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


**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

Extra funding
Media/policy analysis, drafting and piloting of survey

‘Pulse’ survey
296 UK frontline care workers

Qualitative interviews
Six social care stakeholders

Longitudinal survey
Wave 1
1,037 UK frontline care workers (+ approx. 500 USA)

Wave 1 analysis
Engagement, recruitment

Longitudinal survey (+CS) Wave 2 launched

Mar 20
Jul-Aug 20
Oct 20
.....
Apr-Jun 21
.....
Nov 21

Analysis, designing of a two-wave survey, engagement, piloting, recruitment
Wave 1 findings

An online survey from 13\textsuperscript{th} April to 28\textsuperscript{th} June 2021
Received 1,037 valid responses

Eirini Saloniki
Time working in social care

- More than 10 years: 41%
- 6-10 years: 18%
- 2-5 years: 21%
- 12-23 months: 11%
- 6-11 months: 6%
- Less than 6 months: 2%

Employment type

- Guaranteed hours: 71%
- Zero-hours: 27%
- Self-employed: 1%

Workplace sector

- Private sector: 54%
- Public sector: 18%
- Charity: 13%
- Individual employer: 3%
- Temporary staffing agency: 3%

Are/have been a member of a trade union or staff association: 58%
Main job role

- **Direct care**: 74%
- **Management**: 19%
- **Regulated professional**: 5%
- **Other (incl. ancillary)**: 3%

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

Examples ([Skills for Care](https://www.skillsforcare.org.uk/))

- **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

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

Source: freepik.com
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

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

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

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

I work more hours than the legal limit.

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

We had to work longer hours with less staff

- 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

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

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

Direct care, 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.

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

Direct care, older adults, care home w or w/o nursing
26% reported being abused (verbal abuse, bullying, threat or physical violence)

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

Experienced in relation to COVID-19:

- Verbal abuse: 20%
- Bullying: 11%
- Threat: 8%
- Physical violence: 5%

Verbally abused by:

- Service user/client: 43%
- Service user’s/client’s family: 32%
- Colleague/staff member: 24%
- General public: 24%
- Manager/supervisor: 19%

Bullied by:

- Colleague/staff member: 31%
- Manager/supervisor: 29%
- Service user/client: 24%
- Service user’s/client’s family: 16%
- General public: 10%
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.

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**

- BAME: 40%
- White Non-British: 29%
- White British: 24%

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

**Care setting**

- Residential care: 31%
- Domiciliary care/other: 22%

*Difference is statistically significant at 5%.

No significant differences by country
51% very satisfied/satisfied with work-life balance
47% very satisfied/satisfied with workload

In the past few weeks, job has made you feel
39% all/most of the time tense, uneasy or worried
32% all/most of the time calm, contended or relaxed
40% all/most of the time cheerful, enthusiastic or optimistic

General health (now)

- Fair/poor: 23%
- Good: 33%
- Excellent/very good: 44%
### Work-life Balance and Wellbeing (II)

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

*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.
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)

<table>
<thead>
<tr>
<th>Linear Regression</th>
<th>Intention to Quit Current Employer in the Next 12 Months</th>
<th>Intention to Quit Social Care in the Next 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>0.243*** (0.035)</td>
<td>0.271*** (0.036)</td>
</tr>
<tr>
<td>Abuse (count)</td>
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<td></td>
</tr>
<tr>
<td>Single</td>
<td>0.217*** (0.044)</td>
<td>0.223*** (0.046)</td>
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<tr>
<td>Multiple</td>
<td>0.274*** (0.049)</td>
<td>0.329* (0.046)</td>
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<tr>
<td>Abuse (type)</td>
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<td></td>
</tr>
<tr>
<td>Verbal abuse</td>
<td>0.110*** (0.042)</td>
<td>0.139*** (0.042)</td>
</tr>
<tr>
<td>Bullying</td>
<td>0.123*** (0.060)</td>
<td>0.142*** (0.055)</td>
</tr>
<tr>
<td>Threat</td>
<td>0.112* (0.075)</td>
<td>0.115** (0.068)</td>
</tr>
<tr>
<td>Physical violence</td>
<td>0.062 ns (0.090)</td>
<td>0.083* (0.084)</td>
</tr>
</tbody>
</table>

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

Shereen Hussein
### 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


• 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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