Written evidence submitted by The NIHR Policy Research Unit in Health and Social Care Workforce (WBR0032)

The NIHR Policy Research Unit in Health and Social Care Workforce is a research partnership between King's College London and the Institute for Fiscal Studies. It is core funded by the National Institute for Health (NIHR) Research Policy Research Programme and also receives grants following competitive tender from a variety of other funders. The Unit exists to develop research knowledge in the health and social care workforce field and to disseminate findings to policymakers, service providers, employers and patient, service user and carer groups.

An estimated 1.16 million full time equivalents (FTEs) work in adult social care in England (Skills for Care, 2020), virtually identical to the number of FTEs employed in the National Health Service (NHS Digital 2020), yet we know far less about the extent of burnout in social care and its consequences for individuals, their employers, colleagues and people using social care services and their families. **New strategies aimed at improving recruitment and retention in social care need to stop assuming that burnout and turnover are synonymous and address the impact of working practices, terms and conditions, staff wellbeing initiatives and morale in the sector.**

We also need to **consider the impact of the different ways that burnout is defined and operationalised in health and social care** (Iliffe and Manthorpe 2019). Studies of burnout among social care workers and social workers have reported mixed findings, with levels of burnout generally being higher among social workers than the direct care workforce. Some of this is likely to reflect the wide variation among social care organisations in terms of organisational culture and employment practices. However, a survey asking a self-selected sample of workers if they are experiencing burnout is likely to produce very different results from a study based on a representative sample using an established measure of burnout.

Since the COVID-19 pandemic, we have been involved in reviews (Green et al. 2020 in press), briefings (Orellana et al. 2020a, b) and studies based on new data collection exploring the impact of coronavirus in social care (McFadden et al. 2020, Baginsky and Manthorpe 2020, Woolham et al. 2020 in press). From this, we would like to draw the Committee's attention to the:

- Impact of **competing commitments** in terms of work and other obligations for child care and other types of unpaid care. We do not yet know if this is likely to accelerate or worsen burnout but it will be important to monitor what is happening (Green et al. 2020 in press) and devise feasible solutions. This will reduce the risk of gendered inequalities being amplified.

- Effect of **home and remote working on workers' morale and peer support**. The ability to work from home has speeded up the process of flexible working that might otherwise have taken many years to introduce but its effects on morale and peer support are not yet known (Baginsky and Manthorpe 2020). There are further questions to explore on whether newly qualified professionals will be able to receive the support they need. Early exit from professions such as social work and nursing have been endemic problems for many years; with solutions often focussing on peer support and protected time for supervision and learning. The risk of these being undermined needs investigating.

- The focus on care home staff has been welcome but most social care is delivered in **people's own homes**, increasingly by self-employed personal assistants and directly employed workers (supported by local government funding or the income of those receiving care). Not

all these workers have had access to benefits such as key worker discounts, or dedicated shopping hours or car parking. They may also experience isolation at work, with a deleterious effect on morale and resilience. The problems in accessing personal protective equipment (PPE) in the early days of the pandemic are well known but these problems were exacerbated among personal assistants, some of whom have reported that they have been expected to pay for their own PPE and being unable to access health and social care supplies (Woolham et al. 2020 in press).

- Care providers need to consider the impact of COVID-19 on **volunteers and students,** as well as those who are employed in the workforce (Orellana et al. 2020a). In many parts of social care these are not 'extras' but essentials. Many older and disabled volunteers were severely affected by having to isolate and may welcome assurances that they continue to be valued.

In addition, research carried out before the pandemic has emphasised the importance of personal relationships and the sense of 'making a difference' on morale in the social care workforce (Stevens et al. 2019, Hussein et al. 2014). For this reason, the relationships between **burnout and resilience and the overall quality of care** are likely to prove to be very important in terms of developing workforce resilience. These need to be contextualised in the context of stresses, such as zero hours employment contracts, for many in social care.

References

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