

The Long-Term Care Workforce During COVID-19: An International Perspective from the UK

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The UK LTC & 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)

The LTC workforce

Working conditions

- Contract (in)security, wages, fragmentation

The profile of the workforce

- Gender, age, ethnicity, nationality

LTC funding

Relationship to the NHS

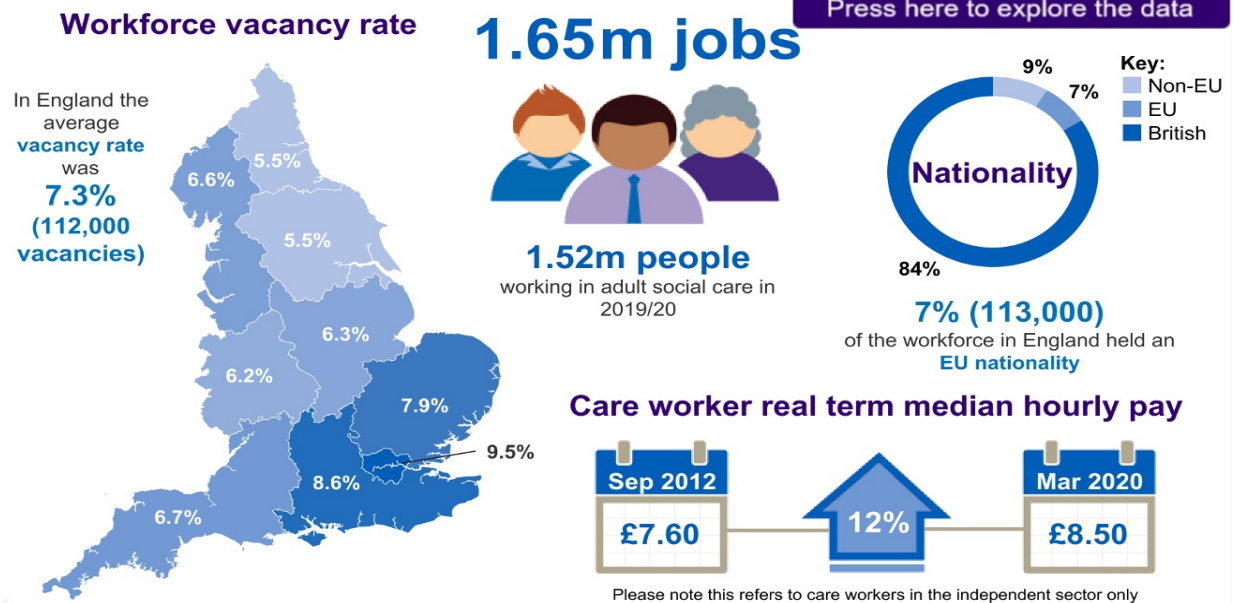
The state of the adult social care sector and workforce in England

Key findings

Source: Skills for Care workforce estimates, 2019/20

[Download PowerPoint](#)

[Press here to explore the data](#)

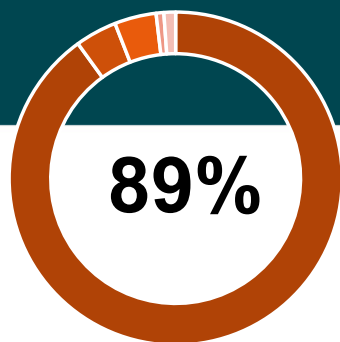


COVID19 implications on the LTC workforce

The Retention and sustainability of social care workforce (RESSCW) study:

- Funded by the Health Foundation's Efficiency Research Programme. Collaboration between LSHTM, UoK, UCL, City and SfC: 2019-2022
- Additional work on the impact of COVID19
 - 'Pulse' survey: August 2020 (n=293)
 - Two waves longitudinal survey: T1 (May-Jun 21; n=840 so far); T2 (to be conducted end of 2021)
 - Interviews & engagement events

Key findings: Summer 2020



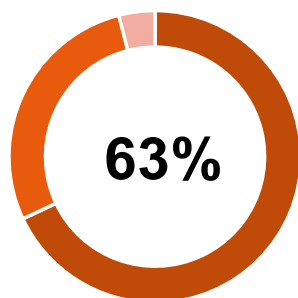
of respondents have the same employer and same job now versus before COVID-19

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

21/5/2021

Canadian Association for Health Services & Policy Research

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

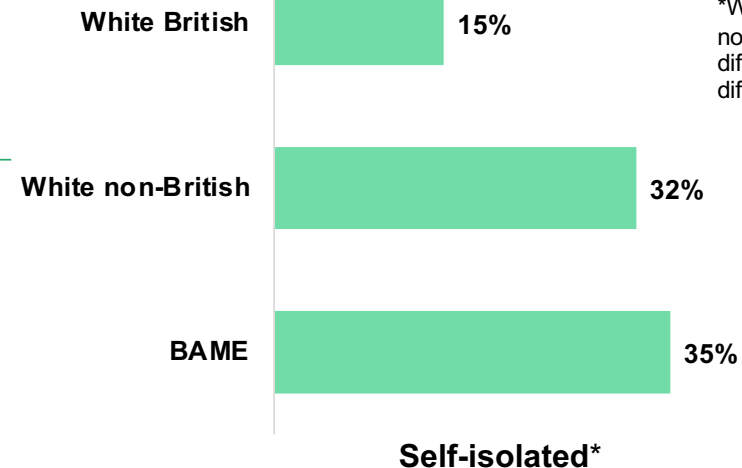
6% stopped working due to fear of infection or for personal reasons (i.e. caring responsibilities)

If self-isolated, furloughed or stopped working



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

21/5/2021



*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)

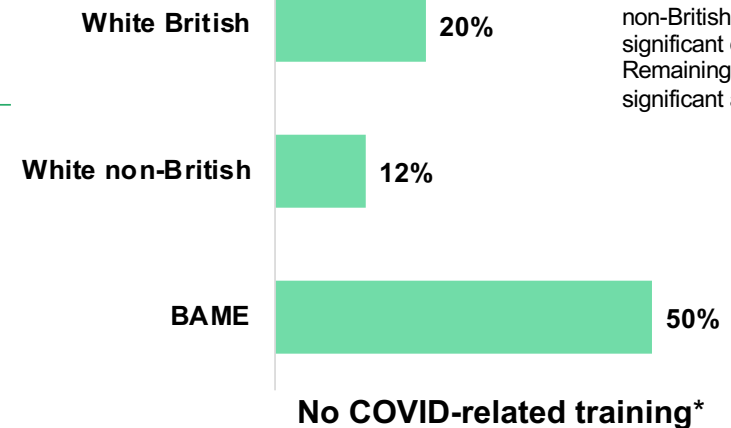
Since the onset of COVID-19:

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

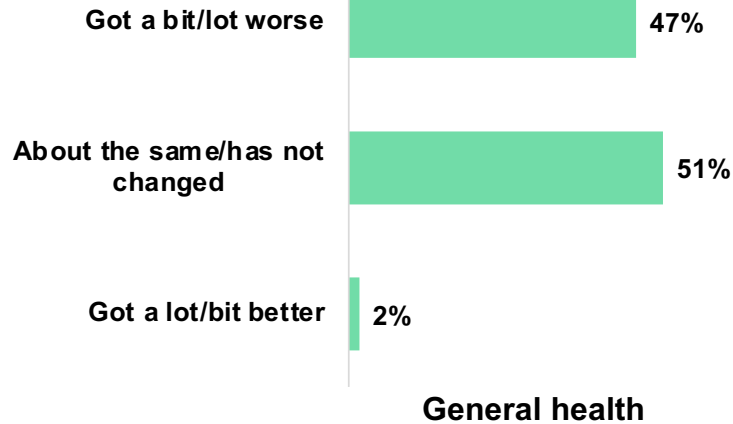
6% have had COVID-19 symptoms and did not receive a test



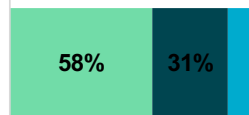
Government and PHE have been next to useless. Testing from start to finish has been poorly managed to non-existent. We couldn't get tested when my partner had COVID and advice from 111 was very poor."

Manager, Care home, Adults with Learning disability/Autism

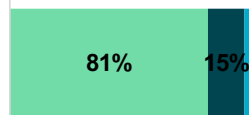
Since the onset of COVID-19:



Depressed, gloomy or miserable



Tense, uneasy or worried



The amount of time that job makes you feel

Interim Findings: May 21

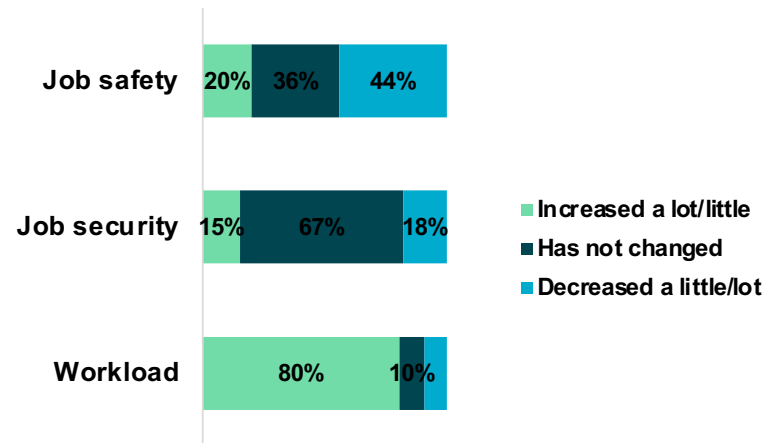
87% received first dose of vaccine

42% reported some form of abuse since the onset of C19

32% felt depressed, gloomy or miserable - all or most of the time

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

Interim Findings: May 21

Since start of 2021

15% restricted to single-site

19% stopped working due to fear

27% increased workload

14% redeployed

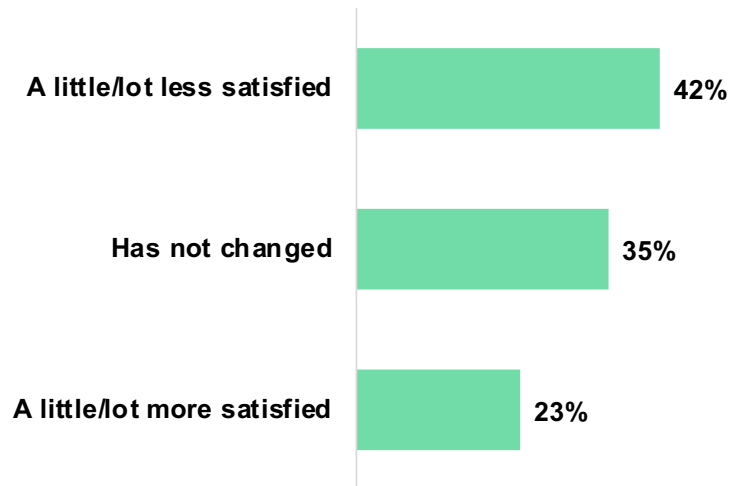
34% received normal pay

during isolation; 11%

received no pay

Job satisfaction

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



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

Qualitative stakeholders' interviews

Six social care stakeholders – Sep/Oct 2020

Echoing findings from the pulse survey

- high levels of anxiety amongst the social care workforce

A lack of understanding of the social care sector by central government

Sourcing PPE & ensuring safety (managers & owners' responsibility)

Increased workload (understaffing due to sickness & self-isolation)

Supporting staff wellbeing:

- podcasts; 'checking-in' & emotional support

firefighting – sourcing PPE, interpreting government guidance and keeping clients and staff safe.

COVID-19 pandemic significantly increased the challenges faced by care workers

Differential impact on various parts of the sector

Care workers feel neglected and undervalued but remain committed

- Job satisfaction; sense of responsibility
- Wellbeing: physical, mental and financial

Emerging change

- Impact of COVID19 combined with Brexit
- Potential growth of live-in carers
- Future of care homes and their workforce

Acknowledgment & 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 author.

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<https://www.pssru.ac.uk/resscw/frontpage/>

Thank you for Listening

Questions

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