Social Service Employees’ Wellbeing & the impact of the Pandemic: A case study of the UK

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How workers’ well-being is conceptually linked to the quality of services

What is social services workers’ well-being at work
  - Its dimensions and how it is shaped
  - Drawing from a recent study developing a scale specific to this type of work (Hussein et al., 2022)

What additional pressures did the COVID-19 pandemic pause on the workforce
  - Drawing on a current study in the UK, RESSCW (e.g. Saloniki et al., 2022)

Policy and practical implications
The Links Between Workers’ Well-being and Quality of Services

- Recruitment & retention
- Attracting talents
- Productivity
- Quality of relations & users’ satisfaction

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STUDY 1: Developing a scale to measure care workers’ wellbeing at work


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Social Services Workers’ Well-being at Work

- Have several dimensions
  - For example: emotional, physical and financial
- Affected by work-related factors that are similar to other work
  - For example, pay and working conditions
- Affected by a unique set of features related to care work
  - The relational nature of care work
  - How care work is organised and rewarded
  - How the society perceive the importance of such work

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Societal recognition of care work

Professional identity
Valued

Care Organisation Characteristics

Staffing
Management & Supervision
Environment
Training & Development
Pay & Benefits

Nature of Care Work

Time
Relations
Tasks
Clients’ needs

Source: Hussein et al. (2022)
STUDY 2:
The Impact of COVID19 Pandemic on the Care Workforce (RESSCW)


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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 the COVID-19 pandemic?

03
Do any of these implications differ by care settings, especially between domiciliary and residential care?

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COVID19 Sub-study timeline

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

**‘Pulse’ survey**
296 UK care workers

**Qualitative interviews**
Six social care stakeholders

**Longitudinal survey**
Wave 1
1,037 UK care workers

**Wave 1 analysis**
engagement, recruitment

**Longitudinal survey (+CS)**
Wave 2
754 UK care workers

**Analysis, design of two-wave survey, engagement, piloting, recruitment**

Cross-wave analysis, dissemination

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### Pulse survey
**Jul-Aug 20**
- **Demographics**
- **Job-related characteristics** (e.g. tenure, contract, role, setting, employer, client group)
- **COVID-specific topics** (e.g. PPE)
- **Current vs. pre-COVID**:
  - employer, care setting/client group
- **Changes since onset of COVID**:
  - job-satisfaction-related aspects (e.g. pay, workload), intention to quit, overall job satisfaction, feelings at work, general health

### Longitudinal survey: Wave 1
**Apr-Jun 21**
- **Demographics**
- **Job-related characteristics** (incl. union membership)
- **COVID-specific topics** (incl. cases and vaccine uptake)
- **Current/past few weeks**:
  - job-satisfaction-related aspects but extended, feelings...
- **Current**:
  - organisational commitment (e.g. seeking views, responding to suggestions) and job supports (e.g. respect, fair treatment, feedback)
- **Abuse** (prevalence, type, perpetrator, action taken)

### Longitudinal survey: Wave 2
**Nov 21-Jan 22**
- **Since July 21**: COVID-specific topics (incl. cases, vaccine uptake and mandate awareness)
- **Since July 21**: Abuse (prevalence, type, perpetrator, action taken)
- All other topics as in Wave 1
- **All surveys included open-ended questions** (e.g. about abuse, wellbeing support received)
Wave 1: April 21 – June 21

1,047 participants

84% female
5% BAME
70% direct care
54% in private sector
40% with >10yrs of experience in social care

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% !

Wave 2: November 21 – January 22

754 participants

87% female
5% BAME
66% direct care
60% in private sector
48% with >10yrs of experience in social care

Since July 2021:

Among the people they work with

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

Had first dose of COVID-19 vaccine

93% ✓ 5% ✗ 2% !
Experienced in relation to COVID-19:

26% reported being abused (verbal abuse, bullying, threat or physical violence)

Experienced in relation to COVID-19:

- 20% Verbal abuse
- 11% Bullying
- 7% Threat
- 4% 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

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Wave 1 (April-June 21) Abuse (any)

**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**

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

*Difference is statistically significant at 5%.*
Pooled Data: Abuse (any)

### Nationality & ethnicity

<table>
<thead>
<tr>
<th>Group</th>
<th>Abuse (any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAME</td>
<td>29%</td>
</tr>
<tr>
<td>White Non-British</td>
<td>28%</td>
</tr>
<tr>
<td>White British</td>
<td>25%</td>
</tr>
</tbody>
</table>

*No statistically significant differences between any of the groups.

### Care setting

<table>
<thead>
<tr>
<th>Setting</th>
<th>Abuse (any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential care</td>
<td>31%</td>
</tr>
<tr>
<td>Domiciliary care/other</td>
<td>23%</td>
</tr>
</tbody>
</table>

*Difference is statistically significant at 1%.

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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
Pulse survey – Jul-Aug 2020
- Evidence of increased workload, stress and feeling unsafe at work, decline in general health
- No COVID-19-related training for over a fifth (half for BAME respondents)*
- One in six reported not having clear guidance to be safe at work; no access to PPE

*small number of cases for BAME respondents

Interviews with stakeholders – Oct-Nov 2020
- High levels of anxiety amongst the social care workforce
- Social care sector felt to be abandoned in the early months of the pandemic
- Lack of understanding of the social care sector by central government
- Growing concerns about abuse of workers during the pandemic

Longitudinal survey (Wave 2) – Nov 21- Jan 22
- Evidence of lower job satisfaction, job supports and worse feelings at work during ‘Omicron’ wave
- Overall, males more likely to quit than females
- No significant differences in quits by care setting
- BAME respondents significantly more likely to quit current employer; weaker effect for quitting the sector
- Experienced abuse (single or multiple) negatively impacts on intention to quit

Longitudinal survey (Wave 1) – Apr-Jun 21
- Evidence of increased workload since start of 2021 (in most cases without extra pay)
- Over a third felt tense, uneasy, depressed and gloomy because of their job
- A quarter experienced abuse in relation to the pandemic (over a third for BAME)
- Abuse incidents more common in residential care
- Negative association between abuse and work-life balance; abuse and intention to quit

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Implications

Care workers’ wellbeing

- **Work Structure**: job satisfaction; sense of responsibility
- **Wellbeing at work**: physical, mental and financial
- **Retention** issues

COVID-19 combined with existing challenges

- Implications on workforce outcomes and workers’ **wellbeing**?
- **Abuse**: impact on wellbeing and retention
- **Quality of care**
Thank you for listening

Happy to respond to questions

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