Written evidence submitted by The Centre for Care, University of Sheffield (EPW0037)

This evidence submission draws on the practice wisdom of Nick Morgan. Between 2011 and 2021 Nick worked in supported living services, run by third sector organisations, in both adult and children's services. He occupied several roles including support worker and manager and spent some time working on a zero-hour contract while undertaking study. Nick is now studying for a PhD in the ESRC funded Centre for Care.

The Centre for Care is a research-focused collaboration between the Universities of Sheffield, Birmingham, Kent and Oxford, the London School of Hygiene & Tropical Medicine, the Office for National Statistics, Carers UK, the National Children's Bureau and the Social Care Institute for Excellence. It works with care sector partners and leading international teams to provide accessible and up-to-date evidence on care and support, including issues affecting the care workforce.

Nick draws on his experience as a support worker to consider the issues that continue to impact on the wellbeing of the social care workforce.

Staff Levels

Currently the social care system does not have the care workers it needs. The recruitment and retention problems facing social care have a negative impact on the wellbeing of the staff and the recipients of care in a number of ways. When a service is understaffed, it puts additional pressure on staff to cover outstanding shifts and accept responsibility for completing essential tasks by themselves. Additional responsibilities create time-pressure and may prompt staff to work extra hours unpaid in order to ensure the work is completed.

- Care staff often work beyond expectation and beyond their paid time to deliver good quality care. They may return to a care recipient's home outside of paid working hours to help with jobs in the home, they may give extra unpaid support for a care recipient during stressful events such as dentist or hospital visits, they may purchase items for special events using their own money. These examples reflect a commitment to a caring ethic which has been identified elsewhere as a reason why care workers tolerate the highly stressful workload and poor pay and conditions (Stevens et al, 2021).
- Relying on the altruism of care staff creates an unstable form of care because of the fluctuating capacity of care workers to continually give selflessly. Sometimes their capacity reaches 'burnout', which negatively impacts the wellbeing of care workers in addition to the quality and consistency of care for recipients. Managing 'burnout' may require absence from work. This adds additional pressure on remaining staff to cover outstanding shifts.
- Distance Management has become more common in social care, particularly in response to austerity, because a manager can oversee several sites from an office by delegating duties to senior care workers on-site. These senior care workers do not receive a manager's wage but will be responsible for managerial duties such as: undertaking staff supervisions, observations, appraisals, maintaining a care recipients care plan, risk assessments, medication stock and site maintenance. Some senior care workers with caring and administrative duties work many hours a week unpaid to ensure their tasks are completed.

- Re-delegating these duties can be complicated. Some senior care staff are reluctant to accept basic administrative duties, as their perception of the care role involves 'hands-on' care only. Some care workers have difficulty completing administrative tasks if this requires basic IT skills. This tends to require the support of a senior care worker to 'train' the care worker in computer literacy, placing additional demands on senior care staff time.
- Some care organisations expect senior care staff to undertake 'on-call' shifts, when they are available (usually for between 24 to 48 hours) to receive phone calls and offer advice or on-site support if a member of care staff experiences an emergency or is distressed. However, on-call staff are also expected to work on-site if there are outstanding shifts - a common scenario in under-staffed organisations. The use of 'on-call' staff to act primarily as shift cover creates a compromising situation between their ability to perform other on-call duties and directly support care recipients.
- On-call duties involve very long and unsociable hours shifts, which may last from a Friday afternoon to a Sunday night without a recognised break. For some senior care staff, on-call duties are a main motivator for leaving the sector.
- Some care workers, such as agency care staff, find 'on-call' support extremely inadequate. Their agency may have little knowledge of care recipients' needs and may lack capacity to support care staff in emergencies. Sometimes the agency 'on-call' service tells care staff to contact the care recipient's family member for further support.

Limited opportunities for career development or progression

- Staff development tasks such as supervisions may be completed unsatisfactorily due to time pressures. A 10–15-minute supervision may become a 'box-ticking' exercise to comply with regulations that leaves both supervisor and supervisee frustrated. Overlooking the importance of supervisions can degrade the sense of value staff have about their work and give the impression that their employer lacks professionalism (Cunningham, Lindsay and Roy, 2021). Agency staff may not even receive a supervision during the entire period they are deployed with a care organisation and may rely instead on informal feedback from colleagues.
- Career progression options are limited, particularly once an employee reaches senior care worker level. The conventional career progression is to seek promotion from service manager to area manager, which involves being away from on-site care roles and undertaking distance management. This is unsuitable for many senior care workers who are highly skilled at hands-on care and prefer the intimacy of working alongside care recipients. Some senior care workers become disillusioned with managerial positions that are entirely administrative, leading some to 'voluntarily' demoting themselves or leave the sector.

Pay and Conditions

It is widely accepted that care workers are underpaid for their responsibilities and skills. Low pay is a demoralising factor in care work and contributes to the sense that care work is a low status job. It can negatively affect a care worker's general wellbeing in terms of their sense of self-worth and how much they are valued by society.

- In the wider context of a cost-of-living crisis, low pay can push care workers to the fringes of their community. This is particularly hard to accept when a care worker has lived in a community for many years prior to joining social care. The high cost-of-living relative to care worker wages means there is insufficient, or barely enough, disposable income to afford new clothing or a short holiday once a year.
- Care workers cannot afford to plan for their future financial security beyond a basic workplace pension, creating a risk to their future wellbeing.
- Unforeseen risks or circumstances are a real threat to wellbeing, as illustrated by the case studies on the website of the Care Workers' Charity. For example, a care worker whose partner loses their income through long-term sickness may experience serious financial difficulty. Or a female care worker fleeing domestic abuse may receive local authority accommodation, but not have enough money to furnish this with essential items. For examples see https://www.thecareworkerscharity.org.uk/category/your-stories/
- Zero-hour contracts mean no entitlement to pensions, paid holidays, maternity or sick leave. In my own experience, during the Covid-19 pandemic, some care workers on zero-hour contracts were reluctant to test themselves if they had Covid symptoms in case this required a period of self-isolation and thus no pay. This also impacted care workers' ability to take time off work for vaccine appointments, with some care workers leaving the sector when the Covid-19 vaccine mandate was introduced (Hunt, 2021).
- Zero-hour contracts are sometimes presented as beneficial for workers because they offer flexibility - this should mean zero-hour contracts are equally popular with senior staff and managers, however, which in my experience they are not. Flexibility is also limited because workers may believe turning down offers of work will negatively affect their relationship with their employer and reduce their chance of being offered work in the future.
- 'Waiting days' for sickness have been introduced for all staff in some care organisations to save money (Cunningham, 2015). I know of one care worker who recently ruptured an ankle ligament but still walks to work as they cannot afford to have any unpaid absences.

Intrinsic Risks of Social Care

Some of the intrinsic conditions of social care can also affect wellbeing. Shifts patterns are often challenging, no weekly rota pattern, no compensation for unsociable hours.

- It is widely recognised that there is a lack of consistency regarding payment for sleep-in shifts with some organisations paying national minimum wage and others a flat fee. This impacts on care workers willingness to undertake such shifts and can lead to exploitation (Low Pay Commission, 2021). Some workplaces do not even provide basic essentials for sleeping and waking up at work such as clean bed linen and shower facilities.
- In home care situations where the care worker is working one to one with the person being care for there is no protected time for the worker, for example lunch breaks, due to the practicalities of taking time away from the person being cared for. There is downtime when one can eat but it is not protected time away from work, they can be interrupted any time.

- Time pressures may mean care workers do not take lunch breaks. It becomes expectation alongside arriving early or staying late demonstrating commitment and concern for colleagues and care recipients.
- Physical attacks are a risk in certain settings and for supporting certain conditions. For some, predominantly female, workers this may include sexual assaults. There is often training provided to protect care workers against physical risks but there are some examples where the training is inadequate, but no other solution is proposed e.g., protecting a small-framed female care worker against a physically imposing care recipient.
- Senior care staff may undertake a debriefing with care staff involved in an incident, but there is seldom any counselling beyond this. Some care workers may become absent for a period, some have resigned from their job after experiencing a traumatic event.
- The intrinsic factors associated with care work can increase unhealthy lifestyle choices, such as smoking or eating processed foods on shift. The lack of a weekly work routine makes healthy lifestyle routines much harder to achieve.

Social Status

Compared to NHS workers who are held in very high regard, public attitudes are generally ambivalent towards care workers. Social attitudes can also marginalise disabled and elderly people, which marginalises care workers in the process.

- When social care is performed well in the community it looks effortless and unskilled. The public may not appreciate, for example, that to support a highly autistic person to enjoy a calm meal in a restaurant took a great deal of attentive and considerate planning. In one respect it is welcome that social care workers remain invisible to the public because it helps care recipients integrate into their community. However, it does mean their skills go largely unrecognised.
- Members of the public may offer unsolicited 'advice' to care workers in circumstances when a care recipient is having difficulties whilst in the community. Though well-intentioned, this advice conveys a sense that the care worker possesses no unique skills and that the public are equally knowledgeable.
- It can be emotionally difficult for care workers to witness care recipients being excluded or abused in public. 'Challenging' or 'unsociable' behaviour by care recipients can lead to exclusion from certain venues and care workers being confronted by members of the public.

Sector Responses

There has been an absence of any serious conversations reaching the workforce around how they may collectively secure better wellbeing on a continuous basis. Instead, strategies to support care worker wellbeing may include what are termed 'secondary interventions' (Hussein et al, 2022) which vary in how appreciated and sustainable they might be.

- Secondary interventions may include conventional management strategies such as ensure workers take their annual leave or distribute awards to recognise care workers commitment.

Other strategies place the emphasis on care workers to protect their own wellbeing such as encouraging workers to practice mindfulness exercises or forgoing 'luxuries' such as takeaway drinks and put the savings into an ISA for 'financial security'.

- Focussing on the individual care workers and not the larger issues in the sector may lead to an individualisation of responsibility for care workers' wellbeing, with care workers being encouraged to constantly monitor their wellbeing. However, its upkeep will naturally fluctuate particularly in the context of an under resourced sector. When it falters, care workers, and employers may individualise blame which will perpetuate a cycle of wellbeing crises amongst the workforce.

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[1] References are included where academic research reinforces points made in the experience of the author shared in this contribution.