

Mistreatment and Inequalities among Racialised Care Home staff in the UK

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HYGIENE
& TROPICAL
MEDICINE



- ❖ Context of social care and care homes in particular
- ❖ Long standing challenges
 - Funding
 - Chronic workforce shortages
 - Poor pay, image and status
- ❖ Significant contribution of ME and migrant workers
- ❖ Existing evidence of unequal experiences and outcomes among ME/migrant workers
- ❖ System shocks
 - ❖ COVID19

Drivers of unequal outcomes

- The Nature of care work
 - Relational and emotional- body work
 - Expectations and perceptions
 - Power dynamics
 - Time and tasks
 - Workers and care users' wellbeing
- Perceptions, mistreatment and racism
 - Institutional and systematic racism
 - White hierarchies & ruling relations
 - Internalized constructs
 - Intersectionality and visibility

Institutional racism is defined as the collective institutional failure to treat people fairly because of their colour, culture, or ethnic origin. This can be observed in processes, attitudes, and behaviours that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness, and racist stereotyping, disadvantaging racialised and minority groups.

Structural racism normalises historical, societal and institutional practices that disadvantage people with different characteristics, including racialised workers.

Unequal experiences among racialized workers



Existing evidence:

- Over-representation of racialized workers in low paid sectors in general
- Under-representation in higher-paid occupations within H&C sector
- Reports of racism & discrimination
- Affect most work experiences and outcomes

Funding: Equality & Human Rights Commission

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Winter Symposium of The British Society of Gerontology's
Care Homes DrShereenHussein

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Employment Inequalities among British Minority Ethnic Workers in Health and Social Care at the Time of Covid-19: A Rapid Review of the Literature

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There are long-standing concerns of inequalities in the workplace among minority ethnic (ME) workers in the UK health and social care (H&SC) sectors. ME workers contribute significantly to H&SC delivery. However, there is considerable evidence of substantial negative experiences among this group across various workplace indicators and outcomes, including (mis)treatment. The COVID-19 pandemic has exacerbated these inequalities with higher infection rates and related deaths among ME health and care workers. A rapid review methodology was employed to examine the work experiences and outcomes of ME workers in H&SC in the UK, focusing on low paid workers. The review identified fifty-one relevant outputs, identifying the nature and extent of inequalities across recruitment, career progression and treatment at work, including bullying and harassment. The findings highlight the impact of the intersectionality of gender, race and migration status concerning the ways inequalities are manifested and operated through individual perceptions and institutional and structural racism.

Keywords: race, intersectionality, labour outcomes, racism.

Existing evidence: Inequalities throughout the employment pathways.

- Recruitment
 - Institutional and structural racism:
 - Heath and Di Stasio (2019): Identical applications, different names → different outcomes
 - Applications portraying specific cultures/visible markers had worst outcomes
 - Lack of social capital/support structures
 - Reliance on agencies vs. networks. Tendency to accept lower working conditions
 - Internalized process
- Pay, reward & progression
 - Racialised staff concentrated in support roles
 - The interplay between race & gender

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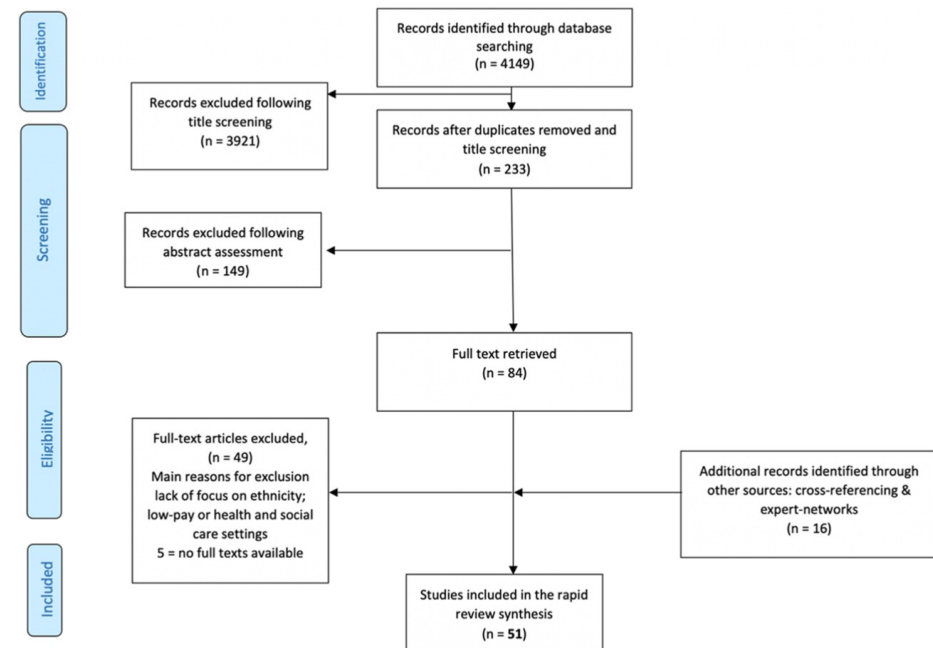


Figure 1 PRISMA flow-diagram of literature included in the review

Harassment and bullying in the workplace

- Can take different forms
 - Prejudice and discriminatory behaviour; Unconscious bias and microaggression,
 - Bullying, verbal or physical abuse
 - Perpetrated by colleagues, managers, service users, patients, or the public.
 - Overt or covert in nature
 - Reporting & appropriate actions
 - Evidence of feeling undervalued by the sector
- Racilised workers are more likely to report discrimination at work the NHS and social care
 - Especially from managers and co-workers (Kline et al., 2017)
 - Evidence of higher levels among racialized workers from service users and family members (Birks et al. 2017)
 - Direct relationship between receiving bullying & burnout and indirect relationship with patient safety (Johnson et al., 2019)
 - Intersectionality leads to higher levels of bullying & harassment (Younis and Jadhav, 2020)

The impact of COVID19 – existing evidence

- Racialised frontline care staff at higher risk of infection from and death from COVID19 (Shields et al., 2020)
- Some of the disparities are linked to genetic factors and social determinants of health
- Racialised care workers reported higher levels of PPE reuse (Nguyen et al., 2020)
- Potential links between lack of empowerment of racialized workers and tendency to accept hazardous situations (Otu et al., 2020)
- Continued and systematic discrimination key underlying factor for lack of empowerment
- Racialised workers at higher risks of depressive symptoms since the onset of the pandemic (Iob et al, 2020)
 - Possibly linked to reduce social support
- Strong evidence of differential experiences among racialied workers derived from the RESSCW study (next section)

The Retention and Sustainability of Social Care Workforce



Welcome to Retention and Sustainability of Social Care Workforce (RESSCW)

Project outline

Team

Publications

News & events

Get in touch

Steering group

Staff turnover and job vacancy rates are persistently high in UK social care. Understanding the drivers of staff retention and motivators of care staff is important to enable the sector to provide sustainable, high-quality services and meet increasing demand.

This project, which runs between April 2019 and March 2022, is funded by the Health Foundation Efficiency Research Programme, led by the University of Kent and supported by the strategic body for social care workforce development, Skills for Care. 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 by exploring:

- What specific characteristics do social care workers have, and how committed are they to their jobs, when compared with workers in other low-wage service industries?



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

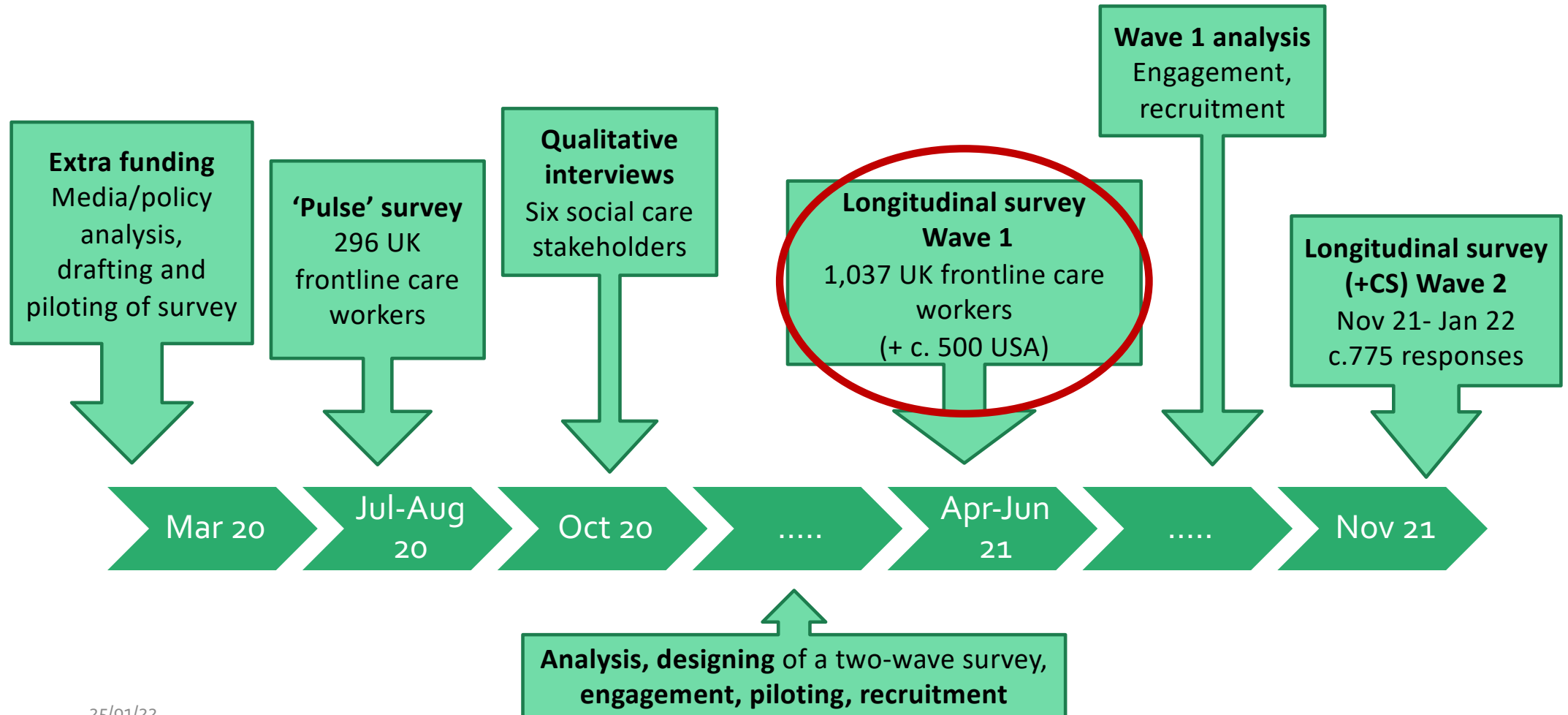
Shereen Hussein, Eirini Saloniki, Grace Collins, Catherine Marchand and the RESSCW research team

Work in progress. Please contact the authors before citing

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

Funding: The Health Foundation

COVID19 Work Package: RESSCW extension



Since the start of 2021:

32% increased workload without additional pay

27% self-isolated

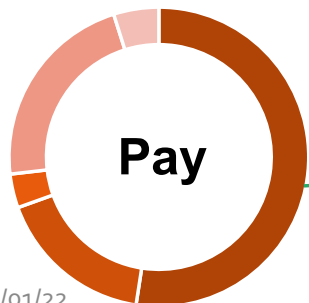
20% increased paid working hours

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



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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

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

Management, domiciliary care

We had to work longer hours with less staff

Direct care, supported living/extra care housing

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

I work more hours than the legal limit.

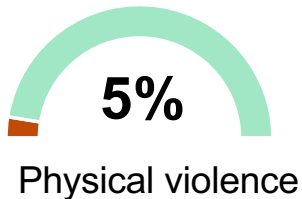
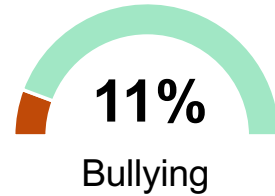
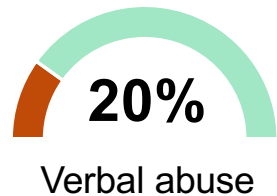
Direct care, older adults, care home w or w/o nursing

Experienced in relation to COVID-19:



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

Experienced in relation to COVID-19:



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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

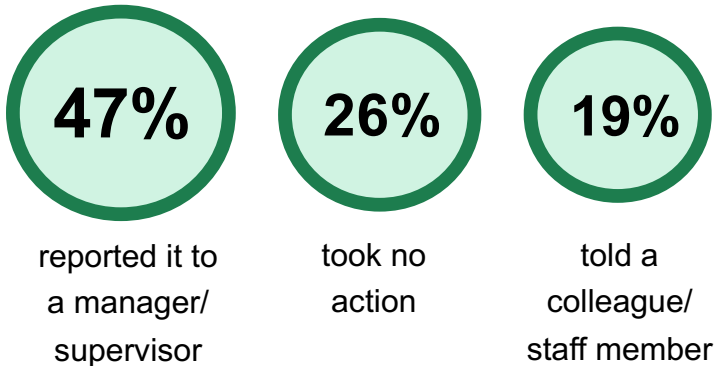
24% service user/client

16% service user's/client's family

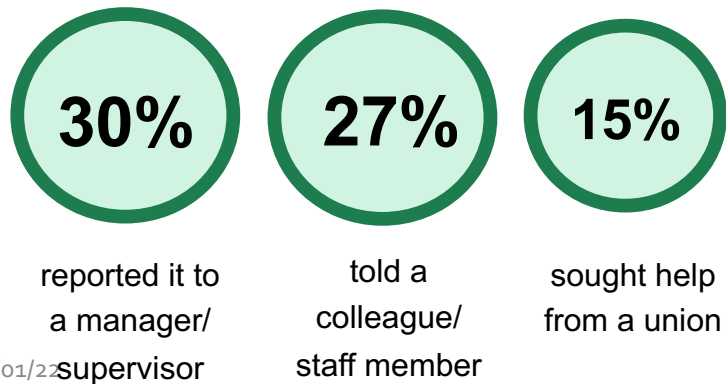
10% general public

Experienced in relation to COVID-19:

Verbally abused – action taken



Bullied – action taken



25/01/22

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

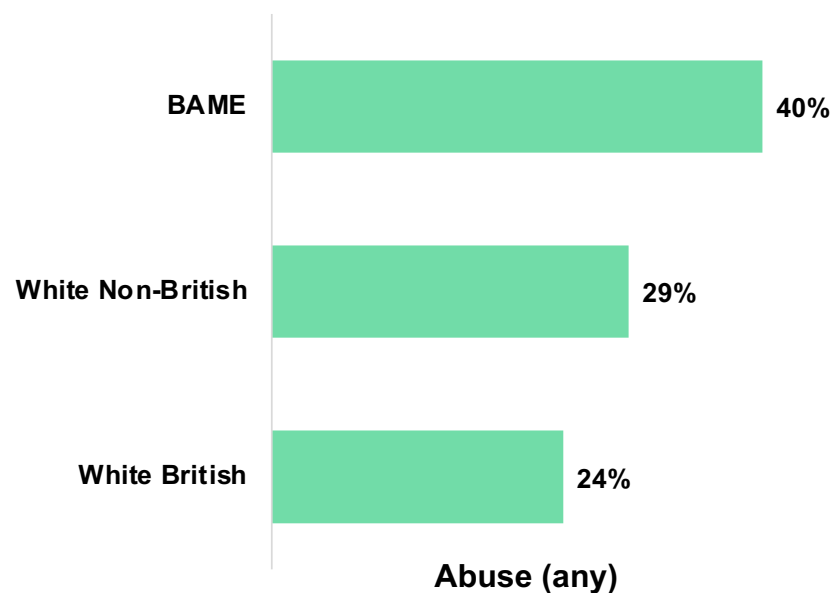
It was reported to police and management, but they did nothing because "can't do anything about it because of covid restrictions and tenancy agreements". So we had to take the abuse for almost a year...

It's not safe to get help.

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

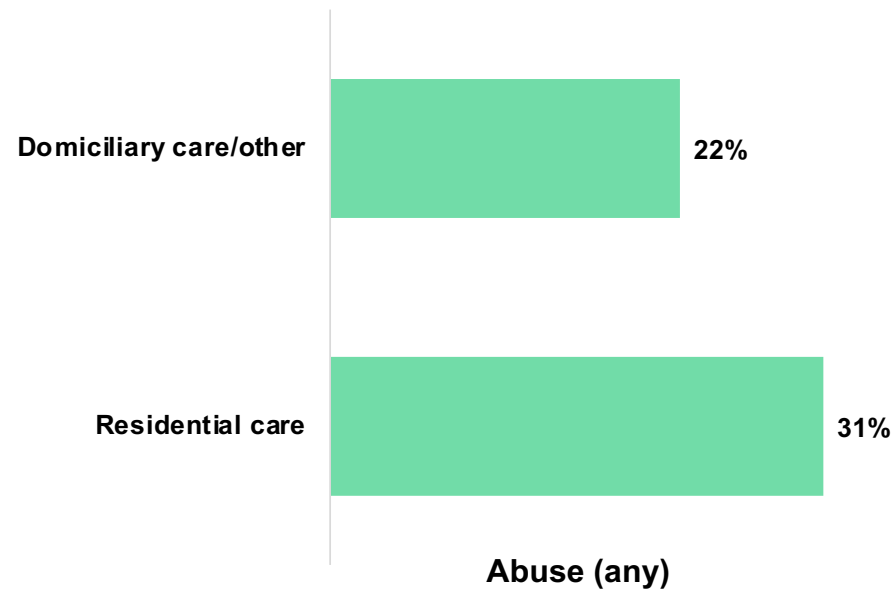
Abuse (any): differential experience

Nationality & ethnicity



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

Care setting



*Difference is statistically significant at 5%.

Work-life Balance and Wellbeing

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

⁺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. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$, ^{ns} not significant.

Intention to Quit

Linear regression	Intention to quit current employer in the next 12 months	Intention to quit social care in the next 12 months
Abuse		
Yes	0.243*** (0.035)	0.271*** (0.036)
Abuse (count)		
Single	0.217*** (0.044)	0.223*** (0.046)
Multiple	0.274*** (0.049)	0.329* (0.046)
Abuse (type)		
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 ^{ns} (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, ^{ns} not significant.

- Racialised workers in social care, including care homes, have adverse employment and workplace outcomes
- These are present within a sector that already suffers from difficult working conditions
- Workers with multiple identities (race, migration, gender) face greater challenges and barriers to career progression
 - Leading to individual unfavourable outcomes such as deskilling downward mobility, quits and affect general health and depressive symptoms
- Historical segmentation, systematic and structural discrimination
 - Sorting processes & income reliance → acceptance & lack of empowerment
- Hidden sources of privilege/ unspoken rules/ innate preferences
- The disproportionate effects of COVID19

Conclusion

- The need for action: at the system & individual levels
 - Solid set of Governmental plans including laws and strategies
- At the organisation/sector level
 - At the recruitment process: monitoring diversity; anonymized recruitment processes
 - Awareness raising; bullying reporting mechanisms; create support structures including 'safe spaces'
- At the individual level
 - Empowering individuals (across the life trajectories)
 - Recognising the cost of mistreatment on the individual's health and wellbeing (care workers and care users)
 - Facilitating the collective 'voice' of racialised workers

Acknowledgment, Disclaimer and Resources

- The literature review was funded by the Equality and Human Rights Commission
- The RESSCW study is funded by the Health Foundation
- The views expressed are entirely those of the author and do not necessarily represent the views of the funders.

Resources:

- RESSCW project page: <https://www.pssru.ac.uk/resscw/frontpage/>
- Hussein, S. (2022). Employment Inequalities among British Minority Ethnic Workers in Health and Social Care at the Time of Covid-19: A Rapid Review of the Literature. *Social Policy and Society*, doi:10.1017/S1474746421000841
- Pulse survey report: https://www.pssru.ac.uk/resscw/files/2020/12/COVID19-and-the-UK-Care-Workers_FINAL_01dec20.pdf

Thank you for Listening

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