

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

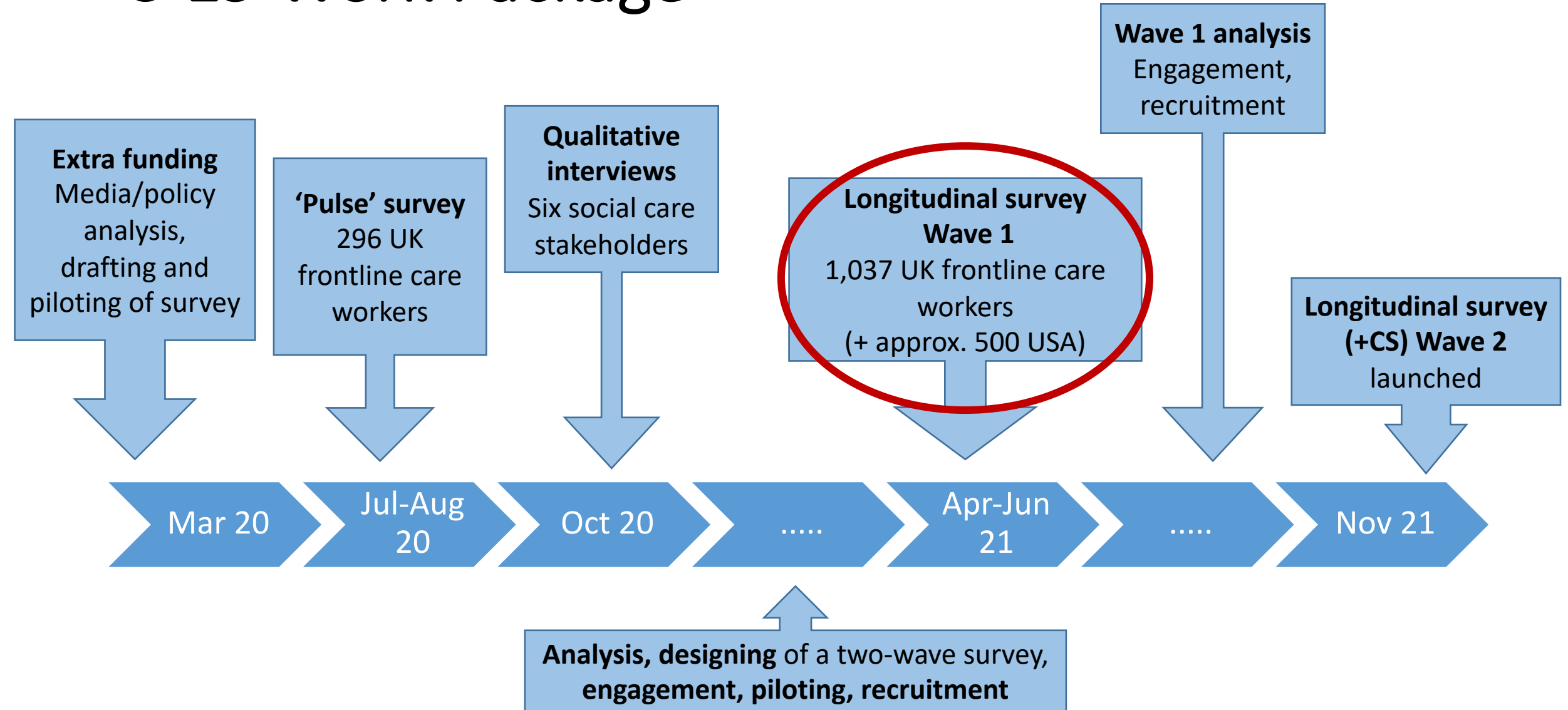
Aim: To help social care providers, commissioners, regulators and policy-makers understand the specific organisational and individual drivers of staff retention in the social care sector

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 13th April to 28th June 2021
Received 1,037 valid responses

Eirini Saloniki



Gender



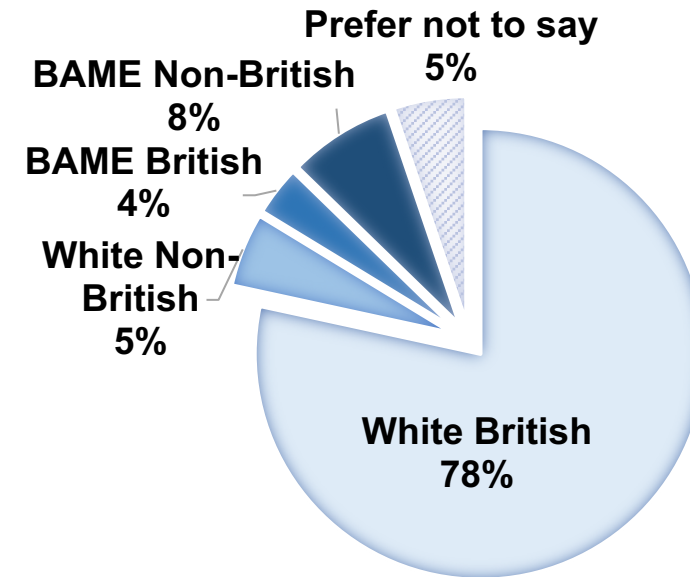
16%
Male



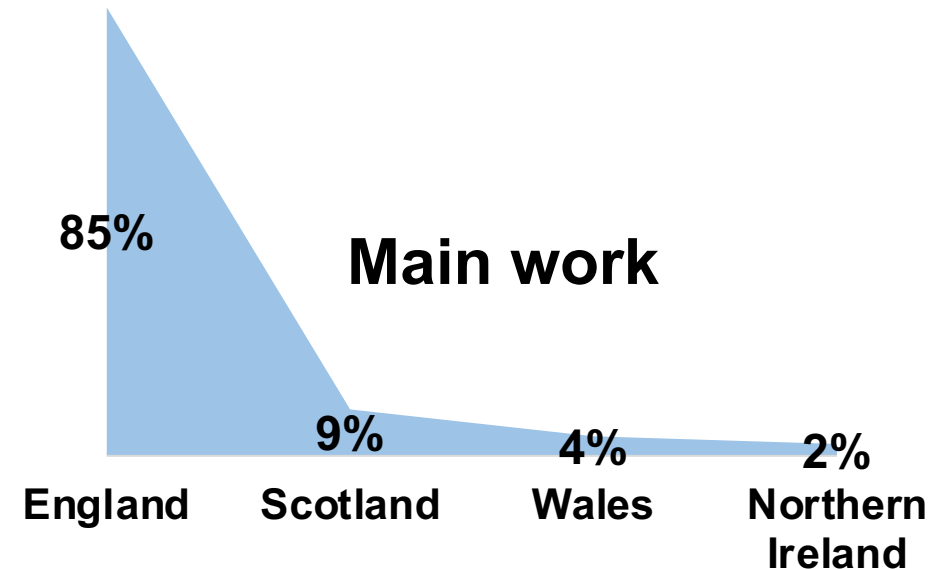
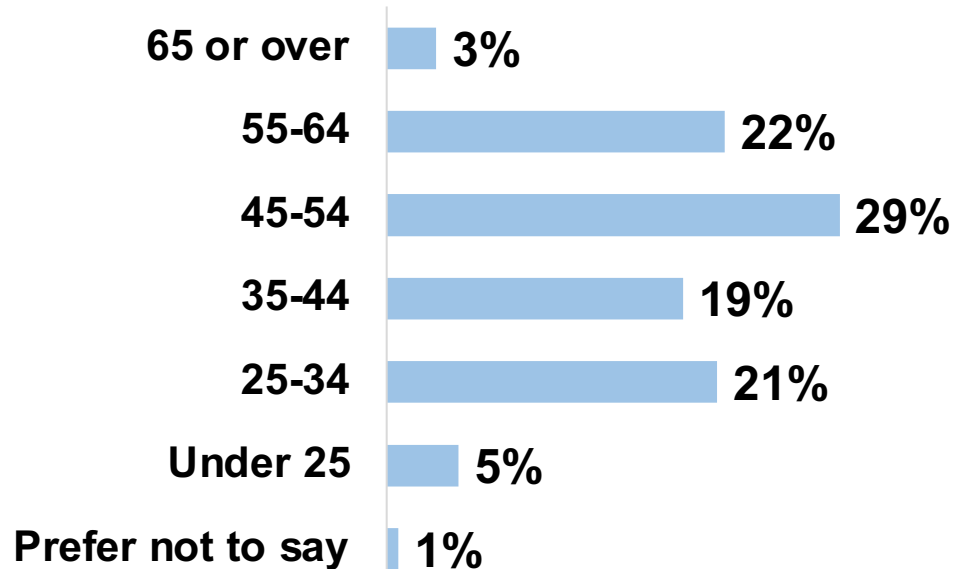
82%
Female

2% Other/Prefer not to say

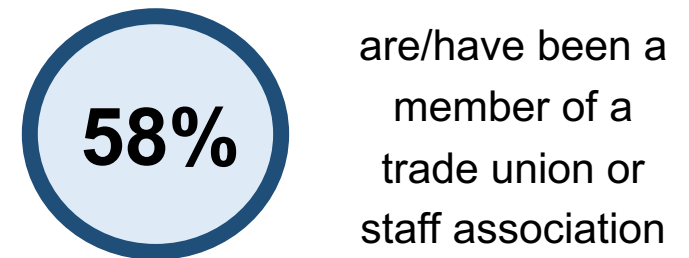
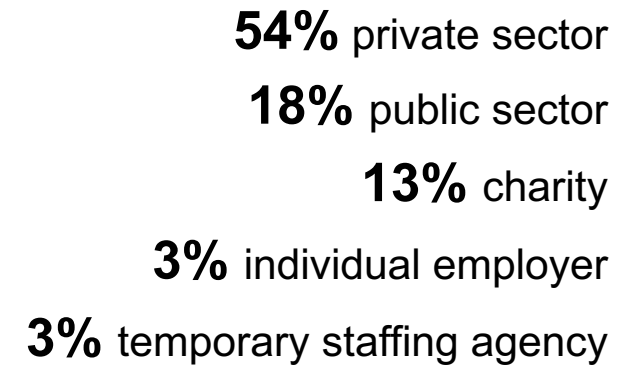
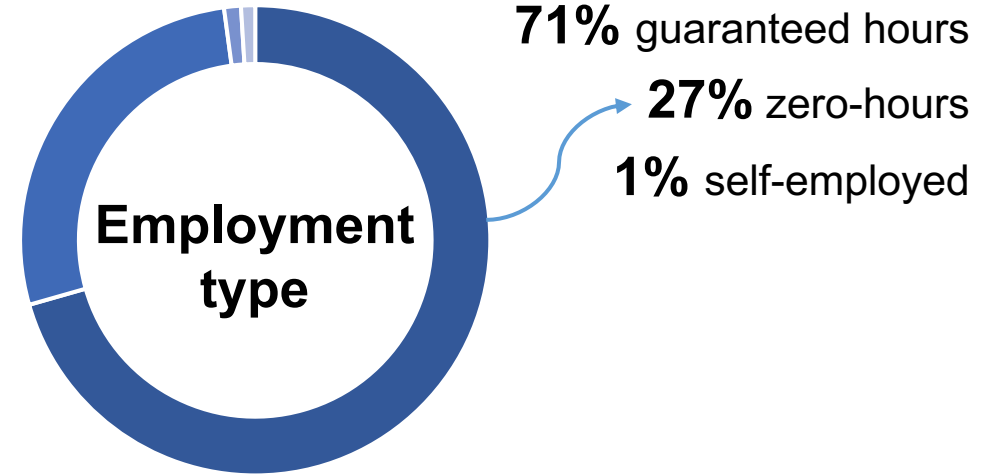
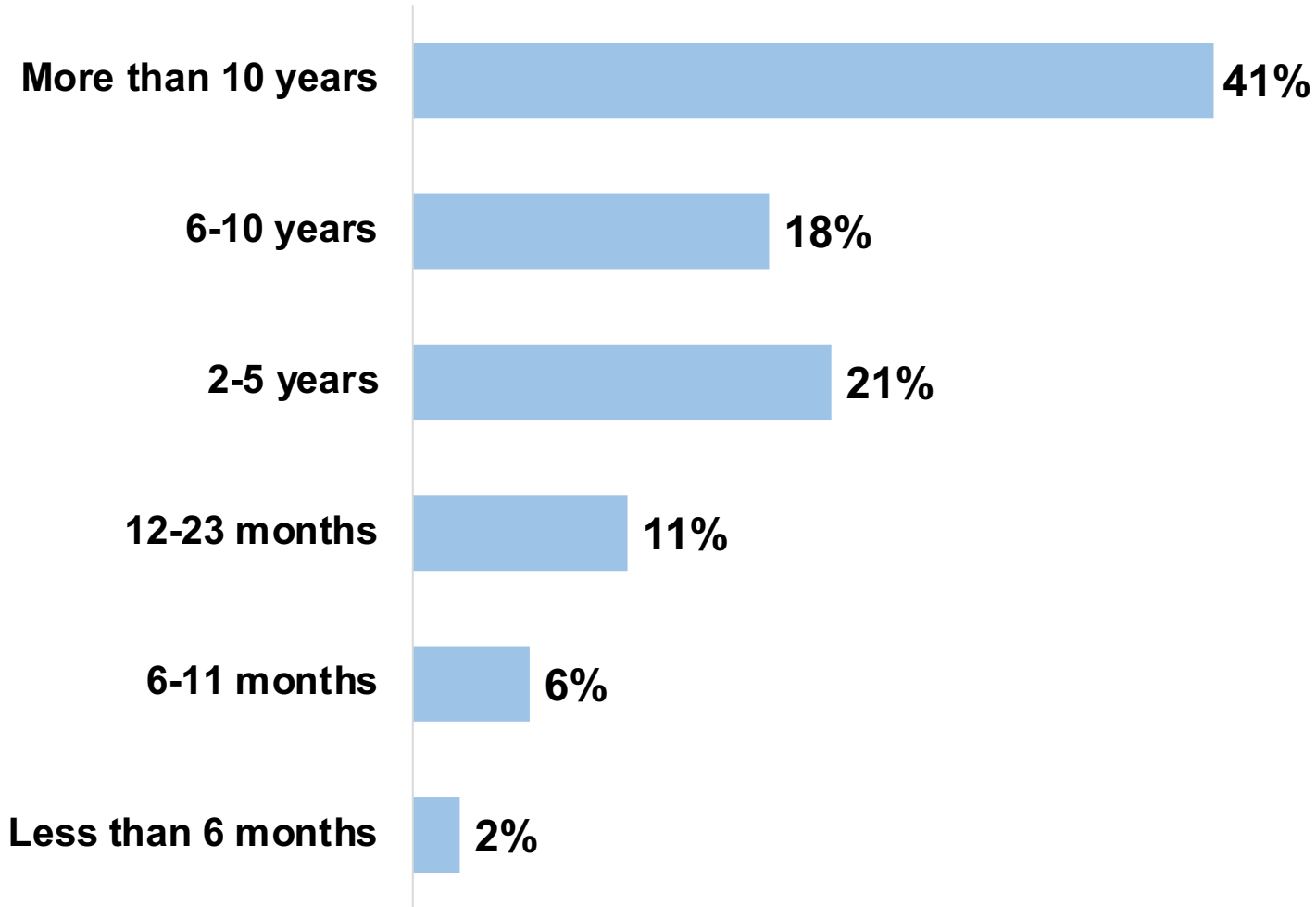
Nationality & ethnicity



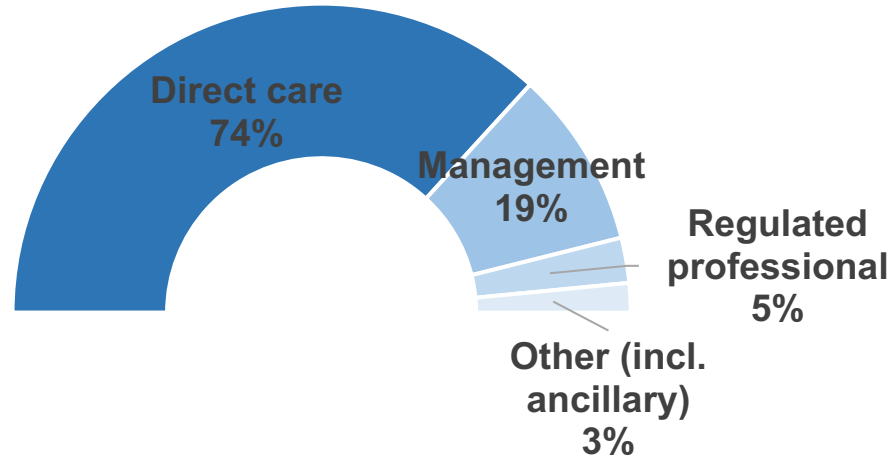
Age



Time working in social care



Main job role



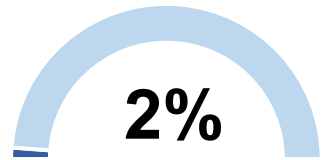
Examples ([Skills for Care](#))

Direct care: care worker, personal assistant, advocacy worker

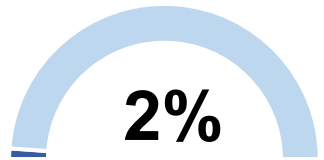
Management: manager, team leader, specialist coordinator

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



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

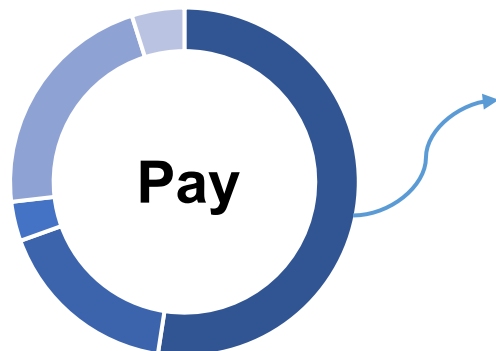
20% increased paid working hours

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.

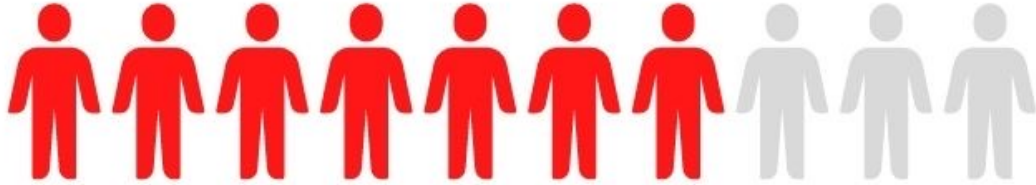
Direct care, older adults, care home w or w/o nursing

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

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% !

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.

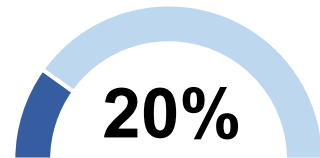
Direct care, older adults,
care home w or w/o nursing

Experienced in relation to COVID-19:

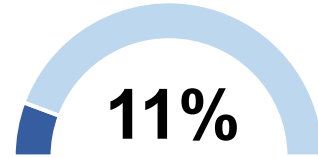


reported being abused
(verbal abuse, bullying,
threat or physical violence)

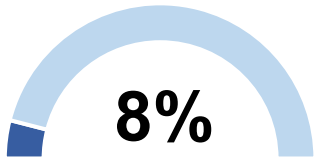
Experienced in relation to COVID-19:



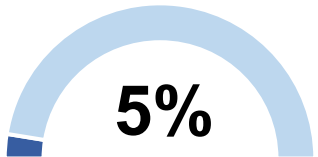
Verbal abuse



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

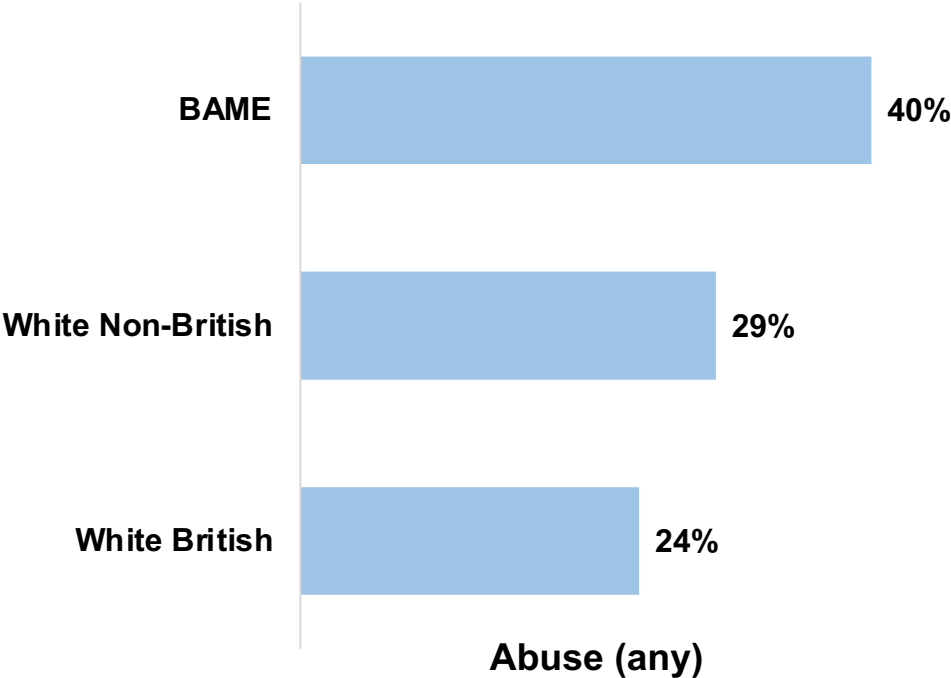
It was reported to police and management, but they did nothing because "can't do anything about it because of covid restrictions and tenancy agreements". So we had to take the abuse for almost a year...

It's not safe to
get help.

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

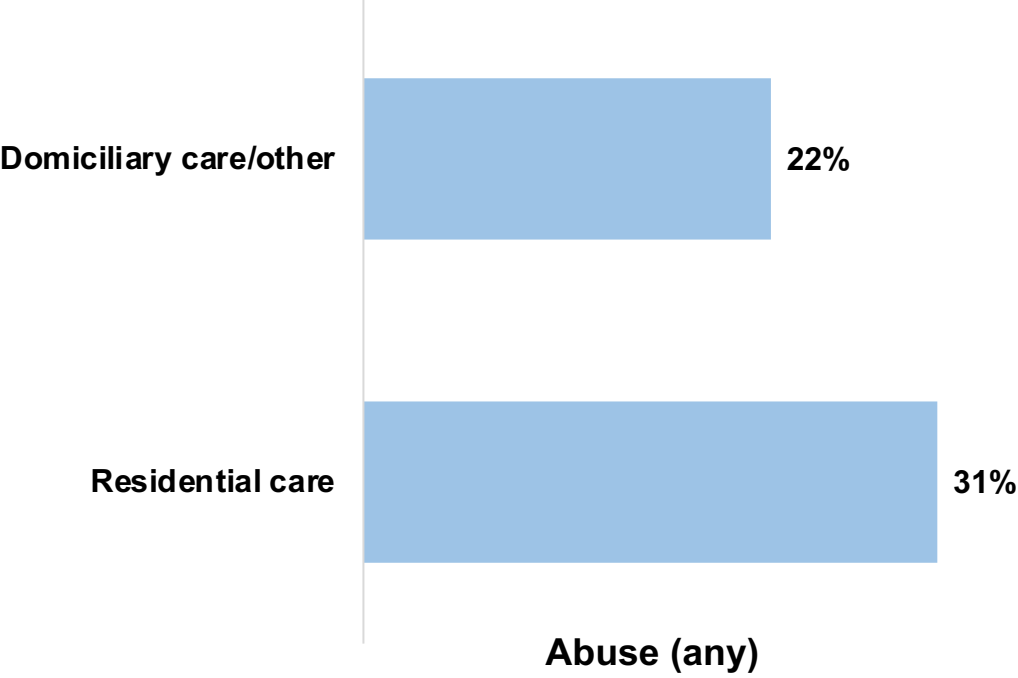
Abuse (any): differential experience

Nationality & ethnicity



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

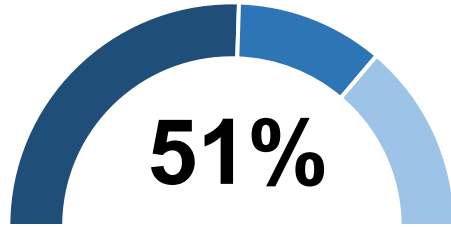
Care setting



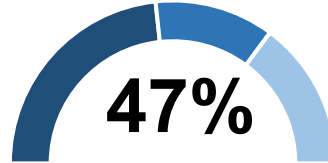
*Difference is statistically significant at 5%.

No significant differences by country

Work-life Balance, Health and Wellbeing (I)

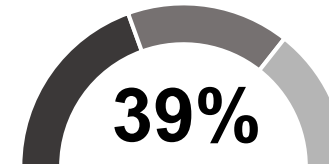


very satisfied/satisfied
with **work-life balance**



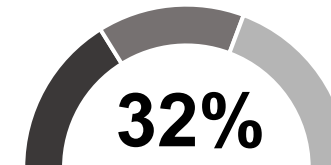
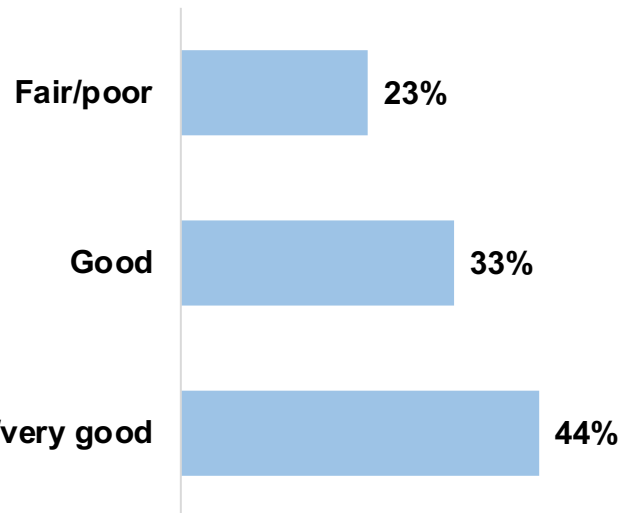
very satisfied/satisfied
with **workload**

In the past few weeks, job has
made you feel

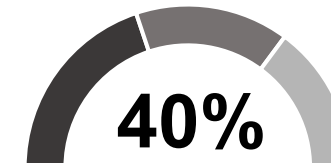


all/most of the time
tense, uneasy or worried

General health (now)



all/most of the time
calm, contented or relaxed



all/most of the time
cheerful, enthusiastic or optimistic

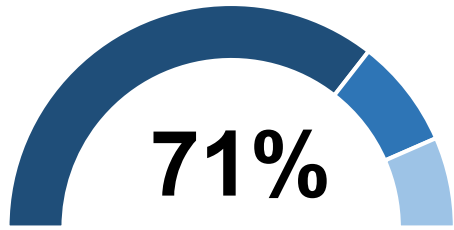
Work-life Balance and Wellbeing (II)



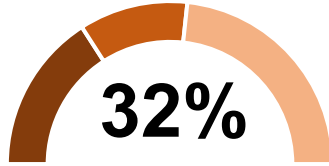
| Linear regression | Wellbeing [proxy] ⁺ | Wellbeing [work-life balance] |
|----------------------|--------------------------------|-------------------------------|
| Abuse | | |
| Yes | -0.181*** (0.023) | -0.301*** (0.065) |
| Abuse (count) | | |
| Single | -0.123*** (0.029) | -0.131 ^{ns} (0.082) |
| 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.

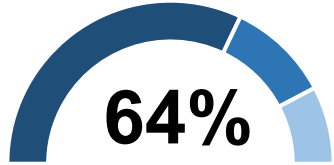
Job Satisfaction and Intention to Quit (I)



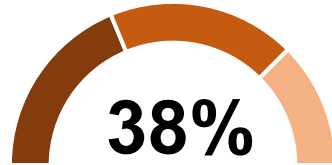
very satisfied/satisfied
with **job (overall)**



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

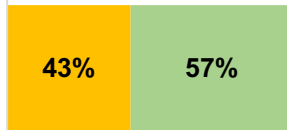


very satisfied/satisfied
with **job security**

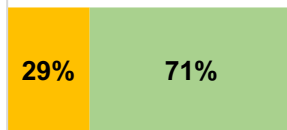


very satisfied/satisfied
with **promotion prospects**

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 |
|----------------------|--|---|
| 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

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

- '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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