

Care Practice: Workforce Insights Series

What are we learning about the impacts of COVID-19 on the social care workforce?



This is the first in a series of emerging insights on the theme of Workforce.

1 Workforce planning has been significantly altered as a result of the pandemic experience within individual services, but there has been a flexible and adaptive response to mitigate challenges across the care home and homecare sector.

"We were able to maintain our normal rota. However we had two emergency rotas made up - one for 30% staff absence, one for 50% staff absence. The staff were involved in making these and found reassurance in knowing in advance what would be asked of them."

- Care Home Perspective

"Availability went through the roof, so we were finding it easier to staff than what we do normally and of course weekends didn't exist so we didn't have that problem so we were quite lucky that way"

- Care at Home Perspective

Planning was also supported by existing mechanisms that had been put in place prior to the pandemic such as a staffing 'bank'. The experience has also highlighted practices and contingencies that would be useful to have in the future such as a care home 'bible' to share learning and the way in which existing roles may be expanded and new roles developed for distinct needs e.g., recruitment, counselling, hair dressing and care standards.

Services have had varying degrees of staff shortages due to shielding, sickness and absence. Regardless of whether staffing levels have been stable or challenging, these have had to be managed alongside planning and making provisions for unexpected or sudden absence due to self-isolation, travel disruption and other care responsibilities among the workforce. The commitment of the workforce across both sectors led to few staff taking annual leave but there was widespread recognition of the impact of this on staff and workforce planning, with many services encouraging staff to reinstate or maintain planned leave.

Specifically, within the care home context, there were significant changes to shift patterns with many care homes extending to 12 hour shifts.

"We changed from 7 hour shifts to 12 hour shifts to reduce the number of staff coming in and out of the home, the rota was changed in 30 mins and all staff were immediately up for it."

- Care Home Perspective

"As much as all the staff have been absolutely fantastic, we've kinda found that within our staff there's been some that have really turned into pretty good leaders as well that have really, really shone through, so that's been a bonus so we're kinda looking at doing something with that now."

- Care at Home Perspective



2 Recruitment has varied across the sector and the impact of the pandemic has led to changes in induction and training processes.

Services have had mixed recruitment needs and experiences in terms of demand and process. Some have had better responses to adverts than prior to the pandemic, whilst others feel recruitment may be negatively impacted by the sector's profile during COVID-19.

For interviews and inductions there has been an increased use of digital tools and elements of training have moved to e-learning formats.

Specifically, in the care at home sector many responses have highlighted that the pandemic experience has reinforced that the SVQ is not fit for purpose.

Infection Prevention and Control changes have also impacted recruitment processes due to isolation, testing and screening requirements prior to taking up post. Additional/focused training on infection control has also been developed which has been perceived to be beneficial for the future of care delivery. Managing the increased need for training and the ongoing pace with which people have had to learn and adapt has been challenging given the demands on time, capacity and need to modify existing routes and formats for training.

"We had to recruit a few new staff which was on the cards anyway, we changed to video interviews and asked for all paperwork to be sent digitally, any new staff had to complete our covid questionnaires and follow our staff entry procedures. So far it has gone without a hitch."

- Care Home Perspective

"What is very very clear is the SVQ 2 is not going to make any of our carers do a better job than they're already doing [...] we need infection control, moving and handling [...] here's the time to say what's fit for purpose and what do we need to do, because the key for this is are people getting what they need to be independent in their house, are they safe in their house? Is infection protection control happening correctly? [...] it's time for us to see what do they practically need to deliver a quality service of what people want"

- Care at Home Perspective

"Finding time to organise and run training when you are also so busy with the extra administrative tasks."

- Care Home Perspective

These have been beneficial in many situations however, it was also noted by many that online/e-learning formats are not appropriate for certain types of training.

3 Keeping updated with constantly changing guidance has been a significant challenge for managers, administration and national staff.

Interpretation, translation, communication and dissemination of guidance from multiple sources has required significant prioritisation of time to ensure this is shared and implemented by staff. Conflicting information, multiple information requests and increased reporting placed additional pressures on staff. This impacted workloads and heightened feelings of anxiety and stress, particularly given the sense of responsibility when ensuring this was followed through in practice.

"It would be good to pull something together that could be broad spread across the homes to say this is the best way to look after an individual living with dementia during this pandemic, just a wee bit of clear guidance for everybody and the educational component of it that you can share with your team [...] I think it's how we've managed over these three months with [...] there's always pros and cons of something, but I think the pros of what care homes have done over this period of time has to be acknowledged in some form"

- Care Home Perspective

