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The impact of COVID-19 on long-term care workers' wellbeing and intention to quit: Evidence from the UK

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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, LSHTM, 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 in 2020 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 & H. Teo

C19 Work-package team: S. Hussein, E. Saloniki, G. Collins, C. Marchand & A.M. Towers

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.

Background: The UK social care workforce

- 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

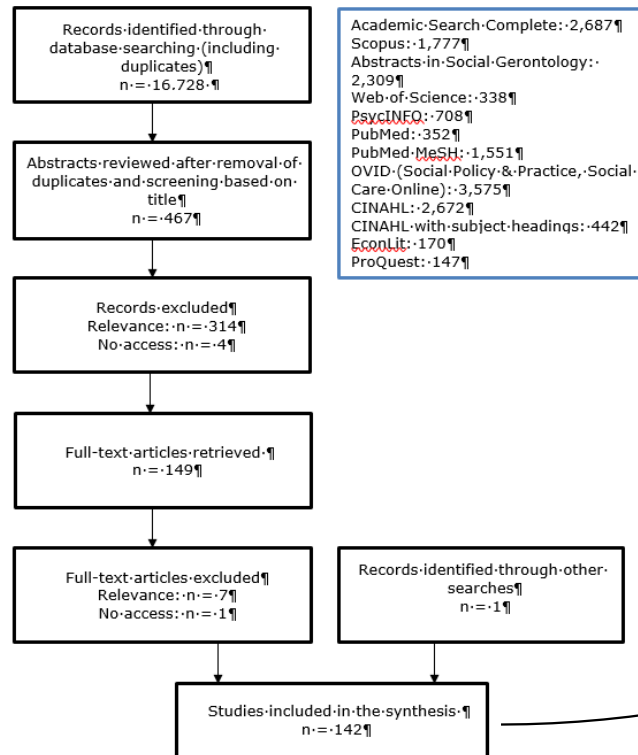


Ongoing UK Reforms

Factors associated with commitment and retention in the social care workforce

Initial literature scoping: pre-COVID-19

Search results

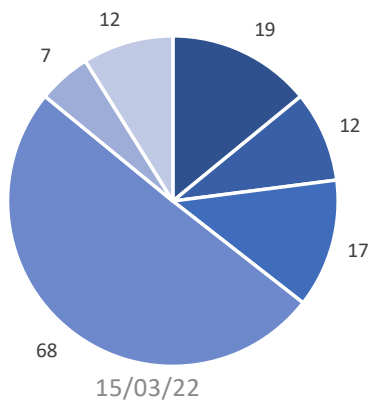


Academic Search Complete: 2,687
 Scopus: 1,777
 Abstracts in Social Gerontology: 2,309
 Web of Science: 338
 PsycINFO: 708
 PubMed: 352
 PubMed-MeSH: 1,551
 OVID (Social Policy & Practice, Social Care Online): 3,575
 CINAHL: 2,672
 CINAHL with subject headings: 442
 Epublit: 170
 ProQuest: 147

Records by publication year

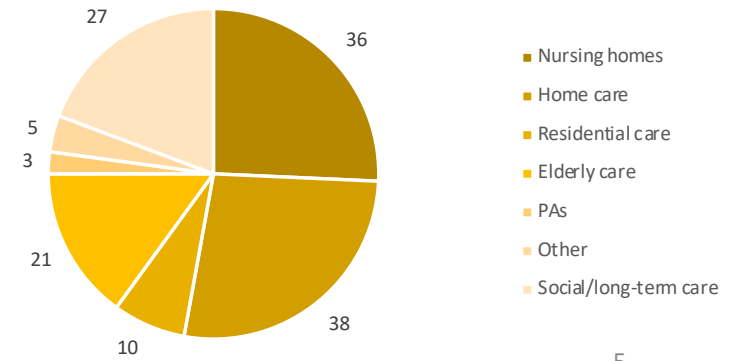


Records by country

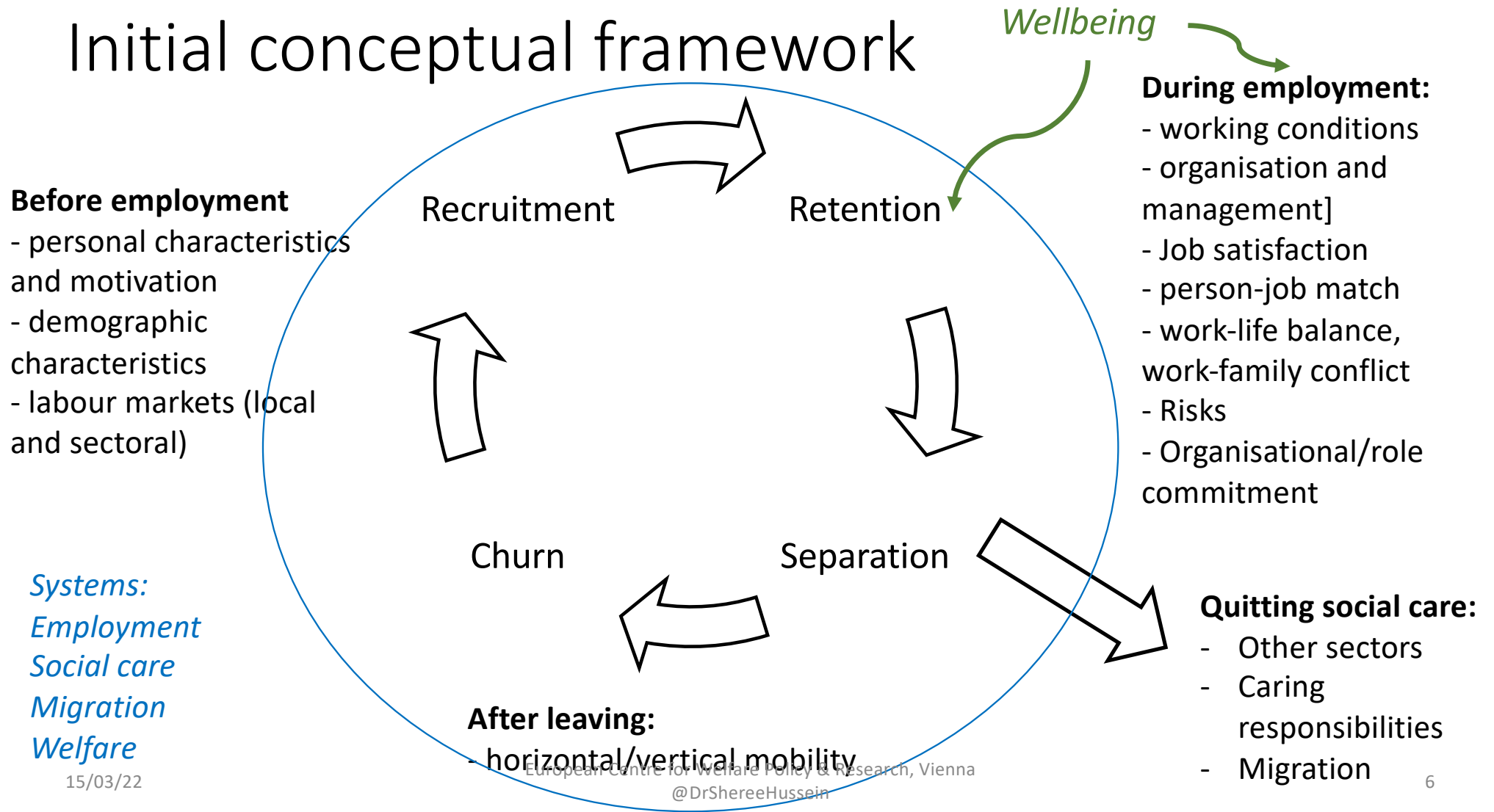


- Australia
- Canada
- UK
- USA
- Other (Asia)
- Other (Europe)

Type of service



Initial conceptual framework

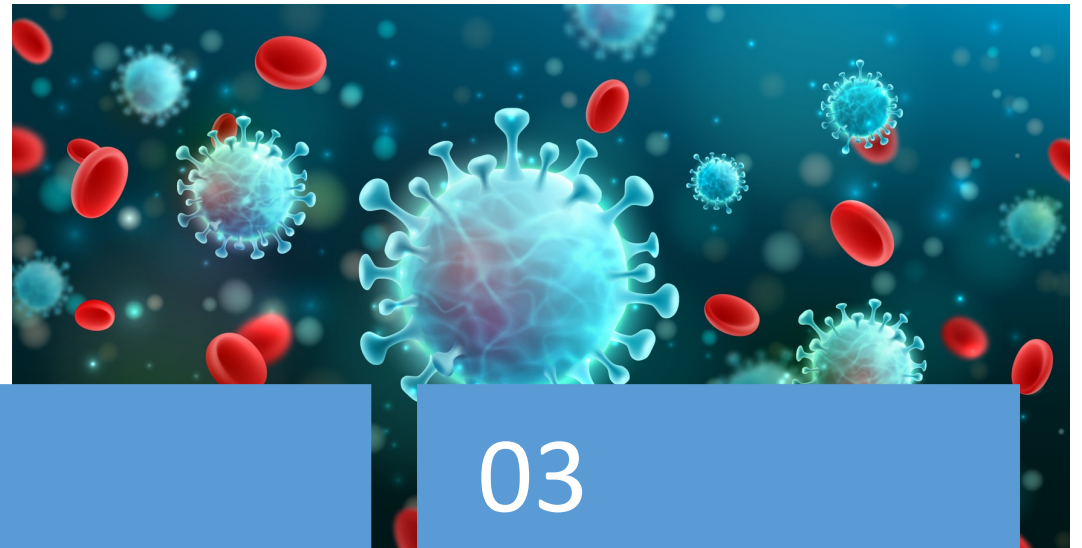


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The onset of COVID-19



01

What are the implications of COVID-19 on care workers' general wellbeing, working conditions, and intentions to quit the sector?

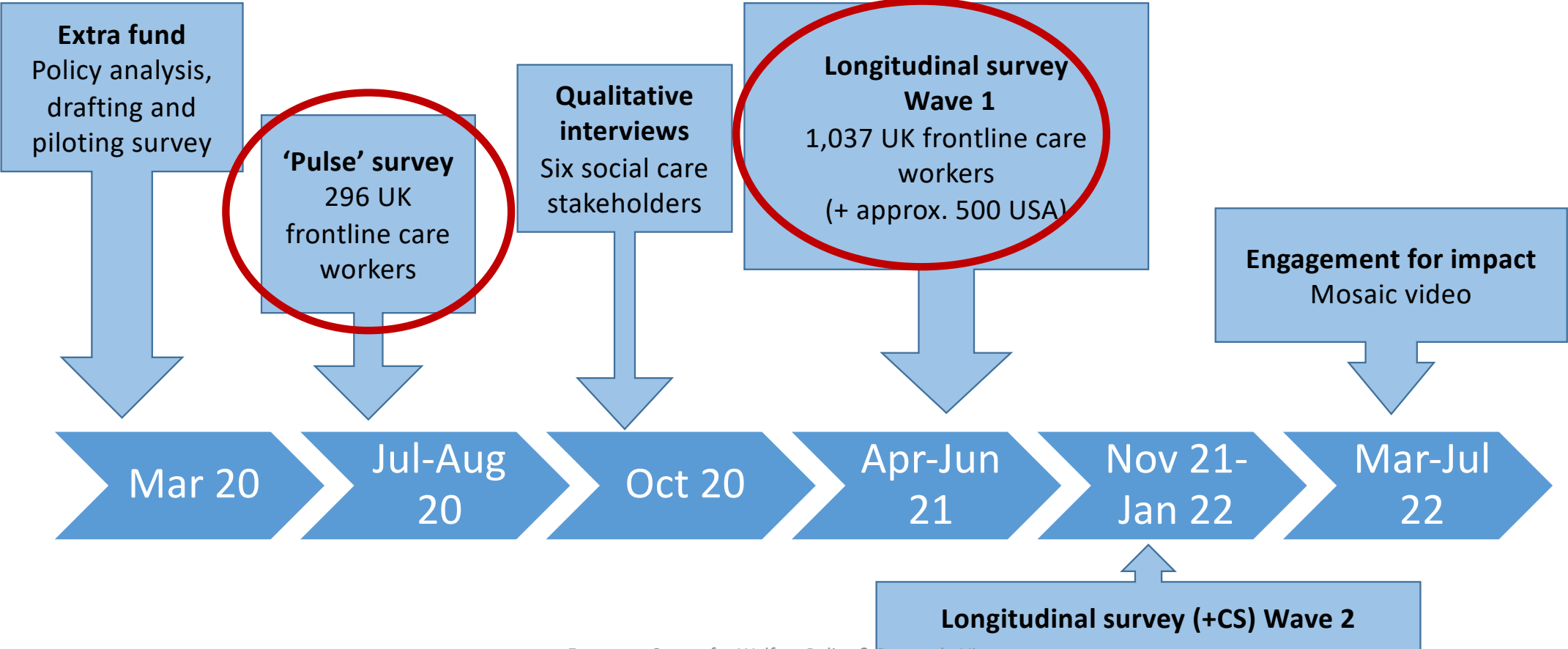
02

Are certain workers with specific individual and work characteristics more negatively impacted by COVID-19 pandemic?

03

Do any of these implications differ by care settings, especially between domiciliary and residential care?

COVID-19 Work Package



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

Some findings from the Pulse survey

An online survey Jul-Aug 2020
Received 296 valid responses

A focus on mistreatment and abuse



As a result of the pandemic:

56% increased their working hours

18% self-isolated

3% furloughed

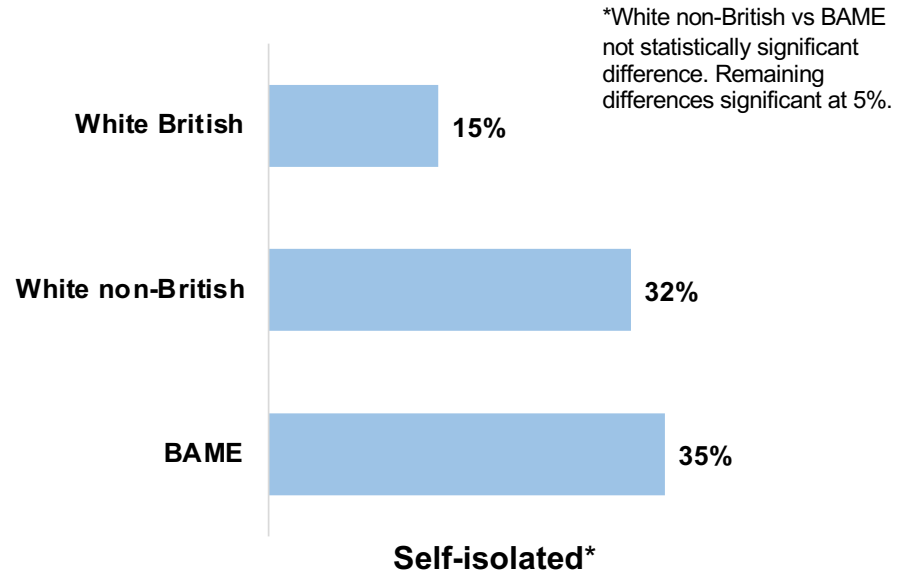
6% stopped working due to fear of infection or for personal reasons (i.e. caring responsibilities)

If self-isolated, furloughed or stopped working



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

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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)

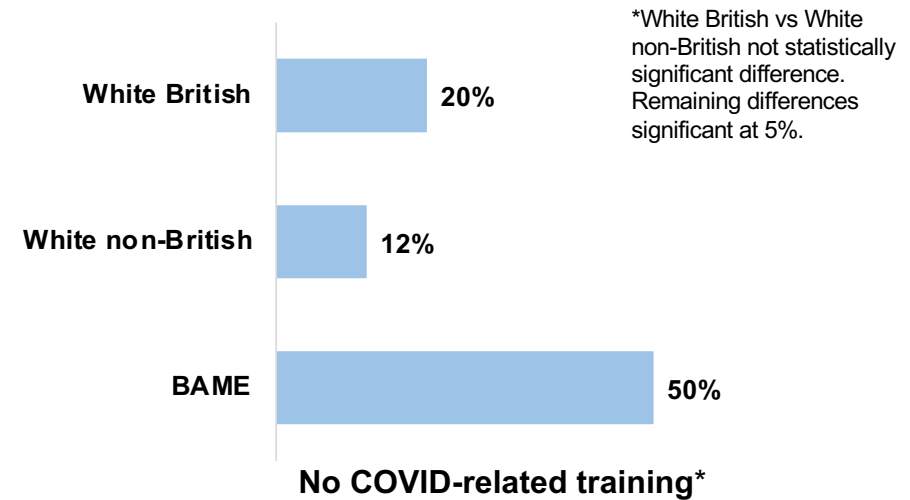
Since the onset of COVID-19:

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

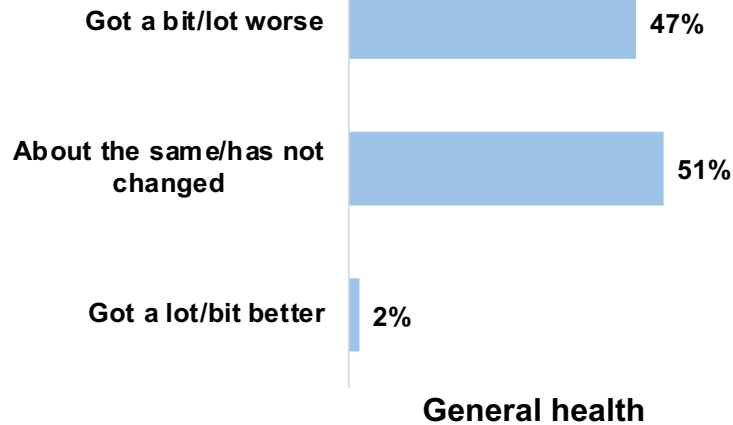


Government and PHE have been next to useless. Testing from start to finish has been poorly managed to non-existent.

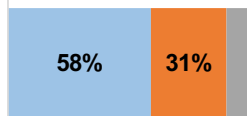
We couldn't get tested when my partner had COVID and advice from 111 was very poor."

Manager, Care home, Adults with Learning disability/Autism

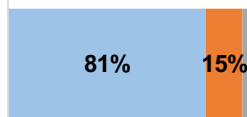
Since the onset of COVID-19:



Depressed, gloomy or miserable



Tense, uneasy or worried



■ Increased a lot/little
 ■ Has not changed
 ■ Decreased a little/lot

The amount of time that job makes you feel

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

Manager, care home without nursing, 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.

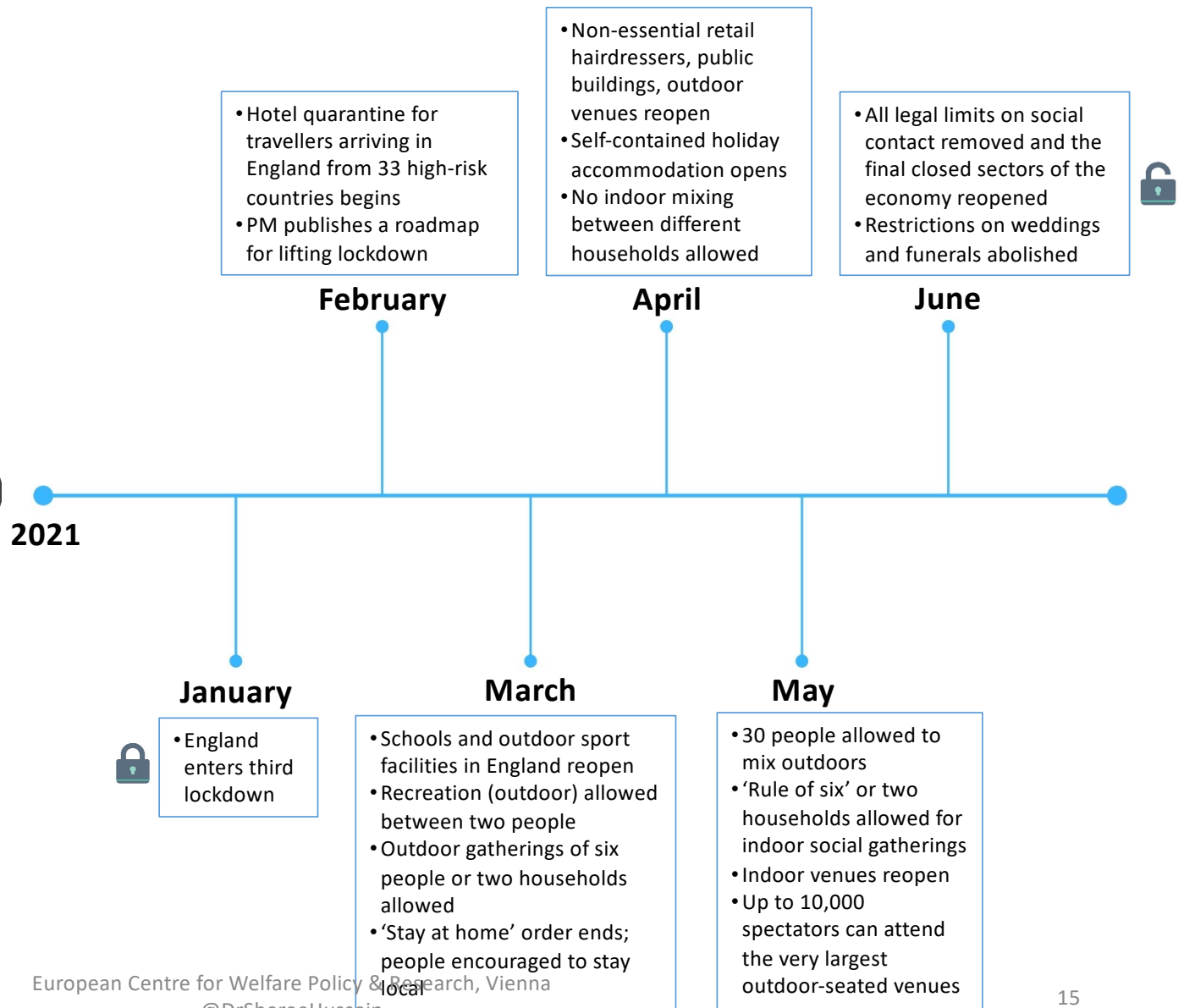
Summary of findings [Pulse Survey]

- 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

Timeline leading to Wave 1

Source: Institute for Government analysis



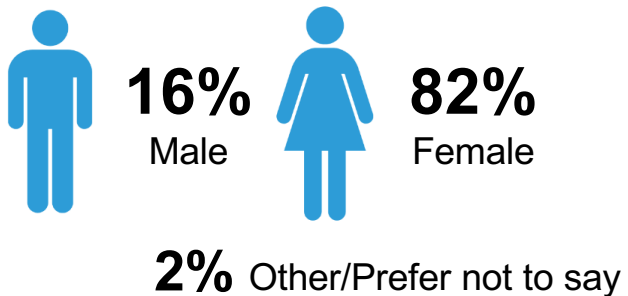
Wave 1 findings

An online survey April-June 2021
Received 1,037 valid responses

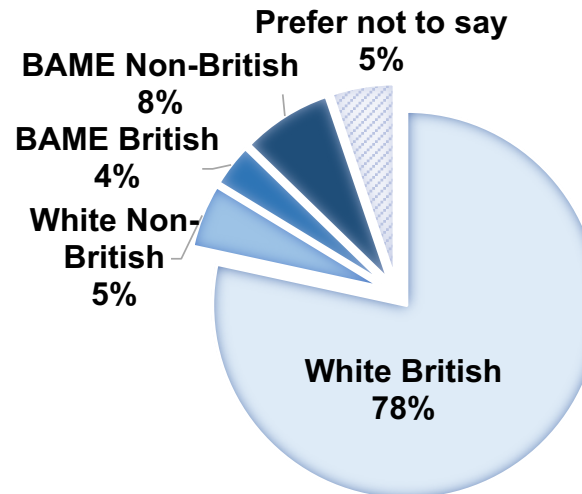
A focus on mistreatment and abuse



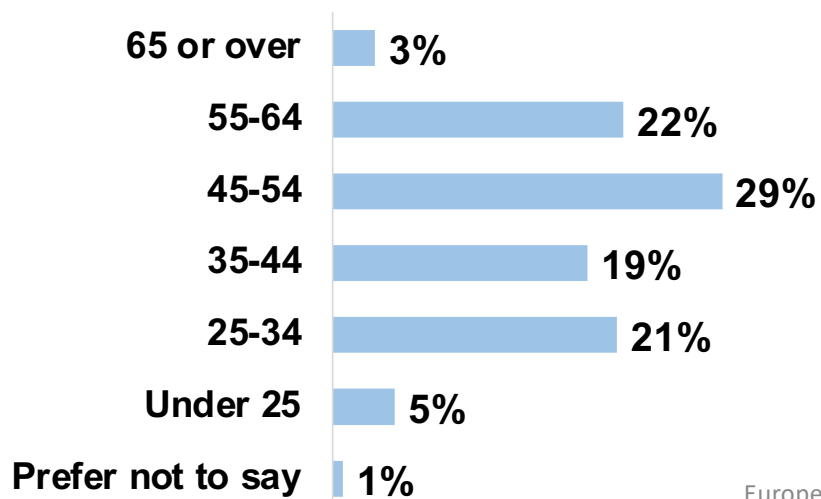
Gender



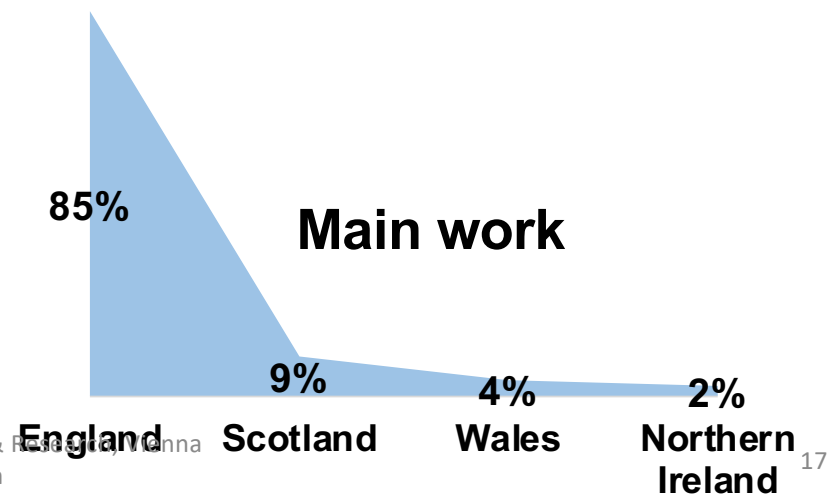
Nationality & ethnicity



Age

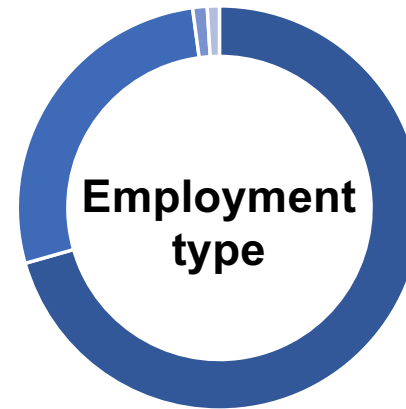
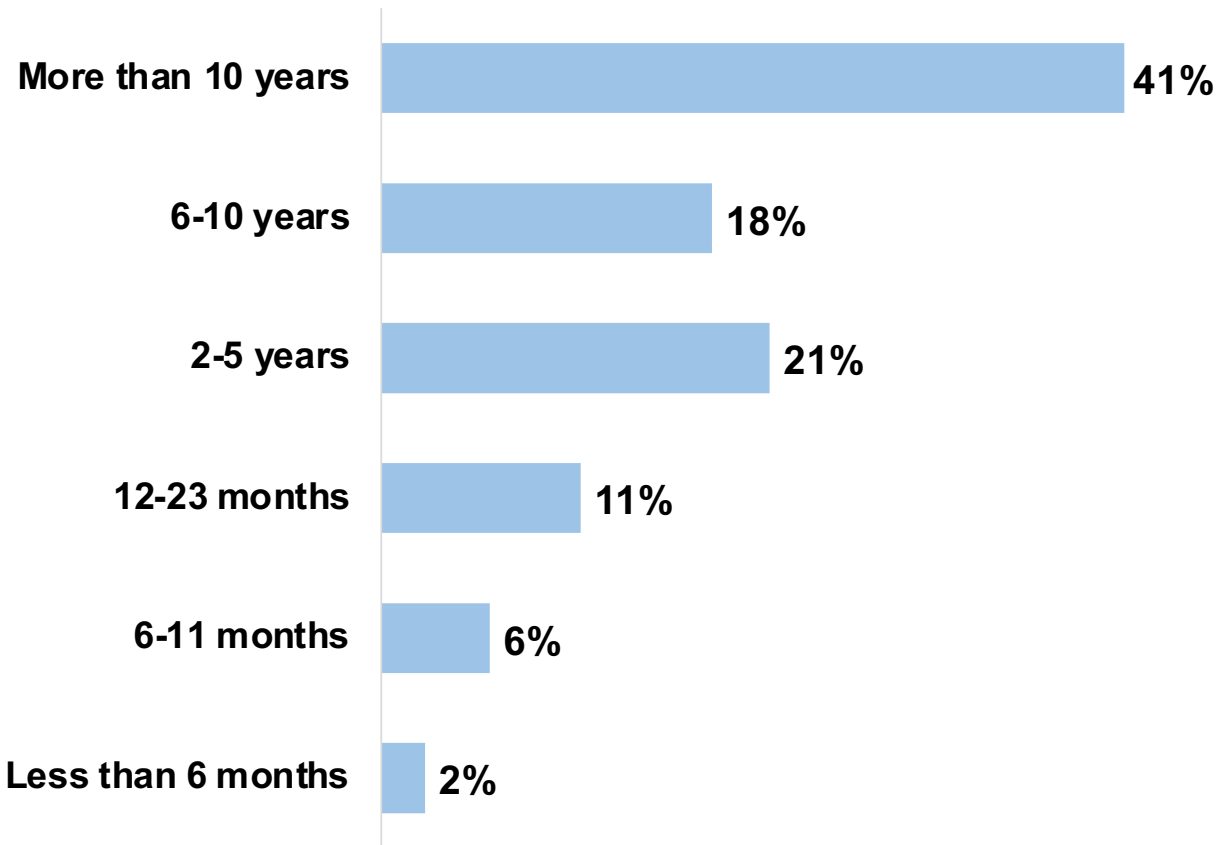


Main work



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Time working in social care



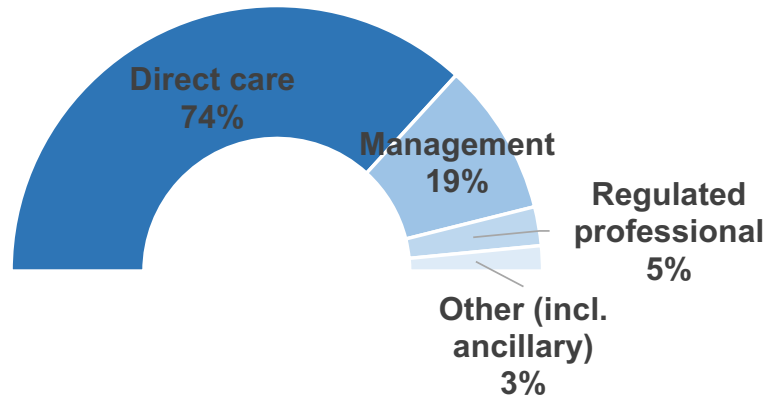
71% guaranteed hours
27% zero-hours
1% self-employed

54% private sector
18% public sector
13% charity
3% individual employer
3% temporary staffing agency

58%

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

Main job role



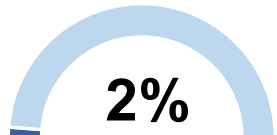
Examples ([Skills for Care](#))

Direct care: care worker, personal assistant, advocacy worker

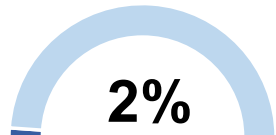
Management: manager, team leader, specialist coordinator

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

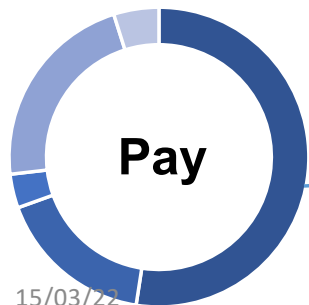
20% increased paid working hours

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

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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, 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

I work more hours than the legal limit.

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

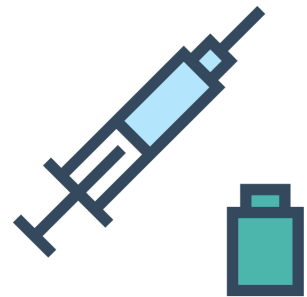
Direct care, supported living/extra care housing

Since the start of 2021:

Among the people they work with



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



Had first dose of COVID-19 vaccine

87% ✓ 9% ✗ 3% !

Source: canva.com

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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

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

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:

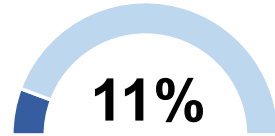


reported being abused (verbal abuse, bullying, threat or physical violence)

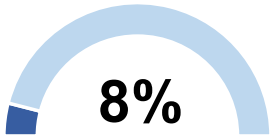
Experienced in relation to COVID-19:



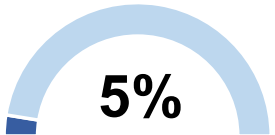
Verbal abuse



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

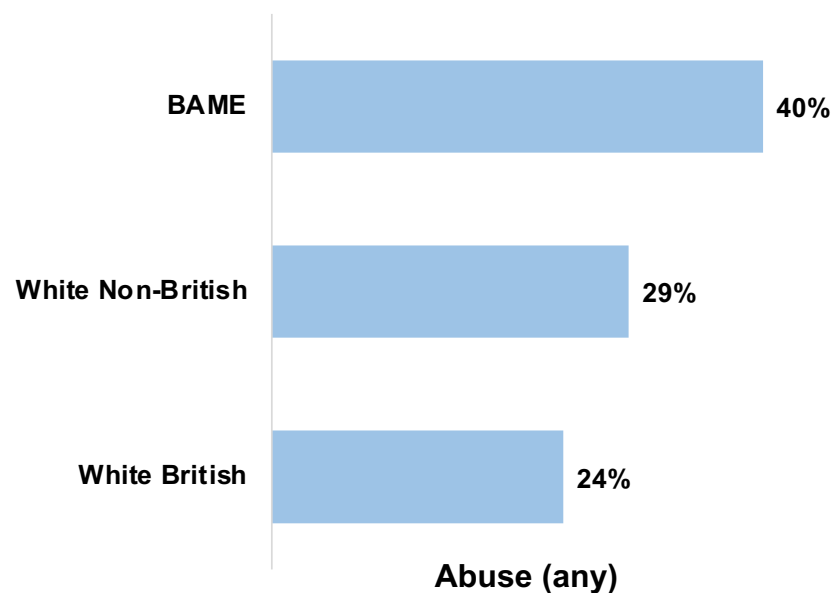
It was reported to police and management, but they did nothing because "can't do anything about it because of covid restrictions and tenancy agreements". So we had to take the abuse for almost a year...

It's not safe to
get help.

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

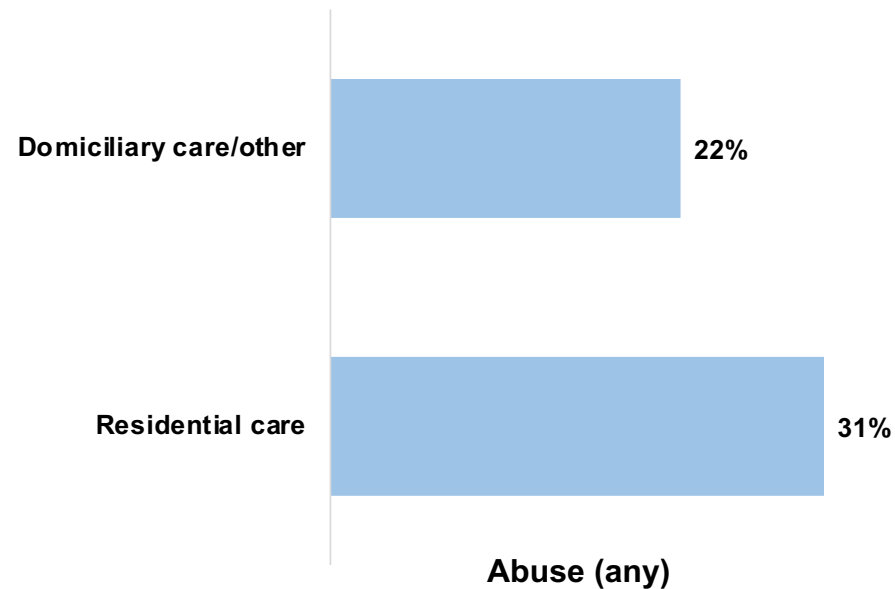
Abuse (any): differential experience

Nationality & ethnicity



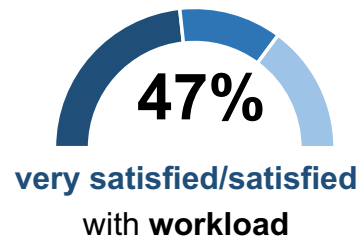
*White British vs BAME statistically significant at 5%.
Remaining differences not statistically significant.

Care setting

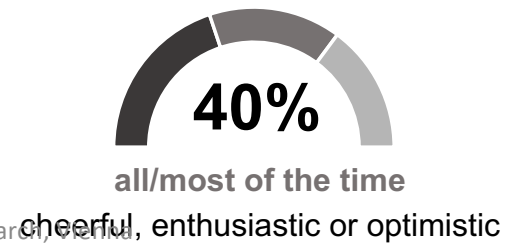
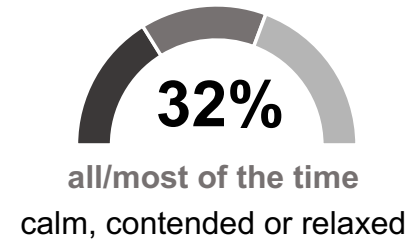
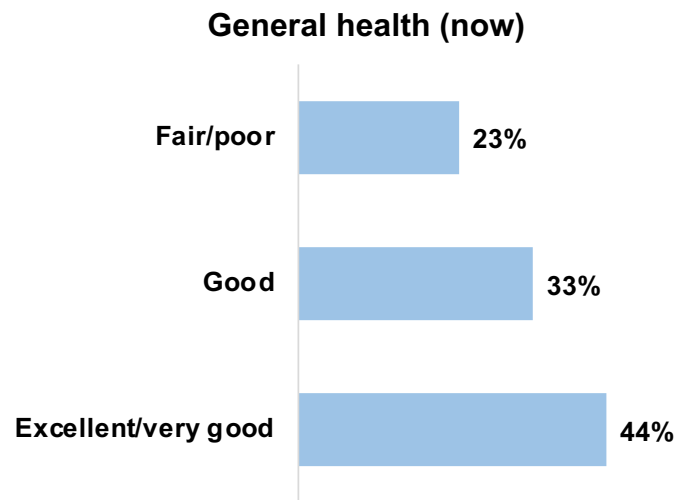
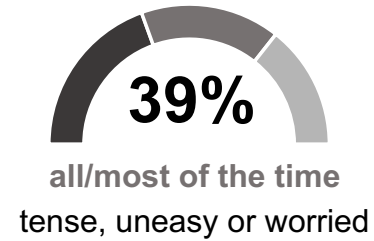


*Difference is statistically significant at 5%.

Work-life Balance, Health and Wellbeing (I)



In the past few weeks, job has
made you feel



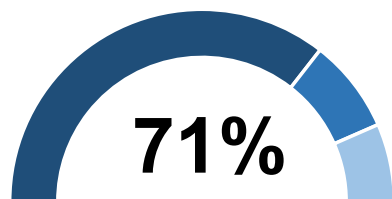
Work-life Balance and Wellbeing (II)



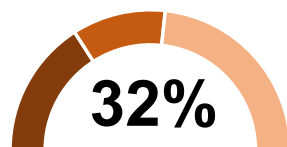
Linear regression	Wellbeing [proxy] ⁺	Wellbeing [work-life balance]
Abuse		
Yes	-0.181*** (0.023)	-0.301*** (0.065)
Abuse (count)		
Single	-0.123*** (0.029)	-0.131 ^{ns} (0.082)
Multiple	-0.252*** (0.030)	-0.509*** (0.083)
Abuse (type)		
Verbal abuse	-0.095*** (0.028)	-0.174** (0.077)
Bullying	-0.136*** (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.

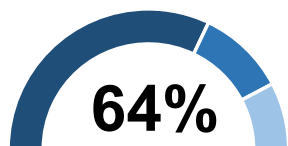
Job Satisfaction and Intention to Quit (I)



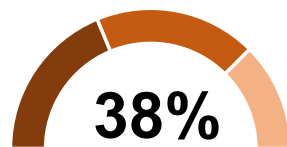
very satisfied/satisfied
with job (overall)



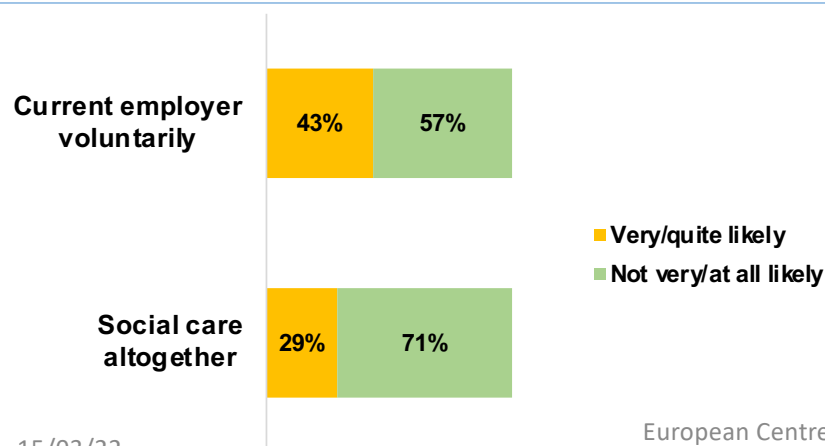
very satisfied/satisfied
with amount of pay



very satisfied/satisfied
with job security



very satisfied/satisfied
with promotion prospects



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.

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
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.



Summary and Conclusion

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Key findings

Continued pressure on the sector and the workforce

Worrying findings related to abuse

Significant differences by ethnicity, nationality and care setting

Workload pressures and unmatched pay

Significant impact on workers' health and wellbeing

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
- 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

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