Institute for Public Policy Research

CARE FIT FOR CARERS

ENSURING THE SAFETY AND WELFARE OF NHS AND SOCIAL CARE WORKERS DURING AND AFTER COVID-19

Chris Thomas and
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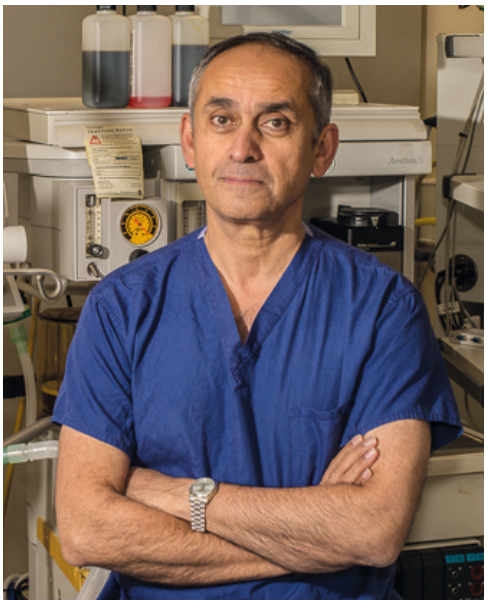
FOREWORD



Covid-19 is an unprecedented global health challenge. It has changed almost everything about how we live our lives. But, in our hour of greatest need, the NHS and social care system is still there for all of us. NHS staff and care workers across the country have shown remarkable bravery in putting their lives at risk to save ours.

I have seen this commitment for myself, having retrained to support my colleagues in critical care and witnessed their dedication to the Covid-19 crisis. Many staff are working in unfamiliar roles and workplaces, facing unprecedented stresses as the NHS struggles to cope with an increase in demand. Despite this they remain committed to keeping us all alive and well.

We must repay them for their commitment. As a minimum this must mean ensuring that they are safe and healthy in their workplace. Worryingly, the evidence is increasingly clear that Covid-19 is putting this at risk. Indeed, at least 27 frontline NHS workers have already tragically lost their lives to Covid-19.

This reality is rightly leading to demands for the government to step up its provision of personal protective equipment (PPE) and testing for key workers in health and care in order to maintain their physical health during the Covid-19 crisis.

But this report highlights that getting PPE and testing right is the bare minimum frontline staff can expect from the government. This is because staff are also facing huge pressures on their mental health and wider welfare – including on housing, transport, childcare and pay – as well.

We must act now to address these challenges. This is not just the morally right thing to do for the workers who are risking their own health for the collective good. It also vital for the NHS's ability to manage the crisis. After all, health and care staff can only keep us healthy if they are healthy themselves.

If, as many politicians have suggested, this pandemic is comparable only to a war, then our health and care workers are the ones 'in the trenches'. We must ensure they are recognised for their service to our country. In the first world war, that meant 'homes fit for heroes'. Now, it must mean 'care fit for carers'.

Lord Darzi

Professor of surgery and chair of the Institute for Global Health Innovation at Imperial College; former health minister

SUMMARY

Covid-19 is one of the most significant threats our country has faced in modern times. The prime minister has gone as far as to compare it to a wartime event. But war, and events like it, always requires a change in the social contract. The first world war had 'homes fit for heroes'; the second world war 'from cradle to grave'. Covid-19 must see similar intervention: 'care fit for carers'.

This report provides new evidence on the experience of the healthcare workforce during Covid-19 to date – from IPPR/YouGov polling of healthcare workers and the general public; an IPPR consultation; and from literature review. It shows that without further bold action in the days, weeks and months to come by the UK government and NHS England (and the NHS in the rest of the UK) the country's healthcare workforce will face significant health, mental health and welfare challenges. Already we have found the following.

- One in two workers across the UK feel their mental health has declined in the last eight weeks. One in two have also experienced detriment to their family's safety.
- 42 per cent of healthcare professions across the UK say government has not done enough to support their mental health, and 60 per cent feel rectifying this is a key priority going forward.
- Almost three-quarters of health workers across the UK say government had not done enough to protect their health, through prevention and priority testing.

Critically, one in five health professionals across the UK say Covid-19 has made them more likely to leave the profession. Given existing workforce shortages, this could create a catastrophic crisis of capacity in the health and care system.

The onus is thus on the governments across the UK to deliver comprehensive support. Focussing on England, this report outlines five guarantees the UK government should give – both to support our frontline today, but also as we move into post-Covid-19 recovery.

CARE FIT FOR CARERS: FIVE CORE GUARANTEES TO THE HEALTH AND CARE WORKFORCE

The UK government must not be sparing in providing the health and care workforce what they need. After all, they can only do right by us, if we do right by them. 'Care fit for carers' means making five core guarantees.

- **A safety guarantee:** Just as you wouldn't send an army into battle without armour, healthcare workers shouldn't be under pressure to work without the right protective equipment. Government must do everything in its power to ensure PPE supply to health and social care workers throughout this crisis – including by extensively repurposing UK manufacturing. It must also urgently and rapidly expand priority testing of health and care staff.
- **An accommodation guarantee:** NHS England have made strong moves on accommodation, providing hotel stays free of charge for health workers who'd otherwise have to isolate, or who have been redeployed. However, our polling showed that this has not gone far enough - more than one in three healthcare workers felt going further was a key priority in the weeks to come. The scheme should therefore be extended by government to those travelling long-distances to work; who are working more than 14 hours in a day; or who

are experiencing high levels of anxiety about family safety. Moreover, the offer should be extended – on the same basis – to the care sector. Elsewhere, some are struggling with their housing security – particularly, arrears due to the financial impact of the crisis. The government should provide full grants for any health or care worker who falls into arrears during this crisis period.

- **A mental health guarantee**: The severe impact of disease outbreaks on the mental health of healthcare workers is well evidenced. Many will experience stress, anxiety, bereavement or trauma. This will be made harder by the impact of social distancing on their support network. Yet, many are not eligible for bespoke therapy – and will be forced to cope alone. Government must ensure all workers' mental health, by extending priority access to therapy to 2 million more patient facing health and care professionals.
- **A pay guarantee:** Covid-19 has shown, once and for all, how valuable and skilled workers in the health and care sector are. No one in this sector should earn too little to live off. Most urgently, that means government should guarantee people their full salary if they fall ill, rather than the wholly inadequate statutory sick pay entitlement. Government should further introduce a Covid-19 pay bonus of 10 per cent for all workers in health and care, for 2020/21 – recognising how this sector has gone above and beyond. This would have the added benefit of invigorating morale, as the crisis peaks. Thereafter, they should ensure no health and care professional is paid less than the real living wage, through rigorous minimum income standards.
- **A care guarantee:** Many are juggling their work on the Covid-19 frontline with new unpaid care commitments. Government's shielding strategy might mean a health or care worker is now the only caregiver for a elderly or ill loved one. Changes to shift patterns, social distancing and school closures have made childcare far more difficult for many. Government must step in to help keep people in work by funding more childcare provision, and by prioritising their dependents in community support schemes.

In the longer term, government should provide time to reflect, mourn our losses as well as celebrate the efforts of health and care workers – during this period, but also outside it. Next year is the 150th anniversary of the first Bank Holiday Act (1871), and provides an opportunity to introduce a health and care workers bank holiday to further recognise the contributions they make.

Throughout, recommendations are designed around action the Westminster government could take in England, but may also be applicable for devolved health systems.

1. INTRODUCTION

Covid-19 is the most significant peacetime threat the world has faced in modern times. The World Health Organisation has termed it a 'global health emergency'; the strongest declaration it has available (Sohrabi et al 2020). Researchers at Imperial College London modelled that without any significant intervention, mortality in the UK alone would have been 500,000 people (van Elsland and O'Hare 2020). With full social distancing now in place, estimates have reduced, but remain substantial (eg IHME 2020). The final health, economic and social impacts will not become clear for some time.

Leaders around the world have compared Covid-19 with war in terms of scale. Boris Johnson declared himself head of a 'wartime government':

> ***"This is a disease that is so dangerous and so infectious that without drastic measures to check its progress, it would overwhelm any health system in the world... That is why we announced the steps yesterday that we did – advising against all unnecessary contact – steps that are unprecedented since World War Two... We must act like any wartime government and do whatever it takes to support out economy...Yes, this enemy can be deadly, but it is also beatable"***
>
> 10 Downing Street (2020)

The prime minister is not alone in this. US president Donald Trump warned Americans of the 'invisible enemy', while Emmanuel Macron told France that 'the world is at war'.

If we are at war, then today's frontline is our country's hospitals, GP practices, pharmacies and care homes. That is where the battle is fiercest, the risk greatest, the commitment most visceral. Our soldiers are the doctors, nurses and care workers that are risking their lives to win the battle against Covid-19.

But war always requires a change in the social contract, to look after those who sacrifice the most. The end of the first world war saw 'homes fit for heroes'. The end of the second world war took this paradigm shift further still: 'from cradle to grave'. This must now be the case again.

This paper outlines a manifesto of support and government action on that basis – what we call **'care fit for carers'**. This is designed around both the immediate and post-crisis needs of frontline professionals. It focusses on actions that could be taken by the UK government, but could be further applicable to devolved health systems.

METHODOLOGY

This paper details the results of a new national poll into the impact of Covid-19 on health and care staff. IPPR and YouGov polled n = 996 healthcare employees across the UK, on how Covid-19 has impacted their physical health, mental health and welfare. Fieldwork took place online between 2 and 7 April. IPPR and YouGov also polled n = 2,196 people in the UK general public, to ask how they felt government should support the health and care sector. Fieldwork took place online on 7 and 8 April. IPPR supplemented this research with literature review and a full consultation of over 60 experts, professionals and representatives. Recommendations are then focussed on England and the Westminster government, recognising the devolution of health in the UK.

2.
ON THE BRINK: WORKFORCE PRESSURES BEFORE COVID-19

England's healthcare workforce enters the Covid-19 crisis during a time of great strain. Workforce shortages are common across almost every health and care profession.

- GPs numbers are at their lowest point since 2003 (Palmer 2019).
- The nursing shortage stands at 40,000 (Full Fact 2017a).
- Social care had a shortage of 110,000 people in 2018 (King's Fund 2018).

Workforce shortages result in significant pressures on both access to services, and quality. As IPPR showed earlier this year, access to general practice has collapsed (though quality and staff commitment has remained high) (Thomas and Quilter-Pinner 2020). Further, accident and emergency targets made miserable reading throughout 2019, as numbers relying on this setting increased.

The consequence is high rates of mental illness, burnout, overwork and poor morale amongst NHS and care staff. King's Fund surveys have shown morale to be a growing concern for finance directors across the health service (King's Fund 2014), while Nuffield Trust showed 60 per cent of health leaders thought morale was deteriorating at their organisation (Edwards and Marx 2016). Intensity of work and high workloads were the main factors. This underpins the disproportionate prevalence of mental health conditions in the sector – for example, the BMA have shown that one in four doctors have a mental health condition (see Bodkin 2019). The secretary of state for health and social care described the general state of the workforce as 'heartbreaking' upon assuming his position in 2018 (BBC 2018).

In social care, the workforce challenges are, if anything, worse. In 2018, IPPR research showed that half of all care workers were paid below the real living wage (Dromey and Hochlaf 2018). They were also vulnerable to workplace exploitation – such as sleep-ins paid below the minimum wage; unpaid travel time; and insecure contracts. Progression, training and bargaining power were also poor. This underpins the profession's huge turnover rate – 30.8 per cent or 440,000 leavers (Skills for Care 2019). Underpinning this is more than a decade of extreme funding pressure.

In short, we enter the Covid-19 crisis with a self-perpetuating cycle of workforce shortage, causing huge strain, and leading to further workforce shortage in turn.

COVID-19 WILL ACCENTUATE THE EXISTING WORKFORCE CRISIS

This situation will be made significantly worse by Covid-19. The international evidence – as well as evidence from previous pandemics – suggests the health and care workforce will be put under intense pressure. That will take the form of impact on their physical health, but also their mental health, wellbeing and welfare.

A particularly strong evidence base exists on severe acute respiratory syndrome (SARS), which predominantly affected mainland China, Hong Kong and North America between 2002 and 2004. Toronto provides a particular case study of

the physical risks associated with health work during a severe outbreak, with a disproportionate number of healthcare professionals infected (Low 2004, Ofner-Agostini et al 2006). Worryingly, outbreak clusters amongst healthcare professionals occurred even after implementation of infection control precautions – demonstrating the risk of slow roll out of safeguards like personal protective equipment (PPE) (ibid).

The size of the outbreak means the health impacts of Covid-19 will be much worse. Just over 8,000 people became sick with SARS globally (CDC 2005). Already, and despite infeasibility of testing everyone, well over a million people have confirmed Covid-19 diagnoses in the world today (Levett and Torpey 2020).

Emerging international evidence indeed suggests this. In Italy, which has faced one of the most severe outbreaks in Europe, one in 12 Coronavirus diagnoses have been health professionals as of early April (Dipartiomento Della Protezione Civile 2020). This does not include other key workers – including social care workers – who are also at high risk (Kikuchi and Khurana 2020).

The health risks are mental, as well as physical. Academic papers have linked disease outbreaks with psychological morbidity. A questionnaire of frontline healthcare workers in Hong Kong during SARS showed high levels of stress and psychological distress amongst the workforce – linked to perceptions of personal risk, and to levels of workplace support (Tam et al 2004). Other studies have estimated that SARS caused a high degree of stress in 29 to 35 per cent of hospital workers – with nurses, those in direct contact with patients, and those with children most likely to be affected (Maunder 2004).

IPPR's consultation saw emotional and mental health consistently highlighted as concerns, with one early career professional telling us:

> ***"[I've experienced] increased workload and hours (both because of more patients and staff off sick). Staff having to take on jobs/new roles that they are not experienced in and responsibilities they are under qualified for. In order to provide adequate cover rotas are no longer compliant with previous legal rules put in place. All of this is exhausting and over time is likely to cause burnout. There is a dread of coming to work because of how stressful it is likely to be and there is the anxiety/fear of knowing this is just the beginning and is likely to get worse and last several months. On top of this there is inadequate PPE which is causing a lot of anger. The one positive is a sense of normalcy by being able to come in to work and see and talk to colleagues."***

The consultation also highlighted the extent to which healthcare workers are struggling with welfare – including childcare, accommodation and extra costs. This theme is also explored further in the next section.

> ***"Many staff will need help with childcare and accommodation (both the cost and provision of these). There's a possibility of travel costs going up as staff may now have to drive or take taxis to work due to reduced public transport. With changes in rotas etc there is a possibility of staff having financial difficulties if payroll isn't sorted. Wellbeing will be seriously impacted by not being able to see loved ones and partners, who would usually be the ones to support us. I'm not able to see my partner as we live separately and that is really tough. I understand why the measures are in place but it does make the thought of the next few months much harder."***

3. THE EXPERIENCE OF COVID-19: NEW POLLING EVIDENCE

This section outlines new evidence on the impact of Covid-19 on health and care professionals. This is a fast moving crisis, but this polling provides a snapshot of problems professionals are facing today, and what might get worse in the future. Polling covered the UK, and was undertaken between 2 and 7 April. Since or during, the UK government have introduced a mental health hotline for professionals, a social care badge scheme and recruitment drive, and made parents eligible for income support.

1. THERE IS A STRONG VIEW THAT MORE SHOULD BE DONE TO PROTECT AND TEST STAFF

We asked: "Thinking about the experience of health and care workers during the Covid-19 outbreak so far, to what extent do you agree or disagree that enough is being done by UK government to prevent and test health and care workers for illness?". Overwhelmingly, responses from healthcare workers were negative.

TABLE 3.1

Views on whether the UK government is doing enough to protect and test healthcare workers

Answer	Percentage
Strongly agree	8
Somewhat agree	10
Neither agree, nor disagree	8
Somewhat disagree	22
Strongly disagree	50
NET AGREE	**18**
NET DISAGREE	**72**

Source: IPPR/YouGov polling of healthcare professionals (n = 996)

Almost three in four healthcare professionals did not agree (and one in two strongly so) that the government has done to protect their health.

2. MORE THAN ONE IN FIVE PROFESSIONALS ARE MORE LIKELY TO LEAVE THE PROFESSION AFTER COVID-19

When asked if Covid-19 had made them more likely to want to leave the sector, or more likely to want to say, 21 per cent of workers reported that it had made them more likely to leave. When just looking at the NHS, that figure was 22 per cent.

The country's health system already faces one of the most pernicious workforce crises in its history. If it were to lose 22 per cent of its staff, that would be equal to 300,000 leaving the service. Worryingly, those bearing the brunt of the crisis were more likely to want to leave, including 27 per cent of medical and dental professionals, and 29 per cent of registered nurses and midwives. Allied health professionals and scientists were the least likely to want to leave, at just 14 per cent.

These numbers should be taken in context. Wanting to leave does not mean people will leave. However, the crisis has not yet neared its end – and will yet test the resilience of a profession whose goodwill has already been stretched. Further, the burnout and turnover rate in healthcare is already high, meaning this may represent a tipping point for many.

3. MENTAL HEALTH IMPACT HAS BEEN HIGH

When asked how their life had deteriorated, if at all, over the last eight weeks, healthcare workers most frequently reported mental health as a problem. Further, more than four in 10 healthcare professionals felt the UK government were not doing enough to support workers mental health (42 per cent), compared to a third who thought they were (30 per cent).

When asked to select what they feel the government should prioritise for the coming weeks, further support for mental health was selected by 60 per cent of respondents – behind only increased efforts to protect and test workers (84 per cent) and increased recognition of staff (65 per cent). Those working in hospitals (43 per cent), mental health trusts (53 per cent) or employed by in the community sector/by a local authority (49 per cent) were most likely to feel that the government is not doing enough to support mental health needs – while nurses and midwives (53 per cent) and nursing assistants (54 per cent) were the most dissatisfied professions.

4. WHERE THE CRISIS IS WORST, WELFARE ISSUES ARE MOST PRONOUNCED

London is well known to be several weeks ahead in the Covid-19 outbreak, compared to the rest of the country. In some ways, it provides a proxy for what we can expect elsewhere in the next few weeks.

When it came to assessing government performance, London based professionals were more critical.

FIGURE 3.2

"Thinking about the experience of health and care workers during the Covid-19 outbreak so far, to what extent do you agree or disagree enough is being done by government for each of the following?"

Issue	Statement	All staff (%)	London staff (%)
Prevent and test workers	Net agree	18	12
	Net disagree	72	81
Support those who fall ill	Net agree	50	41
	Net disagree	28	39
Support mental health needs	Net agree	30	27
	Net disagree	42	44
Support delivery of high quality care	Net agree	52	45
	Net disagree	27	35
Protect worker's families	Net agree	25	12
	Net disagree	54	69
Provide adequate child care	Net agree	36	21
	Net disagree	27	44
Support unpaid care	Net agree	22	20
	Net disagree	33	39
Ensure housing security	Net agree	32	25
	Net disagree	24	39
Provide suitable accommodation	Net agree	33	36
	Net disagree	23	27
Ensure incomes and finances	Net agree	56	55
	Net disagree	21	27
Ensure job security	Net agree	55	49
	Net disagree	18	23
Provide sufficient recognition and/or reward	Net agree	35	27
	Net disagree	44	58

Source: IPPR/YouGov polling of healthcare professionals

Put simply, the health and care sector in London feel the Westminster government's response has been weaker on every metric in comparison with those across the UK as a whole, with particularly high dissatisfaction on:

- recognition and reward (14 per cent difference)
- housing security (15 per cent difference)
- unpaid care support (16 per cent difference)
- childcare provision (17 per cent difference).

5. WELFARE AND WELLBEING ARE FURTHER PROBLEMS FOR HEALTHCARE WORKERS

IPPR/YouGov asked: "Thinking about the last eight weeks, which of the following elements of your life, if any, do you feel have deteriorated as a result of the Covid-19 crisis?".

FIGURE 3.3

How Covid-19 has impacted the health and wellbeing of healthcare workers

Statement	Percentage
Job security	12
Ability to ensure patient or service-user safety	43
Mental health	50
Physical health	33
Finances and financial security	26
Family's safety	49
Housing security	5
Unpaid care	12
Childcare arrangements	12
Job satisfaction	38
None of the above	12

Source: IPPR/YouGov polling of healthcare professionals (n = 996)

Only one in 10 healthcare professionals has not seen one of these significant detriments to their life since the Covid-19 outbreak. Further, some demographics of professionals were more likely to have experienced certain types of problems.

- Childcare was a bigger concern for people aged 35 to 44 (who are more likely to have young children) – where 34 per cent said they'd experienced detriment.
- Mental health issues were far more likely amongst young professionals – more likely to be inexperienced or early career – with as many as 71 per cent reporting detriment
- Women (89 per cent) were more likely to have been impacted than men (83 per cent) in some way. The polling indicated that this was predominantly due to increased concern around their mental health, around childcare and around their family's safety.
- Those in the private sector were far more likely to report feeling insecure about their job (32 per cent), than those in the public sector (5 per cent). This would include many low-paid roles, like subcontractors and agency staff – as well as many GPs and dentists.

6. HEALTHCARE WORKERS' NEEDS AND PRIORITIES REMAIN DIVERSE, AND REQUIRE FAR REACHING GOVERNMENT ACTION

When asked: "Beyond what has already been announced by government, which of the following, if any, do you believe government should provide in the coming weeks to directly support health and care workers in their efforts against the Covid-19 crisis?", healthcare professionals had diverse priorities.

FIGURE 3.4

Priorities for government across the healthcare workforce

Statement	Percentage
Increased efforts to prevent and test workers for illness	84
Better support for those who fall ill	52
More support for workers' mental health and emotional wellbeing	60
Support with financial security	37
Provision of free accommodation, closer to hospital	35
Support to ensure housing security	24
Increased childcare provision	31
Improved support for unpaid care	35
Support to deliver high quality care and services	58
Increased protection of your family's health	51
Increased reward and recognition of the extra efforts of health and care staff	65
Extra job security	22
None of the above	3

Source: IPPR/YouGov polling of healthcare professionals (n = 996)

7. THE GENERAL PUBLIC STRONGLY FAVOUR GREATER SUPPORT AND REWARD FOR HEALTHCARE WORKERS

Our polling also showed that the public overwhelmingly favour more government intervention to support health and care staff on Covid-19. We asked: "Thinking about NHS and social care staff currently working on the coronavirus (Covid-19) crisis, to what extent would you support or oppose each of the following government actions during this crisis?".

FIGURE 3.5

Public attitudes on greater government support for health and care workers during Covid-19

Issue	Statement	Percentage
More support for health and care workers' physical health	Net agree	96
	Net disagree	2
More support for health and care workers' mental health	Net agree	95
	Net disagree	2
Enhanced financial support for health and care workers	Net agree	92
	Net disagree	5
Enhanced support for health and care workers with caring commitments	Net agree	94
	Net disagree	3
More generous pay and leave entitlements for health and care workers	Net agree	88
	Net disagree	7

Source: IPPR/YouGov polling of the general public, n = 2196

On every count, more support for more government intervention had almost universal support across the public.

4.
POLICY RECOMMENDATIONS

Based on the needs reported by healthcare professionals across the country, we recommend the UK government makes five tangible guarantees. These are focussed on England, but are likely to be broadly applicable to devolved health systems. Together, they constitute a higher standard of support for worker's wellbeing, health and mental health – not only in the weeks of crisis to come, but also as we move into recovery.

If action on this scale is not taken, the result will be significant strain during the Covid-19 crisis, and potentially significant numbers leaving the profession after it, due to burn-out, stress, mental health needs, or other difficulties. This could have catastrophic consequences.

A SAFETY GUARANTEE

The health sector has both questioned the lack of PPE for staff, and inconsistency in government communications around supply and standards. New guidance released on 2 April went a significant way to rectifying some anxieties regarding the latter.

However, since then, BMA polling has shown that doctors still lack protective equipment: more than one in two reported pressure to be involved in risky procedures without adequate protection (British Medical Association 2020a). The issue is with the supply chain – and a global shortage of equipment. This makes UK manufacturing critical – and government should adopt the BMA's call to repurpose UK manufacturing to provide the equipment healthcare workers and carers desperately need (BMA 2020b)

Attention must also turn, urgently, to social care provision – which has been a significant oversight. This leaves staff and vulnerable people at significant risk – and presents a real risk to government's 'shielding' strategy. An administrator for domiciliary care told us:

> ***"Many of us feel we've been put at risk and had very little guidance in early days from the government and council. This made for a very stressful few weeks, especially with trying to source PPE. I personally had a meltdown last week because everything got too much... I can't imagine it could get much worse than it has been."***

Many others in the care sector have highlighted the lack of supply of adequate equipment to residential care settings – particularly residential settings. Government have now made concrete promises on rectifying this - but the proof will be in supplies reaching providers, in the right quantities, throughout the rest of the crisis.

It will only become more important that social care does have PPE. The Covid-19 exit strategy is very likely to require good discharge – meaning healthy, protected social care workers. Yet, it also faces unique challenges. First, it has had difficulty securing deliveries, with the NHS being prioritised in the first months. Government must detail its plans to ensure this equipment is consistently available within care homes, and how it plans to deliver equipment – having already missed the 27 March deadline set initially by the prime minister. Second, PPE is expensive, and the shortage of supply is increasing price. Government funding does not

nearly cover this, and they must consider completely funding excess costs associated with PPE, to ensure procurement can continue.

This further strengthens the case for government intervention to repurpose UK manufacturing capacity to provide the supplies necessary.

Priority testing should also continue, with every effort to upscale the UK's testing efforts. Social care workers should also be offered priority testing, as part of the government's shielding strategy, as government committed to on 15 April. This would have a number of significant benefits.

- Reducing the financial strain of sick leave on staff.
- Increasing the capacity of the workforce, where people are shown not to have Covid-19.
- Ensuring key workers receive the right support.
- Ensuring social care workers are able to properly shield service-users, particularly in residential care homes.

Government testing stands far below rates in other comparable countries, like Germany, while government statements around chemical shortages have been questioned (Peston 2020). This must be rectified. The secretary of state's plan to test 100,000 people a day would represent a significant milestone, but there are doubts around whether a workable strategy has been put in place to achieve this. As with PPE, priority testing must be extending to both health and care.

AN ACCOMMODATION GUARANTEE

Ensure suitable, secure accommodation and housing

On 17 March, Amanda Pritchard and Sir Simon Stevens outlined that the NHS would provide funded accommodation to all staff who would otherwise need to self-isolate for 14 days. Moreover, staff being redeployed to the London Nightingale have been offered accommodation if they need it.

However, this does not alleviate all accommodation needs. Our survey revealed 1 in 20 have seen their housing security hit over the last 8 weeks, while over a 1 in 3 felt wider provision of hotel accommodation near their place of work should be an immediate government priority.

Government should proceed to extend existing schemes in two ways. Firstly, they should acknowledge a wider range of reasons that staff might need accommodation, including:

- increased travel times due to the outbreak
- significant anxiety around their families safety
- increased working hours (eg more than 14 hours in a 24 hour period).

Furthermore, the scheme needs to be open to social care workers. On the 25th March, the trade union GMB highlighted how social care workers were – in some instances – being asked to stay at work rather than at home. This is not sustainable – and government should fund accommodation directly, on the same basis they are for health professionals. This would keep more people in work; provide recognition of their vital efforts; and keep morale strong.

Where hotel accommodation cannot be provided on this basis, government should provide better transport. France have offered free taxi travel to their healthcare profession, where needed.

Tackle rental arrears

Furthermore, and particularly for lower-paid staff, there may be issues around housing security. While the UK government have announced a ban on evictions for the next three months in England, renters can still fall into arrears. There is every chance a health and care worker could begin accruing significant debt to their landlord – particularly if they need to take sick leave, self-isolate, spend more on transport due to relocation, or reduce their hours.

To help all workers and households, IPPR has already argued for a lower threshold for statutory sick pay, changes to universal credit to increase the standard allowance, the turning of advance payments into grants to stop people falling into debt and for an increase in the local housing allowance to the level of the average rent in every local area. IPPR has also argued for a council tax freeze and a longer mortgage holiday of six months.

However, no one should face housing insecurity while manning our Covid-19 response. For health and care workers, the government should provide grants through the period to cover any arrears accrued during this outbreak. No professional should end the Covid-19 crisis without a safe place to live or with a debt burden. There is precedent for this kind of scheme. People on universal credit or housing benefit, where this does not cover their rent, can receive discretionary housing payments (Shelter 2020). It would be relatively simple to administer extra rent support for health and care staff that need it, through this scheme, on a temporary basis.

A MENTAL HEALTH GUARANTEE

Full roll out of mental health provision must be a priority. Before Covid-19, the evidence showed the following.

- 38 per cent of NHS staff in England were reporting feeling unwell, due to work related stress (Health Education England 2019).
- The cost, per health employee, of mental ill-health was between £1,794 and £2,174 each (ibid).
- 35 per cent of social care workers had used alcohol to copy with work related stress; 56 per cent said they were emotionally exhausted; and 63 per cent had difficulty sleeping (CommunityCare 2016).
- 40.3 per cent of NHS workers had felt ill due to work related stress (NHS Staff Survey 2019). Work related stress accounts for 30 per cent of NHS work absences, at a cost of £300 to £400 million (NHS Employers 2019), while Dame Harding's Interim NHS People Plan identified these as key barriers to retention (NHS England 2019).

The evidence is also clear on the psychological impact of disease outbreaks. If Covid-19 has even the same psychological impact of other major pandemics, it will mean a vast number of key workers needing support (Maunder 2004).

Government have made some progress on healthcare workforce mental health recently. In 2019, they opened a dedicated mental health service for NHS doctors and dentists (DHSC 2019a). They have also committed to actioning HEE recommendations – including provision of post-incident support for NHS frontline staff; a dedicated support service, open 24 hours a day; fast tracked referrals; improved rest spaces and NHS 'wellbeing guardians' in every NHS organisation (DHSC 2019b).

More recently, the UK government has provided a range of interventions aimed at health and care staff. This includes a new mental health hotline to respond to Covid-19 needs. These are useful, but not enough by themselves. Support will

need to provide for people with a variety of needs – from stress to dealing with depression, post-traumatic stress disorder and other mental health problems.

We recommend that the mental health offering goes further and includes the following.

- Opportunities for all staff to have access clinical (psychological) supervision, either as one to one or in group fora.
- Access to psychological, psychotherapeutic and counseling services through a specific NHS and care worker fast track service.
- Providing health and care workers with personalised mental health care plans, beginning with those with known needs.
- Extending access to a specialist NHS mental health service which is currently only available to doctors and dentists to all patient-facing staff – including care workers. This would extend eligibility to services like talking therapy to 307,000 nurses and midwives; 21,000 ambulance staff and 320,000 clinical support staff (Rolewicz and Palmer 2019) – as well as 1.3 million social care workers directly providing patient care (2 million people in total).
- People who serve in the army have access to the medical assessment programme (MAP), at Guy's and St Thomas'. This provides help and treatment to any veteran of any conflict, no matter how long ago their career. A similar service should be created following Covid-19, providing universal access to specialist and personalised support for health and care staff.

Of course, the wider population are likely to experience greater mental health needs because of Covid-19 too – due to escalation of anxiety, fear, and bereavement as well as containment of their civil liberties. As much as is possible, we should ensure that service provision is equal to the challenge – otherwise, we will need to take very difficult decisions around rationing. IPPR have previously estimated that putting parity of esteem into practice would mean increasing budgets to over £16 billion by 2023/24 (Quilter-Pinner and Reader 2018). Such an uplift that should be urgently prioritised.

A PAY GUARANTEE

Sick pay and income support

The UK government's sick pay proposals took a welcome step in the right direction in March. However, within the detail, there remain some problems for the health and care sector (for a full summary, see annex 4). As our polling shows, more than one in four healthcare professionals felt their finances and financial security had declined during Covid-19 – including almost one in two in the private sector (often low-paid subcontractors in health or care). This was worse in areas where the crisis is more advanced (eg 34 per cent in London). This was also despite our polling taking place after government had announced new sick pay, income support and universal credit policies.

It is reasonable that the UK government have taken a broad 'one-size fits all' approach to date. But the sector now needs tailored interventions. IPPR has previously recommended that those with unpaid care commitments – for children, or elderly relatives – should have access to the government's job retention scheme (McNeil et al 2020). We welcome government's subsequent announcement of that policy, which will support a huge number of people in our society.

However, the health and care sector is made up of many people risking their health daily – in an extraordinary way. This means government must go further to support their pay, particularly their sick pay.

Statutory sick pay (SSP) can work out at as less than £2 per hour (see annex 3). This is poor reward for the risk being taken by this sector's workers. Yet, for hundreds of thousands of the lowest paid health and care workers – mostly, those on agency or zero-hour contracts – this is the reality of their safety net. We recommend the UK government fund 100 per cent of pay for any health and care worker who self-isolates, or becomes sick, during the next three months. This should remain conditional on a fit-note, and be available for up to three weeks. The minimum income threshold for SSP should also be waived, ensuring part-time workers are eligible for support.

A Covid-19 service pay award

Covid-19 has seen health and care workers take on an unprecedented amount of work. Many have increased the intensity of their working hours. Others have sacrificed annual leave, training opportunities or taken on the inconvenience of redeployment to provide the fullest possible response to the crisis.

For many, they have done this despite earning very little. Indeed, dental nurses, pharmacy assistants, female care workers and home carers, and care escorts are high-risk roles who receive poverty wages (Automate 2020). Other professionals – including nurses, nursing assistants, hospital porters and therapy professionals – are all relatively low paid for the level of risk they face.

This level of pay is not, generally, even down to market forces. Throughout the last decade, government imposed a pay cap on public sector workers. This meant, for the most part of the 2010s, pay grew at a level below inflation. That is, an annual pay cut was enforced on workers. Covid-19 has shown how unsustainable this was, and how valuable they are.

This must be recognised by government. An immediate bonus – a Covid-19 service pay award – should be introduced to reward those on the frontline. This should be equivalent to 10 per cent of salaries for all workers still in service who were employed as of January 2020. For salaried workers, this should be paid against their annual salary. For agency workers, or those on an hourly rate, it should be paid as an uplift on their wages.

Minimum pay standards

In the medium term, as we move to recovery, government must commit to more stringent pay standards – particularly in the social care sector. IPPR research in 2018 showed, for example, that the average pay for a social care worker in England was just £9.14 – 28 per cent lower than the median pay in the economy as a whole (Dromey and Hochlaf 2018). Low pay, as well as poor progression and working conditions, underpin the large vacancy and turnover rates in the social care sector. The new care badge may be nice recognition, but it is these factors government must address if it plans to recruit sustainably.

We recommend recognising the skill and efforts of the sector through higher standards for minimum pay, including the following.

- **A real living wage:** No health or social care worker should earn less than the real living wage. This is currently £9.30 per hour outside London, and £10.75 within London. Scotland has introduced this pay rise for social care workers, to recognise efforts in the fight against Covid-19.
- **Sector parity:** Social care work should receive parity of pay with NHS work. Social care workers should have pay benchmarked, at least, against that of NHS Band 3 (eg an emergency care assistant). Pay in this band begins at £19,737 a year, rising to £21,142 per year after two to three years' experience. This progression pay would further help rectify a cause of the high turnover rate in the social care sector.

- **Centralised funding:** This minimum standard, in the first instance, should be funded by HM Treasury, and through uplifted commissioning budgets. This would allow government to set it as a minimum standard for providing government services – by making adequate pay a condition of awarding contracts. It must not become an unfunded pressure on a stretched provider sector.
- **Collective bargaining:** As recommended by IPPR elsewhere, government should facilitate sector-level collective bargaining in the social care sector, to boost productivity and quality of care, and to ensure pay standards are maintained (Roberts 2020).

This should be considered the absolute minimum, should not replace normal pay negotiations and should be considered key to government's recognition of the whole health and care workforce.

A CARE GUARANTEE

Health and care staff may be the main carer for a vulnerable friend, family member or loved one. That would prove difficult at the best of times. However, during Covid-19, that group have been asked to self-isolate for at least 12 weeks, and to only be in contact with their primary carer. If that carer is also a key worker, then that increases their risk substantially – and could be a source of significant anxiety.

In the short-term, the UK government has options. They recently announced new 'community hubs', using volunteers to provide significant support, such as food deliveries. In the immediacy, government could build priority into this system for those dependent on a key worker. This is not a replacement for a more long-term solution to community and social care – funding, reform and workforce – but could help during the heat of the crisis.

Elsewhere, as our polling shows, childcare remains a concern for many. Other outbreaks have seen those with children more likely to experience stress, anxiety and mental health needs. That schools have remained open for key workers' children is helpful. However, NHS and care staff don't just work 9am to 3pm or 4pm, Monday to Friday. They are staffing our hospitals and care homes every hour of every day of the week. Further, social distancing has constrained their ability to ask friends and relatives to help.

The UK government should turn their attention, as soon as feasible, to keeping staff in roles, and reducing the anxiety associated with childcare. Wales has already introduced a coronavirus childcare assistance scheme (Welsh Government 2020). This has redistributed childcare provision available in Wales to key workers, allowing them to apply for a funded uplift in their provision for children under the age of five (though existing childcare commitments will also be met). The UK government could follow suit by doing the following.

- **Paying additional childcare costs for key workers:** Key workers with children aged five and under should be eligible for a childcare needs assessment with a local authority, and funding allocated to provide for care for children five and under. As in Wales, this should not be capped, and cover additional/unsocial hours.
- **Ensure nurseries can stay open:** Last week government published guidance that reduced the funding available to early years providers. This change will cause disruption to many, and may mean further closures. Government should ensure full financial support to this sector to ensure childcare places remain open for key workers – subject to good practice (e.g. adequate deep cleaning).
- **Increase internal health and care capacity:** Being a large and modern employer means providing childcare, crèche and/or nursery services. Some hospitals

have very good provisions, but it is highly variable – often because of variation in funding pressures. Government should provide resource, and work with providers to deliver services wherever possible within a trust. This will ensure workers can stay in work wherever possible.

These must not be, or turn in to, extra unfunded costs for health and care providers during or after the crisis.

PROVIDING LONG-TERM RECOGNITION FOR HEALTHCARE WORKERS' EFFORTS

The first official bank holidays were named in the Bank Holidays Act of 1871. These were Easter Monday, Whit Monday, Boxing Day and the first Monday in August. To mark 100 years of that legislation, the 1971 Banking and Financial Dealings Act introduced the majority of the bank holidays we enjoy today – with New Year's Day and May Day added later.

Next year will be the 150th anniversary of the original bank holidays act. Building on the momentum of 'clap for carers', government should consider introducing a new bank holiday, to celebrate the health and care workforce – both in reaction to Covid-19, and their wider contribution to society.

Beyond providing recognition to the societal and worker efforts during the Covid-19 crisis, the move would make economic sense. The UK worker has fewer holidays than most countries in Europe, but more holidays can boost productivity (Roberts et al 2019, Stirling 2019). Equally, some of the sectors most hit by Covid-19 – retail, leisure and travel companies – tend to benefit from bank holidays, due to increased spending.

Of course, the health and care sector cannot close completely for a day. As such, all staff should be guaranteed a day and a half annual leave in lieu, as part of their bank holiday allowance. This would only serve to increase public reflection on the important role health and care workers play in modern society. It would also increase the need to provide reasonable staffing levels – rather than relying on extra, free work across our services. IPPR's polling with YouGov indicated this was very popular with the public.

FIGURE 7: SUPPORT FOR A NEW HEALTH AND CARE BANK HOLIDAY

"Thinking about NHS and social care staff currently working on the coronavirus (COVID-19) crisis, to what extent would you support or oppose each of the following government actions during the crisis? A new national bank holiday to celebrate health and care workers."

Statement	Percentage
Strongly support	38
Somewhat support	25
Somewhat oppose	15
Strongly oppose	9
Don't know	14
NET SUPPORT	**63**
NET OPPOSE	**23**

Source: IPPR/YouGov polling of the public (n = 2196)

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ANNEX 1:
SELECT CONSULTATION RESPONSES ON PPE AND WORKFORCE SAFETY IN SOCIAL CARE

"One of my biggest concerns is social care ... social care is last in line to get any PPE, and there's a real risk their very vulnerable patients are going to be left to deteriorate without any care. Sadly, that's been seen in Spain, where nursing homes have been abandoned. The biggest issue is the caring professions. They're usually low paid, they have poor employment protection and they're seemingly invisible."
A training general practitioner

"[Government must] make sure PPE is distributed in the quantities and suitability for the needs of the home. 300 masks for a 30-bed home, and the same for a 70-bed home, is not right, and also this will last five days for three residents being barrier nursed. Not enough."
A CEO of a nursing home

"Staff are frightened of what could happen. PPE is a concern and they have gone into isolation after completing an NHS assessment online."
A senior manager in social care

"Stress has increased, people are scared, it is likely to get worse. People are physically tired as they have to physically cover others who are self isolating. Many of whom could be at work, but the lack of testing means they have to isolate. Lack of PPE is horrific. Lambs to the slaughter.
A managing director in a social care setting

"[People are] questioning and worrying that we are following PHE guidance of not wearing masks when clients are not symptomatic, despite paramedics, GPs and district nurses wearing masks (and sometimes goggles) to some of our clients whom these health professionals wouldn't have worn this additional PPE before. [Care workers] are rightly asking if these other professionals are now wearing masks, why aren't they?"
Director of social care

"[There's been] mental and emotional health at risk due to...scarcity of PPE in the social care sector."
CEO of an NHS trust

ANNEX 2:
SECTOR STATEMENTS, PPE AND DIAGNOSTIC TESTING

Concerns and next steps on PPE and testing for staff have been raised by representative bodies across the health and care sectors. Our rapid review was undertaken on 3 April and showed a wide range of concerns across the sector, including the following.

- **The Royal College of Nursing (RCN)** has highlighted that staff on the frontline must have the resources they need – including appropriate protective equipment. A 23 March letter to the prime minister highlighted confusion around government communications; differences between UK and WHO standards; and distribution of equipment as key concerns (Royal College of Nursing 2020).
- **The National Care Forum (NCF)** highlights the 'lack of personal protective equipment for care staff remains a pressing problem'. Social care is critical – to shielding, supporting hospital discharge, and ensuring continuity of care for vulnerable people in this crisis (National Care Forum 2020).
- **The Royal College of General Practitioners (RCGP)** welcomed new guidance on PPE on 2 April. They highlighted the need to ensure supply is maintained through the pandemic, and that equipment like eye protection finds its way to GPs (RCGP 2020a). They have also highlighted the need to provide priority testing to staff (RCGP 2020b).
- **The Royal College of Physicians** highlighted the need for appropriate training and PPE across the board, highlighting the case of doctors working out of remit during the crisis (RCP 2020a). Their research shows one in four doctors are already off sick, making testing of paramount importance (RCP 2020b)
- **The British Medical Association (BMA)** have said that PPE shortages must be urgently rectified – and that government's most recent guidance will count for little if adequate and appropriate supplies of PPE are not delivered to the frontline (British Medical Association 2020).
- **The Royal College of Emergency Medicine (RCEM)** highlighted the discrepancy between Public Health England and WHO guidance on PPE. They also noted that priority staff groups were not being tested; creating staff absence, and particular difficulties for staff with families (RCEM 2020).
- **Care England** have said PPE supplies for care homes have been requisitioned by NHS hospitals (Albert 2020). They are, subsequently, concerns amongst providers around diagnostic testing and shielding. If not effectively implemented, it could see care providers experience staff shortages, care residents put at risk, or providers close. They had been promised PPE supplies by 27 March by the prime minister.
- **The British Association of Social Workers (BASW)** called for social workers, including workers in residential care to be provided guidance on PPE urgently, and for the group to be included on the priority list for coronavirus testing. They note that the measures that are being brought forward are being implemented unevenly across the country (BASW 2020).
- **Unison, GMB, The Royal College of Midwives, Unite and the TUC** joint together to warn that a lack of PPE presented a 'crisis within a crisis' (TUC et al 2020). Of these signatories, there was a broad welcome of new government guidance on 2 April – but a reiteration that supply chains have problems, and that delivery of equipment is the most important metric.

ANNEX 3:
TWO WORKED STATUTORY SICK PAY EXAMPLES

Both the below assume Covid-19 related reasons for sick leave – which means allowance is paid from day one rather than day four (HMRC 2020).

Employee A

If employee A works 5 full days (7.5 hours) per week as a social care worker, they will be eligible for statutory sick pay. Presently, that is £95.85 per week. It is paid for each 'qualifying day' within the employees' sick leave period.

If they were off for a week, they would be entitled to £19.17 per day worked. This translates to just £2.56 per qualifying hour. Many workers could not live off this. Further, many would not be willing to risk their health for that level of statutory sick pay.

Employee B

A second social care worker might have increased their hours, to cover the crisis period, to seven full days a week. They would still only be entitled to the same £95.85 per week – paid as a day rate of £13.70 per day. This is an hourly pay of £1.83 – and unlikely to cover bills, let alone rent or essentials.

If Employee B is off work or self-isolating for a three week period – two weeks self-isolating due to another symptom in their home, and a week self-isolating after developing symptoms themselves – they are very likely to be left with choices between essentials: 'heating or eating'.

ANNEX 4:
ANALYSIS OF FINANCIAL SUPPORT FOR HEALTH AND CARE WORKERS

Employment Type	Example	Current Situation	Scale
Standard NHS employment contract	A full-time acute nurse, doctor or midwife etc.	In the unlikely event Covid-19 would lead to redundancy, they could be furloughed and would receive 80 per cent of current pay. If sick, their contract will provide sick pay terms more generous that SSP – at least one month's full pay and two month's half pay.	A significant number of the 1.2 million staff employed by the NHS.
Private, independent contractors	GP partners and dentists.	They would not normally be eligible for government support. They would generally earn too much to access to self-employment income support scheme. Different employers will have different rules on sick pay.	Approximately 50,000 doctors and dentists.
Agency workers and those on zero-hour contracts who are furloughed	Many social care workers or NHS subcontractors who would: • otherwise be laid off due to Covid-19 (this is relatively unlikely) • be listed as a 'vulnerable' person and advised to self-isolate for 12 weeks, as part of government's shielding strategy • as of 4 April, have caring commitments.	If any staff do need to be furloughed, the vast majority would be eligible for the employee retention scheme, though not all. However, many employers do not know this is the case – and the definition of 'vulnerable' is causing confusion. 80 per cent pay for people on zero-hour contracts may push them into 'poverty pay'.	159,000 agency staff work in the NHS (Full Fact 2017b). Almost 350,000 social care workers on zero-hour contracts (Skills for Care 2017).
Agency workers and those on zero-hour contracts who are sick or self-isolating	Many social care workers or hospital sub-contractors.	If sick or self-isolating (eg shielding), government has recently clarified they would be eligible for statutory sick pay of £94.25, which is taxable.	As above.
Employed and agency staff working part-time, and earning under £118 per week	An employed social care worker or hospital sub-contractor, on minimum wage, working under 14 hours (if over 25); 15 hours (if 21-24); 19 hours (if 18-21).	No access to SSP.	As above.
Those caring for loved ones	Anyone caring for children, elderly/ sick relatives as part of government's shielding strategy.	If taking leave to care for children, they'd now receive 80 per cent of pay through government's income support schemes – though this could be 80 per cent of minimum wage.	As above.
Locum staff	Many GPs work as locums. Hospitals may also employ locum staff, but this has reduced.	Agency staff are eligible for SSP. However, NHS policy has pushed some away from agency contracts – eg in general practice, only providing a pension for work sourced directly. Second, as self-employed staff, they would then be only be eligible for income support if earning under £50,000 per year.	Problems most likely to impact the 5,567 GP locums.
Final year students	Many final year students - including Midwives, nurses and trainee doctors – have been fast-tracked into patient facing roles.	Some final year students have graduated early to join the workforce. They have eligibility for most government support schemes. However, they have paid tuition for the year, and must be treated fairly after the outbreak	Annually, England has 25,000 and 30,000 training places for nurses and midwives, and 6,000 for doctors.

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