

# The abuse and wellbeing of long-term care workers in the COVID-19 era: Evidence from the UK

**Shereen Hussein, Eirini Saloniki, Grace Collins, Catherine Marchand and  
the RESSCW research team**

International workshop on COVID-19 and long-term care systems: What have we  
learnt and what policies do we need to strengthen LTC systems?

7 December 2021

Work in progress. Please contact the authors before citing

# Retention and Sustainability of Social Care Workforce (RESSCW) project

**Funder:** Health Foundation (Efficiency Research Programme). Collaboration between UoK, UCL, City and Skills for Care: 2019-2022

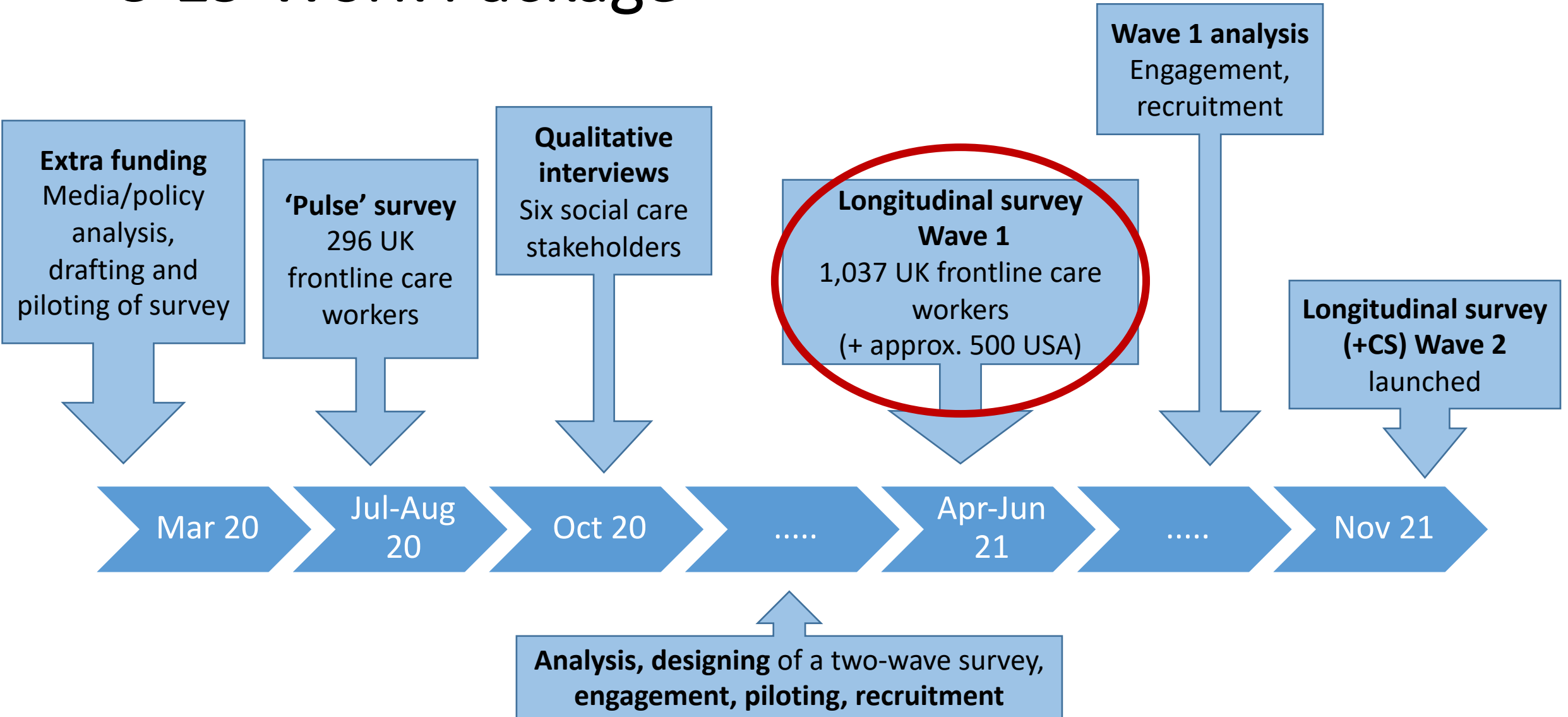
**Aim:** To help social care providers, commissioners, regulators and policy-makers understand the specific organisational and individual drivers of staff retention in the social care sector

Work has been extended to examine the impact of COVID-19 on workforce retention and sustainability

**Project Team:** F. Vadean & S. Hussein (Co-PIs), S. Allan, E. Saloniki, K. Gousia, A. Turnpenny, G. Collins, A.M. Towers, A. Bryson, J. Forth, C. Marchand, D. Roland and H. Teo

**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.

# C-19 Work Package



# Wave 1 findings

An online survey from 13<sup>th</sup> April to 28<sup>th</sup> June 2021  
Received 1,037 valid responses

Eirini Saloniki



## Gender



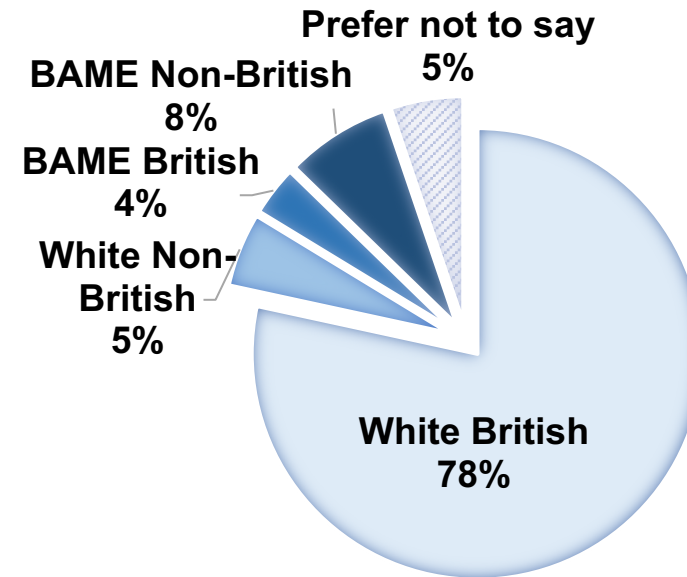
**16%**  
Male



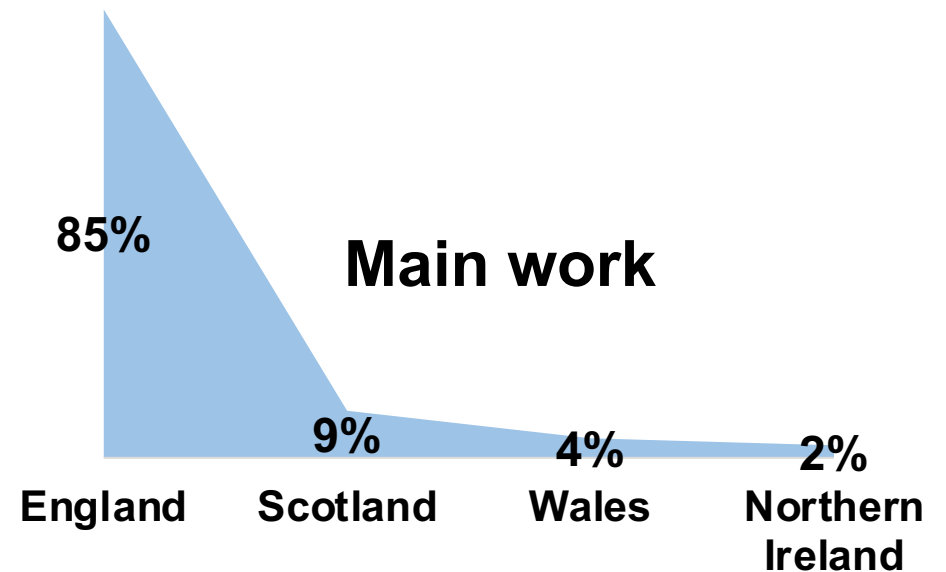
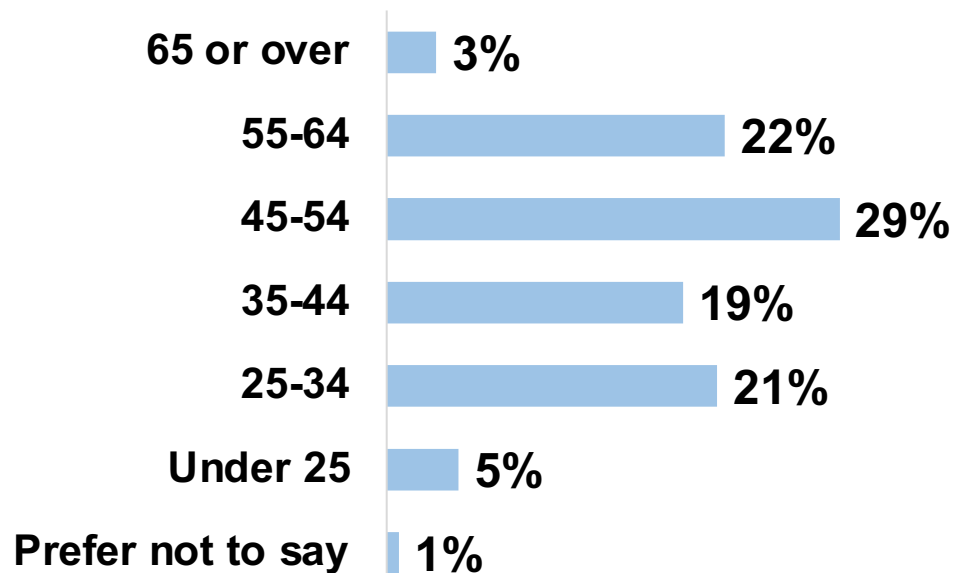
**82%**  
Female

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

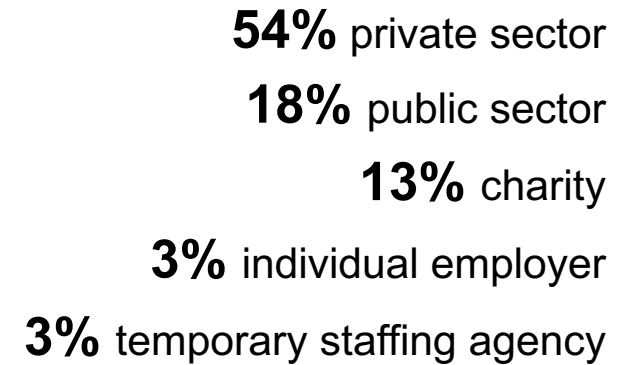
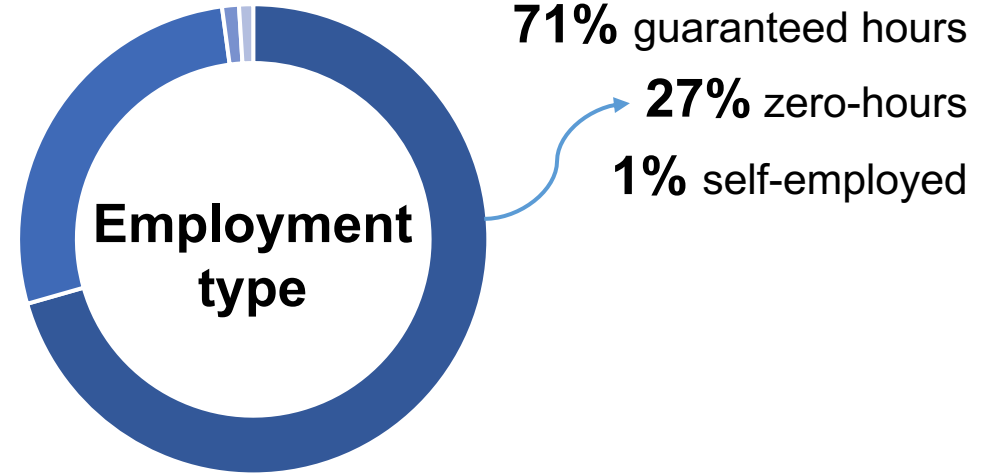
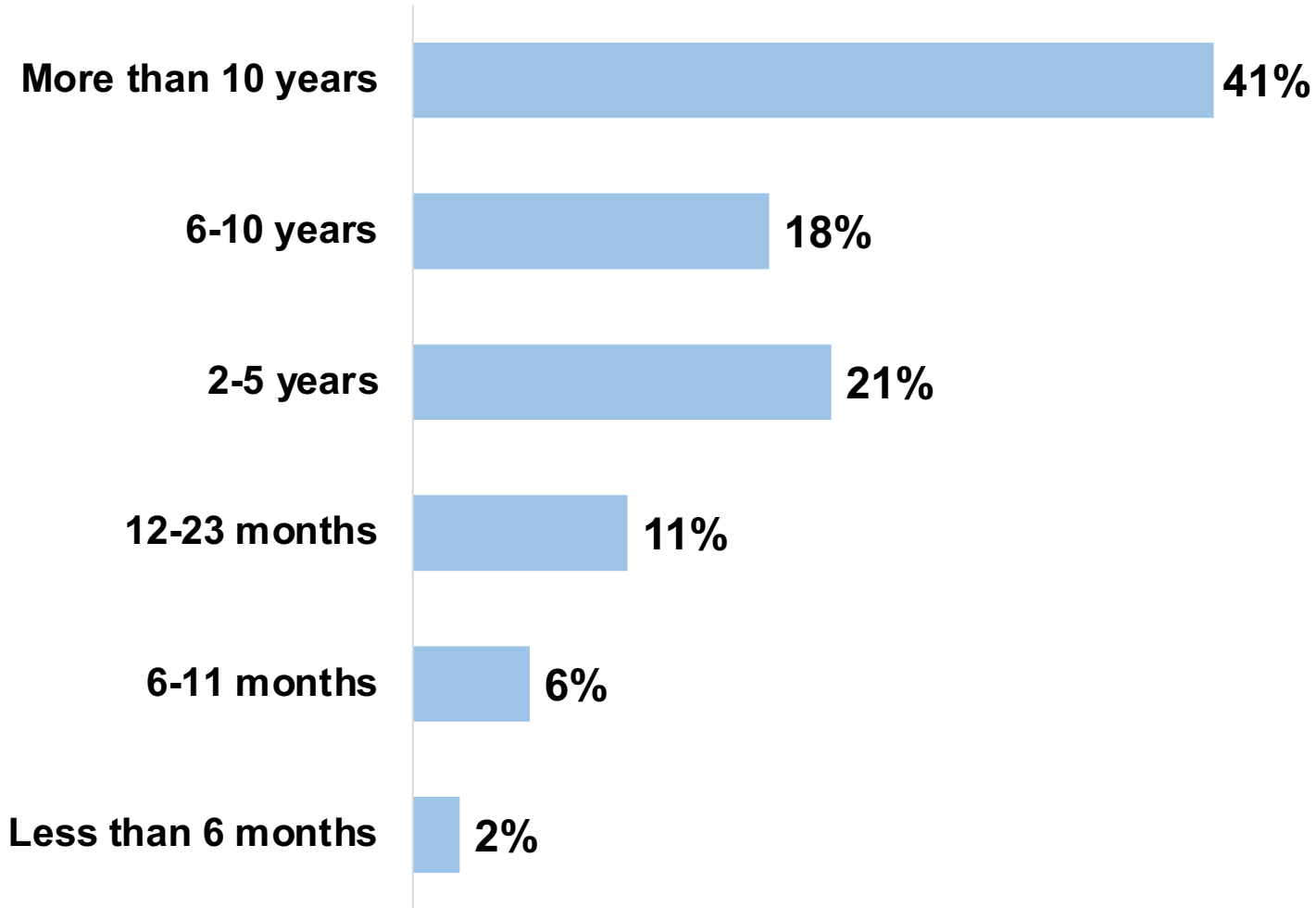
## Nationality & ethnicity



## Age

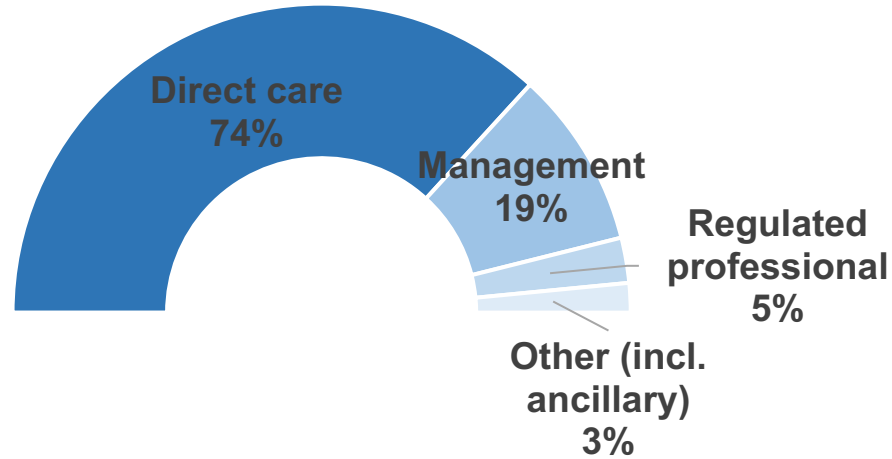


## Time working in social care



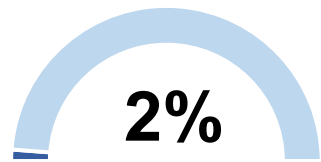
are/have been a member of a trade union or staff association

# Main job role

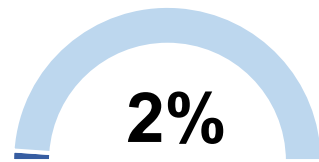


## Examples ([Skills for Care](#))

- 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



Personal assistant



Live-in care worker

## 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



Source: freepik.com

## 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

Since the start of 2021:

**32%** increased workload without additional pay

**27%** self-isolated

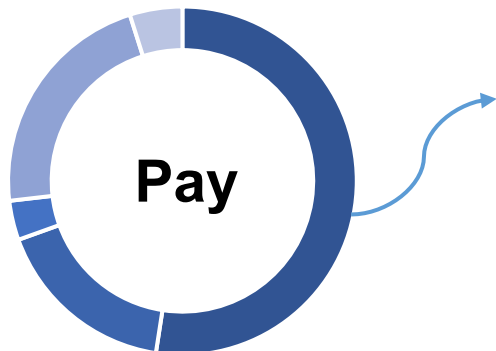
**20%** increased paid working hours

**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

Employers should have more staff to avoid increased workload

Domiciliary care, older adults

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

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

Management, domiciliary care

I work more hours than the legal limit.

We had to work longer hours with less staff

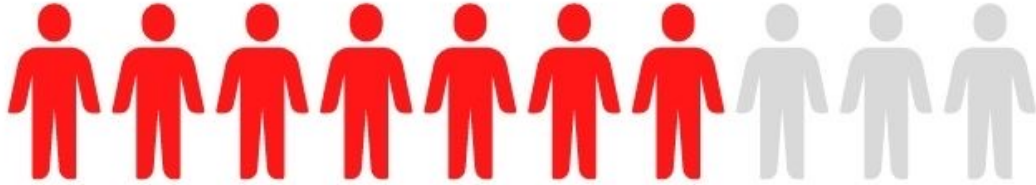
Direct care, older adults, care home w or w/o nursing

Direct care, supported living/extra care housing



Since the start of 2021:

Among the people they work with



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

Asked to do continuous working as all staff tested positive and needed to isolate, and offered without pay increase or proper recognition of work after the covid crisis.

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

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

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



Had first dose of COVID-19 vaccine

87% ✓ 9% ✗ 3% !

Source: canva.com

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

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

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

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

## Experienced in relation to COVID-19:

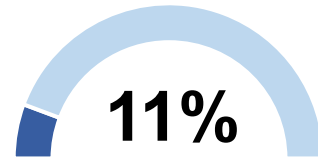


reported being abused  
(verbal abuse, bullying,  
threat or physical violence)

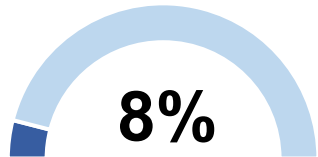
## Experienced in relation to COVID-19:



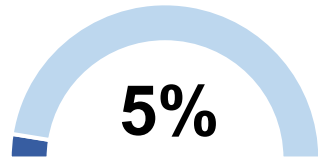
Verbal abuse



Bullying



Threat



Physical violence

Being called names,  
being threatened,  
being followed.

Direct care, adults with  
physical and/or sensory  
disability, supported  
living/extra care housing

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

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

### 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.

Management, care home  
w or w/o nursing

Direct care, adults with  
mental health needs,  
domiciliary care

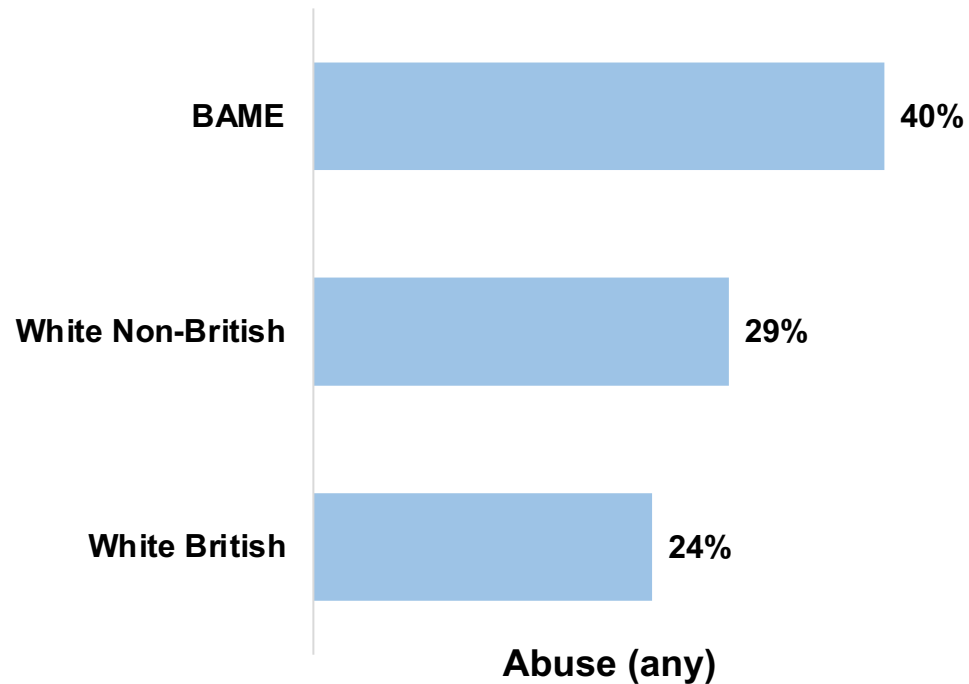
It was reported to police and management, but they did nothing because "can't do anything about it because of covid restrictions and tenancy agreements". So we had to take the abuse for almost a year...

It's not safe to  
get help.

Direct care, adults with  
physical and/or sensory  
disability, supported  
living/extra care housing

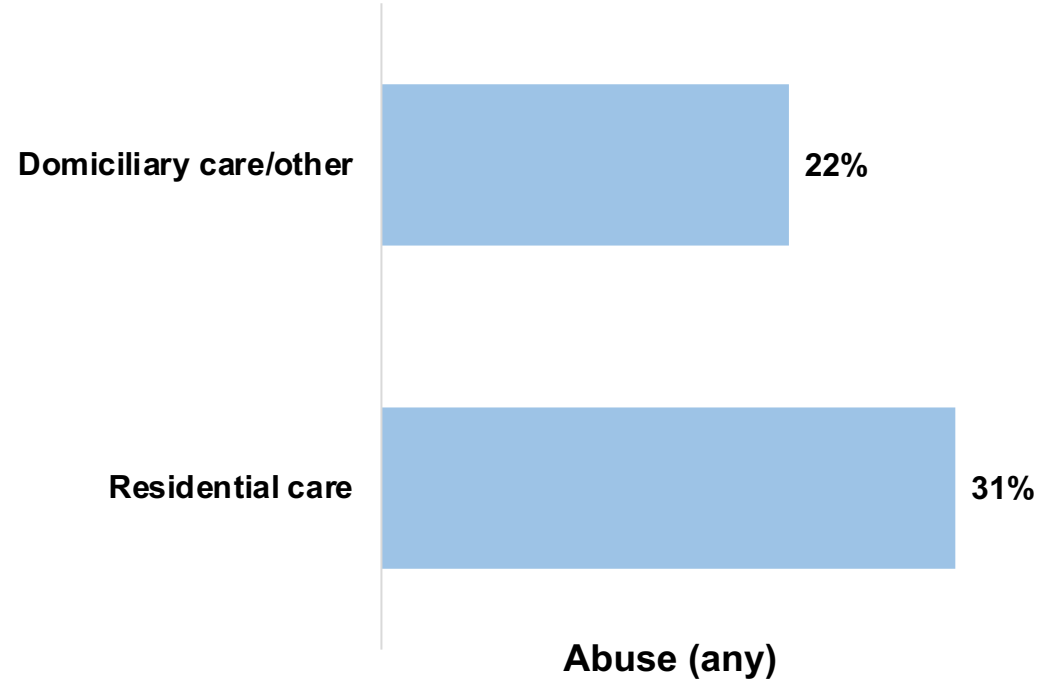
# Abuse (any): differential experience

## Nationality & ethnicity



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

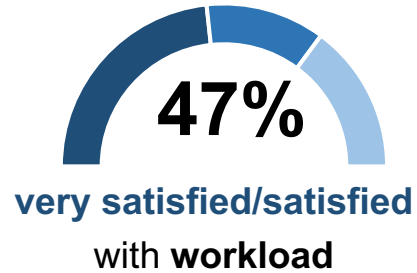
## Care setting



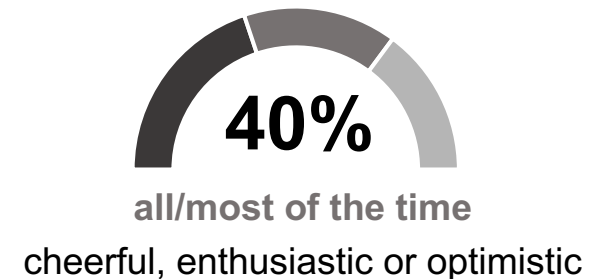
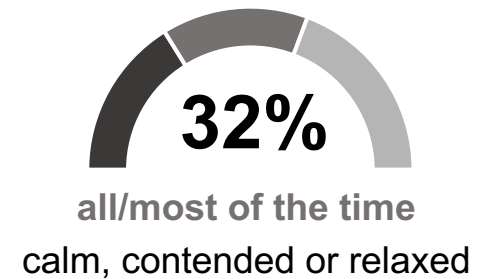
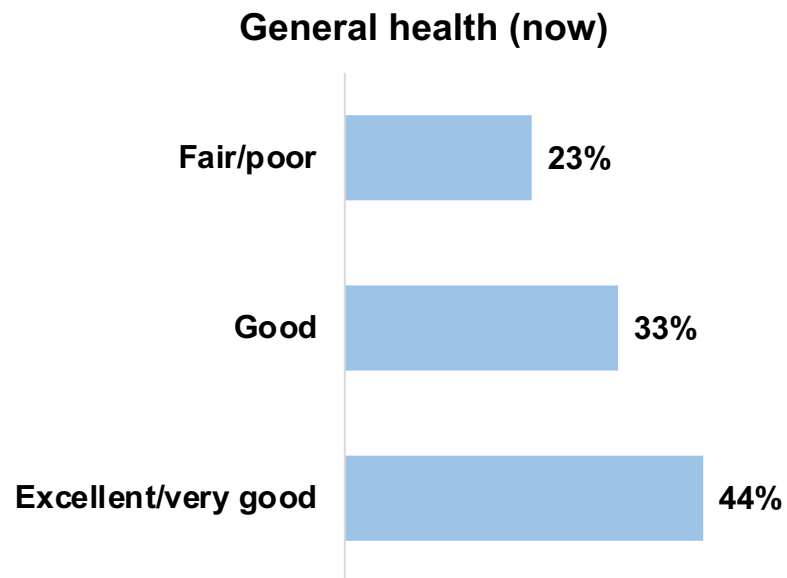
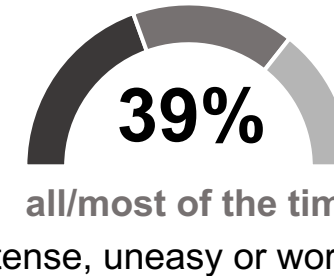
\*Difference is statistically significant at 5%.

**No significant differences by country**

# Work-life Balance, Health and Wellbeing (I)



**In the past few weeks, job has made you feel**

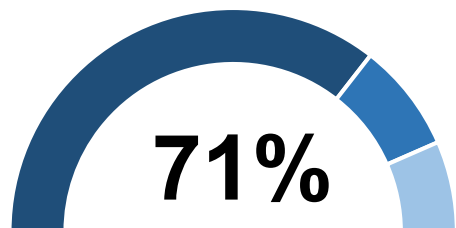


## Work-life Balance and Wellbeing (II)

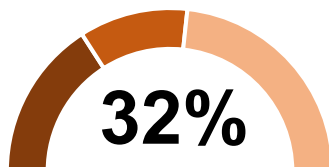
Linear regression	Wellbeing [proxy] <sup>+</sup>	Wellbeing [work-life balance]
<b>Abuse</b>		
Yes	-0.181*** (0.023)	-0.301*** (0.065)
<b>Abuse (count)</b>		
Single	-0.123*** (0.029)	-0.131 <sup>ns</sup> (0.082)
Multiple	-0.252*** (0.030)	-0.509*** (0.083)
<b>Abuse (type)</b>		
Verbal abuse	-0.095*** (0.028)	-0.174** (0.077)
Bullying	-0.136*** (0.035)	-0.218** (0.097)
Threat	-0.022 <sup>ns</sup> (0.047)	-0.011 <sup>ns</sup> (0.123)
Physical violence	-0.120* (0.052)	-0.384*** (0.141)

<sup>+</sup>Composite index created from feelings questions. All specifications include controls for age band, gender, ethnicity & nationality, regional COVID-19 cases, regional COVID-19 deaths, employer type, care setting, client group, job role, tenure, contract type, union membership and north-south dummies. Robust standard errors in parentheses. \*\*\*p<0.01, \*\*p<0.05, \*p<0.1, <sup>ns</sup> not significant.

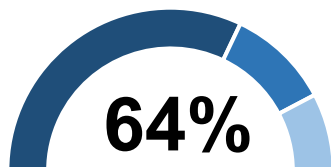
# Job Satisfaction and Intention to Quit (I)



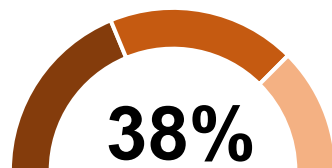
**71%**  
very satisfied/satisfied  
with **job (overall)**



**32%**  
very satisfied/satisfied  
with **amount of pay**

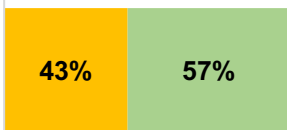


**64%**  
very satisfied/satisfied  
with **job security**

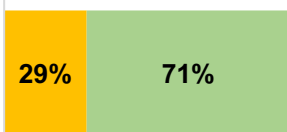


**38%**  
very satisfied/satisfied  
with **promotion prospects**

**Current employer  
voluntarily**



**Social care  
altogether**



■ Very/quite likely  
■ Not very/at all likely

**Intention to leave in the next 12 months**

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

## Intention to quit (II)



Linear regression	Intention to quit current employer in the next 12 months	Intention to quit social care in the next 12 months
<b>Abuse</b>		
Yes	0.243*** (0.035)	0.271*** (0.036)
<b>Abuse (count)</b>		
Single	0.217*** (0.044)	0.223*** (0.046)
Multiple	0.274*** (0.049)	0.329* (0.046)
<b>Abuse (type)</b>		
Verbal abuse	0.110*** (0.042)	0.139*** (0.042)
Bullying	0.123*** (0.060)	0.142*** (0.055)
Threat	0.112* (0.075)	0.115** (0.068)
Physical violence	0.062 <sup>ns</sup> (0.090)	0.083* (0.084)

All specifications include controls for age band, gender, ethnicity & nationality, regional COVID-19 cases, regional COVID-19 deaths, employer type, care setting, client group, job role, tenure, contract type, union membership and north-south dummies. Robust standard errors in parentheses. \*\*\*p<0.01, \*\*p<0.05, \*p<0.1, <sup>ns</sup> not significant.





# Summary and Conclusion

Shereen Hussein

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# Key findings

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Continued pressure on the sector and the workforce

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Worrying findings related to abuse

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Significant differences by ethnicity, nationality and care setting

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Workload pressures and unmatched pay

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Significant impact on workers' health and wellbeing

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Intention to leave current employer and the sector altogether

# Wider Implications

## Care workers feel neglected and undervalued

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

## Brexit & COVID-19

- 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?

# Where to find more

## RESSCW website

- 'Pulse' survey findings [report] can be found here: [https://www.pssru.ac.uk/resscw/files/2020/12/COVID19-and-the-UK-Care-Workers\\_FINAL\\_01dec20.pdf](https://www.pssru.ac.uk/resscw/files/2020/12/COVID19-and-the-UK-Care-Workers_FINAL_01dec20.pdf)
- Implications and impact of COVID-19 on the sustainability and retention of the social care workforce (hosted by the National Care Forum) [slides can be found here: <https://www.pssru.ac.uk/resscw/files/2021/10/RESSCW-NCF-Webinar-FINAL.pdf>]
- Academic paper [in progress]

Thank you for listening

Happy to respond to questions

Shereen.Hussein@LSHTM.ac.uk

@DrShereeHussein

e.saloniki@ucl.ac.uk