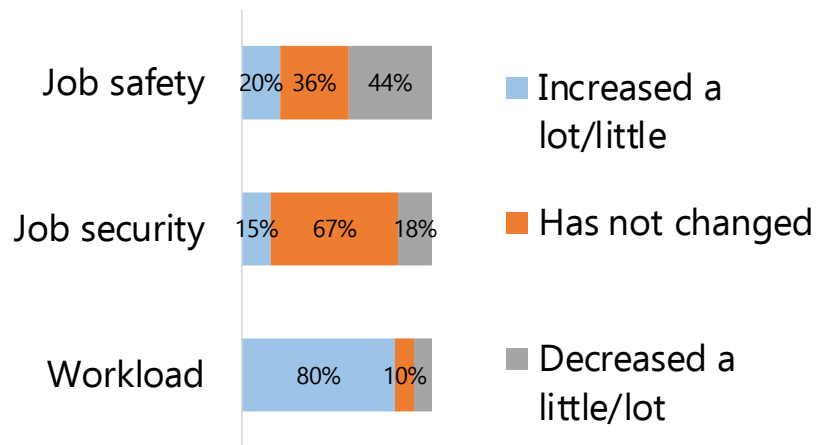
16% have not had clear guidance to do job safely and effectively

16% have not had the PPE required to do job safely and effectively

6% have had COVID-19 symptoms and did not receive a test

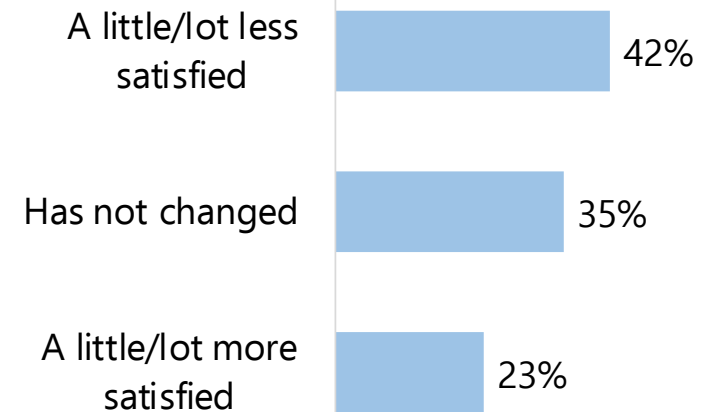
Since the onset of COVID-19:

How have the following aspects of your job changed?



Job satisfaction

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



Provider perspectives: findings from interviews

Move to digital solutions started before the pandemic, but COVID-19 provided additional impetus:

- Recruitment and on-boarding (on-line interviews, training etc.)
- Much easier for providers with a head office. Smaller providers looking at outsourcing training.
- Well-being support: external resources (apps, podcasts, helplines) or one to one support
- Pandemic surveillance and management.
- Technology to support people to stay in touch with family & friends

Conclusions

- COVID-19 pandemic significantly increased the challenges faced by care workers.
- Evidence of increased workload, stress and feeling unsafe at work
- Structural problems set to get worse: funding, recruitment and retention.
- Pandemic sped up digitalisation: long-term impact not yet evident.

Thank you for listening!

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