

Behind the Headlines:

# Time to bring our care workers in from the cold



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# Introduction

Our care system was already struggling but this year it has been ravaged and further undermined by COVID-19. After years of successive Governments turning a blind eye to chronic underfunding and market instability, among a host of other problems, care in England was in no position to withstand the impact of this terrible pandemic. The difficulties facing the care sector were made worse by decision makers' failure to recognise the fragility of the care system until it was sometimes too late, in sharp contrast to the way the NHS has been consistently prioritised and safeguarded.

There is no doubt that while the pandemic was, and continues to be, a uniquely challenging situation, some catastrophic mistakes have been made, putting already vulnerable people and care workers at heightened risk. This has had tragic consequences for older people – tens of thousands of whom have now died before their time – and for their families and care staff too.

Today, care workers are still battling on the frontline and working long hours, often due to staff shortages, to prevent COVID-19 from harming their clients. Meanwhile, big problems continue with testing and access to PPE.

Many care workers are very tired, burned out and a significant number have suffered bereavement without a proper chance to grieve. These last few months have been traumatic and the next period may be far from easy too, but it is still being assumed that our taken-for-granted care staff will keep turning up to work, no matter what.

Despite being roughly equivalent in size to the NHS workforce, the 1.65 million strong care workforce<sup>1</sup> has seen limited support put in place. While the NHS has been prioritised for PPE, testing, mental health support, priority access to shops and pay rises, offers to social care have been more limited and have generally only arrived very late in the day.

Although they play a vital role, care workers are entitled to feel under prepared, under-supported, under-protected and under-rewarded. Those on the front line of this crisis have rightly been lauded as heroes, but for our care workers these have too often been merely warm words. This has to change – we must bring care workers in from the cold.

# Under prepared - staff shortages



Pre-existing staff shortages meant there was already a gaping hole in social care's capacity to meet growing demand for support. Prior to the COVID-19 outbreak, the system had approximately 122,000 vacancies at any one time - nearly one in every 10 roles.

We know from the thousands of older people who contact Age UK's Information and Advice line every year that many were receiving erratic services, often because staff had a long list of people to care for and not enough hours in the day.

In fact, a recent survey by Unison found that, even before the pandemic, 3 in 4 domiciliary care workers said they did not feel they had enough time to do their job, and a shocking one in three reported they often didn't have enough time to provide personal care to their clients, including time to prepare a meal (35 per cent) or to help with washing and bathing (30 per cent) and toileting (30 per cent)<sup>ii</sup>.

Worryingly, in addition, we know that people in receipt of social care are living with increasingly complex health conditions and care workers are being expected to meet these needs with limited training, as well as with, insufficient time. With no set training standards or competency framework care workers are often left managing difficult situations the best they can.

This already fragile situation was then hit by high levels of staff sickness due to COVID-19, loading pressure onto the remaining staff. Many care homes also reported difficulties in being able to access health care services such as GPs on behalf of their residents<sup>iii</sup>. This left the care workers affected in an incredibly stressful situation, trying, with limited training, to meet the rapidly changing needs of residents as their health declined.

In many instances, care workers told us that they felt under huge pressure to try and keep those they looked after safe and chose to sacrifice their own physical and mental wellbeing in order to do so. For some this meant moving into the care home they worked at - forgoing contact with loved ones to minimise the spread of infection.

Serious workforce challenges are set to be further intensified by the current immigration system proposals. These pose an impossible barrier to entry for most care professionals from overseas, who will be either deemed too 'low-skilled' or will not meet the salary threshold of £20,840. More so than ever before, social care's ability to cope with any further reduction in workforce supply has sharply reduced and restricting the supply of workers from abroad seems likely to make an already difficult situation worse.

The Government has said it will take steps to strengthen the care workforce, most recently committing to recruit 20,000 new care workers by July<sup>iv</sup>. However, significantly more care workers will be required to meet growing demand and the Government will need to be ambitious and enterprising in its approach. Unfortunately, so far it has failed to meet its own targets.

- 122,000 - estimated number of care workforce vacancies before the pandemic<sup>v</sup>
- 25% - average percentage of frontline care staff unable to work by the end of March<sup>vi</sup>
- 6.35 million - extra days that providers lost to staff sickness in March and July, equivalent to 213% of what is usually expected<sup>vii</sup>.

## Care workers said:



**Lorraine:** There was an outbreak of Covid-19 in the care home I work in and we had major staff shortages due to staff self-isolating.

**Kim:** Staff shortages due to staff self-isolating meant that I have been working longer hours and more often, to cover. This is very draining. I'm not seeing my husband as we are both key workers. He is working night shifts in transport logistics and our shifts have not coincided with days off at all.

**Pamela:** Staff feel under pressure and scared.

**Amber-Jade:** The people who needed care haven't received all the support they deserve as [the home] has been short staffed.

**Janet:** We have had staff shortages due to illness in general and have not used agency workers to fill these gaps while we are on lockdown, as our residents' health comes first. This is where staff pick up the slack and work extra shifts.

**Jackie:** Staff shortages meant doing long hours and going without breaks or not being paid for breaks. The managers put more pressure on, giving us more jobs to do.

# Under protected – a lack of Personal Protective Equipment (PPE)



From the outset of the outbreak it was clear that many older people in receipt of social care would be vulnerable to the effects of COVID-19 – particularly those living with complex conditions in residential settings, where it is particularly difficult to limit the spread of infection.

Despite an early recognition of the importance of PPE to infection control measures the care system was beset by PPE shortages. Without adequate supplies, care workers were forced to risk their lives and those of the people they look after. In some cases they were denied basic protection such as hand gel and masks as existing supplies ran low<sup>viii</sup>.

The NHS was considered a higher priority, receiving state acquired PPE ahead of care services. For many providers, the sheer cost of privately sourced PPE prevented them from being able to obtain adequate amounts for their staff. Some reports suggested that the cost of PPE had gone up twelve fold<sup>ix</sup> since the start of the pandemic, with the cost of gloves up by 30%, aprons by 166% and masks by 1000%<sup>x</sup>. These sky high costs continue to be a serious threat to the financial viability of many care providers.

We know from care workers' own testimonies that the lack of access to PPE has been particularly distressing for them. Some have told us how they were asked to reuse or make their own masks, and in one example take old bed sheets into their care home to be used as aprons. Carers who spoke to us felt forgotten and as if their lives and those of the people they look after were considered unimportant.

While access to PPE has steadily improved and allocated funding through the Infection Control Fund has helped to ease the burden of the cost for care providers, this is variable across the country. We know some care staff remain concerned about what will happen in the event of a 'second wave' as we head into the winter.

- £4.18 million – the extra cost faced by providers for PPE.<sup>xi</sup>
- 1000% - the increase in the cost of masks. The cost of gloves increased by 30%, aprons by 166%.<sup>xii</sup>

## Care workers said:

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**Naomi:** Huge amounts of time has been spent trying to source alternative suppliers for PPE.

**Janet:** We have been worried about PPE. Our supplier has managed to send some but not all that we ordered.

**Yvonne:** There has not been enough PPE - like our lives and that of my family don't matter.

**Veronica:** The challenges I faced to provide care during the pandemic are a lack of PPE. You had to make face masks last for days and make your own PPE.

**Gemma:** There was a lack of PPE. We have had to buy our own masks and there were no aprons.

# Anastasia



Anastasia\* works as a domiciliary carer so is responsible for providing clients with additional support in their home to maintain their independence and quality of life. An unavoidable element of her role is to visit multiple people in their homes each day, which has caused high levels of stress and concern for both Anastasia and the older people she has been helping throughout the current health crisis. Additionally, Anastasia suffers from her own underlying health conditions which has only further increased her anxiety when being at work.

Anastasia highlights that one of the biggest failures throughout the health crisis has been the lack of appropriate PPE.

“We asked about getting eye shields, protection and [the manager at the agency] looked at us as if we don’t need it. They ration what little PPE we do get, and so we’ve had to make our own. I used a plastic pocket and a headband, we’ve even had to make our own gowns out of bin liners.

We were only ever given a plastic apron. So, we’re expected to care for a client in an environment where we know COVID has been coughed and spluttered and although we’re wearing PPE you’re thinking ‘hold on a minute’.

Do you know we can’t even access the tests for COVID? When I first saw it in the news about health and social care workers getting tests, I went to my boss and asked for one, and he said ‘no’. So, I went on the CQC website, and if domiciliary carers want a test, you have to apply just like everyone else. Even though we’re social care workers.

I spent ten years working in a care home, and I got up to the role of deputy manager, and then I started working in domiciliary care. We are thought of as the lowest of the low, and I thought residential was bad. Now whether that stems from management in agencies, I do not know. It’s absolutely appalling. We’re out there keeping people out of hospital; we are thought of so little.”

\*name changed to keep anonymity



# Under rewarded – poor pay and conditions



Despite the vital nature of their role and the dedication and commitment required, care workers are very poorly paid.

Prior to the National Living Wage rise in April 2020, (from £8.21-£8.72) over half a million care workers were paid below £8.72. While these care workers will have benefited from this small increase, most recent analysis suggests that the average salaries for a care worker is still around £15,000<sup>xiii</sup>, about half the average UK salary<sup>xiv</sup>. It is unlikely that this change will have reached the 126,500 or 11% of care workers who are under the age of 25. Moreover, around a quarter of these workers are on zero-hours contracts, including more than 50 per cent of the domiciliary care workforce<sup>xv</sup>. At the end of the month, hundreds of thousands of care workers are left struggling to make ends meet. In contrast, their counterparts in the NHS have been awarded a real-terms pay increase up until 2020/2021.

A combination of private market arrangements, decades of underfunding from the State and the lack of any professional development system has created the poor pay and bad terms and conditions offered to staff, leaving many feeling undervalued and overworked.

Many care workers see their job as a vocation and want to be there to help people, but the fact they are expected to carry out this demanding role on such a small wage, much lower than many entry level jobs, can't be right.

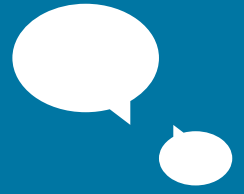
The pandemic has further exposed just how poorly social care workers are valued and how inadequate conditions have undermined their ability to operate through the crisis. Many care workers told us that their incomes had been hit during the course of the pandemic because they had to buy their own PPE or reduce their shifts to support good infection control. Those who showed symptoms of COVID-19 or who tested positive for the disease faced the prospect of surviving on only £96 a week in sick pay – which for some was not possible. Especially earlier on in the pandemic, before Government put more financial support in place, we heard of some care workers who felt they had no choice but to carry on working, even when they had symptoms of the virus.

Despite everything that care workers have been through they have been omitted from recent Government announcements about pay rises for public sector staff in gratitude for their service throughout the pandemic. This has left many care workers feeling like the forgotten frontline, unfairly penalised because their employers are mostly in the private sector.

- One in ten - care workers said they were aware of colleagues who continued to work, despite having COVID-19 symptoms<sup>xvi</sup>
- 8% - percentage of respondents to Unisons' survey of care workers who were told they would receive no pay at all if they had to self-isolate or were off sick<sup>xvii</sup>
- 54% - percentage of care workers who were paid less than £8.72 prior to the NLW rise<sup>xviii</sup>
- £15,000 – the average salary of a care worker<sup>xix</sup>

## Care workers said:

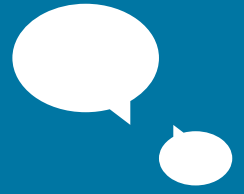
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**Andrew:** The pandemic has affected me through increased costs, which I am not prepared to pass on to my client as he is on limited income.

**Amber- Jade:** Pay has been an issue. SSP is not enough for someone to live on when they have been sick for two weeks, some even longer.

**Paula:** Social distancing and moving from one home to another has been a challenge, given families' worries about transferring the virus if I have contracted it. I did have to leave some of my clients and therefore I am not earning [as much].



**Sue has owned and run two social care businesses – a care home and a domiciliary care service – for the last 15 years. The care home has fortunately not had a COVID-19 outbreak but she and her staff have felt a huge responsibility for keeping their 24 residents safe.**

**She praises the incredible hard work of her staff to keep those they look after healthy and happy, but says the way care is funded is affecting how well she can pay her staff “who deserve much more”.**

‘Well just as this [the pandemic] was kicking off, we were in an absolutely unholy row with our local authority, because they told us without consultation the fee increase for 2021, and it doesn’t cover the statutory National Minimum Wage uplift, and certainly in [domiciliary care business], our margins are so small that I had calculated that certain parts of the business would be running at a loss, and I went back to them and said, this isn’t going to work, I can’t do this. You cannot make a 50p increase, cover 98p worth of cost, where they think that extra 48p is coming from God only knows.

Money is always the elephant in the room, if I’m paid the bare minimum to deliver care safely, I can only pay my staff the bare minimum to do their jobs and the work that my staff have done, particularly at the moment, deserves better. Our care staff have to work an 80 hour week to earn £2500 per month, and in that 80 hour week every week, they are at risk of catching [Covid-19], and they work so hard.

Really good staff don’t have a job, they have a vocation. It is what they do, it is who they are, it’s their reason for being on this earth and so they probably would do those hours irrespective of the money, but at the end of the day, we’ve all got to pay our rent or our mortgage, we have to eat, and heat our houses. I would love to pay my staff even what ALDI pay their staff on a checkout, but it’s not possible.

The Local Authority argue that if we choose to pay our staff more than the minimum wage, that is our choice, and we can find that money from somewhere else. Why should care workers be penalised financially, and to be expected to be penalised financially, because they choose to care for people who have needs. It’s not right!’

# Under-supported – inadequate access to mental health support



Like most of our frontline workers, many care staff have been through a traumatising few months and this is bound to have had an impact on their health. They have had to keep working in stressful and sometimes deeply distressing situations, with people they care for, and about, dying from the virus, and on occasion colleagues too. They have also repeatedly been at risk of becoming ill themselves. They have had to live with this day after day, with little additional support or reward and, for some, without the comfort of their families. And there has been and continues to be the fear of what is to come this winter.

Evidence from previous pandemics suggests that health and social care workers have an increased risk of adverse mental health outcomes, including Post Traumatic Stress Disorder and Depression, so it is vital that this is not ignored. Especially as we know as a professional group, lower paid health and social care staff already have higher rates of pre-existing mental health conditions<sup>xx</sup>.

Some steps have been taken to support care workers with managing the impact of the pandemic on their mental health, but we know many are still struggling to cope. Care workers need ongoing access to all forms of mental health support just as much as their counterparts in the NHS, but at present the offer to them is far more modest. More must be done to ensure they, and indeed all, frontline workers get the mental health support they need. This is not only good for the individuals concerned, it is in all our interests to help them stay resilient so services keep going.

- Four in five social care workers reported that their mental health had been damaged by their work during the pandemic<sup>xxi</sup>
- 42% of healthcare workers felt the Government had not done enough to support their mental health<sup>xxii</sup>

## Care workers said:



**Val:** I work at a day centre for people with learning disabilities. I suffer with anxiety and have been signed off work with this. I have been worried about our clients and sadly I have known of four deaths because of Covid.

**Nan:** The strain of trying to keep residents and staff safe with constantly changing guidelines, morale good with no visitors or outside entertainers coming in, and staff worried about giving the virus to their families. There have been lots of breakdowns with staff in tears.

**Charlotte:** We have all been working more hours in an increasingly stressful situation, wearing full PPE and going into isolation with the people we care for to ensure that they still receive the care they need. This has increased stress levels and exhaustion as well as the worry of bringing the virus home to our families.

**Lorraine:** I contracted Covid-19 myself (age 65) and then my husband (age 70) caught the virus from me. Mental strain of seeing people I look after becoming ill and dying. If lockdown is eased to allow me to see family members again, I will not feel happy to have close contact with my young grandchild knowing that I am still working in a home infected with the virus.

# Recommendations to Government: better protection, recognition and reward



During the pandemic we clapped for care staff to thank them for the amazing work they have done to try and keep us all safe, at the risk of their own health. This richly deserved gratitude and greater recognition must now translate into real change.

This national health crisis has thrown into sharp relief how poorly care workers are supported to do their work. Staff shortages, lack of protective equipment, and poor pay and conditions have left many exhausted mentally and physically, challenging their ability to continue to deliver high quality care.

Action must be taken urgently to ensure the contributions, skills and commitment of our care workers are recognised and that working in social care becomes an attractive and properly paid career, with staff valued and respected just like their NHS counterparts. This is particularly crucial as it is estimated that to meet the needs of an ageing society, the care workforce will need to grow by 2.6% every year until 2035, to a total of 2 million jobs<sup>xxiii</sup>.

The Government must rebuild the care system with properly funded and thoroughgoing reform, and care work must become an attractive and properly paid career, its terms and conditions on a par with the same jobs carried out in the NHS. After everything that has happened this year it is the least our care workers deserve.

Age UK believes the Government must:

## **Address issues around recruitment and retention of care workers by:**

- Implementing nationally set pay scales that providers must meet, that achieve parity with the NHS for the same roles
- Making an improved learning and development offer to care workers so they are better equipped to care for people with increasingly complex needs.
- Ensuring that any new immigration system allows for overseas workers to enter the country easily, to take up a role working in social care
- Support the physical and mental wellbeing of care staff through a national initiative, locally implemented, as the NHS has done with its 'People Plan'.

## **Protect social care workers and those they care for throughout the pandemic by:**

- Publishing a workforce plan which addresses minimum staffing ratios and how to increase the number of staff working in care, ahead of any potential 'second wave'
- Ensuring PPE of appropriate quality is readily available to all social care providers and reaches the front line
- Continuing to distribute money via the Infection Control Fund to support providers to meet the extra costs of PPE, and to allow care staff to remain on full pay if they have to self-isolate
- Tasking Skills for Care and the CQC to work with social care providers to spread good practice in managing and supporting care staff through the remainder of the pandemic.

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