Exploring the Effect of Business Strategy on Employees’ Retention During Pandemic and After Brexit: The case Home Care Sector in UK

Olga Crasii
Yehia Sabri Nawar
London South Bank University, UK

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Abstract
This research is related to the care business in Great Britain. The research question, employees’ Retention in Care Business during COVID-19 and after Brexit, is very urgent and needs significant improving and finding a way to make it as high quality as it was before the pandemic and Brexit. The most vital problem the care companies are struggling with in this uncertain period – is inappropriate stuffing and people retention. This article highlights the ways how the government and care companies are managing staff retention during the Pandemic and Brexit. It also explains how the data was collected, its research philosophy, approach, strategy, and methods. There are so many factors that negatively impact these two areas and need to be resolved as soon as possible. To investigate this research problem, the interview was conducted among individual employees to explore their experiences of retention and working conditions during this challenging time. The expectations are that by distributing the ideas on good practice others can learn from the experiences and that the information can be used to shape future resources.

Introduction
Care business is a massively significant segment of the labour market in the UK and around the world. Options on care services are an extremely critical decision taken by or on behalf of people who are disabled, elderly, and vulnerable. The quality and type of care have a great influence on their happiness, health, and longevity. Care assistant is one of the most rewarding jobs people can do. It can be messy, upsetting, and tiring but, there is nothing as satisfying as bringing hope to a vulnerable adult – and peace of mind to their family. Care assistants have the ability to change the lives of older and young people who are physically disabled or people who may be mentally impaired. Through the UK every single day care assistants go into their communities to provide home and live-in care services. “To care for those who once cared for us is one of the highest honours.” (Tia Walker). They support their service users with a lot of everyday chores such as going shopping, light house duties, laundry, and assisting with correspondence and individual affairs. In general, the service that care workers deliver involves helping people with their personal care requests. (Ali,2019).

COVID-19 infection was announced as a pandemic in March 2020 by the World Health Organization (WHO). This virus has affected millions of families with important social consequences, including the care industry. Certainly, it has destructively affected the Health Care services of numerous countries from all over the Earth. National restrictions were put in place and an urgent action strategy has been developed to react to the pandemic of COVID-19 with the Primary Health Care Corporation (PHCC). (Ali,2019).

Everyone is facing continuous personal and career challenges. A massive amount of people have lost their positions and workplaces. Since the emergence of the COVID-19 pandemic, the impact on the labour market began to be observed. Pinsker, (2020) highlighted two different experiences paramount during the COVID-19 pandemic. The first is industries able to work from home but that experience high levels of stress related to childcare, fear of leaving home, and other associated concerns. (Ali,2019).
The second is businesses unable to work from home, who are placing themselves at increased risk carrying on their services. So, Health and Care Businesses belong to this group. Care is not something that can be provided working from home. The Health Care Department and NHS kept delivering their permanent responsibilities all over the world. They were placing their lives in danger for the protection of others’ lives and providing them essential support and care. Such businesses are considered at threat of unemployment, underemployment, physical, and mental health, and relationship difficulties connected to work. Throughout the COVID-19 pandemic, care home workers have shown unbelievable efforts to provide proper help and maintain a safe environment for those who are extremely at risk from it.

On the other hand, there is another circumstance such as Brexit that has a negative impact on the care business in particular. On 31 December 2020, the UK stopped following EU rules, with new arrangements agreed for travel, trade, immigration, and security cooperation coming into force. It meant all the EU care workers who were not integrated and set up as UK residents had to go back to their countries as they lost their right to live and work in the UK. And it became more difficult for new EU citizens to come to the UK and start their careers as care workers here. It led to high turnover and understaffing in this branch of industry.

There is a real and continuing challenge for companies in the care industry to employ, develop and retain the right staff to perform high-standard, person-centred care and support services. And there is no single resolution to this challenge, during COVID-19 and Brexit circumstances across the country.

**Literature Review**

**How business has changed after COVID-19, and Brexit?**

Big amount of people with special needs who are receiving care services have been informed their care cannot be fully achieved for reason of staff shortages in the UK and all over the world. The messages were sent out stating that the care providers may have to adjust their present care packages. People with serious disabilities and critical diseases have already lost their care assistants. COVID-19 and leaving of EU employees because of Brexit had caused staffing deficiencies all over the UK (Robertson, 2020).

The most recent report from the Health and Social Care Board estimated that 7.3% of vacancies in social care were unoccupied for the period of 2019–2020, equal to around 112,000 positions (CEP Election Analysis, 2020).

The social care industry in the UK is currently in a vulnerable situation. More and more care workers are needed every day to manage a high volume of demand. High-level turnover and staff shortage have led to employees leaving their care positions. This identifies that lots of people who require support are at risk of missing the assistance they urgently need.

According to Robertson (2020), care workers are leaving their positions in adult social care because of a combination of various reasons:

- **Low salaries**

  How much does a care worker earn? The national average salary for a care worker is £21,116 in the United Kingdom. Salary assessment is based on 1,585 salaries submitted anonymously to Glassdoor by Care Worker employees.

  Liberal Democrat leader said “I often hear stories of staff leaving the social care sector to go work for Amazon because the conditions and pay are better.” (BBC Breakfast, 2021). Care workers are considered less satisfied with life, and struggle financially in comparison with the general population (Robertson, 2020).
Staff burnout

Nearly, one in three care workers are suffering from burnout at the workplace. This causes harm to their own well-being and also, leads to the deterioration of qualitative factors such as emotional tiredness, scepticism and depersonalization disorder, decreased professional effectiveness, and personal achievement (De Hert, 2020).

Care workers appear to be at actual risk for burnout. This has substantial destructive personal and professional consequences which are: poorer service user fulfilment, diminished quality of care, and even medical errors.

In the table below it can be seen how the care workers’ professional burnout is growing year by year.

Stricter immigration laws

There is a constant need for care assistant staff and plenty of these positions are covered by EU residents. London in particular relies on EU nationals to fill up the skills gap. Unfortunately, care workers do not meet the criteria of skilled workers. Care providers required a sponsor license to recruit their staff from the EU, alongside hiring people from countries elsewhere. (De Hert, 2020).

This makes recruitment in the care segment more difficult. People from the EU have to apply for a work visa in order to come here and meet the criteria of the points system. This automatically means that people with special needs will not be able to get the home care they require. (De Hert, 2020).

Compulsory vaccination

The government aims to guarantee that care and residential homes are as safe as possible for the staff members and the service users they look after. They consider that the best way to achieve that is to make sure that everybody is fully vaccinated, and it is a mandatory condition to continue working in the care industry. Since 11 November 2021, all care home workers, needed to be fully vaccinated unless they are exempt under the regulations. (Department of Health and Social Care, 2022). As the statistic shows tens of
thousands of residential care assistants have lost their work positions since November 2021, because of this reason when vaccination became a condition of deployment within CQC-registered care homes in England (Beech et al. 2019).

**Poorer working benefit**

Carer workers are struggling to keep balance their caring responsibilities with their work duties. Care companies could provide extra support and encourage their employees at their workplaces. Not many performing care assistants believe their employer-company is carer-friendly. And a lot of them are failing to discuss their caring role with management at their workplace, in general, because they understand nothing will change if they do.

Offering carers support benefits, work shift flexibility and individual facilities would benefit both employee and employer – for example, by enhancing the well-being of workers, converting to cutting absence, and improving retention for the industry. “I tend to think the support is not as good as I expect. Managers are under huge pressure because of the shortage of staff but in many cases, they also lack the goodwill to act when necessary and how would be correct. More could be done regarding rotas to cut down on unnecessary tension and pressure at workplaces. Not enough mental support was provided when I felt depressed, and I didn’t get an extra day off when I really needed it. I felt forced to work extra hours.” (Care worker, 6).

“Carers are coming and going, permanent change of staff is very stressful for the customers. Unfortunately, serious actions are not yet taken. I think that office people should be more open and smiley and ready to help.” (Care worker 5).

**Pressure**

For a care assistant dealing with pressure is a usual everyday circumstance that gives new challenges and approaches to work. Care staff is appreciated all over the world for the service they deliver, the compassion, and the optimistic effect they have on people’s lives. But, nevertheless, all that positivity in the job often brings a high-level pressured environment. The standard daily routine of a care worker very often rotates around providing emotional support to service users, helping them with domestic duties, and delivering wellbeing-based care to enhance the condition of those they work with. It can still be a stressful job whether the care worker has just started the career or has been doing it for many years. “I was scared myself and straggling to carry my care duties. My mental health was very unstable because of the uncertainty and stress I got every day. I felt I cannot make myself leave my house. But at the same time, I had a clear understanding that my clients are waiting for me, and I don’t have any moral right to let them down.” (Care worker 7).

There are no two similar days and there are a number of varying situations which, obviously, make the job of the care assistant stressful. Unexpected difficulties take place on a regular basis and there is no such point as a standard workload. This circumstance raises the pressure on the position as care staff may have a strategy they are using during the working day - but it can be changed easily by emergency situations. That makes it complicated for the business to get and keep their employees and to reduce people turnover (Beech et al. 2019)

**How does Brexit affect the UK care industry?**

From 1 January 2021, the transition period for Britain’s exit from the European Union is over. Travel, work, and trade have become different, and many sectors have been already affected, including Health and Social Care.

Brexit is not helping with the staffing situation. It has brought new challenges to the care sector. (Brexit and the social care staffing crisis, 2019).
There is no form of Brexit that will benefit the NHS, Social Care, Public Health, or life sciences sector - only different levels of destruction. This, altogether with the broader economic effect of Brexit, will cause a very hard impact on the most disadvantaged communities in society. (BMJ Opinion, 2018).

In the UK, a little over 5% of the regulated nursing profession, around 9% of doctors, 16% of dentists, and 5% of allied health professionals were from inside the EEA. Not only are they a sizeable component of the workforce, but the patterns of their numbers and their composition by occupation and geography have also changed rapidly since the 2016 Brexit referendum.

While the contribution of EEA nationals to the NHS is important, it is arguably even more so in social care services across the UK. In 2016, EEA nationals made up 5.4% of the workforce, though in absolute terms their number grew by 68%, or 30,600 individuals, since 2011. (National Institute of Economic and Social Research (NIESR), 2018).

Under a new rule recommended by the Government's Migration Advisory Committee, carer staff is considered 'low skilled EU workers and do not get privileged entrance to the UK workforce market after they leave the EU.

Most of the carers are not from the UK. The care structure in the UK is in not a suitable position to resist the deficit of EU workers, right now or in the future. If care workers based in the EU are no longer allowed to work as live-in carers, care homes, or hospitals in the UK, care-providing companies will find it difficult to face growing demand.

The existing crisis has also dropped a light on the circumstance that Britain is not generating or is failing to encourage much of its labour force to join the care business. General observations of low incomes and long hours are absolutely not inspiring people to submit their applications for the numerous vacant positions offered. Therefore, the obvious conclusion is that these roles have to be filled by qualified migrants from the EU or beyond. The full impact of Brexit on the UK’s Health and Care System will be not known for at least a couple of years.

**Methodology**

An inductive approach was applied to this research question. It started with the observations of the working environment of the care company and then the theories were proposed towards the end of the process as a result of observations.

This approach intends to produce meanings from the data set collected in order to detect patterns and relationships to build a theory. It begins with detailed observations of the care company as a holistic object, which moves towards more generalizations and ideas as people retention during COVID-19 and Brexit.

Observing the changes that were caused by two unfavourable factors COVID-19 and Brexit, the negative impact on people retention in the care industry that led to the deterioration of the quality of provided service by government and care providers was identified.

During the topic investigation many issues, difficulties, and challenges that business is going through were discovered and found. Also, there were some ways of improving and returning back to the normal working process recommended. Interviewing care workers from one of the company branches helped the current situation. Alongside it was mentioned what has been already done by the government and local authorities and what else could be useful to do to overcome the problems and return the care industry to its normal life.

**Data collection techniques and sources**

In this project primary data collection, and interview, was chosen to collect information from the participants, and care workers, to get their opinion and vision of the research question and cover the subject of interest. Also, secondary data collection was used, and it has been taken from official government sites, journal articles, and interviews of some care workers who are discussing the same research question.
and sharing their experiences and opinions in terms of it. This data collection saved time and resources and made the process faster.

The respondents of the research are adult social care employees on the basis of one of the leading care companies in London and the South part of England. In total it was received 10 responses to the face-to-face interview distributed to adult social care workers. The company name is anonymous as requested by the branch manager. The company represents private care sector organizations based on Local Authorities which is a council in one of the boroughs in London. Main service work in adult residential care, adult domiciliary care, and adult community care. This is a medium establishment (50-249 people). The care Quality Commission (CQC) rate is established as “Good.”

Sampling methods

Quota sampling technique of selecting population elements on the basis of predetermined characteristics was used: participants’ availability, willingness to take part in the interview, and speaking out for the care business situation during a pandemic and after Brexit. Also, it was a convenient sampling technique, and participants were selected from the researcher's workplace. That made the selection process simple as the researcher knows the participants well, and also could predict their reaction to the request to take part in the interview. These samplings were chosen because they are the least expensive, least time-consuming, and most convenient. But also, it is not free of selection bias and has no assurance. (Novikov and Novikov, 2013).

Research instrument

Face-to-face interview between the researcher and a participant was held on different days and depended on when the participants were on their usual shifts. The interview was taken during their break time. It was audio recorded with the consent of the participant. The non-standardized, semi-structured, face-to-face interview took place on a basis of a care company with care workers who work there. Qualitative content analysis was used to determine the presence of the research problem on a descriptive level while representing the main issue of the research problem. The aim of this method was to find out how the care workers see the problem of a research question, how their work conditions have changed during the COVID-19 period and after Brexit has started, and what factors make them leave their places and look for better jobs and what can be done to improve the situation? (Saunders et al, 2019).

Findings and Discussion

After the investigation, the research questions, and interviewing care workers some findings emerged on what can be done and what has been already done by care providers to come back to the initial care business service as it was before COVID-19 and Brexit.

Significant reforms are essential to support the sector to continue at present volume points as well as to produce the expected care providers' performance at a high-quality care level.

Because the population continues to age, the need for care will rise and the forms of necessary service will differ. The Office for National Statistics, 2018 predicts a 36% growth in persons aged 85+ between 2015 and 2025, from 1.5 million to 2 million. This is expected to lead to a substantial increase in demand for care home services.

Improved planning

There is a necessary need to make efficient and productive planning of future capability and opportunities in care companies. As real-life shows, this is not completely effective at present days. Local Authorities have to structure plans to focus on local circumstances and demands. To help LAs to complete this mission, there is a need for measures and actions to support and guide them, providing proof of care service and facility requirements now and for the future. The appropriate guidance, relevant information,
and coordination are the best way to supply this support through independent sources such as care companies, residential homes, and care staff.

The right to information and support

Local authorities should have a duty to deliver information to care companies and care workers to encourage them in their caring responsibilities. They should make sure carer workers have open access to customized guidance about balancing work, education, or training with caring, including related benefits and well-being advice. “Staff meetings and training should be onboarding regularly; new regulations have to be sent by email to every carer to keep us informed.” (Care worker 4).

Offices should make this information accessible to their staff about the best ways in which they can support employees who have the necessity to manage caring duties with work. Information for care staff has to be updated according to the news, coming events, and changes in the industry and also, cover important information such as the variety of support and guidance recommendations on how to access public and community support for care staff, beneficial additional sources of materials and information such as carer groups and forums, information discussion with carers their practices and opportunities as well as supplying them with written materials, sharing information and instructions that covers their personal requests, especially at the moment when they desperately need it and that will help them to plan and prepare. “Because of the threat of viral infection COVID-19, wearing of PPE to every customer flat, changing aprons, gloves as usual, additionally wearing of face masks become compulsory. Washing and disinfecting hands after every procedure becomes vital. All staff has to be informed about the danger, about how to protect ourselves and our customers. State of our customers’ health has to be continuously updated by the members of the office and care team within active communication with their families.” (Care worker 7).

Work, education, and training

Good practices always include discussing further career development, training, workshops, growing professional skills and knowledge possibly with position promotion, and improving personal characteristics. Employers have to investigate the opportunities available within the business and provide their staff support they need to remain in, start or return to work and strive for self-fulfilment in the care field. “I am an ambitious person, so I would feel more inspired and motivated if I get a chance to be promoted within my company. To receive more training, I need for my further growing and developing would be very helpful for me.” (Care worker 1). They have to make sure that they give their employees a chance to carry out carers' assessments and show they have the necessary skills, knowledge, and understanding of potential opportunities for returning to or remaining in work, education, and training.

Social and community support for care workers

Care companies and Local Authorities should guarantee care staff is kept regularly informed and updated about available community facilities and other sources of support and information and how to access them, for instance: local care assistant support services, self-help groups, community and faith groups, specialist benefits, financial and legal advice, financial support, advice about self-care, where to find reliable information about the health condition of the person they are caring for. New kinds of support became available for care workers due to COVID-19 challenges and information about them should be easily accessed on official sites and at workplaces. “We are rewarded with discount card (Blue Light Card) and LifeWorks program and many other incentives that make us feel appreciated and special.”

(Care worker 2).
Psychological and emotional support for carers

In case a care worker has an identified mental health problem, psychoanalyst and counselling involvements should be considered as a good way to help. “We had to work more and cover more visits because of understaffing on the shift. Shifts became more intense, extra things to do and remember. We didn’t spend enough time with our service users. We became extremely busy as my colleagues tested positive, more work at the same time, sometimes we didn’t have a break, more stress, and pressure.” (Care worker 3).

It’s essential to care for staff and to take into account their duties outside of the workplace, as these factors can affect their performance at work. Ensuring that all members of the staff are physically and mentally suitable for work gets as important as providing a positive atmosphere and workplace culture.

Valuing and appreciating staff, investing in education and training, embedding the company’s standards, and honouring successes and achievements - all run a long route to improving staff retention. “Staff should be treated with respect and appreciation. This is a very hard job that involves a lot of physical and emotional contribution from the workers, and this should be appreciated by the employers and management.” (Care worker 8).

Involving staff members in decision making and giving them salary above the local minimum (paying competitively) plus ensuring that they feel respected for the amount of work they are doing, also has a positive impact on retention level and keep loyal and caring staff.

Offering incentives for existing employees who introduce potential new employees would be a good motivating factor to stay in the company and recommend others to join the business. Hiring current employees by referring a friend can be a valuable way to follow because it is a bigger possibility of attracting people with the right values and behaviours. The existing staff already know the organization’s policy and fundamental principles and can share these with the people they refer.

Hiring the right people

Finding and recruiting people with the right skills, values, and talent to work in social care is a very important factor that impacts people retention in the future. Of course, the recruitment process isn’t just about how to attract potential candidates to apply for vacancies. It’s also about ensuring that the right people are employed, especially during the COVID-19 period, care business was the most popular and available to work. “Most of the care workers are not from England. Since Brexit started European citizens came back to their countries as they need visas and permission to work in the UK. Care companies are not ready to provide sponsorship for EU carers and started to lose their workers. A lot of care positions became available and inappropriate staffing became an urgent problem in the UK. The rest of the carers can’t cope with the double pressure and quit their jobs as well. We had times where there were half of the shift carers available.” (Care worker 9).

What should employers look for when selecting new staff and how do ensure you employ the best staff? Various potential selection strategies should be taken into consideration such as values and behaviours, prior relevant work experience, and qualifications, recognizing the importance of investing in ‘raw talent,’ based on the principles of values-based recruitment

Increasing salaries

To pay above the National Living Wage, overtime payments, childcare costs, professional health, wellbeing actions, motivation and retention expenses would be very encouraging factors to reduce people turnover and to attract new talents into a business. Relevant and impactful reward choices and increased engagement directly boost productivity levels across the organization. “They urgently need to increase salary, to recognize care assistants as a part of NHS and to admit social care workers are just as important as NHS staff and should have the same benefits as the NHS do.” (Care worker 5).

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Conclusion

The care industry as an entire unit is one of the fastest developing sectors in the UK that has lots of care operators, care providers, and investors looking to grow their care companies. Robust demand from an aging population is expected to aid industry growth over the next five years. (Hallidays, 2021). However, the COVID-19 pandemic is expected to continue to slow down the industry, and staff shortages are estimated to be worsened over the upcoming period by the end of the free movement of people between the UK and EU.

The Government made a commitment to offering employee recruitment and retention funding, supporting Local Authorities and care suppliers to recruit and retain a necessary quantity of care staff during the winter period, and offering progress and development to existing employees' volume as well as inspiring new and returning candidates. (Autumn and Winter Plan, 2021)

Actions have to be taken to make sure that EU care workers are able to come to work in the UK for senior and disabled people who depend on them. EU citizens at present make up 104,000 of those involved in care in the UK, and that amount is increasing. (Age UK, 2021). The majority of them work in London and provide 'live-in care' which helps senior people to remain in their own properties. As a result, the care business area requires a well-designed plan for how to deal with employment and retention - involving new talent and extra resources.

The UK Department of Health and Social Care declared plans to develop the Health and Care visa scheme to recruit care workers for the NHS and care sector. It is created to make it easier and quicker for the best global health professionals to work in the NHS and social care sector. (Health and Social Care Department, 2020). Secretary of State for Health and Social Care Matt Hancock said: “Our health and care system has always had a proud tradition of welcoming overseas staff to work, train and live in the UK, and I’m proud that the NHS is a destination of choice for talented people from around the world.” (Conservatives News, 2020). Thousands of extra care workers could be hired to improve the number of adult social care workers, care assistants, and home care workers from everywhere in the world with little or no qualified training and experience.

Care workers are considered key workers, and their job and services can’t be performed remotely. COVID-19 has brought negative changes in the caring process in terms of emotional, mental, and quality aspects and the industry still needs time to be fully recovered in order to function and deliver its service and responsibilities as it was before the pandemic. A lot of actions were taken to come back to normal life and a lot has to be taken to achieve the main goal of caring for and looking after the most vulnerable population of the country.

Research limitations

The main limitation of this research is that the data collected from interviews might not provide an accurate reflection of the entire population as participants were selected according to the researcher’s opinion and personal observation. There are some criteria that were applied to the interviewees during the selection process. They are personal characteristics, attitudes towards work, relationships with colleagues, ability to work in a team, and many others. So, it can’t be excluded that the interviewer wasn’t always objective and wasn’t influenced by any personal attitudes and opinions during the selection process. Also, it can’t be 100% sure that the information collected is truthful and not exaggerated due to some unfriendly atmosphere and personal reasons at the workplace (Novikov and Novikov, 2013)

The care company where the interview was held preferred to remain anonymous. That is why the researcher had to be very careful not to mention any features that would reveal the company’s name and break the anonymous policy.

Some of the interview questions were cut off the list as management considered them not secure enough and the information according to their opinion was private and confidential.
References


