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Abstract

Prior to the COVID pandemic, staffing levels, staff turnover and vacancies in adult social care and social work within the UK were a major concern, with staff experiencing high workloads, burnout, stress and poor morale. The paucity of published evidence in a rapidly evolving contemporary situation indicated the suitability of a scoping review. Systematic searching produced evidence published between 1/12/2019 – 09/05/2023. 97 articles were retrieved and 39 included in the final analysis. To report the review findings clearly and accessibly, analysis used the Patterns, Advances, Gaps, Evidence for practice and Research recommendations (PAGER) framework. Abundant evidence emerged on psychological distress and the impact of COVID-19 on the working environment for social care and social workers, but a paucity on psychosocial resilience, supporting social care managers, Personal Assistants and moral injury. Social care needs and the statutory duties of social work are likely to become even more intense. The COVID pandemic magnified the chronic lack of funding, staffing, support and regard for adult social care, with no future planning compared to the NHS. This legacy and backlogs of social care assessment and service delivery is of concern despite the proposed actions of the Adult Social Care Reform Act in England.

Keywords: COVID-19, social care, social work

Teaser text

This paper summarises evidence published from December 2019 to May 2023 on the impact of COVID-19 on social care workers and social workers in the UK. We used a type of review method called a scoping review, which allows identification of peer reviewed and non-peer reviewed evidence. Using a range of selected terms, we searched seven different academic databases, Google, Google Scholar and social care websites to find relevant evidence. We found 643 articles and 39 were relevant. We then looked at similarities and differences in the papers to identify the greatest amount of research and areas where there were gaps. We found lots of research about increasing demands, high workloads, burnout, stress, poor morale and the

mental health impact of COVID-19 on social care and social workers. There were gaps in evidence about the support of and coping for workers. Limited evidence existed on Personal Assistants, who are unregulated and untrained, but still providing a level of care and moral injury. Moral injury occurs when social care workers experience stress because they cannot provide care in line with their training and beliefs. High-quality evidence is required to address the evidence gaps on how social care and social workers have adapted post-pandemic.

Introduction

The impact of COVID-19 on social care created global devastation. Research in Africa, indicates the devaluing of the importance of social work relationships and commitment to social justice and human rights (Amadasun 2020). Other research in Spain highlights rates of burnout, fatigue and depression amongst social carers (Luceño-Moreno et al. 2020). The concept of moral injury, because of exposure to morally injurious events, leaves a lasting impact on social care workers (Williamson et al. 2020). Throughout Europe, the impact of 'social distancing' exerted a profound change in social care and social work delivery (Devlieghere & Roose 2020). In the USA, the pandemic exacerbated inequalities with more demanded from social workers (Cross & Benson 2021).

Within the UK, the pandemic placed increasing demands on the complex remit, scope and forms of delivery in the adult social care sector (Department of Health and Social Care [DHSS] 2020; 2021). This includes statutory and non-statutory service providers and interfaces with the health, private and third or voluntary sectors. The complexity of the adult social care delivery structures and the population it serves makes the sector both uniquely vulnerable to the long-term impacts of the COVID pandemic and potentially uniquely agile to embrace changes in working practice and service delivery.

Evidence since the start of the pandemic demonstrates an increase in domestic violence (Bradbury-Jones & Isham 2020; Piquero et al., 2021). Adult safeguarding concerning those most at risk (Anka et al. 2020; Cooper, 2020) and an escalation in mental health needs, creating additional impacts on health and social care services (Hodgson et al. 2020; Bhome et al. 2021).

Prior to the COVID pandemic, the shortage of over 110,000 health and social care staff and poor pay and working conditions created deteriorating morale, high

workloads, burnout and poor pay and working conditions (Edwards & Marx 2016; Dromey & Hochlaf 2018; Kings Fund 2018). Wales, Northern Ireland and Scotland reflect this situation (Scottish Government 2019; Welsh Government 2019; Social Care Institute for Excellence 2020; McMurray 2020; Skills for Care 2021; UNISON 2021). The known pandemic-related effects on the adult social care sector suggest the growth of social care service requirements (Dawson et al. 2020; NHS England 2021) and a 'tsunami of need' post-COVID, questioning the availability of care (Thornton 2020).

The pandemic exerted adverse effects on staff morale and well-being, with a rise in sickness absences across the sector and increased difficulties in recruiting staff from agencies, despite a pre-COVID government campaign (Skills for Care 2021). Sickness, absences, recruitment challenges and increasing market fragility placed greater pressure on Local Authorities, increasing unmet care needs.

Social workers experienced moral challenges allocating resources for people with diverse and complex needs (Banks et al. 2020; Greenberg et al. 2020). One editorial claims that the pandemic created a reduction of bureaucracy and the emergence of more efficient ways of working for social care in UK Local Authorities (Golightley & Holloway 2020). The evidence appears conflicting, frequently failing to separate health and social care work. There is also a general lack of differentiation in reporting effects on the social care workforce, specifically social workers and statutory social work. Therefore, the aim of this review was to explore the effects of the COVID pandemic on the workforce, organisation, planning and delivery of social work and social care to adults in the UK.

Material and Methods

Given the exploratory nature of this study and the relative lack of social care focused literature in this area, undertaking a scoping review enables a positive contribution to knowledge generation, informing current and future practice (Levac et al. 2010; Tricco et al. 2016). The study uses the reporting guidelines from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), specifically the extension for scoping reviews (PRISMA-ScR) (Tricco et al. 2018: Peters et al. 2020; Page et al. 2021). INPLASY published the protocol for this study: number XXXXXXX (authors own 2022).

Eligibility criteria

(**Table 1. Supplementary materials** Illustrates inclusion and exclusion criteria for the study)

We chose to focus solely on the UK because of the differences in terminology and role descriptions in other countries for social care workers and social workers, resulting from different legislative structures, qualifications and professional status, alongside differences in service organisation, delivery and provision.

Search terms

To identify relevant evidence, consulting an information specialist optimised the key search terms, constructs; synonyms and efficiency of the search strategy.

Medical Subject Heading [MeSH] entry terms for each selected database and modifying search terms occurred to suit the database specific thesaurus.

Search terms:

COVID-19 OR COVID-19 Pandemic OR SARS-CoV-2 OR Coronavirus OR 2019 nCoV Disease(s)

AND

Care, Social OR Social Care OR Support, Social OR Perceived Social Support(s) OR Online Social Support(s) OR Social Support(s), Online OR Social Support(s), Perceived OR Support(s), Perceived Social

AND

Work, Social OR Service(s), Social OR Social Service(s)

AND

Caregiver OR Carer(s) OR Care Giver(s)

Databases searched: MEDLINE, EMBASE, PsycInfo (all via OVID), CINAHL (EBSCO), Applied Social Sciences Index and Abstracts (ASSIA via ProQuest), American Psychological Association (APA), Websites for grey literature searching

were Google (first 10 pages); Google Scholar (first 10 pages); Social Care Online http://www.scie-socialcareonline.org.uk/

Boolean operators and field codes enhanced the search for evidence from 1/12/2019-09/05/23.

Identification and selection of relevant studies

Researchers used Covidence to import search results from each selected database, facilitating the initial screening and data extraction process and automatically removing duplicates. Using the eligibility criteria, selection followed a two-stage process: (i) three reviewers (RA, AP, JO) carried out title and abstract screening. Evidence designated 'maybe', or where a conflict of opinion between the reviewers occurred, was subjected to a discussion to resolve any conflicts and reach inclusion consensus (ii) three reviewers (RA, AP, JO) carried out full text screening, for inclusion with conflicts resolved through discussion to reach consensus. Both stages in the screening process applied the eligibility criteria. Researchers recorded reasons for exclusion at either stage of study selection (see Figure 1). Covidence held all items in full text version and further enhanced the efficiency of the study selection process, using tags and highlighting key words and phrases. Researchers uploaded a separate EXCEL spreadsheet charting the grey literature to Covidence, applying the same screening procedures.

Charting and tabulation

Tabulation of evidence took place through a Microsoft Excel spreadsheet, which systematically recorded extracted study characteristics (**Table 2.** supplementary materials):

(a) author and year of publication; (b) Peer reviewed (P) or Grey (G); (c) UK country of origin; (d) Research design; (e) sample size; (f) date study conducted; (g) type of social care worker

Analysis

Analysis uses the **P**atterns, **A**dvances, **G**aps, **E**vidence for practice and **R**esearch recommendations (PAGER) framework to report the review findings in a clear and accessible way (Bradbury-Jones et al. 2022). We produced a patterning chart based

on inductively analysing key themes and sub-themes in the evidence base (**Table 3** supplementary materials). Using reflexive questions around the pattering table such as what main themes arose from the analysis, what existing patterns arose and what areas presented little to no evidence, enabled the researchers to identify advances in the evidence-base, patterns and gaps. The analysis reflexively explored the impact of COVID-19 on social care and social workers.

Results

Out of 609 articles from databases and 34 from the other sources (N=643), 544 were excluded leaving 99 full text articles meeting the inclusion criteria for retrieval. Further assessment for eligibility, excluded 60, leaving 39 in the final analysis (see Figure 1. PRISMA ScR flowchart)

Figure 1. PRISMA ScR Flowchart of Results

Of the 39 studies, evidence included 28 peer reviewed published papers and 11 reports or unpublished working papers (grey literature).

Research designs included four mixed methods studies, 19 qualitative, one longitudinal and 15 cross-sectional designs.

All studies took place between March 2020 and July 2022.

Table 1: Type of worker described in the studies

There were more studies with older people in care homes and fewer about other populations. There were three main overarching themes in this scoping review. Psychological impact on workers in social care and social work; Impact of the working environment on workers in social care and social work and Potential future impact on workers in social care and social work.

Discussion

Patterns were further analysed in terms of advances, any gaps and recommendations for future research.

Table 2. Patterns, Advances, Gaps and Recommendations

Psychological impact on workers in social care and social work

Care homes and social work systems were poorly prepared for the pandemic and already struggling with existing challenges; a legacy of austerity measures (Hussein et al. 2020; Dixon et al. 2023; Kierkegaar et al. 2021). This is despite the promise of increased funding over 10 years in *'People at the Heart of Care'* (Department of Health and Social Care 2021); underlining that social care is already underfunded, understaffed, undervalued and these issues stem from austerity measures, but became exacerbated during the pandemic (Age UK 2020; Irving 2021).

The additional impact on staff psychological health and wellbeing emerged from a lack of clear guidance from government about procedures to follow during the pandemic, which changed almost weekly, leaving staff feeling overwhelmed (Giebel et al. 2021a; Kong et al 2021; Wheatley et al. 2021; Baginsky et al. 2022; Hanna et al. 2022; Kina & Luff 2022). Furthermore, social workers struggled to juggle their work and personal lives while working from home, finding it difficult to disentangle home and work, reportedly feeling lonely and isolated, compared to healthcare workers who continued to attend their physical workplaces (Kingstone et al. 2021; GMB Survey, 2021). Working from home appeared flexible but simultaneously reduced learning opportunities (Kina & Luff 2022). For social workers, psychological distress emerged from the reduced opportunities to provide and receive face-to-face support and an increase in levels of complexity experienced on caseloads (Manthorpe et al. 2021; Saloniki et al. 2022; Ravalier et al. 2023). Research in the USA identified support systems and leadership as valuable in enabling staff to negotiate the pandemic (Miller et al. 2021). However, in the UK support for social care staff and social workers appeared variable, with some workplaces introducing their own methods for ensuring staff wellbeing (McKenzie et al. 2021; Murray et al. 2021). Other workplaces left social workers and social care managers feeling isolated and alone (Kingstone et al. 2021; Manthorpe et al. 2021; Marshall et al. 2021), or failed to provide mental health support (Age UK 2020).

There is an abundance of research on psychological distress for workers in social care, which fails to use validated measures and explore risk and resilience. This leaves a clear gap in the evidence. One benefit here may be to identify those most at

risk and consequently improve support. Understanding the factors promoting psychosocial resilience (often termed as coping), may further assist with developing support.

Psychological rewards are important because staff invest time and effort into their jobs and expect rewards. Social Exchange Theory (Blau 1964), suggests rewards in the workplace may be split into two different forms; economic (tangible) rewards such as pay or bonuses, which are clearly defined contractual and social exchanges. The other form are symbolic rewards, which do not have any material value but have meaning for the recipient such as informal recognition for input (De Gieter et al. 2008, p. 99). One example of symbolic rewards is the 'Clap for Carers' campaign during the pandemic, which satisfies the need for recognition or achievement through public acknowledgement (Wood & Skeggs 2020). Skills for Care (2021a) provides examples of tangible benefits in terms of pay. With 380,000 social care workers on zero hours contracts with no guarantee of hours, no sickness and no holiday pay; these workers had no rights and experienced a precarious existence during the pandemic (Ravalier et al. 2017; Shallcross et al. 2021; Prout et al. 2022; Saloniki et al. 2022). However, zero hours contracts existed before the pandemic and some countries such as New Zealand outlaw them because they are exploitative. Although zero hours contracts are recognised in the Adult Social Care Reform White Paper as negatively affecting social care workers and the claim is to 'build back better' by 'building supportive and inclusive workplaces' (Department of Health and Social Care 2021, p.8, p.102), little has been proposed to address this exploitative form of labour within social care in the UK.

One emergent area is that of moral injury, where social care and social workers perceive being in untenable situations, conflicting with their training and beliefs (British Association of Social Work 2021). Research evidenced that during the pandemic, restrictions affected residents' well-being, with limited or no family visits followed by a rapid decline in residents' cognitive and physical health (Marshall et al. 2021; Giebel et al. 2022; Dixon et al. 2023). This precipitated a tension between care and ethics because in such difficult contexts, workers were unsure as to whether to withhold distressing information from relatives (Giebel et al. 2021a). Later research revealed the psychological impact on social workers who felt implicated in practices they regarded as unethical such as the discharge of COVID-positive hospital patients

into care homes and the ensuing deaths of residents (Banks & Rutter 2022; Giebel et al. 2022). A more recent judicial review concluded that this practice was 'irrational' and unnecessarily exposed vulnerable residents, contributing to additional deaths during the pandemic (Dyer 2022). Legal judgement ruled that the rationale to free up beds quickly in the NHS did not eliminate the need to consider the best way to manage those discharged and was therefore considered unlawful (Re Gardner and Harris v Secretary of State for Health and Social Care and Others 2022). Social care workers observed Do Not Attempt Cardiopulmonary Resuscitation orders [DNACPR's] recorded on peoples' files without their consent, during the first wave of the pandemic, to free up hospital space (Briggs et al. 2021; Bows & Herring 2022). Other research underlined that the pandemic restrictions failed to consider the needs of people with dementia, or those at end of life (Dixon et al. 2023). These specific examples left social workers and carers feeling helpless to assist the people they cared for in a way they felt was ethical and humane. Feeling individually responsible (failing to prevent harm or mitigate distress) leads to negative internally directed emotions and ways of thinking such as guilt, shame or lack of self-forgiveness (Barnes et al. 2019). Unless resolved, these internal conflicts can exacerbate social problems (social isolation or aggression) and affect mental health negatively (depression, substance misuse and suicide risk) (Currier et al. 2015; Williamson et al. 2018).

Utilising the model of moral injury and measures developed by the armed forces in the context of combat (Nash et al. 2013; Nash 2019), is a different organisational and situational context. This leaves a gap because the equivalent evidence base from which to draw in social care is lacking.

Impact of the working environment on workers in social care and social work

There was contrasting evidence suggesting that recruitment and retention differed markedly to pre-pandemic levels, with the legacy of staff shortages amplifying difficulties during the pandemic (Age UK 2020; Giebel et al. 2021a; Marshall et al. 2021; Nyashanu et al. 2021b; Shallcross et al. 2021). One study provided positive evidence of improved retention of social care and social work staff during the pandemic (Skills for Care 2021a), but later identified it as an artefact of reduced job availability during this time (Skills for Care 2022).

New information about Personal Assistants (PAs) in adult social care reported exclusion from guidance and access to PPE because they did not possess a Care Quality Commission (CQC) registration number (Norrie et al. 2021). Only a small minority received regular updates and targeted information about infection control and COVID, varying from Local Authority (LA) to LA (Leverton et al. 2022).

The limited evidence on PAs, particularly in communicating changes to working practice leaves this group marginalised within social care. There is no imperative for unregulated PAs to update their training and knowledge, potentially compromising care. Developing policy and practice may assist with their integration as a valuable part of social care.

Abundant evidence emerged about the impact of COVID-19 on the working environment for social care and social workers, but a paucity on managers and the support experienced. Evidence suggested that managers felt isolated, working long hours with variable support from different LAs (Marshall et al. 2021; Bertini et al. 2023; Dixon et al. 2023). However, sample sizes were too small to make reliable inferences, leaving a gap in the social care evidence-base.

Contrasting accounts also appeared from social work students (Sarbu & Unwin 2021; Gillen et al. 2022). Social work practice appears to have changed post-pandemic, particularly with home working and employing technology, therefore, evidence needs to reflect the ways this affects students, their training and the future of social work.

Care home staff experienced significant changes to their roles during the pandemic, with little or no training to guide their transitions (Giebel et al. 2021a; Giebel et al. 2021b; Kierkegaard et al. 2021; Marshall et al. 2021; Hanna et al. 2022; Prout et al. 2022; Ravalier et al. 2023). Social work assessment also expanded its online interface from previously recording information to greater use of online technologies for conducting assessments and new forms of virtual visitation, each producing its own challenges (Giebel et al. 2021b; Kingstone et al. 2021; Marshall et al. 2021; Pascoe 2022; Pritchard-Jones et al. 2022). Globally, the adaptability of the social care workforce in rapidly changing their practices during the pandemic indicates they are at the forefront of leading change in every country (Truell 2020).

Remote technology resulted in more time working rather than travelling and continuation of these positive consequences is expected to continue post-pandemic (Kingstone et al. 2021; Manthorpe et al. 2021), with greater use of digital technologies for adult social care as a key priority (Department of Health and Social Care 2021). During the pandemic, the uptake of online and remote technologies improved the facilitation of cross-sector and multidisciplinary working between professionals and included more families, who lived at a distance, in assessments, care planning and review (Wheatley et al. 2021). The pandemic enabled social workers to recognise an increase in community and voluntary support, opening new avenues of working collaboratively within the community (Manthorpe et al., 2021).

Negative implications for social work included virtual assessments, which limited interpersonal communication, relationship building, reduced the quality of interactions and ability to observe and experience the home environment, which is crucial to holistic and informed assessment (Kingstone et al. 2021; Pascoe 2022; Pritchard-Jones et al. 2022). The global evidence on social work suggests ongoing worries about assessing at a distance (Banks et al. 2020). Within the UK, backlogs of assessments remain with little indication as to how LAs can address the situation. Limitations become apparent in examples of digital poverty where IT equipment to enable such interactions was unavailable (Manthorpe et al. 2021). There is also evidence to suggest inhibited decision-making, with professionals excluding citizen involvement and making decisions about their lives under the presumption that they lacked the technology to facilitate their participation in their own social care (Duffy et al. 2022). The evidence implies caution and challenges the current Adult Social Care Reform White Paper (Department of Health and Social Care 2021) which suggests that investing in and implementing the widespread digitisation of health and social care can support independent living and improve the quality of care, which clearly is not the case for all.

Practice changes with regard to the Coronavirus Act 2020, temporarily gave Local Authorities the power to ‘ease’ their legal duties under the Care Act 2014 and the Mental Health Act 2007 in limited circumstances. Easements enabled Local Authorities to temporarily reduce or withdraw care, support and statutory assessments without incurring a legal liability for a lack of statutory duty. The easements are a breach of the Equality Act 2010, which underpins all social work

and social care practice in the UK. Notwithstanding, there remains little clarity on how LAs will address the backlog created by reduced assessments. One thing that remains is the magnification of chronic underfunding and devaluing of the social care sector during the COVID pandemic.

Potential future impact on workers in social care and social work

Lastly, no long-term plan exists for social care, with an underfunded, understaffed fragmented system (UNISON 2021). The global evidence base reflects these worries, alongside the issue that COVID-19 highlights the role of socio-economic inequalities and the need to increase the capacity of social care (Oakley et al. 2021; Amundson 2020; Cox 2020). Therefore, the urgent development of a pathway for future planning should aim to minimize the impact on adult social care.

Limitations

Although researchers took care to ensure the search strategy was as inclusive as possible, to identify evidence fitting the eligibility criteria, possible unintentional exclusion of evidence may have occurred because of indexing or other reasons. A formal assessment of quality is not a necessary exercise for scoping reviews (Grant & Booth 2009) therefore, we cannot comment on the overall robustness of evidence. We also excluded evidence treating health, social care workers and social workers as a homogenous body of workers, because their roles are quite different and we may have missed some insights.

Conclusion

Pre-pandemic impacts on the social care sector exacerbated during the pandemic. Looking to the future, the implementation of the Integrated Health and Care Act in March 2022 enforcing the development of Integrated Care Systems, heralds a more strategic and operational partnership between the NHS and adult social care and with it an opportunity to implement lessons learned through the pandemic. However, the pandemic is not over. We have simply moved into a phase of learning to 'live with COVID', which has had and continues to have, a disproportionate impact on some populations and is amplified by inequalities in socio-economic status. If anything, social care needs and the statutory duties of social work are likely to become even more intense in the years that follow. Evidence of how social work

and social care is now adapting to respond remains sparse, especially in the case of social work. High-quality evidence is required to address gaps concerning this complex workforce and its efficacy and adaption in the post-pandemic 'living with COVID' years.

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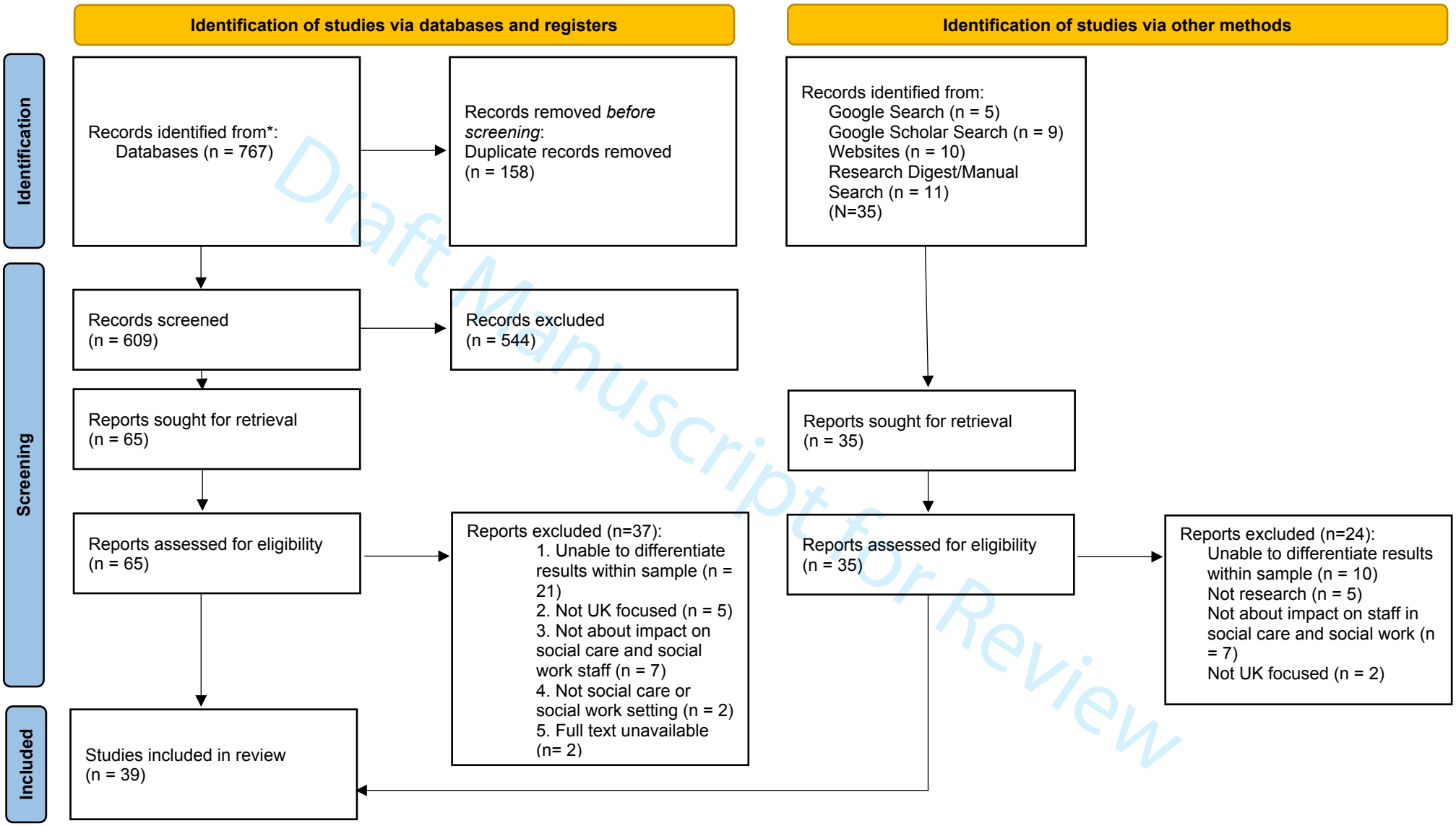

Figure 1. PRISMA ScR flow chart

From: Page, McKenzie, Bossuyt, et al. (2021).

Table 1: Type of worker described in the studies

Name of worker	**Number of studies N=39**
Social care (SCW)	18
Social workers (SW)	10
Social work students (SWS)	1
Principle social workers (PSW)	1
SCW and SW	5
Social care managers (SCM)	2
SCM & SW	1
Personal assistants (PAs)	1

Table 2. Advances, gaps and recommendations (format guided by Bradbury-Jones et al. 2022)

Patterns	Advances	Gaps	Evidence for practice	Recommendations
1. **Psychological impact on workers in social care and social work**	Research focuses on psychological distress for SCW&SW (absenteeism, burnout etc.).	Few studies use validated measures and explore risk and resilience factors together.	Focusing on psychological distress creates a one sided and negative perspective of psychological health for SW& SCW.	Research on risk and resilience factors using validated measures to address gaps and identify workers most at risk.
	The concept of moral injury is new in SW & SC. Early signs are that there is an impact on SW & SCW.	For SW &SCW, the lack of evidence base for a different organisational context lacks definition.	Using existing models for moral injury, which originate from the armed forces, creates a limited and incomplete evidence base.	Research to define moral injury within social care. Research to explore experiences and what reduces impact.
2. **Impact of the working environment on workers in social care and social work**	Inadequate support for management.	A paucity of research around ways of supporting managers.	Eliciting ways of supporting managers with their roles benefits managers, staff, service users and their supporters.	Research exploring supporting managers in carrying out their roles.
	Educational research on SSW produced varying accounts.	Research needed to evaluate ways SSW felt development of their skills enabled their future practice.	Post-COVID practice changed social work with the use of technology. Identifying how this affects the SSW informs long-term benefits for social work.	Action research on teaching and learning for SWS to evaluate the best ways of improving skills for social work practice in the current climate.
	PAs frequently left out of LA guidance and information because they did not possess a Care Quality Commission (CQC) registration number.	Evidence on PAs; how they receive important information and updates on working practices. How they negotiate their everyday roles.	The lack of evidence on PAs, potentially leaves them isolated and without recourse. Considering policy and practice for this marginalised group may help with their integration as a valuable part of social care.	Research with PAs in the UK, how they negotiate their everyday work in social care and stay updated.
3. **Potential future impact on workers in social care and social work**	Identification that no long-term social care plan exists in the UK.	Gap in evidence about coherent pathway for future planning in social care.	The NHS has a long-term plan, but social care appears devoid of a similar aim, further devaluing the importance of the work.	Policy research needed to outline a coherent pathway for future planning in social care.

Table 1. Supplementary. Inclusion and exclusion criteria

	Inclusion Criteria	**Exclusion Criteria**
Date range	1st December 2019 – 9th May 2023	
Design	Peer reviewed quantitative, qualitative and mixed method studies. Pre-prints. Grey literature.	National government reports and guidelines. Editorials, commentaries, opinion pieces, systematic, scoping, rapid and umbrella reviews, student dissertations and theses
Language	Published in English	
Location	Research completed in the UK (England, Wales, Scotland and Northern Ireland)	
Focus of Study	• COVID-19 • COVID-19 effects on adult social care workforce (positive and negative)	• Service user effects • Health care service workforce/effects • External impacts to the workplace, (e.g. childcare and school closures) • Non-COVID related • Interventions
Population	Adult social care	Child and adolescent services (0-17years)
Workforce Roles	All paid adult social care and social work roles	• Unpaid/informal carers • Child and adolescent social care and social work roles • Healthcare workers

Table 2. Supplementary Key characteristics of the 39 studies

Authors (year)	Peer reviewed(P) Or Grey (G)	UK Country	Research Design	Sample size (N)	Date of study	Type of workforce	Outcomes
Age UK (2020)	G	England	Mixed Methods	NR	NR	SCW	Under prepared – staff shortages Under Protected – a lack of PPE Under rewarded – poor pay and conditions Under supported – inadequate access to mental health support.
Baginsky et al. (2022)	P	England	Qualitative	14	NR	Principal Social Workers, Directors of Adult Social Services	The first wave of the pandemic created more challenges than the second wave because of staffing and PPE shortages and services felt overwhelmed. NHS suspended its services but received minimum negativity compared to social care. Main issue was there was no long term plan for social care and there needed to be so decisions and planning were not taking place in the middle of a crisis.
Banks & Rutter (2022)	G	England, Scotland & Wales	Cross-sectional	45 25 social workers	05/2020-11/2020	SW	Tensions between key ethical principles of social work and altered ways of working during the pandemic. SW implicated in practices they regarded as unethical (e.g., the discharge of COVID-positive hospital patients into care homes), leading to moral injury. Connectivity an issue and the impact of service users' mental health left SW feeling helpless. SW concerned about the well-being of clients. Tension between rights to liberty and human rights. Juggling increased workloads because of staff shortages. SW classed as essential workers during the pandemic but without any of the rewards and benefits.
Bertini et al. (2023)	P	England	Qualitative	10	11/2020-01/2021	SCW and Managers	During the first wave of the pandemic, social care managers and care workers felt unsupported when compared to NHS workers. Policy makers needed to consider the diversity of social care settings because guidance was frequently useless and counter-productive.

Briggs et al. (2021)	P	England	Qualitative	15	03/2020-03/2021	SCW	Working through the pandemic was emotionally exhausting for adult social care workers. Many reported feeling emotionally unstable, compounded by staff feeling undervalued and underappreciated. Staff felt unable to protect individuals in the final stages of their lives subjected to DNR orders without consultation.
British Association of Social Work (2021)	G	UK	Cross-sectional	1119	30/11/2020-31/12/2021	SW	77.7% agreed they had concerns about safeguarding. 63.5% agreed access to PPE improved since March 2022. 78% agreed employer had enabled them to work from home 68.3% agreed working from home prevented them from switching off from work. 71.5% agreed COVID pandemic had strongly affected morale. 58.8% agreed pandemic had affected their mental health. 63.5% agreed they had encountered more moral and ethical issues. 51.5% agreed that they had encountered more difficulties in monitoring safeguarding because of limited face-to-face access.
Dixon et al. (2023)	P	England	Mixed Methods	121	03/2022-02/2022	Social Care Managers	Lack of investment and structural reform in social care created challenges, which amplified during the pandemic. Government guidance difficult to negotiate for the different care settings. Unprecedented demands on managers and staff during pandemic creating stress. Human rights limitations associated with prolonged visiting restrictions and no guidance. Managers described staff fearfulness, moral distress, burn-out and exhaustion.
Giebel et al. (2021a)	G	England	Qualitative	16	10/2020-11/2020	SCW	Conflicting or little guidance led to confusion and increased stress levels. Staff roles changed constantly increasing demands on their time. Conflicting or little guidance led to confusion and increased stress levels. Staff roles changed constantly increasing demands on their time. Challenges occurred between patient care and safety where care conflicted with COVID guidelines for safety. Staff shortages because

							of COVID created more pressure and higher levels of burnout and work related stress ensued.
Giebel et al. (2021b)	P	England	Qualitative	62	10/2020-03/2021	SCW & SW	Social care staff were mentally fatigued, adding lateral flow tests added to their role burden. Social workers relying on own judgement based on experience and were worried about the dangers of missing information. New staff unable to build relationships with team and clients because of social distancing measures, staff felt isolated. More complex cases/referrals because of social isolation, domestic violence, self-neglect and declining mental health. Challenges working collaboratively in the virtual world
Giebel et al. (2022)	P	UK	Qualitative	16	10/2020-03/2021	SCW	Moral conflict between PPE use and caring for residents. Distress at seeing impact on residents. Need for accessible mental health support. Burnout, stress, anxiety, increased workloads, lack of staff.
Gillen et al. (2022)	G	UK	Mixed methods	1110	16/05/2022 – 08/07/2022.	SCW & SW	Health and social care workforce are continuing to struggle, and while many are returning to a 'new normal' as restrictions lift, many staff left facing relentless pressures and demands in their daily jobs. Staff shortages exerting impact on workers. Mental well-being and quality of working life deteriorated from Phase 1 to Phase 5 of the study, with stress and burnout prominent. Difficulty switching off from work and work affected home life with blurring of work/home boundaries. Absence levels high due to stress. Staff with limited IT skills needed support in developing online communication skills. Social workers felt service users 'let down' by rapid discharge from hospital into care homes without testing, or to home without services and funding to support them.
GMB Survey (2021)	G	UK	Cross-sectional	1242	12/2020-01/2021	SCW	69% agreed that their work was causing them stress or impacting on their mental health. 75% agreed that their work during the pandemic had had a serious negative impact on their mental health. Tension between pandemic guidelines and caring for

							residents, distress on seeing the impact of the pandemic on residents. Staff roles constantly changed, altering practices. Staff experienced stress, anxiety, loss of enjoyment. Concerned about the future of social care work
Hanna et al. (2022)	P	UK	Qualitative	16	10/2020-11/2020	SCW	Staff met with conflicting aspects of their role (care vs infection prevention), needing training, guidance and support. Staff roles have changed significantly and unexpectedly during the pandemic with little or no support offered to guide staff role transition. Future concerns about viability of care homes.
Hussein et al. (2020)	G	England	Cross-sectional	296	03/07/2020-10/08/2020	SCW	56% care workers experienced increased working hours, 6% stopped working due to fear of infection or personal reasons. If isolating/furloughed/stopped working, 43% received normal pay, 18% no pay. 80% reported workload increase. 71% of staff reported their work-life balance had decreased since the onset of the pandemic. 22% workers felt they had not received adequate training. 47% indicated their general health had worsened since the pandemic onset. Decrease in desire to stay in social care sector.
Kapilashrami et al. (2020)	P	UK	Cross-sectional	61	07/2020-08/2020	SCW	Handouts/digital materials rather than in person training. Lag in access to testing for social workers.
Kierkegaard et al. (2021)	P	England	Qualitative	15	12/2020-01/2021	SCW	Staff exhausted from having to take on several other tasks that did not traditionally fit within their role, testing regimes added to this mental fatigue. Visitor restrictions meant staff were providing emotional support to residents.
Kina & Luff (2022)	G	UK	Qualitative	24	09/2021-11/2021	SW	Working from home could be more productive and flexible but it also reduced opportunities to learn from colleagues. Disconnecting from work challenging. No separation between work and social time. Emotional weight and trauma of complex cases were associated with their personal environment, triggering stress and anxiety. Stress and anxiety emerged for worries about the future of social work.

Kingstone et al. (2021)	P	England	Qualitative	9	04/2020-07/2020	SW	Virtual assessments prevented learning how to collect non-verbal information including environmental cues (such as home conditions, cleanliness, objects that indicate individual's preferences for hobbies) body language, and interactions between families. Recruitment and retention poor.
Kong et al. (2021)	G	UK	Mixed methods	2222	03/2020-08/2020	SW	Social workers coping with stress and anxiety because of lack of resources and poor organisation. Ethical dilemmas balancing rights and needs of service users and the 'public good'. Easements created more challenges because of the changes threatening to overwhelm social work and social care.
Manthorpe et al. (2021)	P	England	Qualitative	22	08/2020-10/2020	SW	Rising demand and complexity of cases resulting from social isolation and reduction in face-to-face support. Extra pressure on social work [SW] services. Concerns that expedited hospital discharges failed to assess clients properly. Easements mentioned as problematic.
Manthorpe et al. (2022)	P	UK	Cross-sectional	815	07/05/2020-03/07/2020	SCW	Study focused on 'clap for carers' and the psychological impact this had on carers. Carers felt the action detracted from the issue that care homes were under-resourced. Staff were undervalued and under paid
Marshall et al. (2021)	P	England	Qualitative	10	06/2020-07/2020	Social care home managers	Care previously delivered by GPs and community care now delivered by care home staff. Government mandates created extra pressure and challenged accountability of managers. Anger towards staff because they had reduced time with residents because of extra demands. Emotional toll of dying residents with no external support or training, mangers felt isolated and alone. Mandatory reporting duplicated information creating increased workloads.
McFadden et al. (2021)	P	UK	Cross-sectional	N= 2219	2018 data compared to 2020 data	SW	Significant increase in quality of working life and well-being comparing 2018-2020. Data collected after SWs had transitioned to new ways of working.

				T1- before pandemic (n=1195) T2- during pandemic (n=1024)	from 05-07/ 2020		
McKenzie et al. (2021)	P	England	Qualitative	19	03/04/2020-28/05/2020	SCW	Active support evolved from recreating community activities. Restrictions increased contact time between staff and people they supported, strengthening relationships. Use of technology increased but could not replace closeness and having a hug. supported. Support measures for staff in terms of 2xweekly phone calls helped. Constantly changing government guidelines and protocols created stress, lack of recognition for difference in ways of working inconsistency made staff feel undervalued. Clap for carers met with cynicism.
Murray et al. (2021)	P	England	Cross-sectional	58	04/2020-05/2020	SCW	Extended the work by McKenzie et al. Staff became more flexible and creative, willing to try different activities and ways of working. Challenging behaviour appeared resulting from staff changes due to COVID. Staff support increased. Alternative ways of working appeared forced by the restrictions.
Norrie et al. (2021)	P	England	Qualitative	41	16/04/2020-21/05/2020	Personal care assistants (PAs)	PAs not included in early government guidance about pandemic. Little information about infection control received. Only a small minority received regular updates from their Local Authority (LA). Many PAs stopped or reduced care working during pandemic. Some changed to remote support and others put themselves at risk to ensure clients received same level of service. No CQC registration number.
Nyashanu et al. (2020a)	P	England	Qualitative	40	02/2020-04/2020	SCW	Lack of pandemic preparedness by workplaces fuelled by lack of guidance and policies from government. Staff shortages an extra burden on existing staff, compounded by lack of access to testing. Staff felt anxious and fearful and most knew

							a colleague who had died after contracting COVID-19.
Nyashanu et al. (2020b)	P	England	Qualitative	40	02/2020-04/2020	SCW	Participants reported high levels of stress and anxiety from dilemmas around performing their duties and fear of cross-infection. Workers felt excluded from the healthcare system creating a reduction in morale. Staff shortages left remaining staff feeling physically and mentally burnt out and drained.
Pascoe (2022)	P	Northern Ireland	Qualitative	14	15/03/2021-20/05/2021	SW	Interpreting silences difficult alongside lack of non-verbal communication. Unable to make cup of tea for service user and chat using online interactions. Unable to build effective relationships. Staff anxious and waiting for something terrible to happen because their practice was in tension with COVID guidance. Barriers to gaining access to essential technology. Loss of informal spaces and rapid adjustment to remote delivery. Lack of training in IT systems.
Pritchard-Jones et al. (2022)	P	UK	Cross-sectional	8	11/2020-112021	SW	Flexibility of technology and being able to attend remote meetings with staff. Ethical challenges of working with clients, contrasting with ethics of social work practice. Concern about relationship building and consequent impact this has on ability to gather information around potential safeguarding concerns
Prout et al. (2022)	P	Wales	Qualitative	24	02/2021-07/2021	Domiciliary Care Workers (DCWs)	Lack of government and employer preparation for pandemic. Staff shortages creating stress on workers. Financial pressures for those on zero hours contracts. Inadequacy of information and guidance. Transition from support worker to a care worker role due to care worker staff shortages reported as difficult.
Ravalier et al. (2022)	P	UK	Cross-sectional	4950	**Phase 1**: 05/2020-07/2020 **Phase 2**: 11/2020–01/2021	SCW & SW	Stress had increased, well-being and work satisfaction decreased between phase 1 and phase 2 of the study. Face-to-face contacts minimized and communication largely moved online for social workers with home working for over a year. Lack of social interaction with colleagues highlighted feelings of loneliness. Prolonged stress, higher job

							demands, changing responsibilities, and limited resources worsened by the COVID-19 pandemic.
Ravalier et al. (2023)	P	UK	Cross-sectional	6553	**Phase 1:** 05/2020-07/2020 **Phase 2:** 11/2020-01/2021 **Phase 3:** 05/2021-07/2021	SCW & SW	Continually poor working conditions led to higher levels of psychological distress and physiological health outcomes. Distinct lack of high-quality evidence demonstrating the impact of psychological health interventions on service user and client outcomes in social care. UK social care system has the worst working conditions of all occupations. This has worsened post-pandemic.
Saloniki et al. (2022)	P	UK	Longitudinal	1037	13/04/2021-28/06/2021	SCW & SW	Carers had to work longer hours with less staff and for no extra money. Zero hours workers received no pay if off sick or stopped working by employers, making them financially insecure. NHS workers received rewards (queue jumping and discounts) whilst social care workers failed to be recognised initially. Job made workers feel tense, uneasy or worried. Subject to verbal abuse from families and written abuse through social media blaming them for spread of COVID in care homes.
Sarbu & Unwin (2021)	P	England	Cross-sectional	13	11/2020-12/2020	Student social workers	Students struggled with the lack of IT support and guidance. Support from placement providers was variable. Students found working from home and not shadowing professionals a challenge. Students felt isolated and disconnected. NB: only a small study.
Shallcross et al. (2021)	P	England	Cross-sectional	284,594	29/05/2020-19/06/2020	SCW	Risk factors associated with increased staff infection: increased social deprivation, for-profit status in care homes, lower staff ratios, use of agency nurses, zero hour contracts and no staff sick pay, inability to isolate residents.
Skills for Care (2021)	G	England	Cross-sectional	650,000 workers 8000 organisations	03/2020-03/2021	SCW	Supply of available workers lower than demand creating pressure on existing staff. 380,000 workers on zero hour contracts. High turnover of younger staff who left within 12 months. Decrease in jobs coincided with announcement of mandatory vaccination policy for care homes. Staff turnover rates decreased during the pandemic.

Skills for Care (2022)	G	UK	Cross-sectional	650,000 workers 8000 organisations	2021-2022	SCW	Mandatory vaccination meant decrease in filled posts and played a part in some staff members' decisions to leave working in the sector. Care workers added to the shortage occupation list in February 2022. Followed by an about turn on mandatory vaccination. 3% decrease (or 50,000) staff in filled posts is a result of recruitment and retention difficulties. Staff turnover rates increased post-pandemic. Problems with recruitment and retention rather than a lack of social care workers. Future projections suggest a deficit in social care workers with demand outstripping supply.
Wheatley et al. (2021)	P	England and Wales	Qualitative	21	NR	SCW	Positive outcomes were the ability to include families and people living at a distance in remote consultations. Technology facilitated an increase in cross-sectoral and multi-disciplinary working.

Key: NR: not recorded, SCW-Social care workers, SW- social workers

Table 3. Supplementary. Patterning table of themes

	Theme 1. Psychological impact on social care staff			Theme 2. Impact of the working environment on social care staff				Theme 3. Potential future impact on social care staff
Authors (year)	**SUB-THEMES**							
	Psychological Health & Wellbeing	**Moral injury & distress**	**Reward & benefits**	**Resources & Training**	**Easements & Safeguarding**	**Changing roles & working practices**	**Digital technology & communication**	**Perceptions of the future for social care**
Age UK (2020)	X		X	X				
Baginsky et al. (2022)	X		X	X	X			X
Banks & Rutter (2022)	X	X	X	X		X	X	
Briggs et al. (2021)	X	X	X		X			
BASW (2021)	X	X			X	X	X	
Bertini et al. (2023)	X		X	X		X	X	
Dixon et al. (2023)	X	X		X	X	X	X	
Giebel et al. (2021a)	X	X		X	X	X		
Giebel et al. (2021b)	X				X	X	X	
Giebel et al. (2022)	X	X		X				
Gillen et al. (2022)	X	X	X	X		X	X	
GMB Survey (2021)	X							
Hanna et al. (2022)	X	X		X		X		X
Hussein et al. (2020)	X		X	X				X
Kapilashrami et al. (2020)				X				

Kierkegaard et al. (2021)	X		X	X		X		
Kina & Luff (2022)	X			X		X	X	X
Kingstone et al. (2021)	X			X	X	X	X	X
Kong et al. (2021)	X	X		X	X	X	X	X
Manthorpe et al. (2021)	X	X			X	X	X	
Manthorpe et al. (2022)	X		X	X				
Marshall et al. (2021)	X	X		X		X		
McFadden et al. (2021)	X					X		
McKenzie et al. (2021)	X	X				X	X	
Murray et al. (2021)	X						X	
Norrie et al. (2021)	X			X				
Nyashanu et al. (2020a)	X			X		X	X	
Nyashanu et al. (2020b)	X			X				
Pascoe (2022)	X	X		X			X	
Pritchard-Jones et al. (2022)		X			X	X	X	
Prout et al. (2022)	X		X	X		X		
Ravalier et al. (2022)	X			X		X	X	
Ravalier et al. (2023)	X			X				
Saloniki et al. (2022)	X		X	X				
Sarbu & Unwin (2021)	X			X		X	X	
Shallcross et al. (2021)	X			X				

Skills for Care (2021a)	**X**	**X**			
Skills for Care (2022)		**X**			**X**
Wheatley et al. (2021)		**X**	**X**	**X**	