

Impact of the coronavirus pandemic on Family Wellbeing Workers

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friends appreciation social talking coping shielding
approach anxiety adapted respite frequent travel needs
training online people difficult engagement carer
busier groups technology wellbeing time
help breaks remote working local
pandemic impact offices
learning carers mental health stress
feelings support remote need
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family wellbeing workers
colleagues cope home listening
workload services role demands lockdown
face-to-face challenges personal
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impact
activities

Impact of the coronavirus pandemic on Family Wellbeing Workers in Aberdeenshire

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Introduction

The Covid-19 pandemic led to widespread lockdowns, social distancing measures, restrictions to businesses and the closure of buildings. During this time, Family Wellbeing Workers (FWWs) were required to adapt to remote practice and continue their roles as frontline workers by adopting technological adjuncts for continued engagement with unpaid carers.

Findings highlight both negative and positive impact of adaptation to remote working and online support on both Family Wellbeing Workers and carers' lives. The report concludes with recommendations and suggestions to services, organisations and local authorities, built from the experiences of the Family Wellbeing Workers, to help carer support services build back sustainable organisations and ensure continued quality support for unpaid carers in the future.

Research methodology

Twenty-five closed and open-ended survey questions were designed on Microsoft Forms for Family Wellbeing Workers at Quarriers Aberdeenshire Carer Support Service. The survey featured a range of question formats including radio buttons, free text and Likert scales, and was available online for two months from November 2021 to January 2022. The survey questions were partial adaptations from the Carers Trust's Covid-19 research to explore similar patterns of impact in FWWs in Aberdeenshire (reference). Eleven responses were collected from FWWs who were still working at the service and through the pandemic. New recruits and FWWs who left the service were excluded.

Challenges faced by the organisation during the pandemic

FWWs evidenced the increase in number of unpaid carers in need of support. The closure of schools, day care services, support groups and respite created more stress and both physical and mental exhaustion for carers. FWWs observed that carers were feeling more exhausted than before and wished for more breaks. The service witnessed the pandemic anxiety among the carers, and received increased referrals and enquiries about support.

The pandemic anxiety

FWWs mentioned that 95% of the demands of unpaid carers were specific to Covid-19 and the rules that remained inconsistent for two years. There were increased enquiries about PPE, vaccinations, prescriptions and appointments. FWWs mentioned carers being anxious about the uncertainty of restrictions and closure of services.

“Carers’ needs changed so enquiries were more Covid-related, e.g. PPE requests, vaccinations, etc.”

“Pandemic anxiety was high especially among those who were shielding or caring for someone shielding. The uncertainty around the length of lockdowns, pandemic restrictions and the future in general impacted on carers’ mental wellbeing and often physical health too.”

Increased pressure on the service

The service became busier than it had been, and FWWs reported that their workload had increased. Additionally, they noted that the wait times for referrals to local authorities were lengthier.

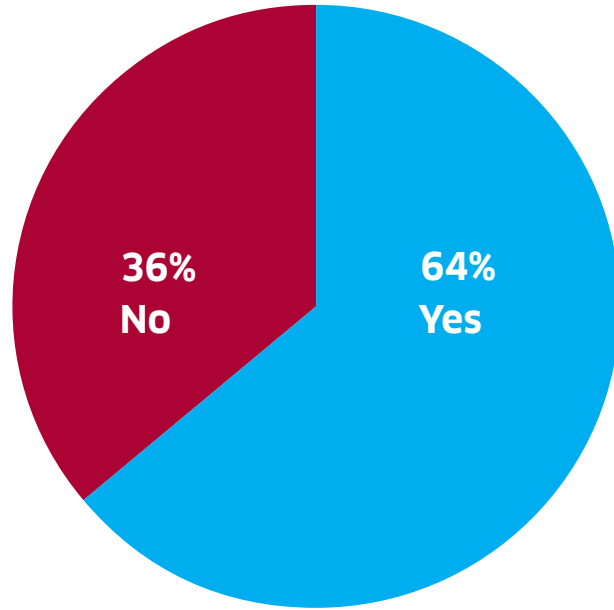
“I feel we were still able to provide the bulk of our services in very challenging circumstances, albeit often in a different way. It did take longer to make referrals to the local authority.”

“This meant I felt I should fill that void and provide that call every week or fortnight to the carer just to check in and ask how things were. This then has an impact on my workload.”

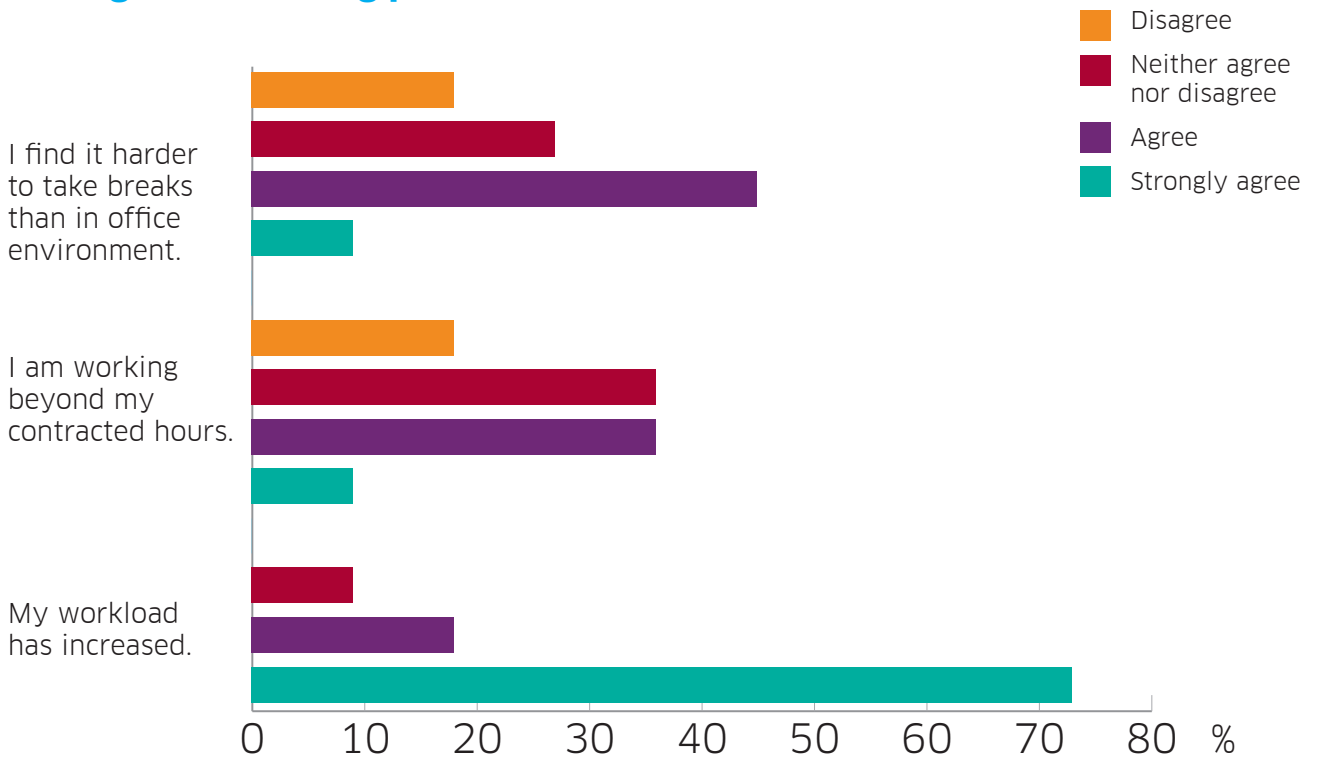
“I think it definitely made our service busier and our resources became stretched. People were looking to us for help and advice as other services were closed.”

Challenges faced by Family Wellbeing Workers in the pandemic

Has your role changed since the start of the pandemic?



Changes in working patterns



Impact of the pandemic on profession

Remote working

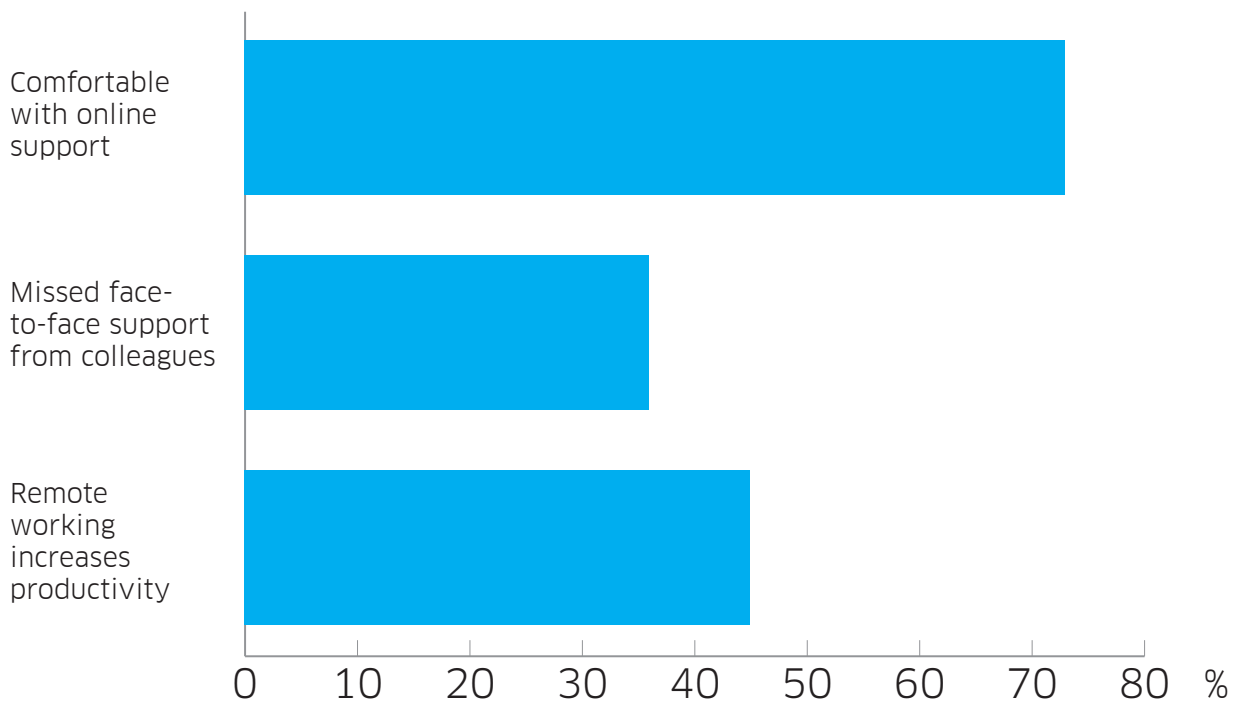
Remote working led FWWs to face new challenges performing activities that were once routine work activities. They also reported that communication and work efficiency decreased, and that this eventually affected timelines. This transition often removed home-work boundaries. Staff expressed the feeling of always being at work, with inability to escape work when it existed in the same place as home. They also felt socially removed from their colleagues, which made it more challenging.

“I did not like my house being used as an office.”

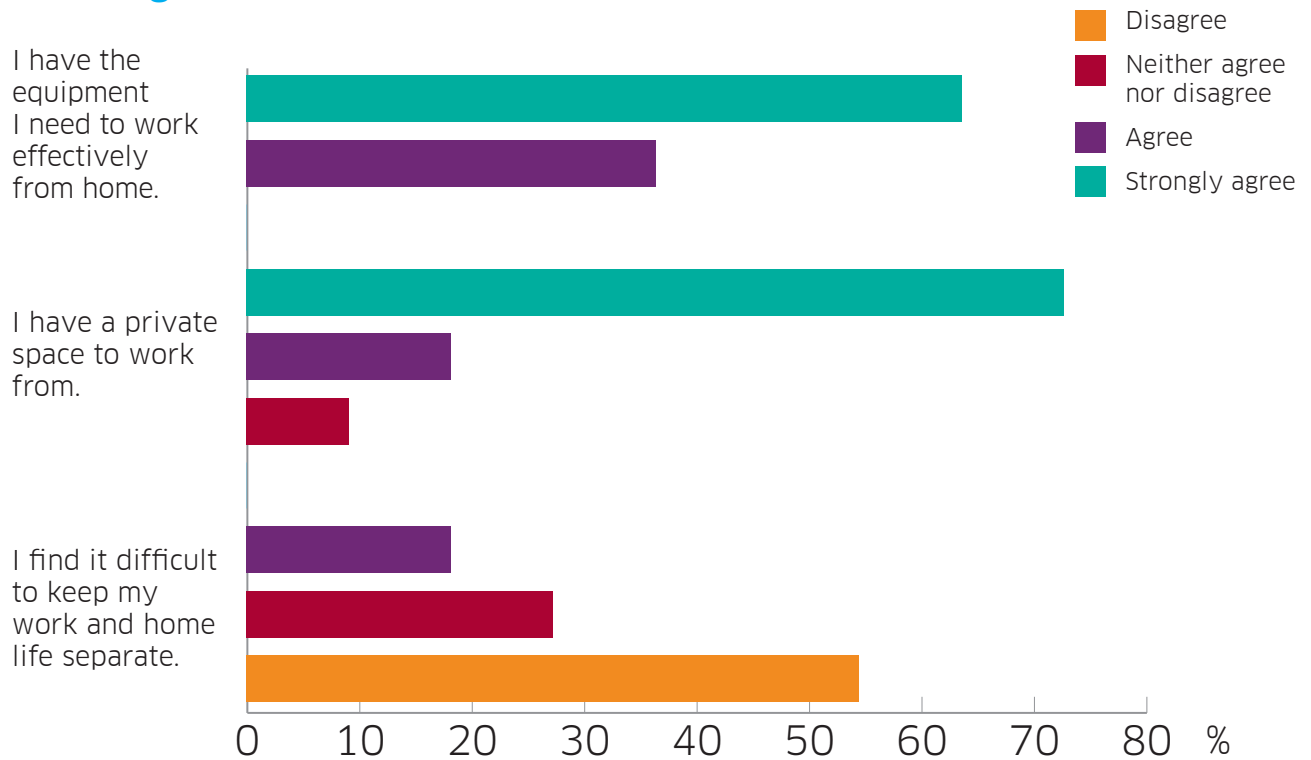
“It was stressful as I felt more isolated.”

“It was/is challenging sometimes if you don’t have someone you can just turn to and speak about an issue or query you have.”

Remote working



Working from home



Working from home was found to be affecting each FWW differently. However, 70% of FWWs agreed that they had been provided with necessary equipment and a private space for working independently at home, and 55% disagreed with experiencing any difficulties in maintaining a work-life balance while working at home.

“While I don’t find it difficult keeping work and home life separate, it does need quite a bit of effort (and some self-control) to keep it that way.”



45% of FWWs agreed that unpaid carers needed greater emotional and mental support than before, however unlike in the office, FWWs have not had their colleagues to debrief from distressing calls and burnouts. Therefore, they were taking more frequent breaks and slowly engaging in different activities to cope with carers’ calls.

“During the summer days, I was able to sit in my garden to have a break or do a spot of gardening during my lunch break. I find this very therapeutic, especially after a tough call with a carer.”



Personnel shortages and change in roles

- FWWs believed that their role has changed during the pandemic completely or partially, with few aspects of their role becoming more challenging. Staff mentioned their workloads increased as a result of personnel shortages and additional tasks outside their typical scope of work, and that this compromised their ability to work at home. It also came at the expense of their own physical and mental wellbeing. Despite frequent burnouts, they adapted a very positive attitude and took up the new responsibilities.

“I was asked to make carer phone checks due to my counselling experience and enjoyed my role. My previous role was on hold so I was pleased to contribute and be part of the team doing an important role during the Covid-19 pandemic, but I did not like my house being used as an office.”

“I don’t really feel that there were any additional demands, just staff shortages, which was a little bit stressful at times.”

*They started providing different kinds of support during the lockdown, and some felt the frequency and mode of delivery of support was challenging for both the carers and the FWWs.”

“Although I do not feel that my role has changed since the beginning of the pandemic, there are some aspects of my role that have changed and may have become more challenging, and/or more frequent.”

Increased workload

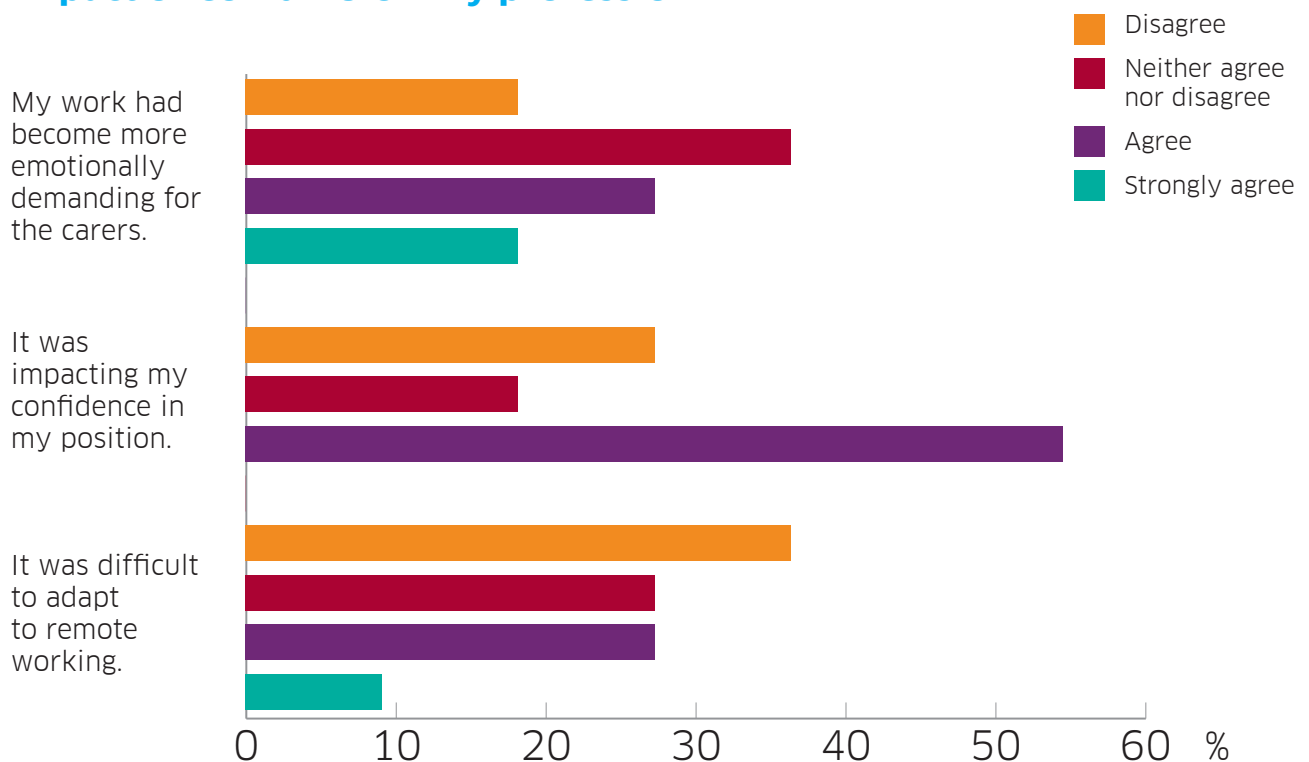
- 91% agreed that their workload increased and 45% agreed that they were working over their contracted hours. 55% of FWWs found it harder to take breaks during the lockdown and home working.

“At the start of the pandemic, admin workload increased drastically due to the change in support required by unpaid carers, e.g. initially lots of enquiries about accessing PPE supplies, then how and where to get vaccinations. Also, more enquiries regarding general support as carers felt isolated.”

- Some FWWs mentioned that working patterns have been favourable to them and they were able to work more effectively and take more breaks than usual.

“I have found it much easier to take breaks away from my screen while at home. I am much calmer and far more productive working from home, and can use my phone at any time on loudspeaker without impacting on anyone else while at home. I have easy walking access to local Post Office.”

Impact of Covid-19 on my profession

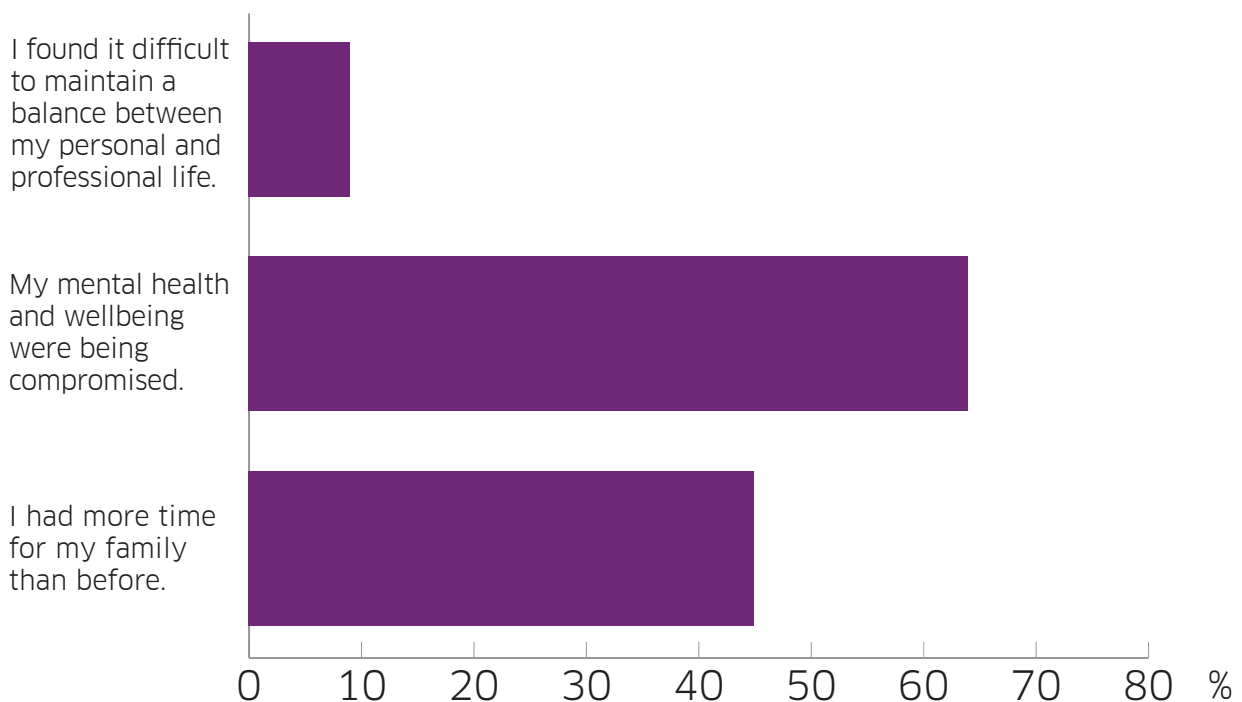


Impact on personal life

- Since FWWs had never worked from home before, it was initially challenging for them. 36.4% of FWWs found it difficult to adapt to remote working, whereas 36.4% disagreed and quickly adapted to the new norm. This difficulty in adaptation impacted the confidence of 54.5% of FWWs, and being unable to give the optimum level of support and reassurance further contributed to this.

“It was difficult at the beginning to work from home as I hadn’t had to do that before. I definitely missed the personal contact with my colleagues. I do think we adapted very well and very quickly to the situation we found ourselves in and proved we could still provide a service, just in a different way. I like the balance now of working from home and in the office as being on your own all the time certainly affects your wellbeing.”

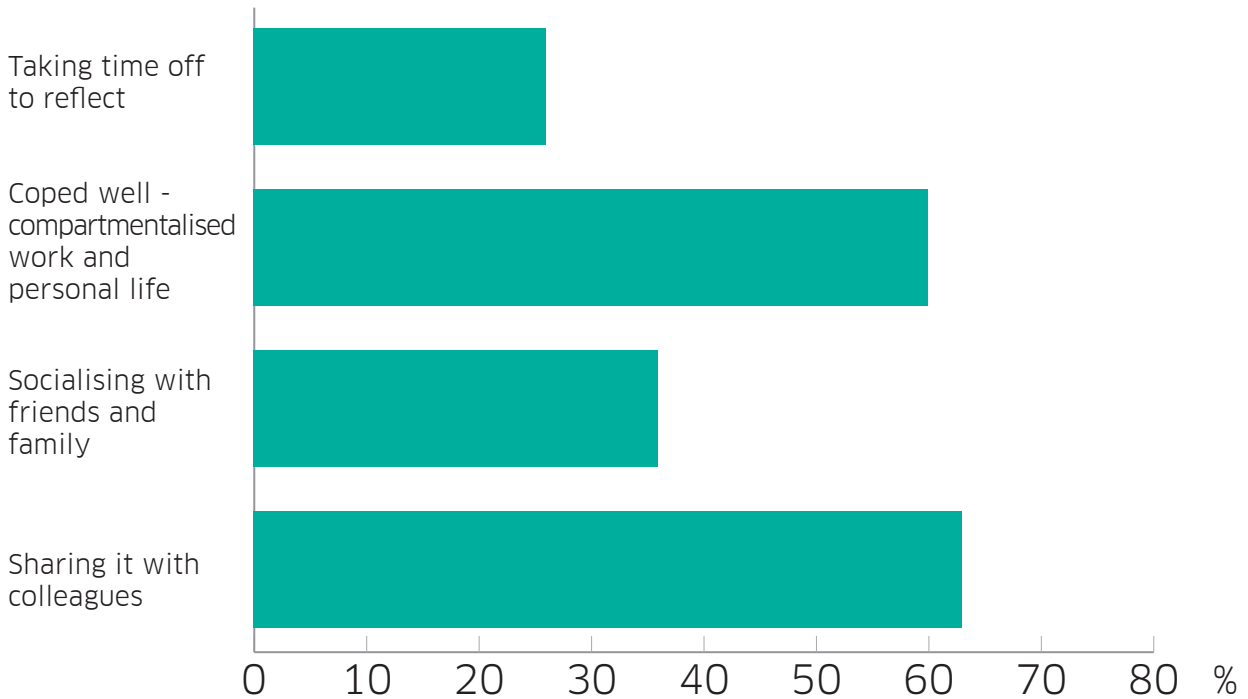
Impact on FWWs’ personal life



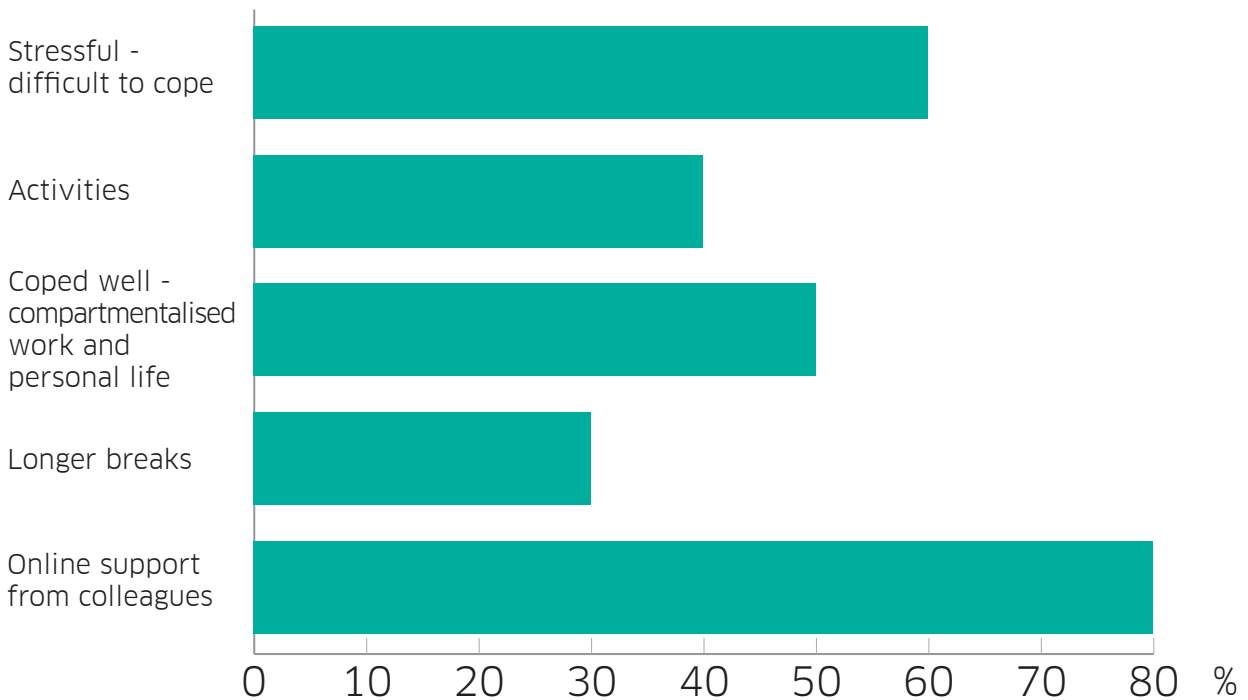
- 64% mentioned that the changes brought by the pandemic impacted their mental health and wellbeing, whereas 45% felt that remote working conditions had a positive impact on their mental health as they were able to spend more time with their family.

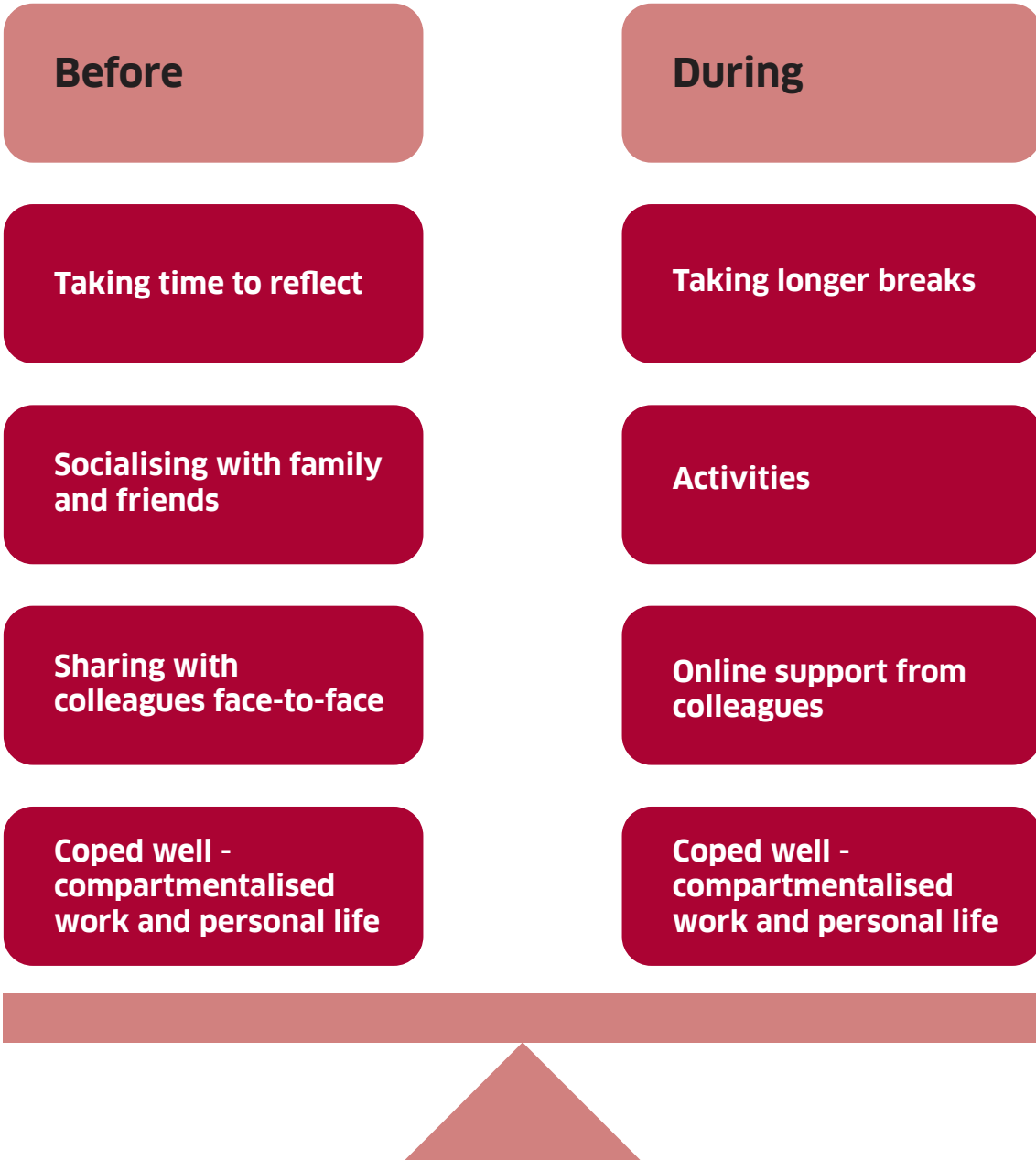
Coping with emotional demands before and during the pandemic

Coping with emotional demands before the pandemic



Coping with emotional demands during the pandemic





- Catering to the emotional demands of carers has always been draining for FWWs, and every FWW has their own way of coping with stressful situations. It was found, naturally, that FWWs' coping mechanisms were different before and after the pandemic.

A. Reflective practice

- Travel time vs longer breaks
 - o Before the pandemic, FWWs noted that the time used for travel to work or to meet carers was often used to reflect and address their thoughts. They believed that this time was also necessary to maintain work-life balance.

“Using the time spent travelling to meet with carers to think through particular issues and challenges.”

“The journey from work to home was used to create a mental as well as physical distance from work.”

- Longer breaks
 - o FWWs believed that remote working, balancing their work and personal life and unprecedented challenges were negatively impacting their mental health. Due to lockdown and travel restrictions during the pandemic, most FWWs reported less opportunity to reflect and process after consulting the carers due to increased number of queries and back-to-back appointments. They described symptoms of frequent burnout. Despite of all these challenges, FWWs were adopting a positive attitude and being as adaptable as possible. Reflective methods like utilising the time taken to travel was replaced by longer or frequent breaks from working.
 - o Other FWWs mentioned meditation, gardening and walking during the breaks as their coping strategies.

“During the height of the pandemic (lockdowns) by taking longer breaks away from the laptop and phone and going out for walks to help clear my head.”

“Longer and frequent breaks away from my laptop and phone.”

“I used to go out for walks during breaks. It helped me to think.”

“I also believe that meditation is a helpful tool when it comes to relaxing.”

“Spoke to my work colleagues over the phone or Teams, or went out for a walk.”

B. Socialising

- Most of the FWWs mentioned that socialising with friends and family was the more effective way to release stress and recoup. Routine socialisation with friends helped them to get away and cope with the emotional demands at work.

“By meeting with friends or family over a cup of tea.”

“Spoke to friends or family if needed but always tried to leave work at ‘work’ once the day/week was finished.”

C. Compartmentalisation

- FWWs described compartmentalisation of their feelings and thoughts as a healthy coping mechanism and as a firewall that prevents work affecting their personal lives. Previous professional experiences in dealing with similar challenging situations helped some FWWs to cope with stressors of their roles.

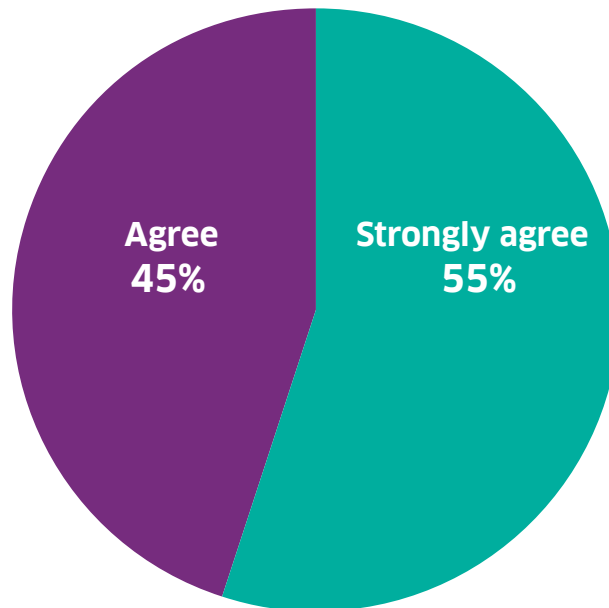
“I am good at compartmentalising so don’t find this an issue.”

“I managed to leave everything at work, and there was an opportunity to talk things over in person with a colleague.”

“I think I coped well. I am used to being in demanding and difficult roles at work.”

D. Sharing it with colleagues - the online support system

I was well supported by my colleagues



- However, some FWWs reported how compartmentalisation fostered a negative approach towards their mental health, which led them to bottle up their feelings. They preferred sharing their feelings and thoughts with a colleague.
- Despite inconsistencies, all FWWs agreed they were very well supported by their colleagues and 55% strongly agreed that they were well supported by the services during the crisis. They expressed strong appreciation for the informal and emotional support received from their colleagues and their immediate line managers.

“By contacting my colleagues on Teams to talk through problems or issues.”

“I relied a lot on my colleagues.”

“By talking to colleagues and my line manager in person and by phone.”

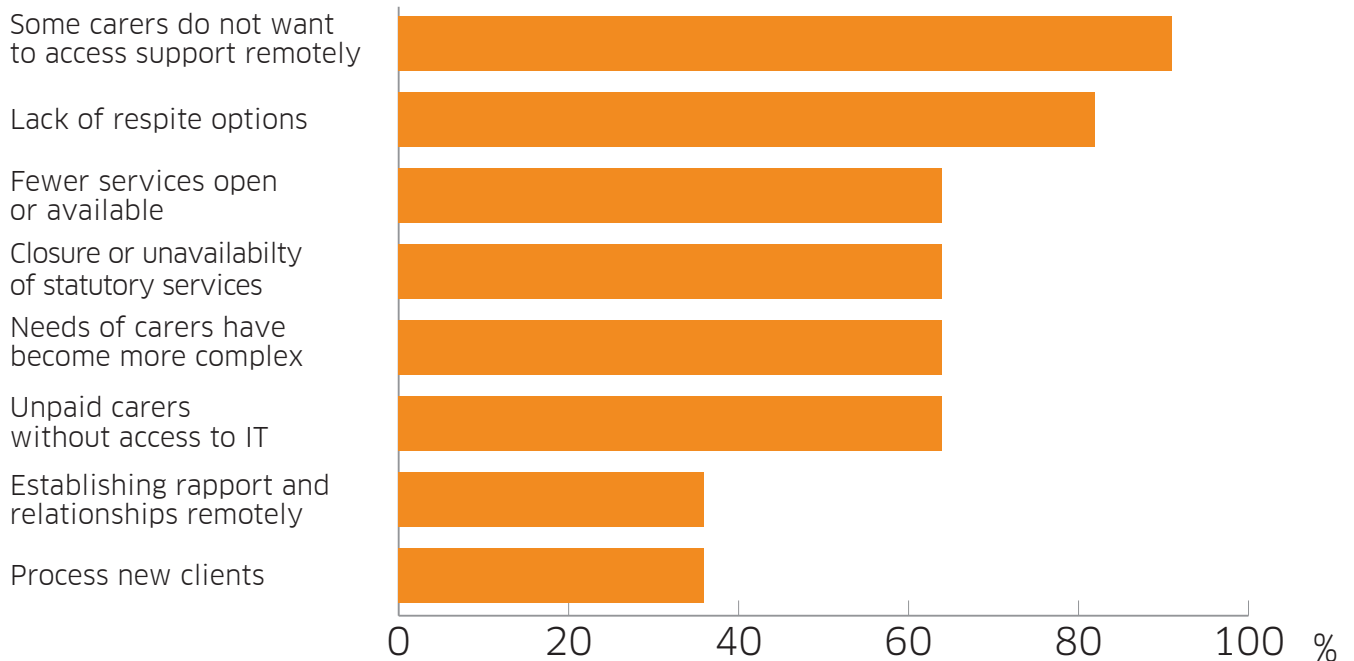
“Discussing challenges with colleagues and friends.”

“Spoke with my work colleagues, the same as I have done during the pandemic.”

“I would speak through any problems with colleagues via phone calls or Teams chats, and also ensure I take plenty of breaks and try to leave work behind once the day is finished.”

Impact on unpaid carers - a Family Wellbeing Worker's perspective

Challenges faced by unpaid carers



A. Increased demands of the unpaid carers during the pandemic

1. Increased demand for support from support workers

- FWWs believed there were more referrals during the lockdown as most of the support systems were retracted from the unpaid carers. Carers were provided more one-to-one support than before, and the engagement has been satisfactory. FWWs mentioned that it was easier to build rapport with someone who hasn't received face-to-face support before.

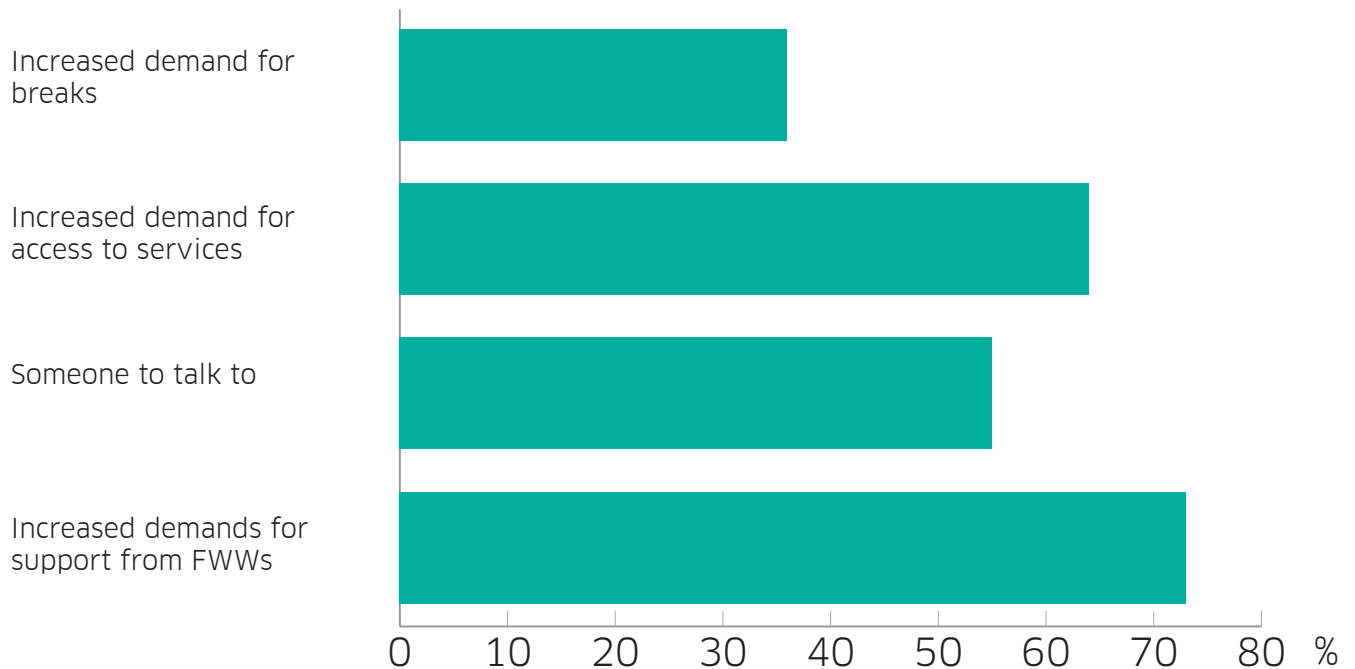
“More carers were needing more frequent contact from a Family Wellbeing Worker as they were becoming increasingly isolated and were getting no breaks from their caring role.”

“Demands for support were increased. They found it hard, and I think it was more emotionally draining for them.”

“I think they have had a lot of one-to-one support that they perhaps would not have accessed from us before. Regular phone calls where before it might have been a call every six months. I have found that most of the carers have engaged with us really well and it has been surprisingly easy to build relationships without ever seeing someone.”

- Someone to talk to
 - o FWWs mentioned that carers were supported via telephone particularly at the beginning of the pandemic. FWWs lent a listening ear for general discussion. Carers felt isolated, especially those who were shielding their cared for.

Demands of unpaid carers during the pandemic



“Enquiries at the start of the pandemic definitely increased, and these were dealt with by telephone and email in the normal way.”

“Mainly people feeling isolated and with no one to speak to. A lot of time spent just talking with carers about general things.”

“They needed a lot of listening ear time as they had also lost their own support network of family and friends. They were also under so much more pressure because of the closure of respite and day care facilities, and some were also very afraid to allow carers or others into their homes and therefore became very socially isolated.”

2. Access to services

Carers felt vulnerable by the lack of choice they had in ways to access services. They struggled making appointments to healthcare consultants or any professional services. They also lost direct contact with any professional support which further added to the strain of their caring role.

“I would say most of my carers felt abandoned, particularly those caring for someone with dementia. Their services just disappeared apart from online services, which didn't suit everyone.”

“Less access to health professionals e.g. GPs, psychiatrists and consultants, and difficulties also increased the levels of anxiety and feelings of isolation.”

B. Online support

- FWWs mentioned that carers had mixed experiences of remote care. Where most did not feel remote support would be as helpful or meaningful as face-to-face, it was clear that it was the only option during the pandemic and was not a choice they would otherwise make.
- Online support groups
FWWs mentioned that attendance for online support groups was poor, particularly in the beginning of the pandemic, due to either challenges with accessing the technology or being uncomfortable with the remote support provided. However, FWWs mentioned there was positive feedback among the attendees.

“Very few of the carers I support attended online groups - for some it was being unfamiliar with the technology, and for others it was the format that they were uncomfortable with.”

“There wasn't a massive uptake, but those who did join in appeared to enjoy it. Some of the older carers do not have basic IT skills, and although training was offered some just did not want to engage.”

“Many carers, especially older carers, didn't have or want the technology, or lacked confidence.”

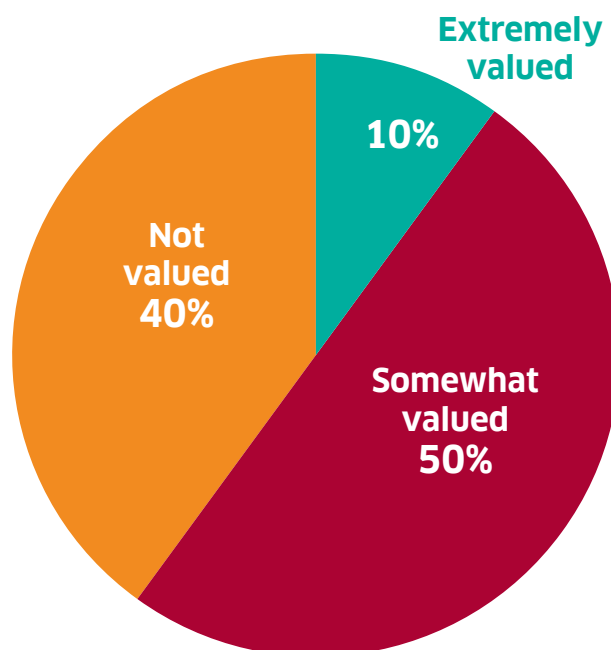
- FWWs also recommended that online groups with small attendance worked when compared to larger groups.

“I feel that online groups/meetings and training can work well, but only with smaller numbers attending.”

- Remote care seemed to play a part in addressing some disparities related to face-to-face interactions solely. During the pandemic, it made it possible for those who were shielding or highly vulnerable to the virus to continue accessing services, lowering the cost of transportation, and easing logistical challenges for carers, as well as helping those with physical disabilities who found it difficult to travel. That said, it did not benefit all.

“Sometimes carers have felt this is better as they don’t have to leave their house or arrange replacement care to attend groups, etc.”

Are unpaid carers valued by local authorities and government?



C. Closure of local partnerships and role of local and government authorities

- Temporary and permanent closures of local/statutory services and respite services along with redeployment of staff to hospitals or other services impacted the support system for carers. This led to increased pressure on FWWs and the organisation to fulfil carers demands. FWWs believed the carers caring for young ones and those with dementia faced more difficulties due to closure of schools and day care.

“I think it was respite, day care and learning disability facilities that were missed the most by carers as well as parent carers who had to home school. Parent carers of a child with a disability were hit particularly hard as they had no access to respite either during this time.”

“Being unable to provide the same services and same level of support to people due to staffing issues (people shielding, being redeployed to other services, home schooling while working from home, being in quarantine, etc).”

“People being redeployed to hospitals meant people going without social support, and this has had a long term impact on carers and the cared for, especially those with dementia.”

“Lack of face-to-face meant that day care disappeared as an option - this greatly affected the wellbeing of many carers, particularly those caring for someone with dementia.”

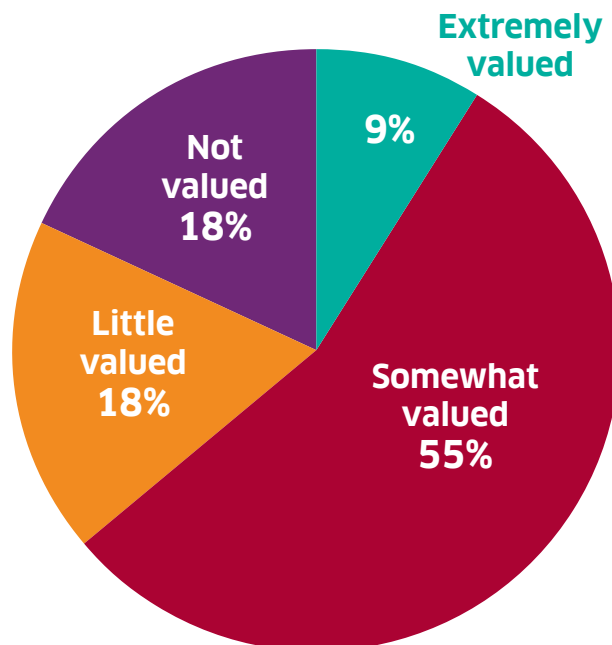
- As a result, the organisation was busier than ever, and FWWs felt the long waits for making referrals to local authority.

“I feel we were still able to provide the bulk of our services in very challenging circumstances, albeit often in a different way. It did take longer to make referrals to the local authority.”

“This meant I felt I should fill that void and provide that call every week or fortnight to the carer just to check in and ask how things were. This then has an impact on my workload.”

“I think it definitely made our service busier and our resources became stretched. People were looking to us for help and advice as other services were closed.”

Are FWWs valued by local authorities, government and wider community?



Present and future support

A. Post-crisis phase

- FWWs acknowledge that they were able to help meet carers' needs during the pandemic, and they tried their best to help carers be recognised by the local authorities during the pandemic.

“I feel that it was good and we fought as much as we could to make sure carers' voices were heard and their needs were met.”

“From my understanding, the whole team went above and beyond to make sure carers' needs were met.”

- FWWs are concerned about adapting to the post-crisis phase as few services were taking longer than usual to recover, and few of them were permanently shut. However, they are relieved that the pandemic has induced more funding opportunities and grants for the carers, that were absent before the pandemic.
- 67% of FWWs believed that there is an increased demand for support services to provide customised support for carers, depending on their complex needs.

“I think as a service we have provided the same if not more support to unpaid carers during the pandemic. There have also been various streams of funding that have helped give carers breaks, etc, which weren't there before.”

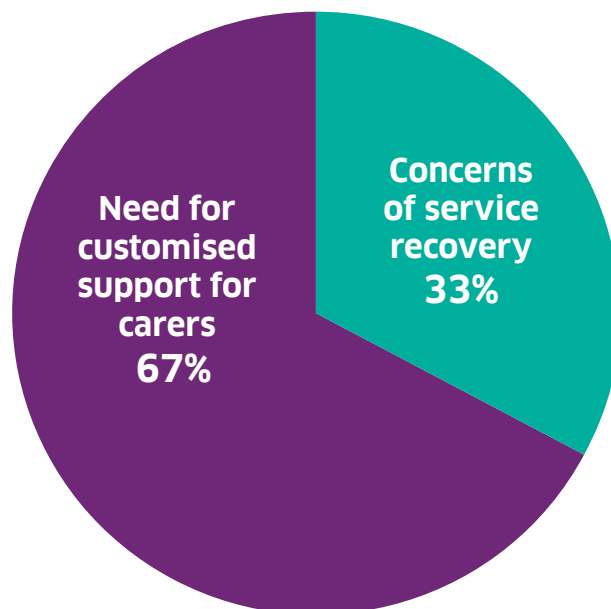
- 33% of FWWs were concerned about the local partnerships and other support services that might take longer to recover, thus impacting carers' lives.

“I’m concerned that some services may never get up and running like they were before.”

“Patchy and lacking, services slow to start.”

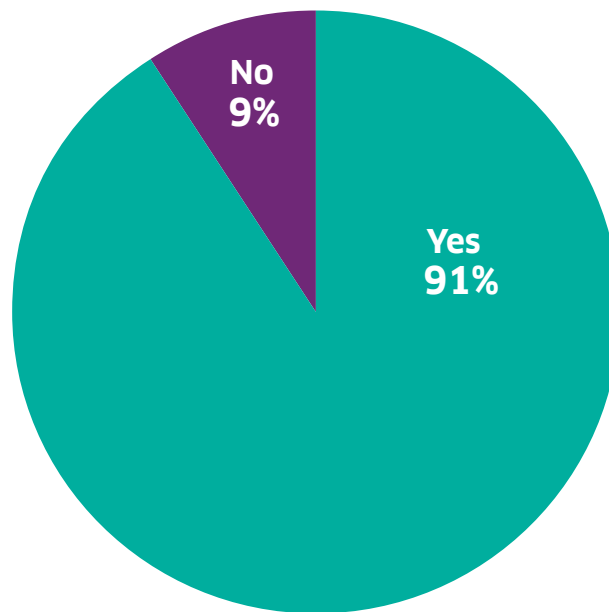


Post-crisis phase



Blended approach

Blended approach for providing support in future



- FWWs recommended that services should offer a variety of support options and the choice or mode of support should be left to the carer.

“Our care is very person-centred, some people are happy with this type of support, others prefer face-to-face. Personally, I think it best to offer a variety of options and let the carer choose. A couple of my carers prefer email.”

C. Concerns regarding FWWs' personal lives

- FWWs were worried if they could ever recover from the pandemic. Lockdown has impacted their mental health, increasing stress and anxiety.

“I want to be back to normal - not a 'new normal' - but I am becoming very unsure now that this will happen. I am also finding it much more difficult than I thought to mix with others without feeling insecure.”

D. Concern regarding carers

- 77% of FWWs felt that unpaid carers might face grant deductions or barriers for accessing support. This could be because of services moving online and many support services taking longer to return or permanently shutting down. This is leading to their fear of carers being left unrecognised in society.

“Lack of appropriate funding for social care and a continuing lack of appreciation of unpaid carers from central government.”

“There are barriers for carers accessing support. The criteria required to be met is quite robust and I believe that this is off-putting for some. I feel that they are having to come cap in hand and beg for support that should be more freely available, such as a sitting service to allow those caring for someone with dementia time away.”

“Money is going to be cut and carers will be hit hard. Little thought will be given for carers and it will be harder for us to make sure carers’ needs are being met.”

“Some carers will fall through the net as they are reluctant to move online, or don’t have the technology or finances to do so.”

Recommendations

A. Recommendations for Family Wellbeing Workers

a. Recommendations at professional level

1. Hybrid working

FWWs saw remote service delivery as a supplement but not a substitute to face-to-face support as it had several advantages like avoiding unnecessary burdensome travel, giving the staff more time to maintain regular contact with unpaid carers, more flexibility in offering shorter yet more frequent support, and perhaps better ability to follow up with carers. As some carers are still opting for face-to-face support, and some FWWs are opting for providing remote services, it is recommended to have a tailored approach during these unprecedented crises with acknowledgement that blanket initiatives may not equally benefit all workers. Refinement is required in how support will be offered in the future.

a. Toolkit for matching carers with FWWs based on their desired mode of service delivery

There is a specific need for guidance on use of remote access of support, which should be based on further research and consultation. Noting that not all carers prefer a blended approach, there is a need to design a toolkit that can assess carers' needs and decide the best format or combination of form of support, and based on their format of seeking support, match them with a suitable FWW who provides. This would support both the FWWs and the carers.

b. Recommendation at personal level

b1 Enhanced focus on mental health and wellbeing

The lessons learned from the stressors and challenges described by the FWWs demonstrate a need to account for how working during times of crisis alters FWWs' personal circumstances and ability to cope with stress. Organisations need to provide mental health support for the staff and make sure there is equal engagement both from those working from home and in the office.

b2 Blended support for remote working staff

Tailored approach towards regular checks, support and engagement activities based on the remote working environments.

B. Recommendations at organisational level

The adoption of alternative communication channels through technology has undermined the core aspects of relationship-based practice. These methods were introduced without proper planning or staff training as they allowed for some form of continuation and UK centralisation on relationship-based practice. These alternative methods are currently underexplored and need further research.

1. Recruitment and retention

- FWWs mentioned that staff recruitment and retention was the greatest challenge the sector faced and that it had gotten worse during the past two years. This had resulted in the loss of experienced staff, leaving newly qualified practitioners covering more posts and having fewer colleagues to learn from.

2. Training

2.1 Skill development training on remote service delivery

- Need for training for staff in leading or supervising support and interventions remotely. This must be targeted to the specific remote platform used and be based on co-produced principles with local partnerships and carers involved in delivery.
- Need for FWWs to have the skills and knowledge to harness the technology in a way that will support rather than inhibit their relationships with carers.
- There is the upcoming need to train staff on building rapport and establishing meaningful relationships using technology in order to maintain the holistic model of support, empowering carers and affecting sustainable change.

2.2 Training on risk identification and virtual interventions

- Blended approach means conducting assessments remotely, which can be problematic and hinder the identification of risks and use of shared decision making.
- A guide to be designed to help FWWs virtually gather evidence to be able to identify and assess risks.

2.3 Limitations of remote training

- Limitations of online learning need to be considered by the organisation when planning future training, and measures to be taken to retain the peer support and learning and development opportunities that are afforded by office working and time spent with colleagues.

3. Continuous research and evaluation

- When using technology to overcome the constricting environment described by the FWWs, regular research and evaluation of the service must be directed to how engagement can be adapted to ensure a collaborative process is encouraged and a holistic understanding of the unpaid carers is prioritised.

C. Recommendations about unpaid carers

- FWWs felt that support needs to be provided according to the needs of the carers, and that a flexible plan for support should be created in agreement with both carers and support services.
- Meet the increased demands for support in terms of grants, respite and day care.
- Online support groups/sessions involving smaller groups for better engagement.

D. Involvement of local partnerships, local and national government for policy and decision making

- Health and social care leadership to be more inclusive of FWWs in their decision making and demonstrate more empathy and appreciation for the workforce. Local authorities and senior leaderships need to incorporate the voices and opinions of FWWs when health and social care organisations design and implement programs and protocols to support worker wellbeing as the Covid-19 situation evolves and during future times of crisis.

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