



Care Home and Domiciliary Care Staff Wellbeing During COVID-19

March 2021

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1. Introduction

Details of Report:

Overview	This report highlights the physical and mental well-being experiences of care home and domiciliary care staff during the COVID-19 pandemic. This evaluation, carried out independently, focuses on the support available to staff through statutory services and other means. Recommendations for improvements and developments form part of the report.
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1.1. Acknowledgements

We would like to thank the individual care staff who took the time out of their busy schedules to take the opportunity to participate and provide Healthwatch with their thoughts and experiences from a personal perspective.

1.2. Disclaimer

Our report is not a representative portrayal of the experiences of all care home and domiciliary staff, only an account of what was contributed at the time of undertaking this project.

2. About Healthwatch

Healthwatch Barking and Dagenham are an independent champion for people using local health and social care services. We listen to people's positive experience of services and act as a critical friend to services in areas which could be improved. We share local people's views with those with the power to make change happen. We also share these views with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make health and care better for people

In summary - Local Healthwatch is here to:

- help people find out about local health and social care services
- listen to what people think of services
- help improve the quality of services by letting those running services and the government know what people want from care
- encourage people running services to involve people in changes to care

Everything that Healthwatch Barking & Dagenham does brings the voice and influence of local people to the development and delivery of local services, putting local people at the heart of decision-making processes.



3. Background

Healthwatch Barking and Dagenham published a report based on the experiences of residents and staff from care homes during the beginning of the pandemic. At the time the findings showed that overall, residents and their families felt that care home staff provided excellent care for both the health and well-being of their residents during the COVID-19 crisis. However, it was also obvious from feedback received from care home staff, that dealing with the unknown factors of the virus, lack of PPE and training, positive cases, death and the strain of additional communication requirements caused them fear. As a result, staff were tired and anxious after dealing with a high-stress situation for several months. There is a risk that the current work force could suffer PTSD or 'burn-out' from being on high alert for so long. (A full report can be found [here](#)). Within the findings it became obvious that support was needed for the mental health of staff working in these areas.

The findings from the report formed the basis of undertaking this project. The aim being to talk to care home and domiciliary care staff to ascertain:

- a. what access to mental health services are available for managers and staff in these situations
- b. How this is communicated to staff
- c. How well managers/staff welfare is supported in the workplace - and how the staff feel that COVID has impacted on their day-to-day work
- d. Whether there are some more effective ways to support the workforce that will benefit the recipients of these services.

This report looks at the experiences of **staff working in** nursing homes, residential care homes and domiciliary care settings including personal assistants, during the COVID-19 pandemic.

The type of care staff provide includes personal care, such as assistance with washing, toileting and dressing, or household tasks, such as cooking and cleaning.

Working in close proximity with individuals needing support and in working spaces shared by other care staff at different times, raises the potential for personal wellbeing concerns.

To support local authorities during the pandemic, the Government announced extra money to support providers of adult social care services, through an [Infection Control Fund](#). Including those with whom the local authority does not have a contract, to reduce the rate of COVID-19.



Healthwatch Barking & Dagenham wanted to understand what the impact has been on the health and wellbeing of individual domiciliary and care home staff working during the pandemic. Focusing on how they access mental health support, what support is available from their employer. In addition, the effective communication channels between the system and individual care homes and domiciliary care providers, their managers and their staff.

4. Methodology

Healthwatch developed a questionnaire to gather the views of local domiciliary and care home staff. The staff were given the option at the end of the survey to take part in one to one interviews with Healthwatch enabling the team to explore in more detail, their personal experiences of health and well-being whilst working during the pandemic.

Each individual that agreed to be interviewed was asked to provide their contact details so a convenient time could be arranged to speak with them.

During the interviews, each participant was asked the same three open questions;

- **What is your experience of working in your caring role during the pandemic?**
- **What effect did it have on your health and wellbeing?**
- **If you needed support for how you were feeling, where did you get it from?**



[The online questionnaire link](#) was sent out to;

- **99 local domiciliary care providers,**
- **10 nursing and care homes,**
- **11 mental health and learning disability service support providers.**

Healthwatch Barking & Dagenham used Twitter and Facebook to send out the link on social media and made it accessible on the website. 10 staff members agreed to be interviewed - six worked within domiciliary care services and four worked in care homes or nursing homes.

5. Executive Summary

Over the course of the COVID-19 pandemic, care home and domiciliary care staff have been key workers supporting and caring for the most vulnerable people in our local communities.

During the first lockdown, public attention was very much focused towards the care provided in hospitals across the NHS, due to the vast numbers of people who became severely ill because of contracting the virus.

However, there was another cohort of heroes, based in our community - those working in adult social care who got little mention and praise for the work and pressures they faced during this time and little recognition of the impact that the pandemic was having on their mental health and wellbeing. By the time the next national lockdown arrived, more emphasis and importance was placed on the efforts and work of social care staff, but mainly those working in care homes, with the work of domiciliary care providers not highlighted so much.

The objectives of this report are to highlight;

- The physical and mental wellbeing experiences of care home and domiciliary care staff during the COVID-19 pandemic.
- Capture the experiences of staff, in their own words, of working in care home and domiciliary care settings in Barking and Dagenham over this time.
- Provide a focus, particularly on their mental health and the support available to them through statutory and other means.

This is what we found from the Survey Responses and Information from the NELFT Integrated Care System.

- According to [Skills for Care](#) (see item 6.3) there are approximately 45,000 people working in adult social in North East London who are from BAME backgrounds. From our responses, 50% of the staff identified as being from a BAME background.
- From our survey, domiciliary care staff accounted for around three times more responses (78%) than staff working in local care and nursing homes (22%).
- From across both care settings, 90% of staff said they had been treated very well or well enough by their managers and colleagues when needing to have support. The interviews revealed examples of where peer to peer communication and an empathetic and caring approach by their managers, helped staff to cope better during their worst times.
- When looking to access mental health and wellbeing services, 80% of staff were either supported by their employer (50%) or found out where to go to seek help of their own volition (30%)

- On our survey, staff were asked how they receive communications relating to mental health and wellbeing services. 70% indicated that they received contact via their employers, and 40% found out the information either by speaking with colleagues or contacting their GP.
- Feedback shows that for 60% of respondents the impact of COVID 19 had a massive effect on their lives during this time. People indicated that the increased pressures and anxieties of doing their jobs, while trying to keep themselves and the people they come into contact with safe, took its toll on them. Some became uncharacteristically emotional, could not sleep after long shifts and in some cases, were not eating and drinking well. During the later surges of the virus, 50% of people said that it was not as difficult or that they were not affected at all and found their own ways of coping and self-resilience.
- Looking at better ways that would benefit and support them and their colleagues, 80% of all staff felt that all that was being done was as well as it could be. The 20% that indicated there was ways to support them better, didn't make any suggestions to what they might be.
- Support resources in place for social care organisations across the sector to access, are mainly aimed at managers and senior staff working in operations or human resources.
- The common themes that emerge from the interviews with social care staff, shine a light on the immense stress and anxiety the pandemic and lockdowns caused for those individuals.

Staff told Healthwatch they were in a frightening situation with not much information available at the start of the pandemic lockdown.

Evidence from interviews also reveals the impact on staff's mental health and wellbeing, and how their home lives became affected.

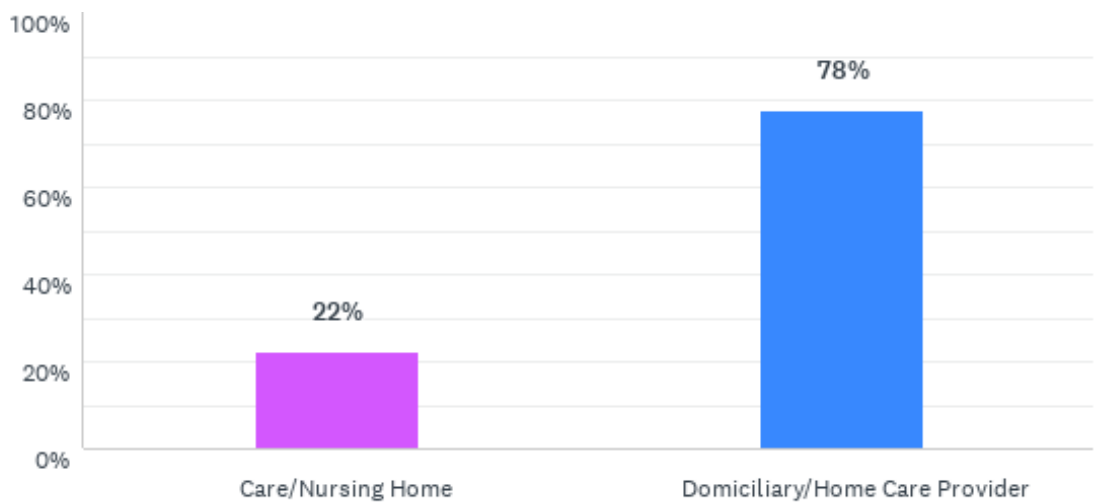
A sense of helplessness, not wanting to burden their families and feelings of guilt for taking time off, has contributed to people's anxieties and depression.

Feeling undervalued in their job roles and the impact of working long hours, only compounded the negative situation that each person found themselves in.

6. Social Care Staff Responses & Interviews

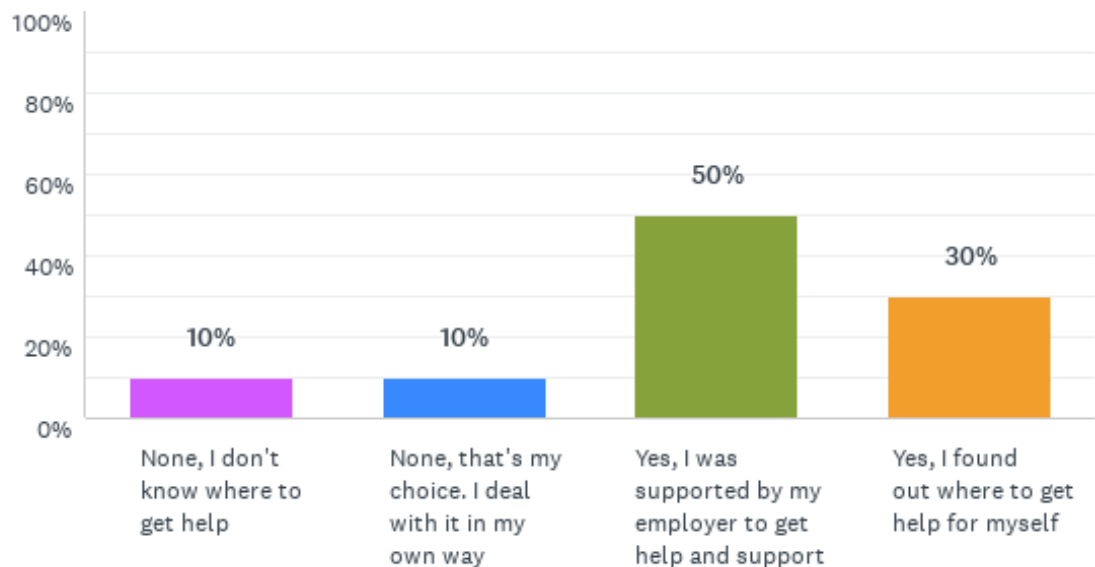
6.1. Questionnaire Responses and Demography

Where do I Work?



The number of domiciliary home care staff that responded to the questionnaire is four times more than those from local care homes. Given the number of Domiciliary Care providers that Healthwatch contacted compared with the number of Care/Nursing/Extra Care providers, the number of individuals that participated from both is proportionate.

What Access to Support from Mental Health and Wellbeing Services do you have?



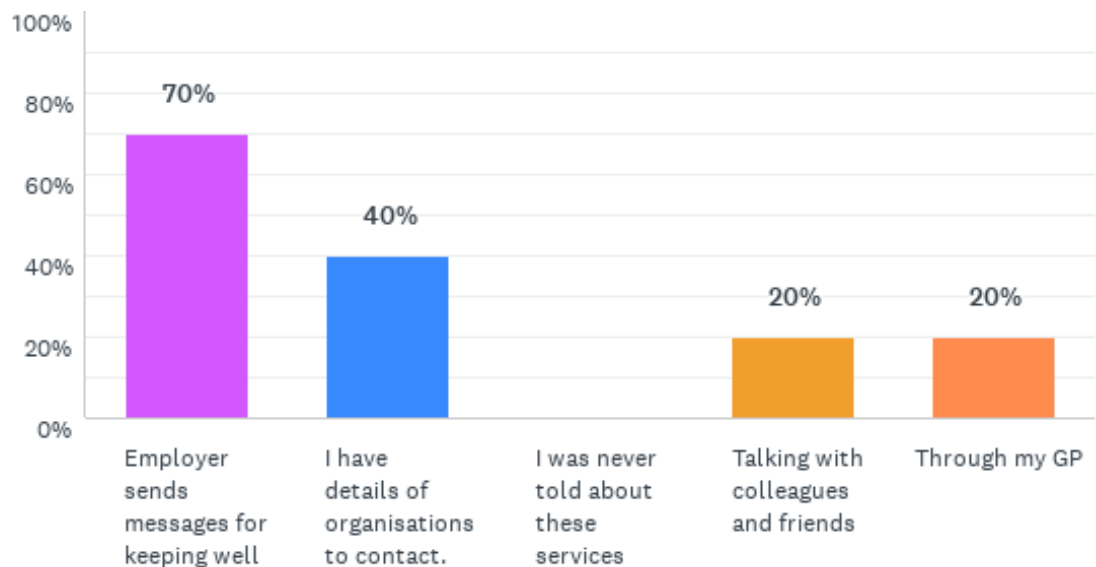
The majority of participants (50%) indicated that they were supported by their employer to get help and support and this helped them with their mental health and wellbeing.

Most of those - 40% - who said that they received help from their employers, are care home workers. Being given leave on full pay to unwind and spend much needed family and self- time, was one of the ways their managers provided support to alleviate the build-up of stress in people.

Interestingly 30% of participants who told us they found out about mental health and wellbeing services for themselves were either domiciliary care workers or Personal Assistant (PAs) working either independently or with agencies.

Some staff (10%) chose not to seek any help and (10%) who are domiciliary care workers, indicated that they didn't know where to get any help.

How is Information about Mental Health and Wellbeing Support Communicated to you?



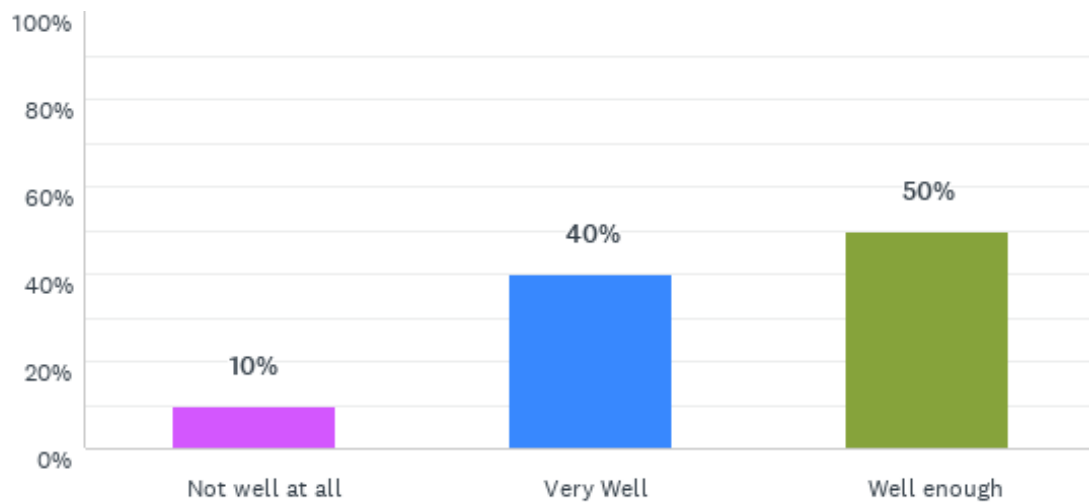
The Respondents had the choice to pick more than one option as to how they received information about mental health and well-being services.

The majority of participants said they received or were sent messages via social media, email or in conversations about keeping well. These were an even mix of both care home and domiciliary staff.

Referring to details of support organisations to contact, 40% of the staff - the majority working in care homes - indicated that they had access to these. They didn't say if they received the information from their employers.

Speaking with colleagues and friends was also a preferred way for 20% of staff to communicate about services. Getting in touch and communicating with their GPs was the way 20% of care workers said they got their information.

How well, as Managers and Staff, Do you feel Supported by your Employer?



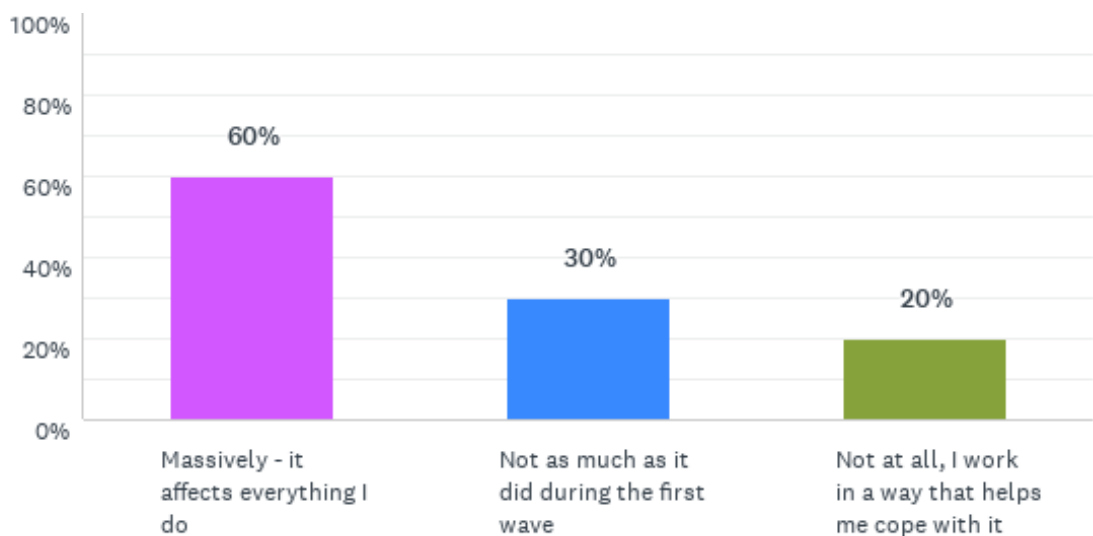
The vast majority of staff that responded (90%) said they were treated very well or well enough by their employers. This is confirmed in the interviews that were carried out with individual members of staff and feedback included:

- Being supported when stressed and burnt out;
- peer to peer chat groups to vent feelings and shared experiences helped staff overcome the impacts of working in such an intense environment.
- options to accept external help for mental health needs was made available if people chose to seek that help.

The minority of responses (10%) said that they weren't treated well at all and this is reflected in the interviews with staff.

Feedback indicated that where an employer showed no compassion or appreciation for the circumstances their care worker was working under resulted in the member of staff feeling like they wanted to pack their job in.

How Do You Feel that COVID has impacted on your Daily Life?



COVID has massively affected the daily lives of 60% of those staff that responded. The interviews that Healthwatch carried out with staff, gives an insight into the causes that emerged.

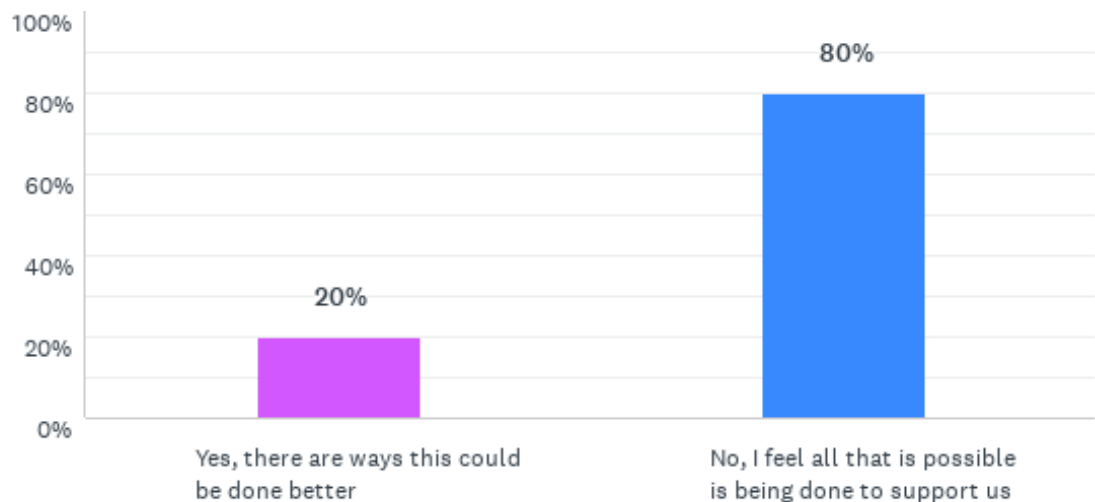
Staff reported changes to their routines soon after the first lockdown was implemented. Individuals worked for extended hours, wearing uncomfortable PPE equipment for long periods of time.

Their personal lives were impacted by changes, some staff members had to think about childcare arrangements as schools closed, others were caring for their frail and elderly relatives and shopping for food and household goods proved to be a challenge. This was all part of a recipe of negative effects chipping away at their minds.

In contrast, 30% of respondents said that they were not affected as much for the next waves of the virus, as they were during the first outbreak.

Some care home and domiciliary care workers (20%) said that they were not affected at all and that working in ways that they found themselves, helped them to cope.

Do you feel there are better, more effective ways that would benefit you and your colleagues to be supported?



Staff were asked if they felt there were better, more effective ways that they could have been supported. Most of the staff (80%) that completed the questionnaire indicated that they did not feel that anymore could be done to support them.

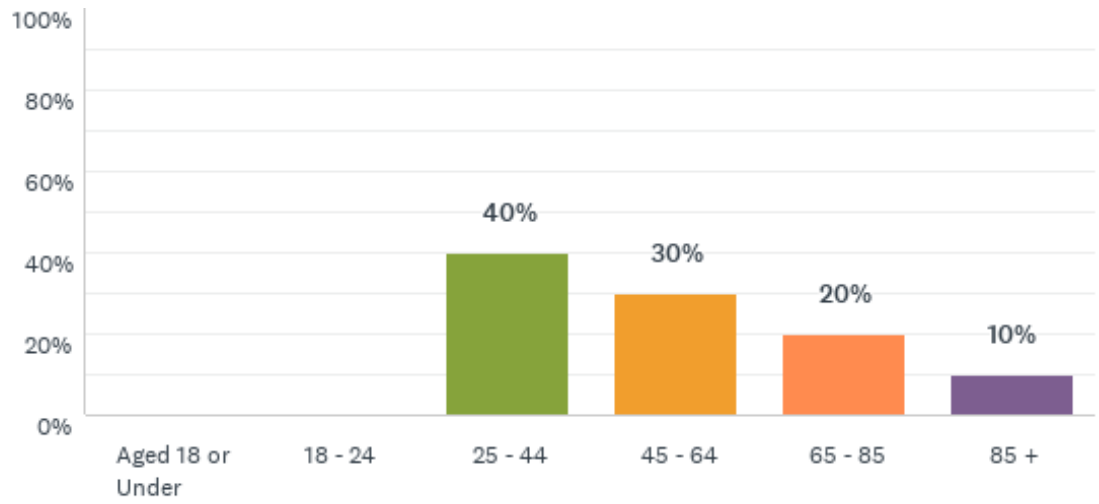
Whilst interviewing staff they told us what support worked for them, this was a little different for everyone and was dependent on their circumstances. Feedback included

- being able to contact their GP and receiving help and treatment to help the individuals cope from day to day.
- being offered the chance to contact managers anytime to talk out what was on their minds and to discuss about practical support that would be appropriate for them.
- one domiciliary care worker described how their service user gave them counsel and suggested changes in their work patterns to free up extended periods of time off for when the stresses of the job got too much.

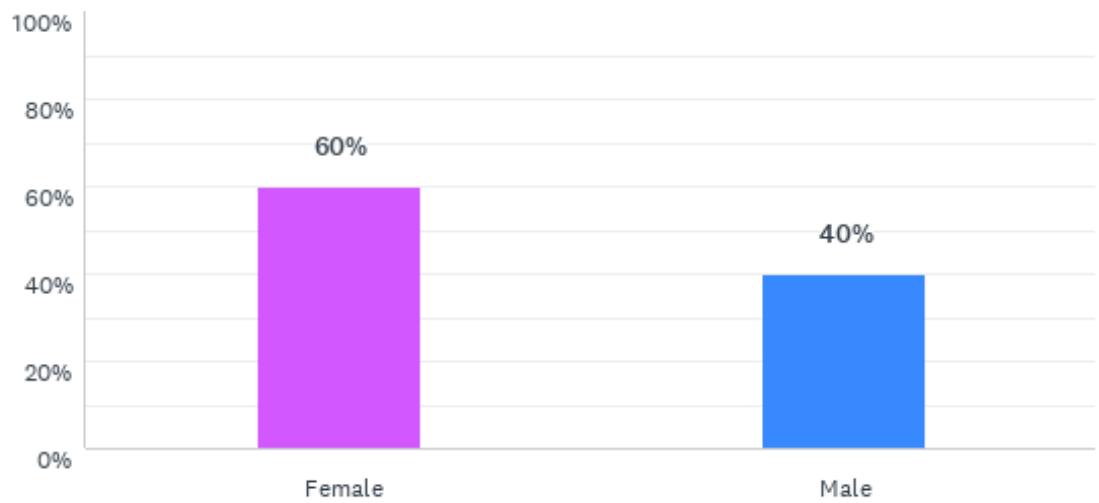
In contrast to that, 20% of respondents said there are ways that would be more effective and beneficial to support them and their colleagues. Staff suggestions include being better appreciated by employers and consideration from colleagues. Having safe spaces in care homes where staff can go to de-stress while at work was a suggestion of a good practice that emerged from the interview with Mrs D.

Demography

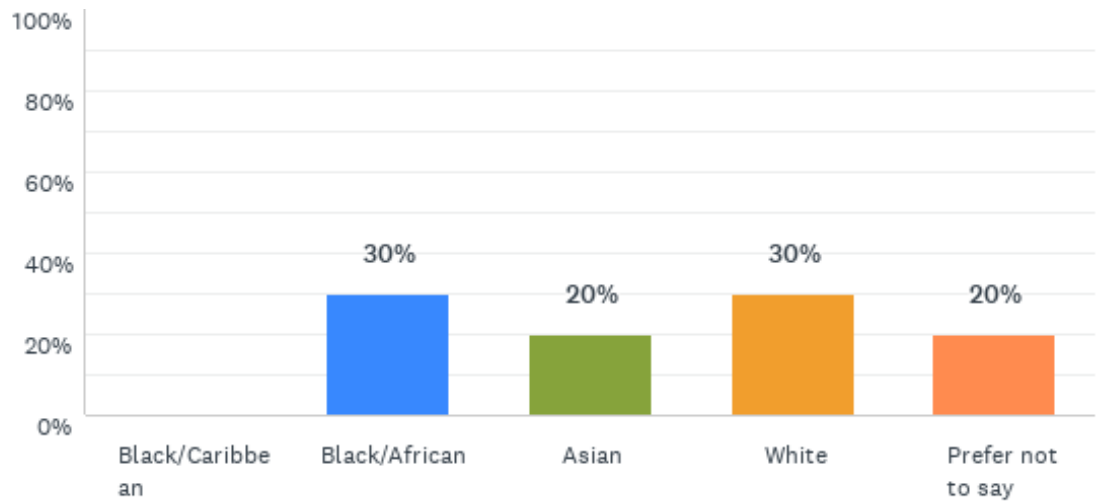
Age



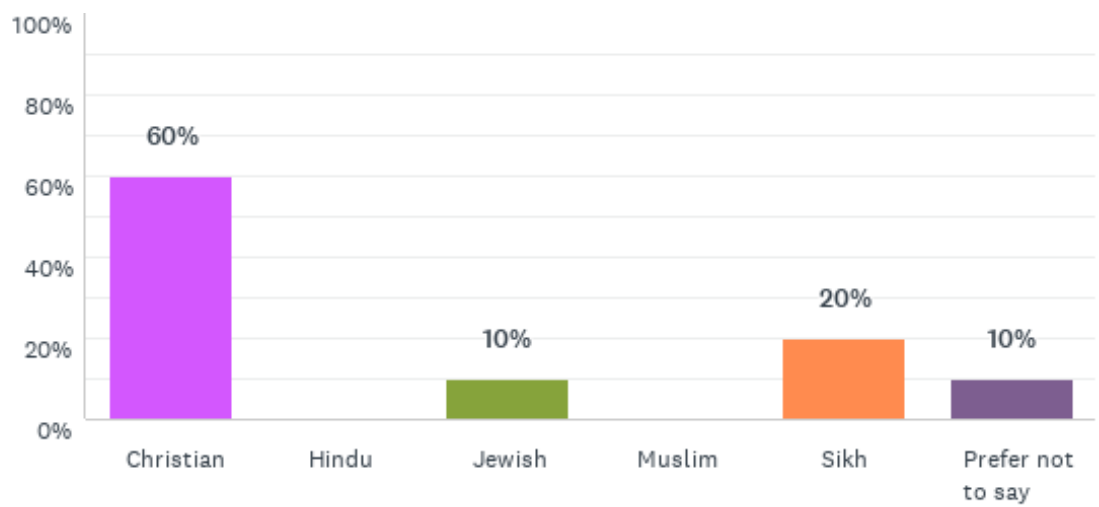
Gender



Ethnicity



Faith/religion



6.2. Staff Interviews - Their Perspective and Experience

Domiciliary Care Staff

Mrs. A

It all happened and came about so quickly for me, COVID had suddenly arrived, my first thoughts were for my family and kids and the people I go to care for every day.

Some of the most vulnerable people relying on me, both in my personal and working lives, under this very scary and unknown dark cloud.

I honestly struggled to get my mind around it at that point, with the changes to daily routines and the way I would have to work. It was a shock to my mind and body.

Everything was being spoken of about what our amazing NHS staff colleagues were going to have to go through and endure - nothing was said about the effect this could have on me or my home care colleagues doing the same job as me.

It was more than a bit demoralizing thinking that the work you were doing was so undervalued. Chaos and greater fear just made it worse, no PPE or proper training and guidance at first. The information from the government was a mess and not helpful.

There were times I did not want to come to work but I did, it was getting harder and I was feeling depressed.

One of my older women had the virus and I felt very anxious about entering her home and being near her. The more I started to see COVID cases though, the more I got used to it and the PPE got better - three more of mine somehow contracted it, but they had all recently been sent home from Queens Hospital in Romford. Lord knows what was going on there! It was shocking sending these very vulnerable, elderly people home with the virus when they did not go in there with it!

Working constantly took its toll on me, my home life was harder to cope with, I was not doing what I always did and as supportive and helpful as my husband is, he was feeling it too. I never thought I would cry in front of my kids like that, but I did.

To her great credit - and to be honest, she dragged me back from the brink of quitting - my manager was incredible. I had tried to get on with it and for the first time, let myself open up to someone who knew how I was feeling and all my anxieties and concerns came pouring out. She as much as coerced me into taking paid time off - to spend time with my family and to unwind. My work was covered, and as much as I love my job and the people I give help and support to, I really needed this time. My manager said I could get in touch with her at any time if I needed to talk things out. She said if I felt I needed further help, there was services she could give me information about...if I wanted it.

Dealing with my people has become part of a routine within the pandemic now. The vaccination has given way to real hope and at the right time of year!

Ms. B

It was a very stressful time for managers and staff. Our manager fell ill during this time and several staff left as they were worried for their families. Other staff with symptoms self-isolated and returned to work later.

We had five positive COVID 19 patients in the beginning and two members of staff tested positive so we needed to have 10 staff in quarantine; this had a big impact on our staffing levels and consequently it put those of us left under huge pressure.

I struggled to cope and it was getting at me. The job I was doing was not to the same standard, rushing from one person to another, not knowing what was going to be waiting for me. Going home to an empty house at the end of 15 hours out working was really tough.

I had to move back to my home, having stayed with my parents and did not have anyone to talk to. I did not feel like doing anything like cooking for myself, it became too easy to order a takeaway. I was not eating or sleeping well and I started to drink more than just a glass of Wine when I got home.

One of my friends, who I hadn't had much contact with, works in a local care home - it was such a relief to be able to talk with someone that understood the situation I was going through. In a different way, she was dealing with a similar situation and had experienced the loss of people she cared for, to the virus. I call it a plague.

As time went on, it got easier to deal with - I adapted the way I worked and was much more in control of the time - I knew what I was doing and was seeing a manageable group of the same clients 3 or 4 times a day.

By the time my manager had come back to work, I was feeling better - he had had a rough time and we spoke about things that had happened. It was really helpful and encouraging.

If it had not been for my friend, it could have turned out different for me - as it is, I'm fine and looking forward to getting back to normality.

Ms. C

There are three of us that work as private personal assistants for a lady. We each do eight hour shifts out of 24 hours, over seven days a week - taking it in turns to work the different times.

When the COVID situation came along, there was no support or PPE help for us. It was a scary time, my partner ended up being furloughed which caused concern and worries about the drop in our income. He took over looking after our young child, while I carried on working.

My colleagues both live at home with their parents so it was a worrying time for them too. Someone we know who works as a coordinator for a care agency outside of the borough, gave us the access to PPE that we needed, by agreeing to register us temporarily as their staff, and the lady we work for was asked to meet the costs for the PPE that we needed.

Things changed for us when my colleague's mum became unwell and she wasn't able to work. I had to work 12-hour shifts, spending more time away from my family.

The lady I work for is lovely and a real character with a wise head and she somehow could see I was feeling down - which caught me by surprise as we don't cross professional boundaries, but I realized this whole situation crossed all manner of human boundaries.

She really helped me to cope better and along with my other colleague, made the suggestion, until we were three again - that instead of both doing 12 hour days, why not do two days 'live in' and two days off. It gives us both time off to recover and be at home without so much pressure.

I was not aware of any support services and did not give it a thought for where to go to get it. In hindsight, it has made me realise just how easily this can creep up on you and how quickly it can affect you.

My friend from the care agency said she has all sorts of information for help where you can contact someone to speak with if you get down and do not feel you can speak with family about it.

Mr. D

I run my own care agency and this period of time over the last 10 months has been a stress I've never had to deal with in my professional life, coupled with that in my family life too.

Staff were anxious and scared when all this started and it seemed a long time that we were waiting for guidance. The guidance should have come sooner, it's not as if they didn't know this was coming. We were left to get on with it as we waited for the system to crank itself into some form of supportive action.

We waited four weeks into the lockdown before we could get some proper guidance and support. Care homes, were given the priority by the local authority while home care providers like us were a distant after thought, so it seemed.

I do think the action taken was all too late. Things should have started happening a lot sooner and as a result of that, I had several staff who got exposed to the virus and had to isolate, as did other staff they came into contact with. Then there was the affect it had on their families too.

At one point, I had 18 staff off - and as I was struggling to keep my clients supported and with a service, I didn't realise that the constant stress was affecting my health. Our family is grown up, but the effect was spilling over into life at home. There was no escape from it.

As the boss of the company, who could I go to, to talk with? I didn't want to burden my family; we were all having to cope with the lockdown and the restrictions. Most days I was working into the early hours doing long days. My mind was overloaded and I wasn't sleeping.

There is a network of other local care agencies and I decided I needed to speak to someone who would be well versed in exactly what was going on and the impact it was having. A bigger concern was supporting my team with their own worries and wellbeing. I spoke with a couple of the business owners in the network and it was clear we were each facing the same pressures or similar.

It was a good opportunity to discuss common concerns, offload our minds in a discreet setting and speak about what could work as solutions to support our staff and ourselves in the best ways possible. By now we have access to resources that already exist, it's about knowing the right information is there and being informed about it, so when you need to utilise it, you can.

I feel communication for my business and that of my peers has been poor from the local authority. The work we do in our local community at this time has been immensely important; keeping people supported and safe. I feel we are undervalued and have been neglected in recognition for the role we carry out.

Mrs. E

I have been doing care work all my working life - over 30 years - and never have I experienced anything like this last year!

I think that all us care staff should be granted a bonus as appreciation for the hard work that we are providing. This would go a long way with staff morale. Some of us are mentally exhausted trying to keep each other going and motivated. Not to mention the hardships it's caused in my home life.

I've been exhausted, irritated and angry trying to cope with very little support or appreciation. If it wasn't for my lovely people I go in to support, I would have jacked it in with this company I'm with. Not so much as a 'thank you' from them.

There comes a point when looking after 'we' becomes 'me' and I went sick - it all got too much for me and I was at breaking point - I knew we was all in the same situation, but without anyone to really feel I could talk to, I had to deal with it as I knew how.

I was beside myself with anxiety - I was feeling guilty for letting my people down and that having someone to talk to - some kind of mental wellbeing support - might help. I didn't know where to start not knowing then, that there was colleagues having the same issues as me!

A few us that was off sick, connected up on WhatsApp and started little group chat sessions - the trauma of seeing people that we cared for who died because of COVID, was very much on our minds - we had eight clients die from it.

I can't tell you what a difference those chat sessions made to me...and still do. We support each other and I'm speaking with people now I didn't even know worked for the same agency!

I have since found out that you can have counselling sessions through the GP, but quite frankly, I don't think anything else could have helped me like our group. We all know some things that people from outside couldn't appreciate or help with.

Mrs. F

It's been a very scary and emotional time for me - I caught the virus quite early after the lockdown. I was going out to support clients in their homes and at the beginning of the pandemic, some of them was still seeing their family members as normal.

It's from one of them I'm certain I caught it and when it hit me, I became very sick - a frightening time - my family had to self-isolate and keep themselves as safe as they could away from me.

The agency I worked for was really supportive and kind to me. They rang my husband almost every day to see how I was and were giving him advice about what to do to help me if it got really bad and I needed extra care.

They also told him that they would continue to pay me my full wage while I was off sick. It was one less worry at a bad time for us financially.

After almost 5 weeks of just existing and thankfully avoiding being admitted to hospital, I started to feel better and getting stronger after being completely wiped out. With my body mending, I started to get down and depressed - I couldn't understand why I felt that way and I became anxious and started having panic attacks. This wasn't me! I couldn't get my head around it!

My employer spoke with me about it and again they was so supportive, and didn't put me under any pressure to get back to work. They said that I should contact my GP to discuss it and see what help I could get through them.

I eventually managed to get an appointment with a doctor and they were very empathetic towards me. If I needed to speak with someone, they offered me the number of a counselling service with the mental health clinic and to help me with my depression and down days, prescribed me some medication to help me over a period of time until I got myself together.

Overall, I have had the worst of the pandemic, but also the kind of help and support that makes me feel so grateful.

Nursing/Care Home Staff

Mr. A

As manager of the care home, when we first went into lockdown, it was very stressful trying to manage the different expectations. Staff, relatives, regulatory bodies, and residents...the pressure was intense.

Different information coming from different sources and a lack of guidance from central government didn't help. I was spending so much time dealing with the deadlines of bureaucracy that the more important work of looking after residents and staff at a traumatic time for many, weighed heavily on me.

At least having the experience to make decisions in everyone's best interests was invaluable for managing the situation.

There were a number of staff that needed to isolate and quite a few went off sick because of the virus, which left me trying to cover their work times with other staff who themselves were stretched to their limits.

It's my job to set an example with the team, but the way I was feeling, through what to me was stress, made me feel terribly anxious, and to be honest, fearful of how long I could carry on.

The section managers and team leaders were doing their best to keep it going and getting on and just doing the job, we lost the momentum for communicating and speaking to each other about our own feelings and concerns at the time. I made a point of ringing round and talking to them about issues they needed to talk about, but I had no outlet for mine.

I didn't get to take any time off and when I was at home on those rare occasions, my head was filled with what was happening - losing residents to the virus was particularly stressful and having to speak with families that couldn't come to see them.

The council was very good with us - they were really helpful and that came as a great help to me, having people I could speak with about what was going on and the assistance with getting the PPE, extra funding etc.

The longer the pandemic has gone on, the easier it has been to work through it. It's been a tough time if I'm honest, there have been times when the stress caused me anxiety that I didn't feel I had time to get help with. As it is, I deal with it in my own way, but once this gets back to some kind of normality, then I can perhaps look back, reflect on things and speak with someone about how I feel and what has affected me.

Mrs. B

Thank you for your time to speak with me - it has been a difficult time for me during this pandemic; my dad died from coronavirus and I have not had the chance to properly mourn his loss. It has been devastating for me and at times, I don't know quite how I've gotten through it.

I work in a home for people with Dementia and at the beginning and during the first lockdown I found it to be a very challenging and worrying time. There was a huge increase in my daily workload and I was constantly on the go.

As it got worse, my colleagues and I were struggling. Some went off sick or had to isolate because family members caught the virus and that left us short during the shifts.

My colleagues are brilliant and we did all we could to help and support each other through it - my manager couldn't do enough to help and support us and it really made a big difference going in everyday, even though I had that constant feeling of dread in the pit of my stomach.

I haven't had to contact any support services for the time I have been working - it was very stressful, yet as a care home, we pulled together and supported each other.

On the other hand, I haven't come to terms with dad's death and I have considered arranging some bereavement counselling for myself for which I have the contact details of a local organization.

Miss C

The way I changed during the pandemic has affected me as a person.

When not working, I found myself going out for my own essential disposable masks and gloves. When the consequence of catching the virus can mean the deaths of people you care for, I found it hard not to become obsessed.

On my days off, I had this bouncing around in my head a lot. I started to get obsessive about particles and think about all the different ways they can get spread and deposited on surfaces.

When some residents caught the virus, I spoke with colleagues in the home about it and they gave me a bit of perspective when they said 'it might not have been you that passed it on' and there's truth in that, but it didn't sit well with me - the feeling of guilt was really horrible.

When the home accepted a number of residents from hospital, some turned out to have positive COVID tests, I was feeling guilty about that too. It was making me feel emotional and I started to feel unwell and depressed.

My colleagues and I were fearful of taking the virus back home, especially those that live with vulnerable family members. It caused me great anxiety, but I keep on going because it's my job, I need the money, and I don't want to let anyone down.

On one night shift, I sat with a dying resident holding her hand. Her daughter called on the lady's phone to see how she was. She could hear her breathing was very ragged, and got very upset. It was a very sad experience for me as I tried to let her know, her mum wasn't alone and that I was giving her all the love and care. The experience left me feeling very down and upset.

My colleague saw me crying and it must've got back to my manager. She was lovely and I had a cry and let out the way I was feeling with her - my depression and how obsessive I'd become.

We was already stretched with staff being off, but she told me to take some time off away from the home, to have a break. She told me how much she appreciated my work and that I hadn't had a break from it. She asked me if I felt I needed to speak with someone who could help me more and offered me details of some services that could help. She also suggested I should take the time to speak with my GP to see what help they could give me.

My experience has been overwhelming on my unit, I do have the support of my employer and colleagues as well as my GP who has given me help to cope better.

Mrs. D

I've been working in care homes for over 20 years and I've experienced all sorts of situations, but nothing could've prepared me for what this virus did to me personally. I'm a strong person but it has affected me.

It was an anxious time for me when the pandemic and lock down started, not least because my husband is unwell with an illness that leaves him vulnerable and I see it as my mission that he is kept totally protected.

When we got the first outbreak in the home, it was worse - I didn't want to deal with the residents who were infected, but didn't feel I could say anything about it as we was all in the same situation. I knew some of my colleagues felt the same and they started to go off sick rather than come in.

Their reasons were valid, but I felt that some of them had let themselves down and those of us that were left to pick up the pieces, at a time when the residents needed us most. It made me feel angry and inwardly resentful because of the risks I was taking.

I struggled with having to wear the PPE for long periods of time during my shifts - it was very uncomfortable to wear for long periods of time - especially the masks - and I got increasingly emotional at the thought of having to wear it. Long hours with a lack of breaks I was starting to get panic attacks and was feeling like I was losing control which was having a knock on effect at home.

I was getting to my breaking point and burst into tears at work, which for me was humiliating because I'm made of stronger stuff. One of the team leaders took me to one side and could see I was at my wits end. She said we should find an area away from the others and offered me a shoulder to lean on and a listening ear. I really appreciated it, but it was all a bit too little too late for me. I said I couldn't deal with it anymore and walked out.

The following day, the home manager got in touch with me - I really didn't feel much like talking with her, but she was talking about things she could do better to help and support me - in essence she apologised that the situation had got so bad for me and recognised that I needed to have a break. She asked how I felt and if I would like to take some days off to unwind.

I was glad I was given some help by her and she was talking about having a space in the home where it was safe so that staff could take themselves off and relax if things got too much.

I did get in touch with my GP to talk about what might help me and was given some options to consider.

Emerging Themes from Speaking with Staff

On reflection from the conversations with domiciliary and care home staff, it has identified issues which are affecting their wellbeing. These include:

- Anxiety around the first and subsequent outbreaks of the pandemic caused by circumstances where there was a lack of good information; people having their lives changed rapidly by the restrictions and living to rules outside of normal daily routines. Having to work longer, more demanding hours while trying to balance home lives as normal as possible. Fears for family, service users and colleagues catching the virus was uppermost in their mind.
- Grief from the suffering and deaths of people they cared for at work and also those in their own families deeply affected care workers. Seeing people they care for everyday catching and suffering from the effects of the virus. Dealing with emotional relatives who couldn't visit their loved ones who were at end of their life. The aftereffects and mental health issues connected to not being able to mourn relatives who had passed away.
- Physical and emotional effects of having to wear PPE for long periods of time, especially the discomfort of wearing masks. Long shifts of constantly changing PPE, the soreness of continually changing gloves and using hand wash on their hands.
- Long hours with a lack of breaks and leave. The demands of working in care homes that are usually busy, became far more demanding as the virus affected residents and staff, leaving gaps in staffing levels while the need to support people who were highly vulnerable grew more intense and stressful. Staff were losing the quality time needed to have a balanced home life with their partners and children.
- The sense of feeling undervalued, especially domiciliary care staff. As the attention and focus was very much on NHS staff and to a lesser extent, people working in care homes - there was very little mention of the sacrifices and hardships that domiciliary care staff were dealing with day to day on a par with their peers.
- Uncertainty around the lifting of lockdown and getting back to normal life. The sense of not seeing any light at the end of tunnel as the pressures intensified and individuals were becoming unwell at the prospects of facing depressing and anxious days.
- Stress caused by the need to work longer hours, the impact on home life and financial pressures as the pandemic affected family finances. Partners became furloughed or laid off from their work as incomes reduced, even with the support offered by government.
- Fear and anxiety changing the way individuals react emotionally and the potential mental health problems this is causing. How the stress is affecting the mood and character of people, causing changes in their personality and the

way they react to the people around them. Staff breaking down and becoming emotional when they would not usually react in that way.

- Deciding to deal with issues on their own and not seeking help from peers, colleagues or contacting clinicians. Choosing instead, to use their own ways of helping themselves with support. These individuals didn't indicate or divulge how they went about that.
- Maintaining a balanced life, eating, drinking and sleeping healthily while working longer, intensified shifts. Turning to alcohol more often, existing on the convenience of takeaway meals because they can't be bothered to shop and cook for themselves. Going to bed anxious to the point of not being able to sleep.

6.3. Barking, Havering & Redbridge Integrated Care System (ICS) - Support for Staff

BHR Integrated Care System (ICS) has recognised that staff working in health and social care have been impacted on by COVID.

Staff in the social care sector have had to shoulder in particular, increased bereavement, familial distress, colleagues' distress and fears about COVID whilst having to implement many new processes and policies in an ever changing landscape.

On average - according to the NELFT Integrated Care System - 75% of the health and social care work force are from Black, Asian, Minority, Ethnic (BAME) communities, and who have been disproportionately impacted by COVID.

In Social care, (from the Skills for care data workforce collection) across 8 local boroughs, it is estimated that there are 37,100 staff, with 5 having the highest BAME workforces in London with a 75% average. In total, there are just over 45,000 BAME staff working across Health and Social Care in North East London.

There is a general feeling that staff are undervalued, unsupported and uncared for. There is also evidence of staff feeling afraid and unsafe:

"Many staff told us that they would not feel safe to talk about their concerns to their managers ... Many staff find it difficult to talk about their own needs and priorities the needs of others." In terms of what might be helpful **"Specific support for BAME staff, not only during the pandemic"** was identified amongst others.

The managers of care settings have worked above and beyond, under immense pressure, in order to deliver safe homes for residents and to support their staff. They have managed care settings through each emerging wave of the pandemic. Their efforts may well have meant that they haven't taken time to take care of their own wellbeing.

Support already in place includes:

1. [Registered Manager Webinars](#) - run by Skills for Care - cover a range of topics to support managers and their services, and have been developed since the start of the pandemic.

They are 30-minutes long and some of the webinars are also supported with bite size resources.

They cover 7 categories:

- | | |
|------------------------|---------------|
| ① Training | ⑤ Wellbeing |
| ② HR | ⑥ Technology |
| ③ Recruitment | ⑦ End of life |
| ④ Leading your service | |

2. [Building your own resilience, health and wellbeing guide and resources](#) is a practical guide to building your own resilience, health and wellbeing. This booklet is for anyone working in adult social care. It explains what resilience is and how you can build your own resilience.
3. [Greater resilience better care](#) is a written Guidance for managers in adult social care services, and individual employers, to support them to reduce work-related stress and build the resilience of their staff. Stress is a significant cause of mental and physical ill-health, and can contribute to errors and misjudgements, low morale, sickness absence, burnout and high staff turnover - which all undermine quality care and support.
4. [Developing resilience in practice](#) is a written guide for team leaders and managers in adult social care organisations, and individual employers, to support them to build the resilience of their staff. It explains what resilience is and shares examples of how other adult social care employers have developed the resilience of their workforce at an organisational and team level.
5. [Wellbeing for registered managers](#) is based on the Five Ways to Wellbeing; identified by the New Economics Foundation as Connect, Be active, Take notice, Keep learning and Give. It includes practical information, top tips, case studies, action plans and workbook exercises. Registered managers can use the guide by dipping in and out of it or looking at sections one at a time.
6. [BAME webinars on wellbeing](#) - Skills for Care has been acutely aware of the challenges facing Black, Asian and ethnic minorities. COVID-19 has highlighted and brought these challenges to the forefront for many communities. The Office for National Statistics 2020 data recently revealed the disproportionate impact of COVID-19 illness and death among those in ethnic minority communities.
7. [Registered manager's networks](#) are important in these challenging times to stay in touch with your peers. The Skills for Care Facebook group is now open to all registered managers and front-line managers in similar roles. Staying connected with each other and sharing advice, experiences and guidance is vital. Join this growing group of managers who are using it every day.
8. [Talking Therapies](#) are psychological treatments for mental and emotional problems stress, anxiety and depression. There are lots of different types of talking therapy, but they all involve working with a trained therapist. This may be one-to-one, in a group, online, over the phone, with your family, or with your partner. The therapist helps you find answers to the problems you're having. For some problems and conditions, one type of talking therapy may be better than another. Different talking therapies also suit different people.

7. Recommendations

The findings within this report highlights the impact on the health and wellbeing of those working in care homes and providing care to residents in their own homes. Personal and work lives have been affected. Whilst there are services available such as IAPT, GP services and some support from managers, it seems this is not communicated to all staff in the same way and therefore there is a difference, in not only knowledge, but also evident in the support being provided. Furthermore, the pandemic has also affected the financial situation of some staff adding extra worry to them.

As the country comes through the current wave, there is no guarantee that there will not be further national or local lockdowns. It is, therefore, crucial that the system is well placed and prepared to not only support staff to retain their jobs but also to maintain good mental health and wellbeing. Ensuring that staff receive support in a safe and timely manner will help towards prevention of more serious matters.

Looking at the feedback provided from the surveys and interviews, recommendations have been made.

7.1. Disparity between the Social Care Services

As the Integrated Care System evolves, it is evident that within domiciliary care services, there is a view that they do not get the recognition from the local authority for the work they do, compared with care homes. The risks and value of the services individual staff provide is fundamentally the same, the difference being the settings in which each provides their care.

It is recommended that:

- Barking and Dagenham council and commissioners consider ways in which to develop closer integration of the services and shine a light on the importance and value of the work that domiciliary care workers bring to the wider local care sector. They made sacrifices to ensure that the borough's most vulnerable people have remained safe and cared for in their own homes. One consideration is for the Adult Social Care team to write to all local domiciliary care providers to acknowledge and show appreciation for the work and dedication that staff have made.

7.2. The Opportunity to Share Concerns

There are local forums for care homes and domiciliary care providers to talk about operational matters and these are for managers and senior staff. To support staff across the sector, all staff could benefit from having access to dedicated forums to

share issues with colleagues that work in both settings. Evidence from feedback shows that peer support was recognised as a way of coping during the pandemic as well as the key role manager's play in supporting staff wellbeing.

It is recognised that employers have tried to support staff as best as they can in exceptionally difficult circumstances. However, it is also apparent from care home and domiciliary staff, that coping with the unknown issues and factors relating to the virus has taken its toll on individuals.

It is recommended that:

London Borough of Barking and Dagenham run a pilot of an online forum for frontline staff only - and in collaboration with both care home and domiciliary care providers, consider developing a network as a local option for all frontline care workers from across the sector to discuss what their challenges are, providing a platform where they can seek support from each other.

7.3. Support for BAME Staff

According to data from the NELFT Integrated Care System, 75% of the workforce across both care home and domiciliary care services in North East London are from Black, Asian, Minority, Ethnic backgrounds.

Even though the sample of respondents to this study is small, that isn't reflected by those that responded (50%) from BAME backgrounds and gives some insight into how critical the concerns are that care staff from some backgrounds have been impacted by the pandemic and to such an extent that it has affected their health and mental well-being.

An existing resource, [BAME webinars on wellbeing](#) doesn't go far enough as it's a resource for leaders and managers, and not those that are providing the face to face care support every day.

Black, Asian and Minority Ethnic (BAME) staff have been disproportionately affected by the COVID-19 pandemic and domiciliary and care home staff may well have suffered additional stress as a consequence. It is important this is considered when looking at their wellbeing and ways of supporting them that are targeted and specific to those individuals.

It is recommended that that:

Barking and Dagenham adult social care commissioners should consider developing a guide to good practices for BAME staff working in the local adult social care sector. An example of this refers to that developed here by [Surrey Heartlands Health Partnership](#).

7.4. Community Resources to Support Social Care Staff

Almost instant upheaval to daily lives, the uncertainty of job security, how people were going to get by and survive whilst coming to terms with having their choice to live their life, taken away.

Like NHS staff, social care staff are key workers and they were also hit by the circumstances that prevailed with the lockdown, whilst having to continue to work. Some experienced hardships and financial difficulties at this time; piling more worries onto an already fraught situation.

It's clear that staff within the care industry need support in other areas of their personal lives which may have been impacted by the pandemic- therefore care homes and domiciliary care providers should be provided with relevant contact details of statutory and voluntary sector organisations who can support their staff when they may need it. The information should include but not be limited to:

- financial support and advice including benefits
- details of food banks across Barking and Dagenham and neighbouring boroughs

Healthwatch Barking and Dagenham would be happy to produce this and share it with BHR care home provider forum, councils and the home care provider forum to distribute online to care homes and domiciliary care providers.

It is recommended that:

Information and advice about contacting and getting access to local Food Banks, Money Advice Services and in-work benefits advice, should be made available in all local care homes and domiciliary care businesses, as part of a package of measures to support staff whose changes in circumstances can be supported quickly to ensure their wellbeing and that of family members that rely on their income too, does not become affected by changes in their personal income circumstances.

8. Responses from Barking and Dagenham Council

Thank you for report. This provides us with fantastic insight into the experience of care staff, and I was greatly encouraged by the survey findings which indicated that many staff felt well supported and that their organisations were doing well in offering them support as they navigated a pandemic.

However, rightly, the report also raises issues that staff had and the transcripts particularly highlight some of the more personal stories and struggles of working throughout COVID-19. Thank you for this valuable report which helps us as a commissioning body hear the human voices behind the services that have been at the forefront of the last 14 months.

In respect to your recommendations I will address these individually.

Recommendations and responses:

1) Barking and Dagenham council and commissioners consider ways in which to develop closer integration of the services and shine a light on the importance and value of the work that domiciliary care workers bring to the wider local care sector. They made sacrifices to ensure that the borough's most vulnerable people have remained safe and cared for in their own homes. One consideration is for the Adult Social Care team to write to all local domiciliary care providers to acknowledge and show appreciation for the work and dedication that staff have made.

Response: As a council we are aware of the disparity of focus from the Government on certain providers across health and social care. Providers and PAs have been thanked in forums and in letters that have been sent from our Cabinet Member and the Commissioning team. We have shared the Healthwatch report and this recommendation with our Cabinet Member for Social Care and Health who acknowledged the need to ensure staff are appreciated and thanked, LBBD are running a thank you roadshow across the borough for all key workers on the 3rd and 4th of July.

2) London Borough of Barking and Dagenham run a pilot of an online forum for frontline staff only - and in collaboration with both care home and domiciliary care providers, consider developing a network as a local option for all frontline care workers from across the sector to discuss what their challenges are, providing a platform where they can seek support from each other.

Response: We are currently working with Care Provider Voice and with our existing forums to develop the best network for our providers. The way that this runs in the future will be led by our providers and we will use the findings of this report to inform future work. This is a 6 month project which is currently in month 2. Councillor Worby agrees that there is a need to ensure that frontline staff have access to support and fora independent of senior provider staff.

3) Barking and Dagenham adult social care commissioners should consider developing a guide to good practices for BAME staff working in the local adult social care sector. An example of this refers to that developed here by Surrey Heartlands Health Partnership.

Response: We will build this very important recommendation into the Care Provider Voice work and will review the example given above in developing this work. The Council is undertaking a piece of work to address racism and inequality within LBB and these findings will help us to ensure that these inequalities are tackled within our provider networks too.

4) Information and advice about contacting and getting access to local Food Banks, Money Advice Services and in-work benefits advice, should be made available in all local care homes and domiciliary care businesses, as part of a package of measures to support staff whose changes in circumstances can be supported quickly to ensure their wellbeing and that of family members that rely on their income too, does not become affected by changes in their personal income circumstances.

Response: This recommendation will also be taken into account in the provider engagement work and will be explored in provider fora.