INPLASY PROTOCOL

To cite: Owens et al. The impact of COVID-19 on social care and social work in the UK: A Scoping Review Protocol. Inplasy protocol 202230174. doi: 10.37766/inplasy2022.3.0174

Received: 30 March 2022

Published: 30 March 2022

Corresponding author:
Janine Owens

janine.owens@manchester.ac.uk

Author Affiliation:
University of Manchester.

Support: **NIHR SSCR [grant number P169].**

Review Stage at time of this submission: **Piloting of the study selection process.**

Conflicts of interest:
None declared.

The impact of COVID-19 on social care and social work in the UK: A Scoping Review Protocol

Owens, J[1]; Allen, R[2]; Pearson, A[3]; Davies, SI[4]; Robinson, C[5]; Young, A[6].

Review question / Objective: **What are the medium and long-term effects of the COVID-19 pandemic on practitioners and organisations providing social work and social care to adults in the UK?**
Rationale: **The pandemic has exerted adverse effects on staff morale and well-being, with sickness absence rises across the sector and increased difficulties in recruiting staff from agencies, despite a pre-COVID government recruitment campaign (https://www.gov.uk/government/news/adult-social-care-recruitment-care-campaign-launched-to-boost-workforce). Care home providers report extreme anxiety and distress, burnout and financial concerns (CQC, 2020). These worsened during the proposed introduction of mandatory vaccination care home workers (Bell et al. 2021). Social care workers report a lack of support in terms of training and equipment, sleep disturbances and increasing levels of mental ill health (Pappa et al. 2020; Williamson et al. 2020; Donnelly et al. 2021). They also report experiencing conflicts in terms of caring for people with diverse needs (Greenberg et al. 2020). Some research suggests that workers experienced professional growth during the pandemic, but that this came at a cost to their own mental health (Billings et al. 2021). Other research reported increased team unity and more reflection on what mattered in life (Aughterson et al. 2021). One editorial claims that the pandemic created a reduction of bureaucracy and the emergence of more efficient ways of working in social care in Local Authorities (Golightley & Holloway 2020). The evidence appears conflicting and frequently fails to separate health care and social care work, when the roles and structures of service delivery organisations are different. There is also a lack of differentiation in reporting on effects on the social care workforce in general, and specifically social workers and statutory social work.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 30 March 2022 and was last updated on 30 March 2022 (registration number INPLASY202230174).

INTRODUCTION

Review question / Objective: **What are the medium and long-term effects of the COVID-19 pandemic on practitioners and organisations providing social work and social care to adults in the UK?**

Background: The COVID-19 pandemic placed increasing demands on the acknowledged complex remit, scope and forms of delivery in the adult social care sector (Department of Health and Social Care 2018). The sector includes statutory and non-statutory service providers and interfaces with the health, private and third or voluntary sector. Adult social care is widely defined. For example, some adults do not fall neatly into the specified groups such as adults with learning difficulties, physical and sensory disabilities, older adults and adult mental health. Furthermore, national, regional and local organisational delivery structures and statute shape the sector. The complexity of the adult social care delivery structures and the population it serves makes the sector uniquely vulnerable to the long-term impacts of COVID-19.

The impact of the COVID-19 crisis, on top of an existing shortage of over 110,000 staff, deteriorating morale, high workloads, burnout, poor pay and working condition, placed the health and social care workforce under more strain (Edwards & Marx 2016; Dromey & Hochlaf 2018; Kings Fund 2018; Social Care Institute for Excellence 2020). It is expected that the number of people with long term conditions and social care service requirements may grow as a consequence of COVID-19, including those with Post-Intensive Care Unit syndrome (PICS), post-traumatic stress and Post-COVID syndrome (Long COVID) (Colbenson et al. 2019; Dawson et al. 2020; Murray et al. 2020; NHS England 2021). However, there is a shortage Up to 45% of people discharged from hospital are likely to require ongoing support from health and social care (Department of Health and Social Care 2020). Other research on the NHS plans to meet physical, cognitive and psychological need suggests a 'tsunami of need' post COVID, but questions the availability of care (Thornton 2020). Additional financial pressure exerts a significant impact on the viability of some social care services in the private and voluntary sectors (Care Quality Commission [CQC] 2020; ADASS 2020) which has been exacerbated by the pandemic and its consequences for staff and service users.

Responses to the pandemic, included shielding, self-isolation and restrictions on movement, exerting differential negative impacts on people with protected characteristics, those experiencing socio-economic or health inequalities and those whose ability to live independently is reliant on social work support (https://post.parliament.uk/horizon-scanning/society-community-and-covid-19-what-are-experts-concerned-about/). Evidence since the start of the pandemic has demonstrated an increase in domestic violence (Bradbury-Jones & Isham 2020; Sharma & Borah 2020; UK Home Office 2020; Piquero et al., 2021), as well as adult safeguarding concerns of those most at risk (Anka et al. 2020; Cooper, 2020). Increases in mental health needs of those most at risk as well as a growth in the proportion of the adult population experiencing mental distress has also impacted on health and social care services (Hodgson et al. 2020; Bhome et al. 2021). With the easing and lifting of lockdown measures, the full scale of unmet social care needs is emerging.

In 2018, the care sector reported 6.5 million days lost to sickness absence, with social work and care the third highest industry for work-related ill health and the second highest for work-related stress, depression or anxiety (Health and Safety Executive, 2019). Workers falling within the category of health and social care experienced the biggest sickness absence rate of all occupations during the pandemic in 2019 and 2020, at 2.9% and 3.5% respectively (Office of National Statistics 2021). Increasing market fragility places greater pressure on local authorities and increasing unmet care needs (CQC, 2020).

Rationale: The pandemic has exerted adverse effects on staff morale and well-being, with sickness absence rises across the sector and increased difficulties in recruiting staff from agencies, despite a pre-COVID government recruitment campaign (https://www.gov.uk/government/news/adult-social-care-recruitment-care-campaign-launched-to-

boost-workforce). Care home providers report extreme anxiety and distress, burnout and financial concerns (CQC, 2020). These worsened during the proposed introduction of mandatory vaccination care home workers (Bell et al. 2021). Social care workers report a lack of support in terms of training and equipment, sleep disturbances and increasing levels of mental ill health (Pappa et al. 2020; Williamson et al. 2020; Donnelly et al. 2021). They also report experiencing conflicts in terms of caring for people with diverse needs (Greenberg et al. 2020). Some research suggests that workers experienced professional growth during the pandemic, but that this came at a cost to their own mental health (Billings et al. 2021). Other research reported increased team unity and more reflection on what mattered in life (Aughterson et al. 2021). One editorial claims that the pandemic created a reduction of bureaucracy and the emergence of more efficient ways of working in social care in Local Authorities (Golightley & Holloway 2020). The evidence appears conflicting and frequently fails to separate health care and social care work, when the roles and structures of service delivery organisations are different. There is also a lack of differentiation in reporting on effects on the social care workforce in general, and specifically social workers and statutory social work.

METHODS

Strategy of data synthesis: Research data bases PubMed, ASSIA: Applied Social Sciences Index and Abstracts, APA (American Psychological Association), PsycINFO, Web of Science (Clarivate), CINAHL (nursing/allied health).

Grey Literature

Google, Google Scholar, EThOS (UK's national thesis service), http://www.evidence.nhs.uk, http://www.scie-socialcareonline.org.uk/ (Information and research on all aspects of social care. Includes research briefings, reports and case studies), http://public.ukcrn.org.uk/search (current NHS research), Cochrane reviews focusing on effects of COVID-19 on health and social care

Terms Searched:

COVID-19, OR coronavirus OR SARS-CoV-2 AND social care OR social work AND worker*OR staff OR employee OR carer*OR professional*.

Eligibility criteria: Peer reviewed quantitative, qualitative and mixed method studies. Pre-prints. Grey literature to include independent studies (e.g. those by LSE and Age UK), 'medRxiv', working papers, dissertations and theses focusing on the positive and negative effects on the everyday practices and psychological health of the adult social care workforce due to acute and unexpected changes in the legislative, policy, practice and work environment on social care.

Inclusion Criteria: Date range: 1st December 2019 – 11th November 2021 Sources: Peer reviewed quantitative, qualitative and mixed method studies. Pre-prints. Grey literature to include independent studies (e.g. those by LSE and Age UK), 'medRxiv', working papers, dissertations and theses. Language: Published in English; Location: Research completed in the UK (England, Wales, Scotland and Northern Ireland); Service user group: Older people (65+), Adults (18-64); Focus of study: Positive and negative effects of COVID-19 on the everyday work of the adult social care workforce. Workforce group: All paid social care and social work roles.

Exclusion Criteria

Sources: National government reports and guidelines. Editorials, commentaries, opinion pieces. Location: Research outside UK borders. Service user group: Children and adolescents (0-17). Focus of study: Effect of COVID-19 on service users, direct medical effects on health care service workforce, External impacts to the workplace, (e.g. childcare and school closures). Workforce roles: Unpaid/informal carers.

Types of Participants

The review will look at the evidence for the impact of COVID-19 on the social care workforce. The definition of "adult social care workforce" is any individual paid to undertake direct care (i.e. care worker, senior care worker, nursing assistant),

regulated profession (i.e. social worker, safeguarding reviewing officer, allied health professional, registered nurse, nursing associate, occupational therapist) or managerial (i.e. supervisor, manager of staff, registered management, senior management) role. This includes roles carried out within a public sector organisation, private organisation, temporary staffing agency, voluntary sector, individual employer or self-employment, working with older adults, younger adults (18-25 years old), adults with physical and/or sensory disability, adults with mental health needs, adults with a learning disability or autism, adults with safeguarding needs, service users in hospitals or service users receiving end of life care. The definition includes social work students and newly qualified social workers.

Source of evidence screening and selection: Bibliographic data bases (Table 1) and forward citation sources from reference lists of identified articles as well as grey literature sources (e.g., dissertations, theses, independent studies) will be searched. Techniques for conducting the systematic literature search will include (i) the use of free-text words, (ii) truncation (e.g. sign* language will generate the words: sign language and signed language), (iii) use of Boolean operators (e.g. AND, OR). The online systematic review management system COVIDENCE will be used to assist the search and retrieval process. Study selection follows a two stage process: (i) title and abstract screening will be carried out by three people, from a social work and social science background. Evidence designated 'maybe', or where there is a conflict of opinion between the two reviewers, will then be subjected to a discussion between reviewers to reach a consensus of yes or no; (ii) full text screening, by two reviewers for inclusion. A third reviewer will be used to resolve any conflicts. At both stages in the screening process the inclusion/exclusion criteria will be applied. Reasons for exclusion at either stage of study selection will be recorded. All items will be held in full text version within COVIDENCE. Relevant data from each selected study at stage (ii) screening will be extracted and charted using the COVIDENCE data charting tool for empirical evidence and grey literature.

Data management: An EXCEL file will record descriptive data including authors and year of publication, geographical location (Scotland, England, Wales, Northern Ireland), research design, sample size, participant characteristics, research setting, interventions (if any), comparison group (if any). Outcome data to be recorded will include results of quantitative and qualitative analyses, triangulated data (if any), and comparative data analysis with other studies (if any).

Reporting results / Analysis of the evidence: The 'narrative review' approach will be used to collect and collate similar information on all studies (Pawson 2002). A framework based on national policy and strategy, will be used to analyse organisational and strategy changes, experiences of changes to practice and service delivery, staff impacts and changes to interactions with people with lived experience. Inductive themes will be derived from the evidence to organise the narrative on the impact of COVID-19 on social care and social work. Theoretical triangulation for included articles will occur enabling comparison and interpretation of the grey literature against the empirical literature (Denzin 1970).

Presentation of the results: A PRISMA ScR flow chart will display the process of the search (Page et al. 2021). Tabulation of evidence will take place and systematically record extracted study characteristics: (a) author and year of publication; (b) UK country of origin; (c) Research design; (d) sample size; (e) date study conducted; (f) type of social care worker; (g) age range of workers;(h) gender; (i) type of service delivery*; (j) Provider organisation§; (k) key findings; (l) any outcomes. *Type of service delivery refers to: a) care homes for older people, b) other adult social care services care e.g. physical or sensory impairment, alcohol and drugs, mental health, respite

care, or bloodborne viruses, c) care homes for people with learning disabilities § Provider organisation (statutory, non-statutory, private, voluntary or third sector).

Language: English.

Country(ies) involved: United Kingdom.

Other relevant information: This review aims to summarise the types of available evidence, clarify key concepts, identify gaps and advance knowledge and awareness of the impact of COVID-19 on the health and social care workforce. For the purposes of this study, "impact" is the positive and negative effects on the everyday practices and psychological health of the adult social care workforce due to acute and unexpected changes in the legislative, policy, practice and work environment on social care. This includes
• Organisational changes (i.e. recruitment, retention, training, support systems)
• Strategy changes (i.e. planning, commissioning and service development)
• Experiences of changes to practice and service delivery (i.e. assessment, risk, prioritisation, allocation of resources and models of service provision and delivery)
• Staff impacts (e.g. workload, roles and responsibilities, mental health, well-being, safety, resilience, sickness absence, support needs)
• Changes to interactions with people with lived experience (e.g. response and collaboration with service users and carers, representatives and structures).

Keywords: social care; social work; COVID-19; workforce.

Dissemination plans: The scoping review findings will be published in a peer-reviewed journal, presented at conferences, made available in summary form on the research project website at the University of Manchester.

Contributions of each author:
Author 1 - Janine Owens - Co-wrote the scoping review protocol, searched, extracted, screened and analysed the evidence. Co-wrote the reporting of results and drafted the manuscript for publication.
Email: janine.owens@manchester.ac.uk
Author 2 - Rosie Allen - Co-wrote the scoping review protocol, searched, extracted, screened and analysed the evidence. Co-wrote the reporting of results and manuscript for publication.
Email: rosie.allen@manchester.ac.uk
Author 3 - Amelia Pearson - Co-wrote the scoping review protocol, searched, extracted, screened and analysed the evidence. Co-wrote the reporting of results and manuscript for publication.
Email: amelia.pearson@manchester.ac.uk
Author 4 - Susan Davies - Commented on the scoping review protocol, searched for evidence, assisted in manuscript preparation for publication.
Email: susan.i.davies@manchester.ac.uk
Author 5 - Catherine Robinson - Conceived the idea for the study, assisted with the scoping review protocol, co-wrote the reporting of the results and assisted in manuscript preparation for publication.
Email: catherine.robinson@manchester.ac.uk
Author 6 - Alys Young - Conceived the idea for the study, assisted with the scoping review protocol, co-wrote the reporting of the results and assisted in manuscript preparation for publication.
Email: alys.young@manchester.ac.uk