

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

Shereen Hussein

Professor of Care and Health Policy Evaluation

Associate Director

Personal Social Services Research Unit

University of Kent, UK

# 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

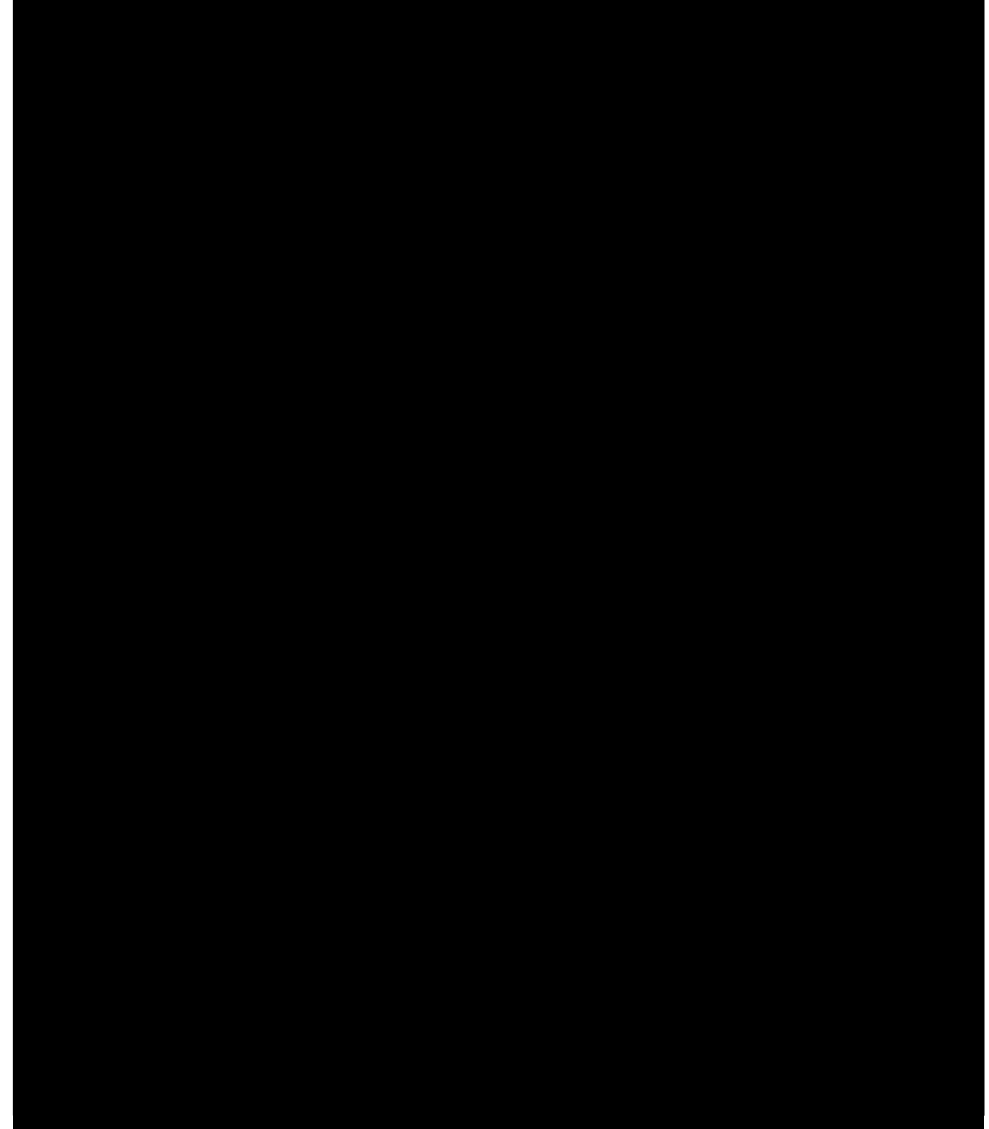
[King's Fund](#), July 2020

# Social care workers on the news: a brief timeline Mar-Sep



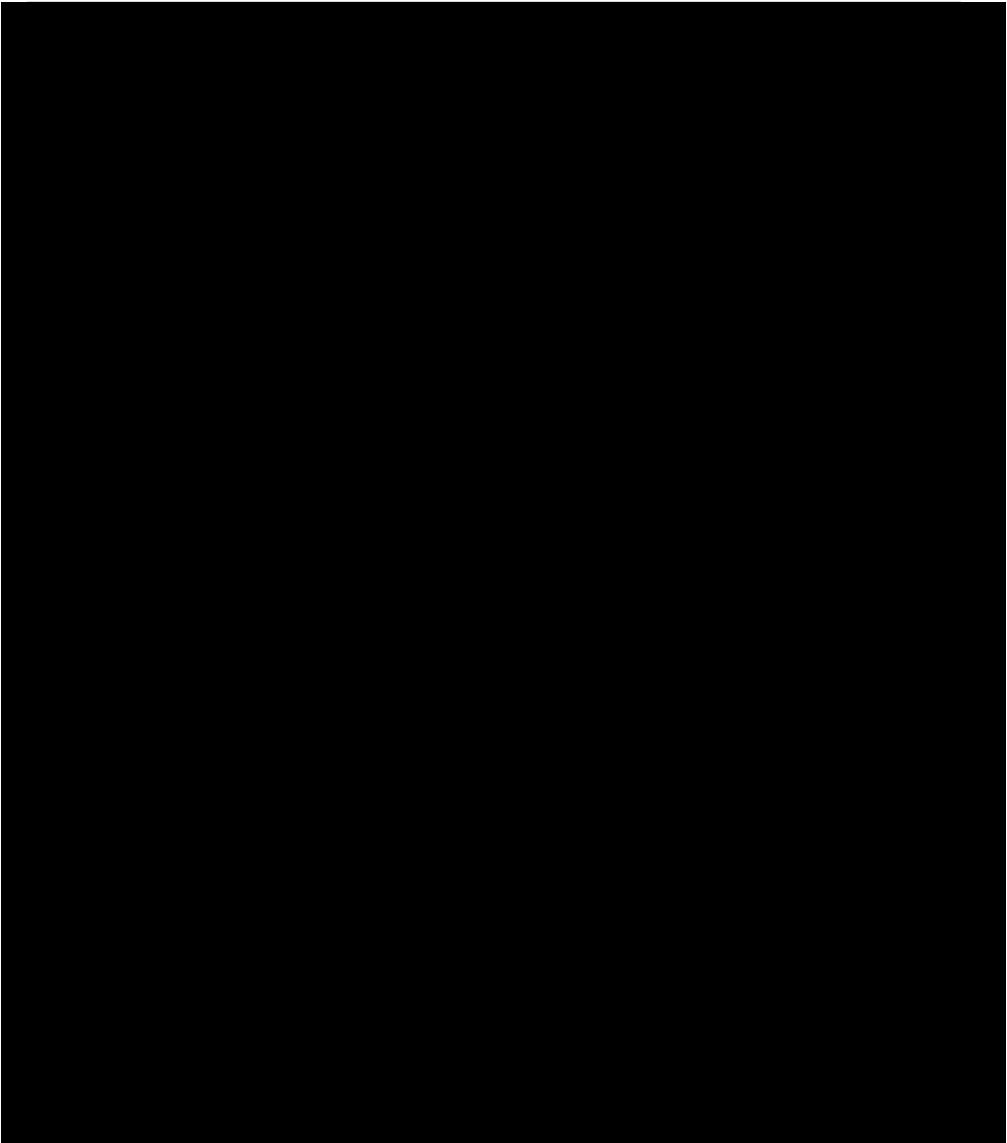
07/09/2020

@LTCcovid



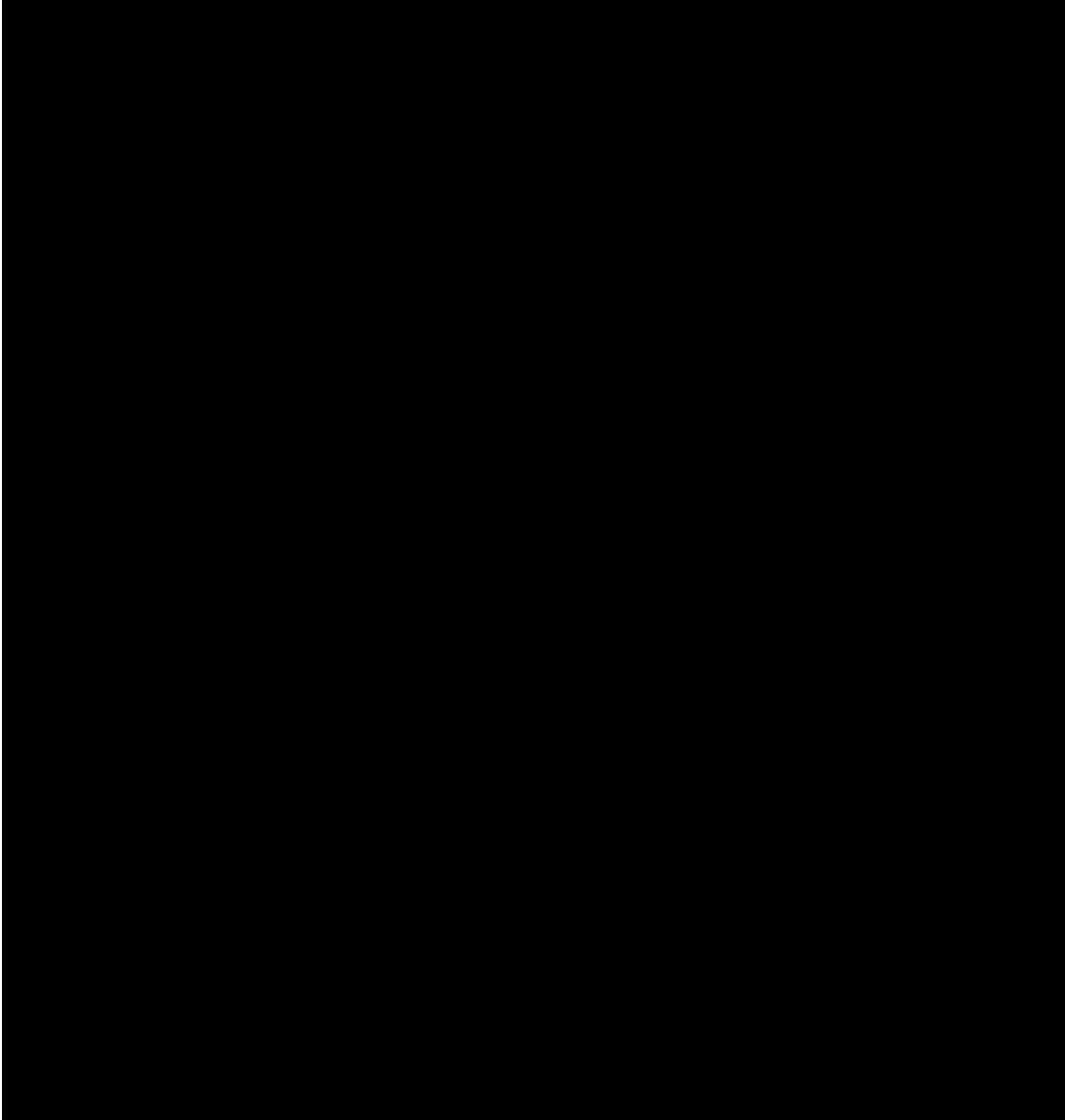
@DrShereeHussein

# Social care workers on the news: a brief timeline Mar-Se



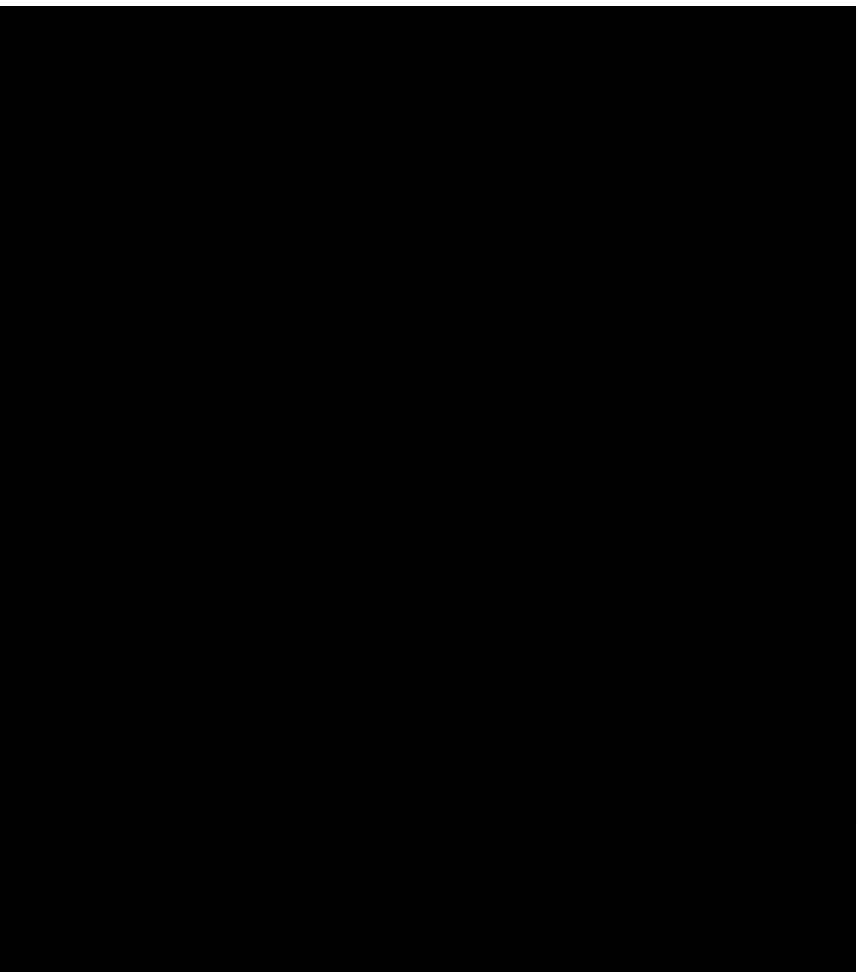
07/09/2020

@LTCcovid

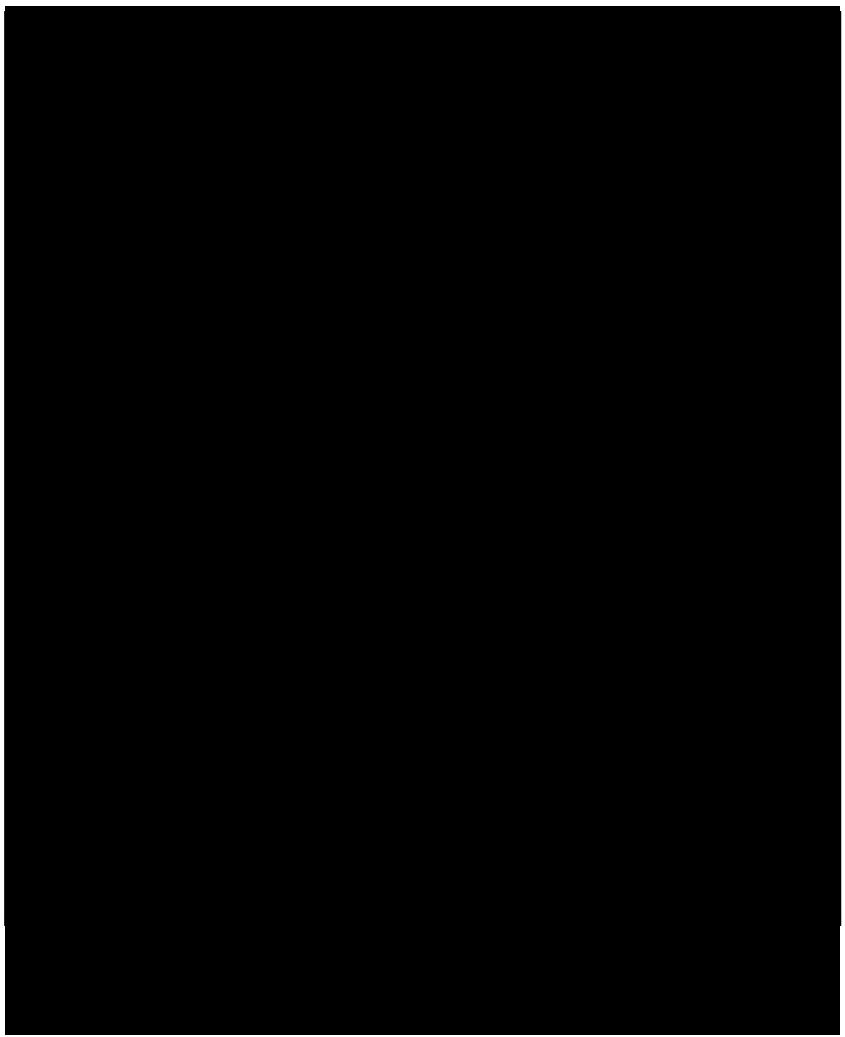


@DrShereeHussein

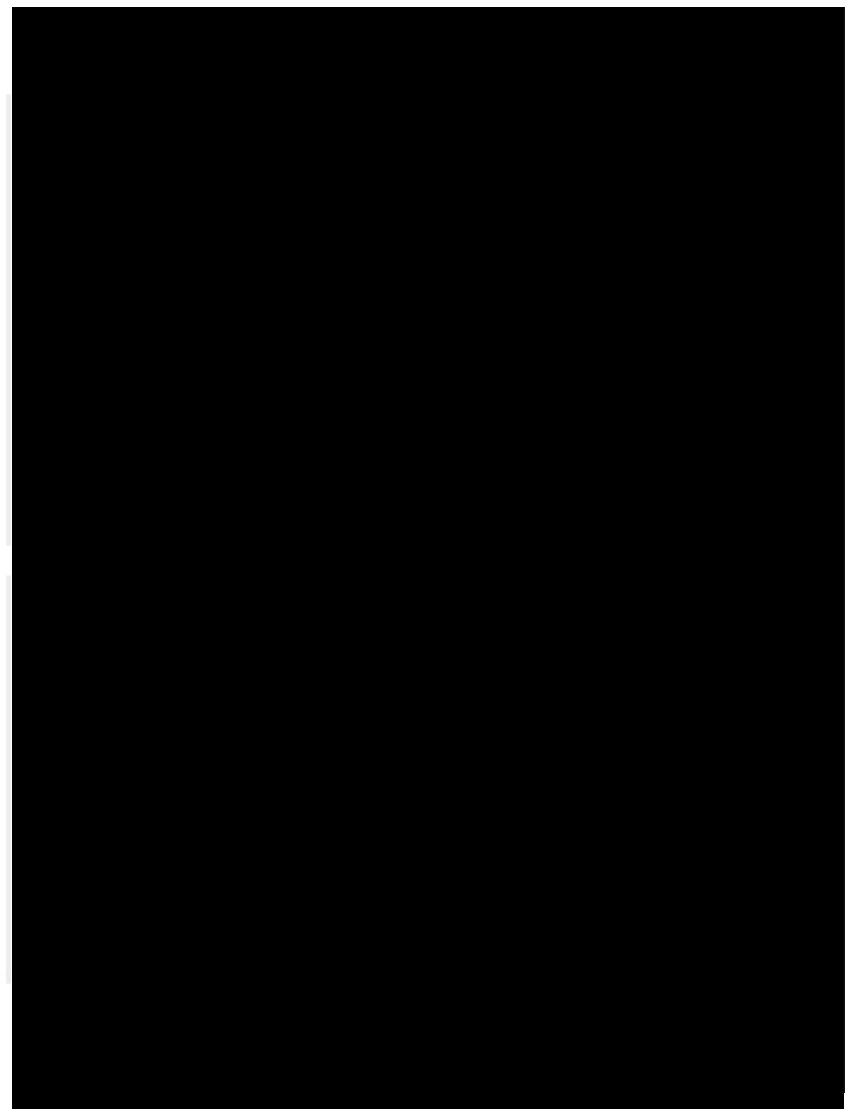
# Social care workers on the news: a brief timeline Mar-Sep



07/09/2020



@LTCcovid



@DrShereeHussein

# 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:*

F. Vadean & S. Hussein (Co-PIs), S. Allan, E. Saloniki, K. Gousia, A. Turnpenny, G. Collins, A.M. Towers, A. Bryson and J. Forth

*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 3<sup>rd</sup> of July to the 10<sup>th</sup> of August 2020  
Received 296 valid responses

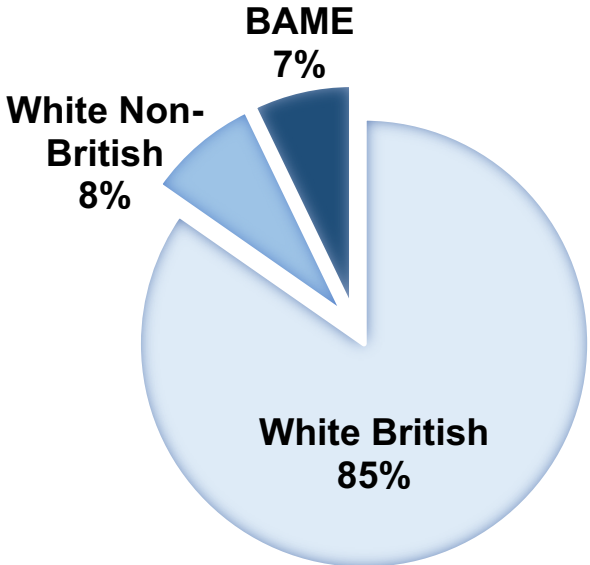
### Gender



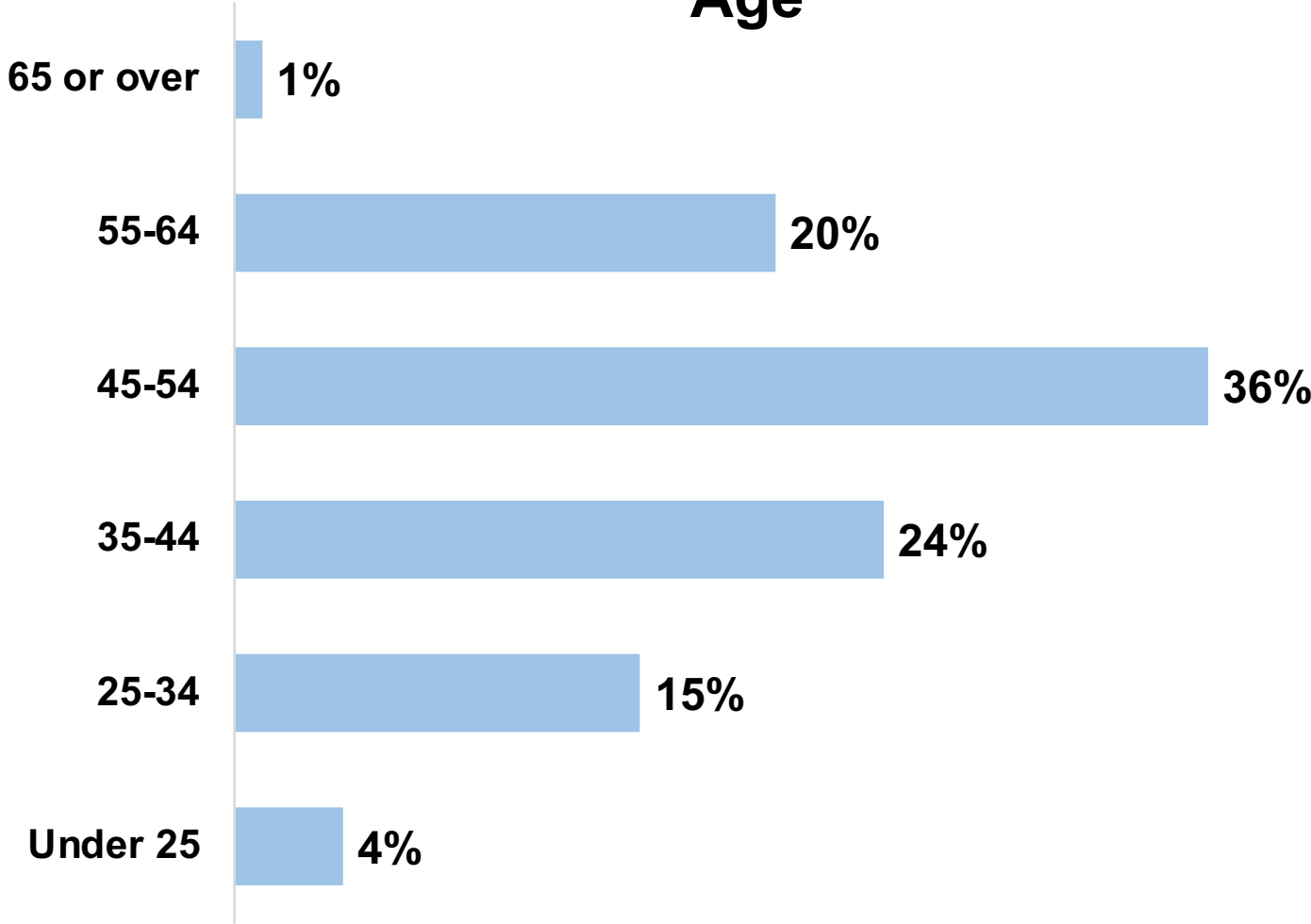
**8%**  
Male



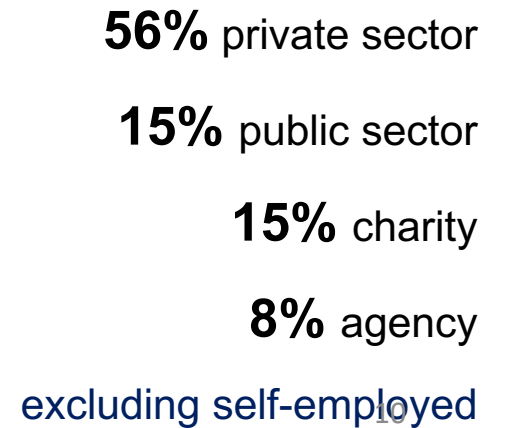
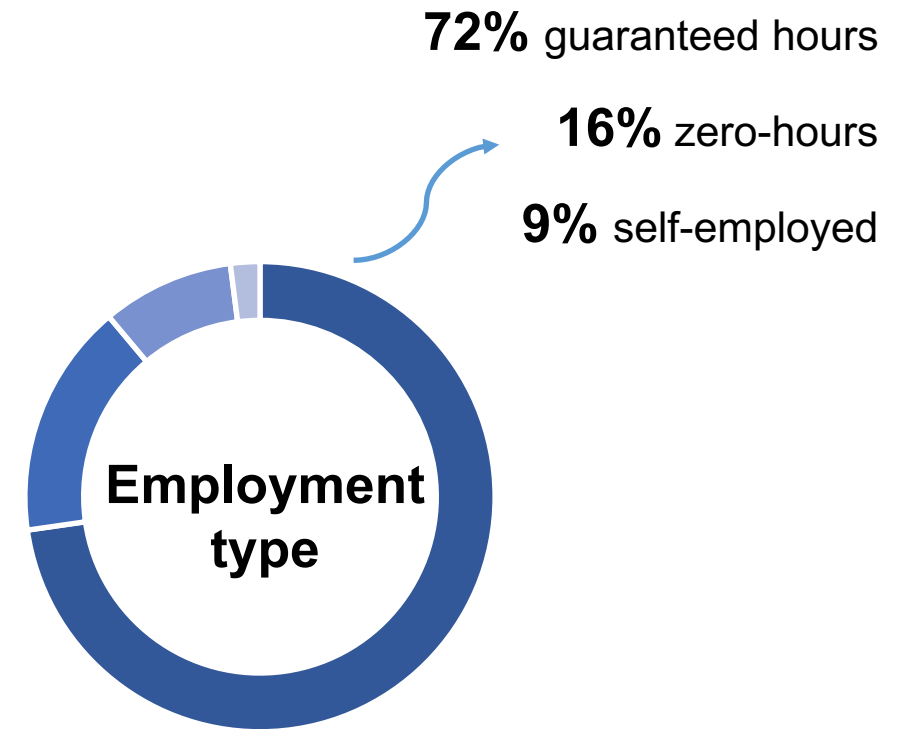
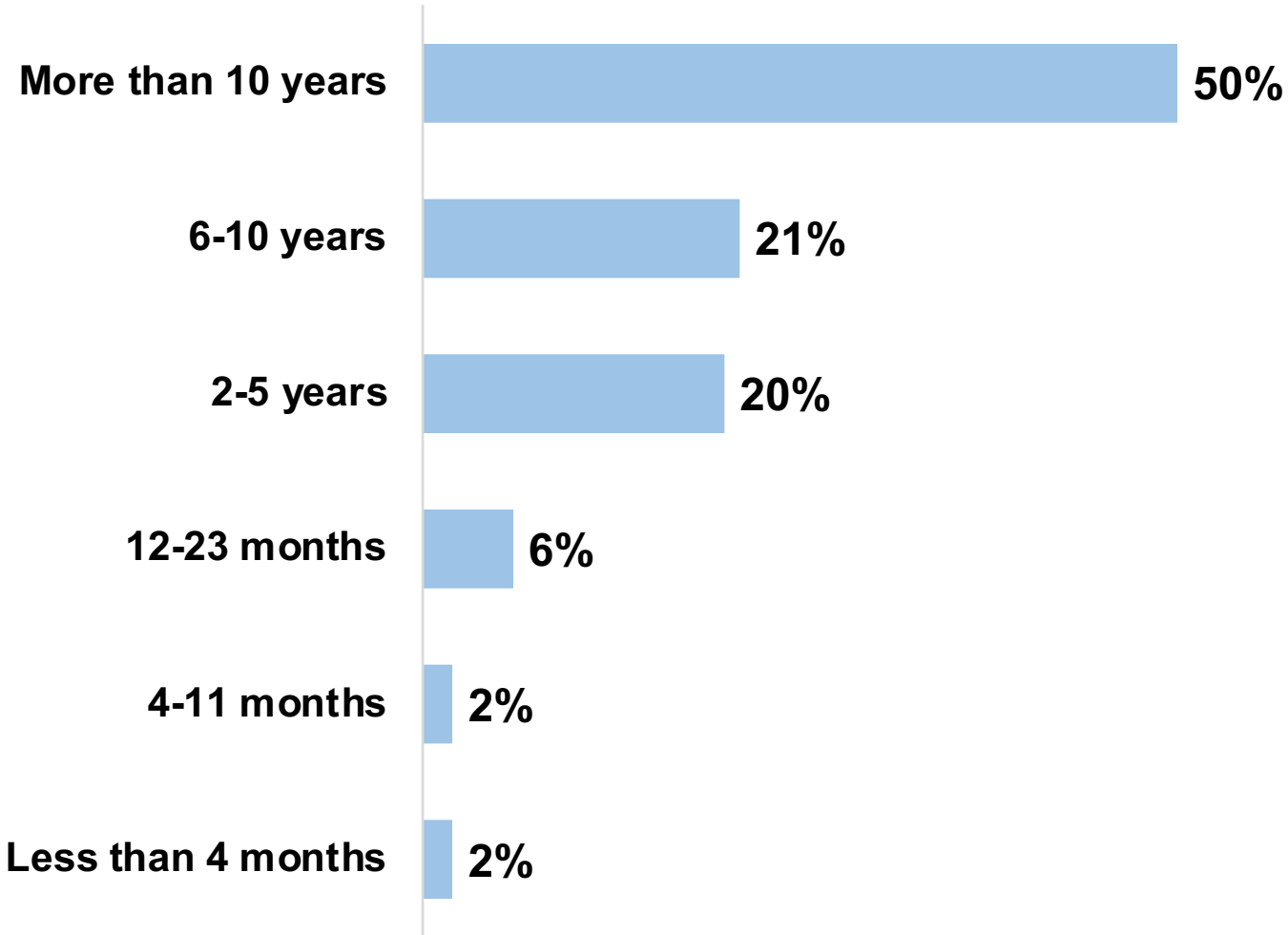
**91%**  
Female

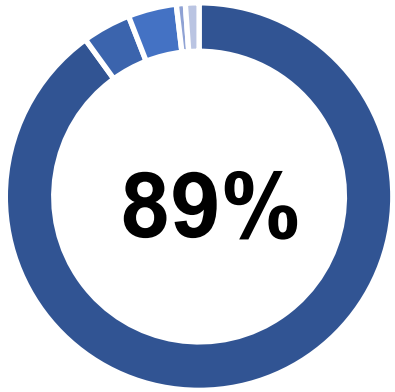


### Age



# Time working in social care

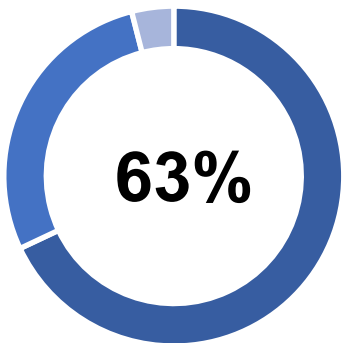




of respondents have the same employer and same job now versus before COVID-19

Setting mainly carrying out work

- 50%** residential care (w or w/o nursing)
- 42%** domiciliary care/supported living
- 6%** other



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:

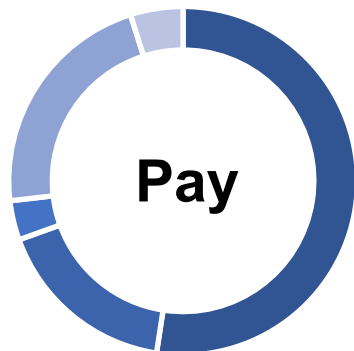
**56%** increased their working hours

**18%** self-isolated

**3%** furloughed

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

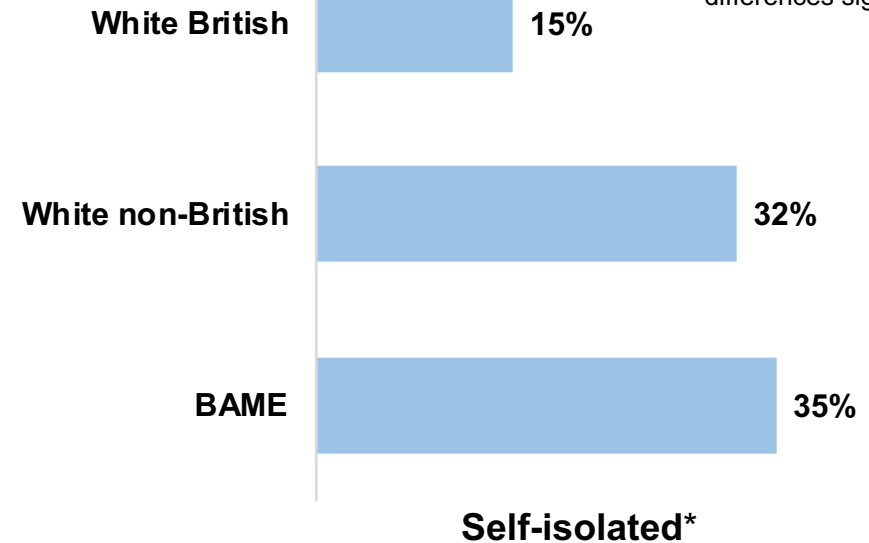
### If self-isolated, furloughed or stopped working



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

07/09/2020

@LTCcovid



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

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)

@DrShereeHussein

12

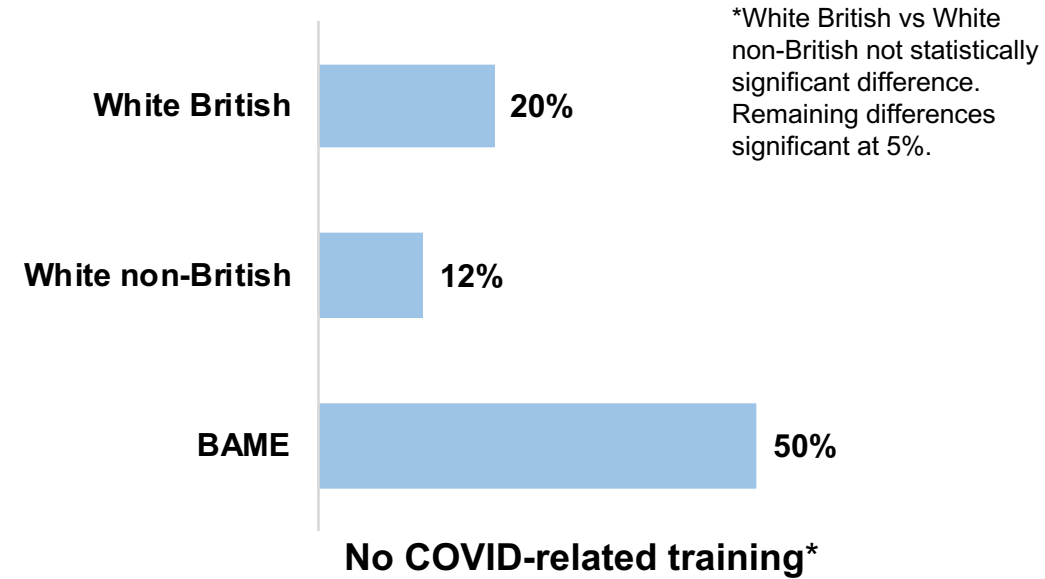
## Since the onset of COVID-19:

**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

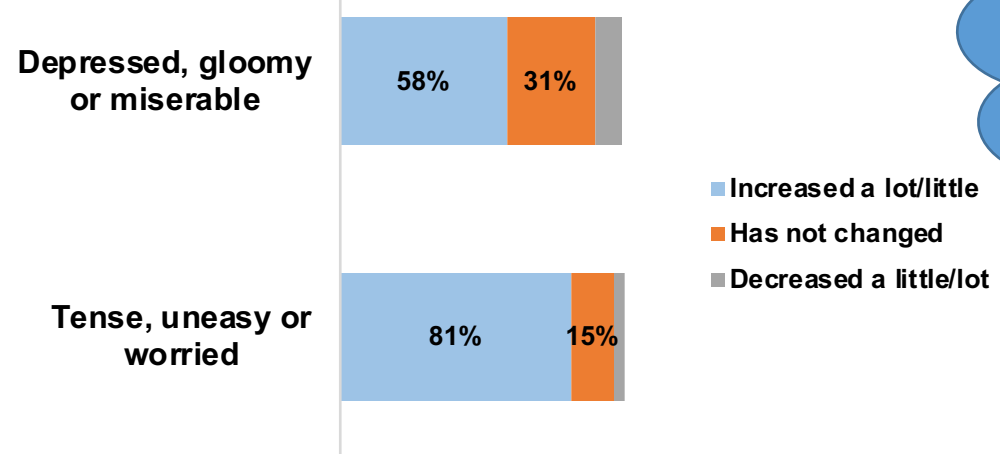
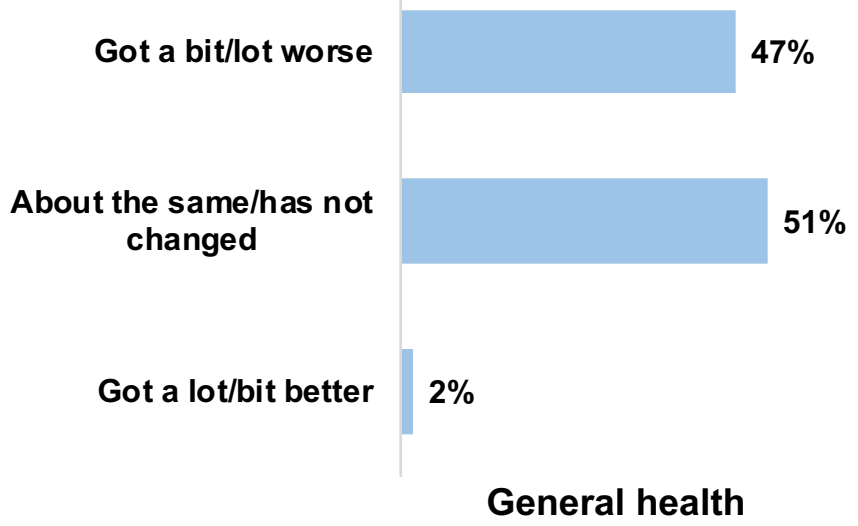


“ Duis lobortis massa imperdiet quam. Cras non dolor. In enim justo, rhoncus ut, imperdiet a, venenatis vitae, justo.

Suspendisse pulvinar, augue ac venenatis condimentum, sem libero volutpat nibh, nec pellentesque velit pede quis nunc.

*Job title and specialty*

# Since the onset of COVID-19:



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

(domiciliary care, older people)

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

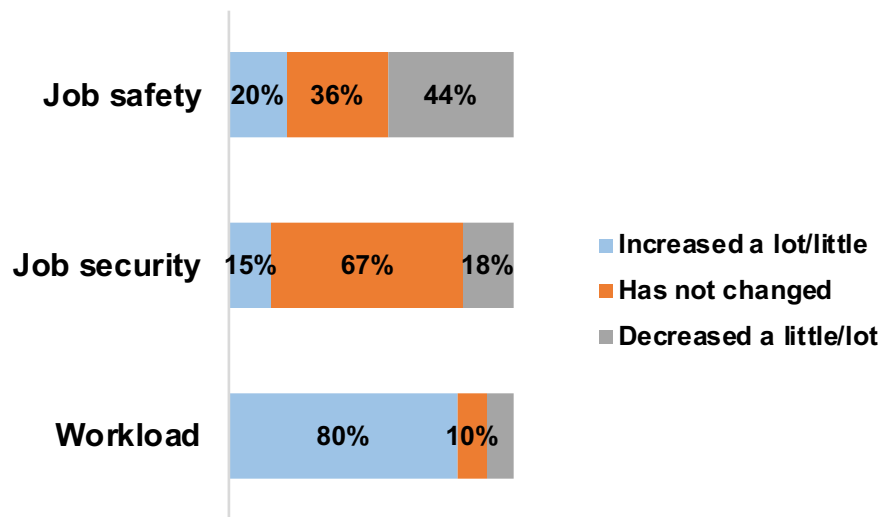
self-employed, live-in carer, older people

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

# Since the onset of COVID-19:

How have the following aspects of your job changed?



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

At no point was any (policy/guidance) reference made to live-in-carers / community carers in the private sector.

self-employed, live-in carer, 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)

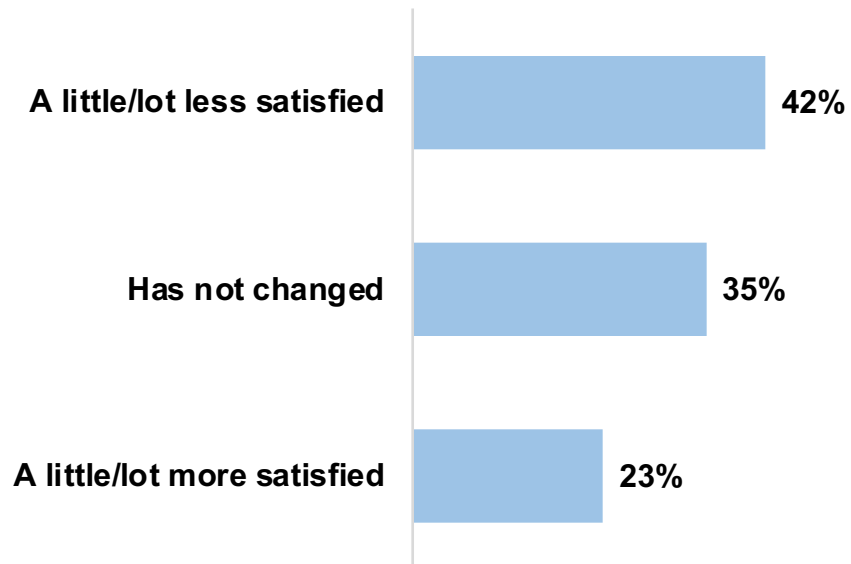
domiciliary care, older people

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.

# Job satisfaction



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



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



- [S.A.Hussein@kent.ac.uk](mailto:S.A.Hussein@kent.ac.uk)
- @DrShereeHussein
- <https://www.pssru.ac.uk/resscw/frontpage/>