

## IMPACT OF THE COVID-19 PANDEMIC ON CARER SUPPORT ORGANISATION IN ABERDEENSHIRE – A QUALITATIVE APPROACH

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### Abstract

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 unpaid 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.

**Keywords:** Support workers, Carer support services, unpaid carers, Covid-19, health and social care sector.

### Terminologies (Carers Trust, 2020b)

**Unpaid carers-** An unpaid carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

**Paid carer-** A paid carer is someone who is employed to provide care on a paid basis. Although the terminology and legislation referred to in this document applies to Scotland the experiences, challenges and recommendations are applicable across the whole of the UK.

Other alternative terms used- Informal carers, Family carers

**Carer support worker-** A carer support worker is a paid member of staff who works for a carer service, supporting unpaid carers

Other alternative terms used- Family wellbeing workers

**Carer support services-** Organisations and networks supporting unpaid carers in the community and provide information, advice, emotional support, hands on practical help and access to much needed breaks/ respite. They also offer specialist services for carers of people of all ages and conditions and a range of individually tailored support and group activities.

### Introduction

Unpaid cares constitute the pillar of long-term care systems around the world with more than 5 million of all adults in the UK (9%) and 40 million (nearly 16%) of adults in the US have been estimated to provide informal care to people with care needs (Onwumere et al., 2021). In countries, where community and residential long-term care services are less prevalent due to barriers like lack of

awareness, financial constraints and cultural barriers, almost all long term care is provided by their family members also known as informal or unpaid carer. Most of these unpaid carers are women, with caring responsibilities ranging from providing personal care to helping their cared-for with daily living and supervision (Ferrant et al., 2014; Lorenz-Dant & Comas-Herrera, 2021a). Unpaid carers can be young to elderly adults. (Carers Trust, 2020a) Consequently, unpaid caring duties have a significant impact on their personal lives depending on the phase of their lives, for example education, financial, physical and mental health. Carer support organisations such as Quarriers, Carer Trust provide different kinds of support to the unpaid carers aiming to transform their lives. However, the local support services are going through challenging times in terms of providing adequate support, due to increased burden, lack of staff, inability to replace the leaving staff, lack of funding etc.

Covid-19 surfaced and aggravated these struggles faced by unpaid carers and the carer support services in the UK. Nearly 400,000 additional people in Scotland were caring for older, disabled or seriously ill relatives or friends since the pandemic (Carers UK, 2021). Thus demanding more support with information, more staff and more funding in place to be able to support the carers during these unparalleled times. Since March 2020, travel restrictions and local and national lockdowns in the UK have continued to impact the lives of unpaid carers, carer support workers and carer support services across Scotland. Previous research in the UK have shown and proven the gravity of the situation (Swan et al., 2022). It has been noted that there is limited knowledge and awareness on the impacts of the Covid-19 pandemic on unpaid carers and their family (Lorenz-Dant & Comas-Herrera, 2021b; Onwumere et al., 2021).

The need for localized and targeted qualitative research was recognized during the third lockdown, to have an in-depth exploration of the shared experiences of unpaid carers and support networks. This would help carer support services like Quarriers to understand the experiences and challenges that the pandemic led to in Aberdeenshire for unpaid carers, and consequently, carer support workers, carer support services and the Local Authority. With the continuous vaccination programme in the UK and the lifting of lockdown, unpaid carers and carer support workers look towards the future of support during the recovery phase and in the 'new normal'. There needs to be development of newer recommendations newer policies for the decision makers and local authorities to transform lives of the "unseen" frontline workers of the society. It was recognized that the carer support workers, being the frontline workers, alongside the unpaid carers were at increased risk of physical and mental health problems, largely due to remote working, provision of online support, frequent burnouts, work-related stress, lack of confidence in their work and the unprecedented lockdown. (Carers Trust, 2020a)

### Methodology

The survey was a part of the research project, "Impact of Covid-19 on Unpaid carers and carer support services in Aberdeenshire, UK". 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 (Carers Trust, 2020b)

### Results

Eleven responses were collected from Family Wellbeing Workers (FWWs) who were still working at the service and through the pandemic. New recruits and FWWs who left the service were excluded. The results were analysed using reflective thematic analysis. Themes were identified and sectioned into mainly 2 sections, namely, Challenges faced by the Aberdeenshire carer support organisation during the pandemic, challenges faced by the family wellbeing workers. An additional section was drawn to mention the perspective of family wellbeing workers, on the impact of the pandemic on the unpaid carers.

## Findings

### 1. 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 amongst 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.”

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

“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.”

### 2. Challenges faced by Family Wellbeing Workers in the pandemic

#### a. *Impact of the pandemic on profession*

##### i. Remote working

Remote working had led FWWs to face new challenges performing activities what were once their routine work activities. They also reported that communication and work efficiency had decreased that affected the timelines eventually. This transition often removed the 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 more socially excluded from their colleagues which made it more challenging for them.

“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.”

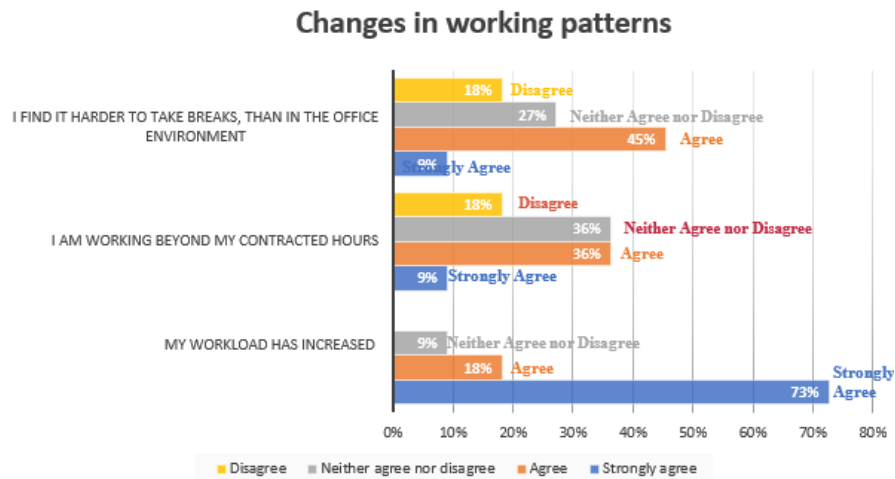


Figure 1 Result- Bar chart showing the changes in working patterns of family wellbeing workers at Quarriers, Aberdeenshire

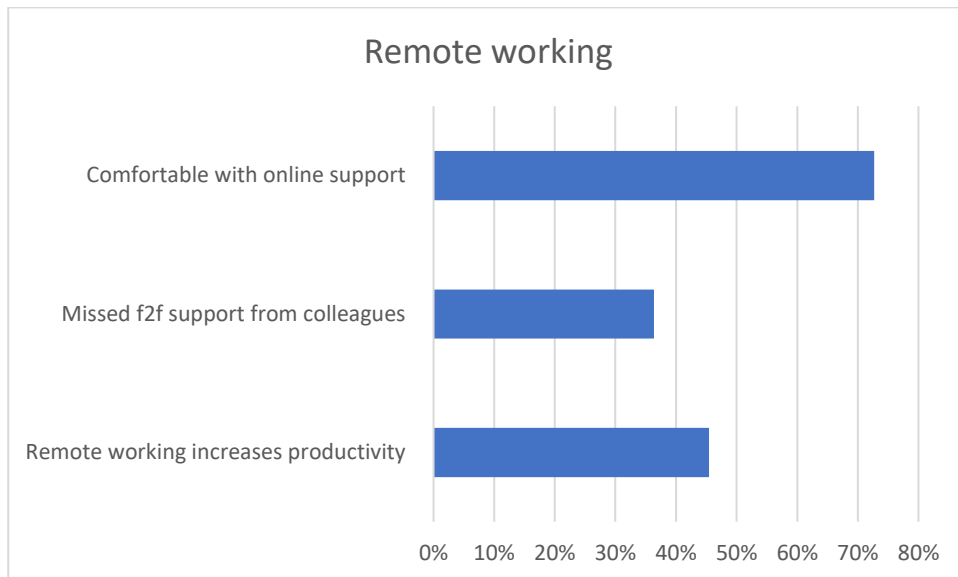


Figure 1 Result- Bar chart showing the perception of remote working to family wellbeing workers at Quarriers, Aberdeenshire

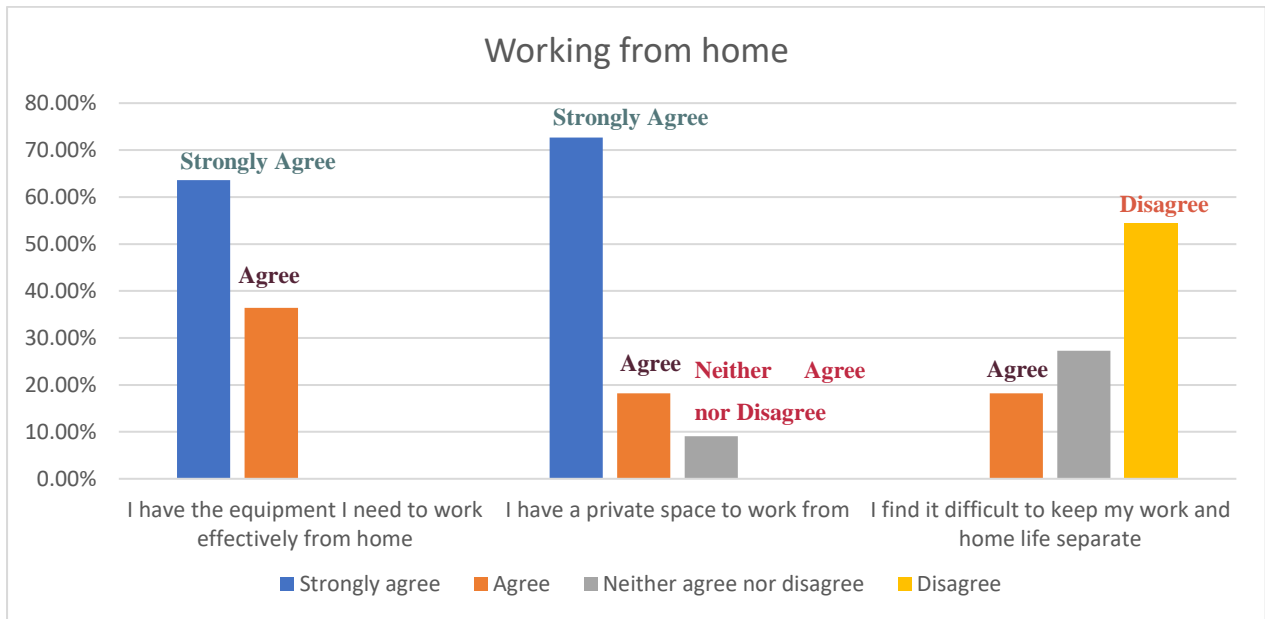


Figure 2 Result- Bar chart showing the perception of the needs for working from home of family wellbeing workers at Quarriers, Aberdeenshire

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

“Whilst 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 these 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**

- 64% FWWs believed that their role has changed during the pandemic completely or partially, with few aspects of their role getting more challenging. Staff mentioned their workloads increased as a result of personnel shortages and additional tasks outside their typical scope of work, that 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 within 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 had 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 has 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 favorable 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 whilst at home, I am much calmer and far more productive working from home, can use my phone at any time on loudspeaker without impacting on anyone else whilst at home. I have easy (walking) access to local Post Office.”

**b. Impact on personal life**

- Since FWWs have 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 54.50% of FWWs on their confidence in their positions. Being unable to give the optimum level of support and reassurance further led to the decline of their confidence.

**Impact of Covid-19 on my profession**

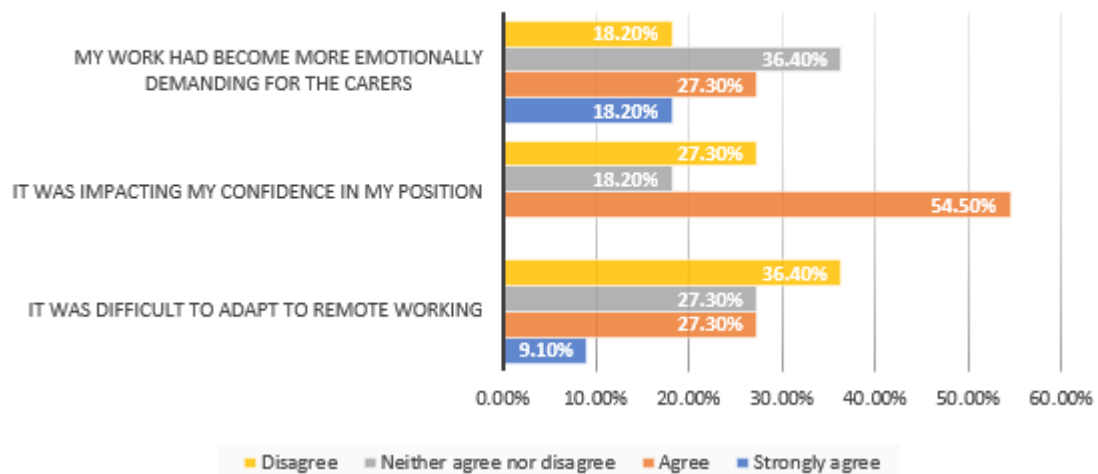


Figure 4 Result- Bar chart showing the impact of Covid-19 on family wellbeing workers ‘professional life at Quarriers, Aberdeenshire

“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.”

- 64% of FWWs 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.

“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.”

c. Coping with emotional demands before and during the pandemic

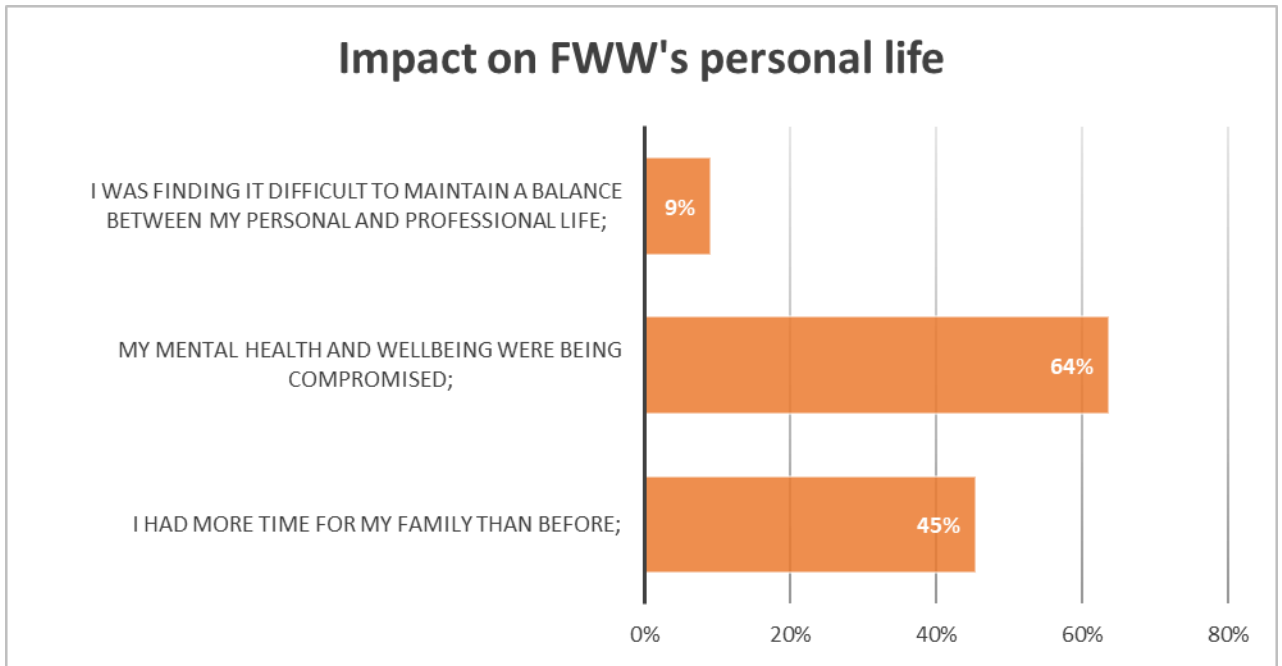


Figure 5 Result- Bar chart showing the impact of Covid-19 on family wellbeing workers 'professional life at Quarriers, Aberdeenshire

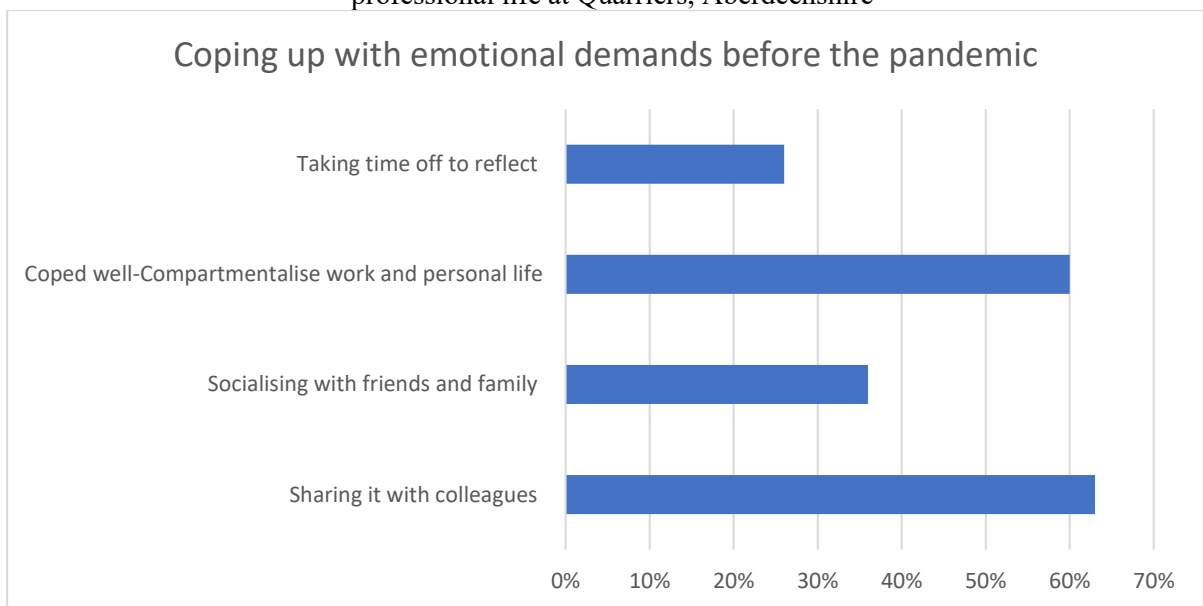


Figure 3 Survey Result- Bar chart of strategies adopted by family wellbeing workers before the pandemic.

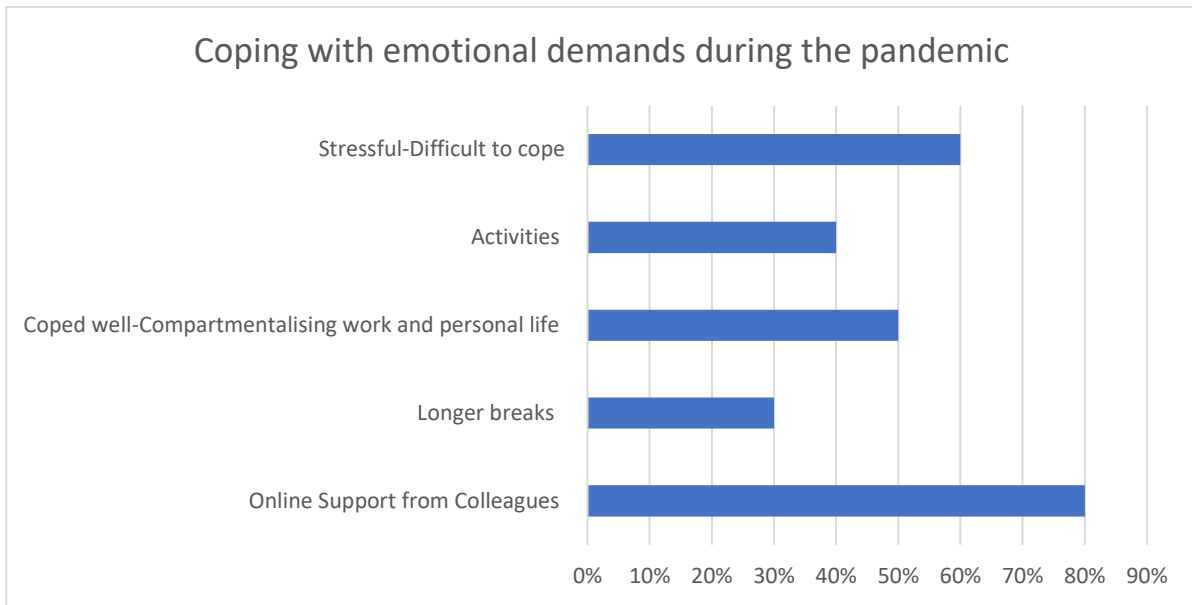


Figure 4 Survey Result- Bar chart of strategies adopted by family wellbeing workers during the pandemic

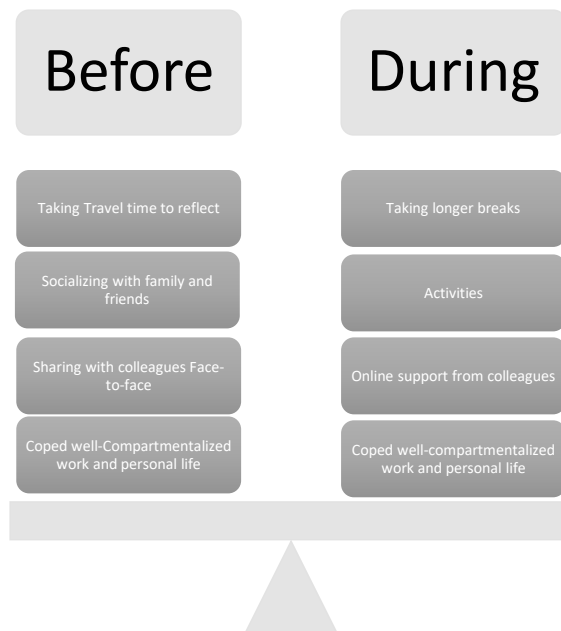


Figure 8 Diagram of coping strategies used by FWWs before and during the pandemic



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

#### **i. Reflective practice**

- **Travel time vs longer breaks**

- Before the pandemic, FWWs noted that the time used for travel to work or to travel to meet the carers was often used to reflect and cope with their emotional thoughts. They believed that this time was also necessary to maintain the 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**

- FWWs believed that the 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 of the 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 burnouts. Despite of all these challenges, FWWs were adapting 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 on the laptop.

- 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.”

#### **ii. Socialising**

- Most of the FWWs mentioned that socialising with friends and family was the greatest way to release their stress and recoup. Routine socialisation with friends helped them to getaway and cope from their 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.”

#### **iii. Compartmentalisation**

- FWWs described compartmentalisation of their feelings and thoughts as a healthy coping mechanism and as a firewall that prevents their work from hindering their personal life. Previous professional experiences in dealing with similar challenging situations helped few 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 talking things over in person with a colleague”

“I think I coped well, I am used to being in demanding and difficult roles of work throughout my work roles”

#### **iv. Sharing it with colleagues- the online support system**

- 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 emotional thoughts with a colleague.

- Amidst all the inconsistencies, all FWWs agreed that they were very well supported by their colleagues and 55% of them 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”

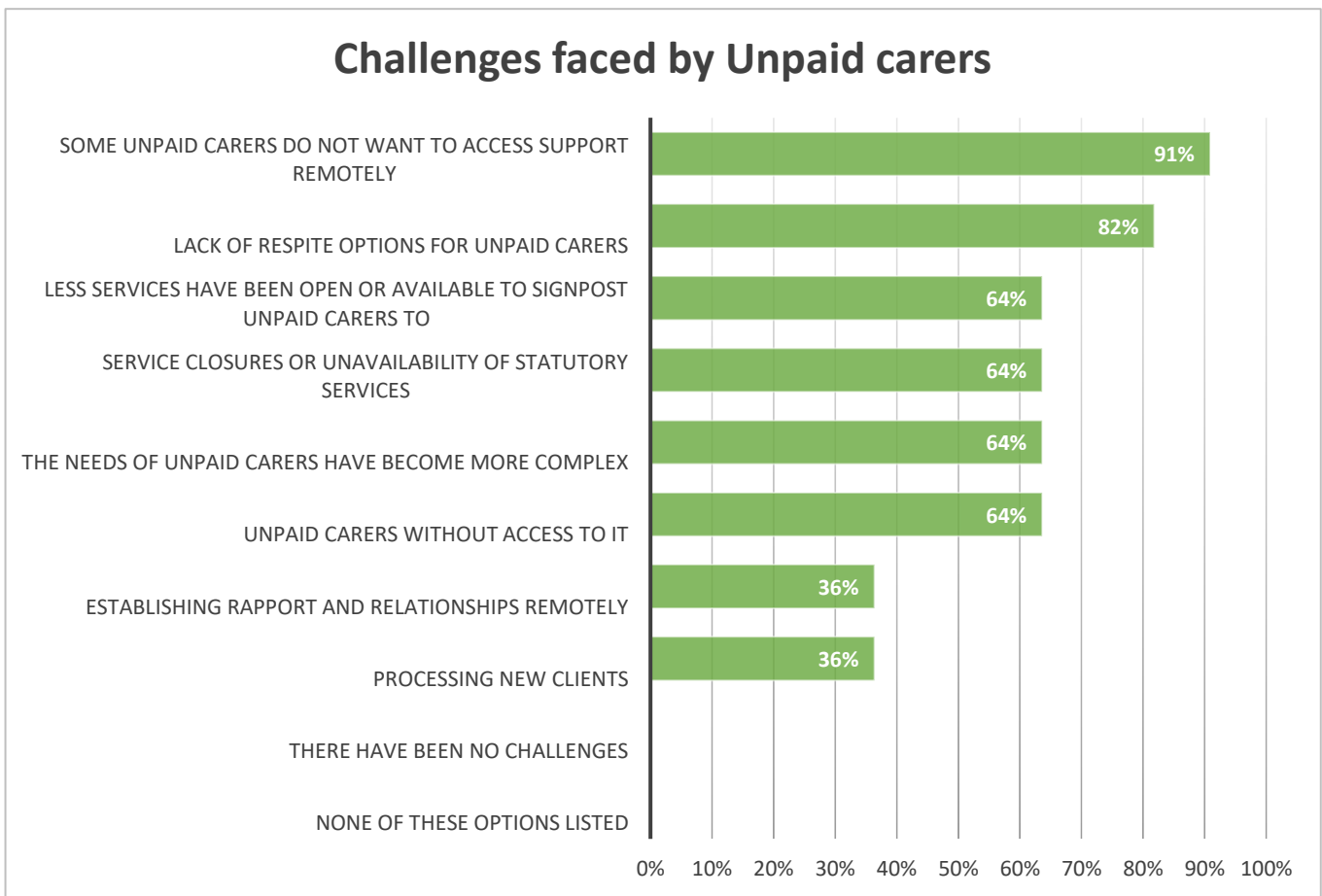
“By talking to colleagues and my line manager, in person and by phone”

“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”

**3. Impact on unpaid carers- a family wellbeing worker’s perspective**



a. *Increased Demands of the unpaid carers during the pandemic*

Figure 9 Challenges faced by unpaid carers during pandemic

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 6 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”**

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

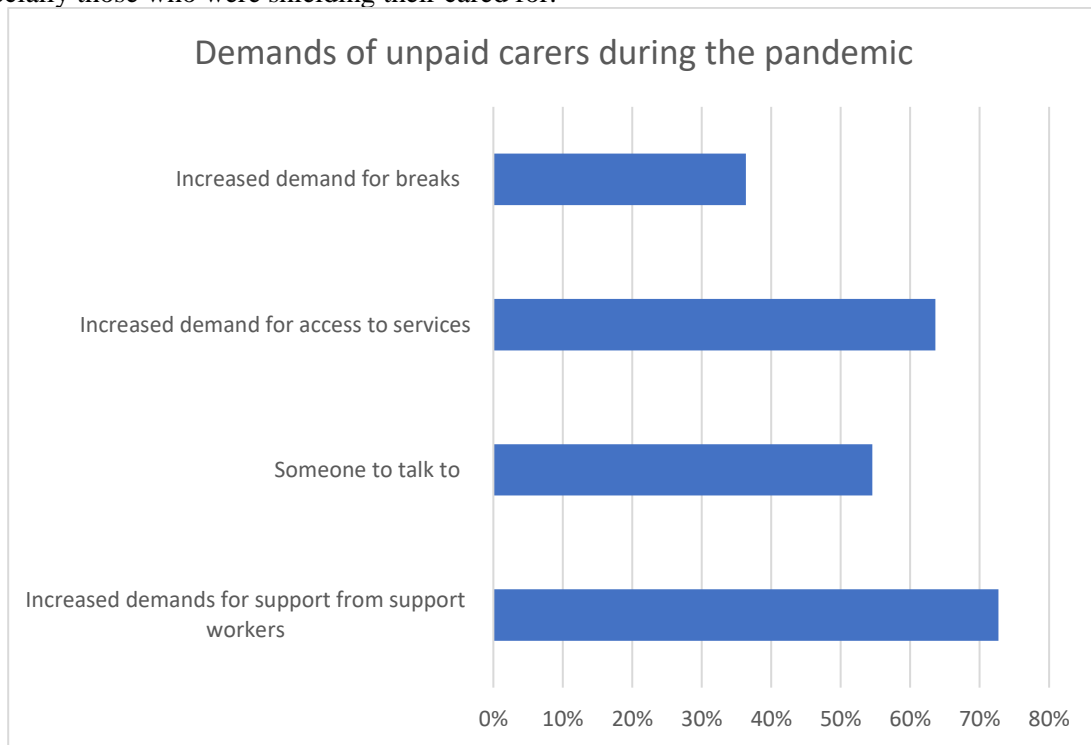


Figure 10 Survey results- demands of unpaid carers during the pandemic

“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.”

### **1. 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, consultants and difficulties also increased the levels of anxiety and feelings of isolation.”

#### **A. Online support**

- FWWs mentioned that Carers had mixed experiences of remote care, where most of them did not feel remote support would be as helpful or meaningful as face-to-face ones, it was clear that it was the only option during the pandemic and was not a choice they would otherwise made.

#### **• Online support groups**

FWWs mentioned that the attendance for online support groups was poor particularly in the beginning of the pandemic, due to either challenges with accessing the technology, or uncomfortable with the remote support provided. However, FWWs mentioned there was positive feedback among the attendees.

“Very few of the carers I support attended on-line 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.”

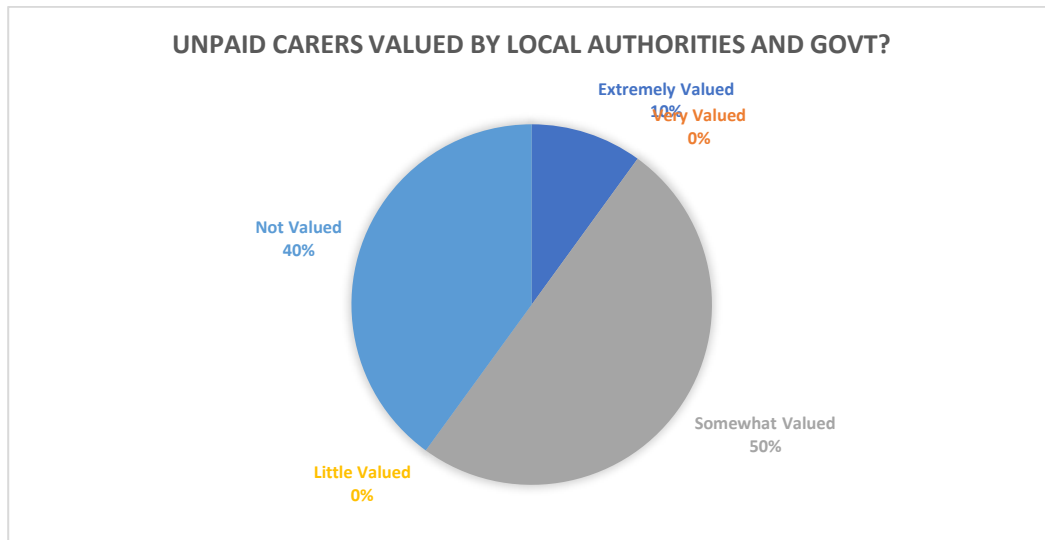
“Many carers, especially older carers, didn't have/or want, the technology, or lacked confidence”

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

“I feel that on-line 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.”



**B. Closure of local partnerships and role of local and government authorities**

- Temporary and permanent closures of local/statutory services, Respite services, along with redeployment of staff to hospitals or other services impacted the support system for carers. This led to increased pressure on the FWWs and the organisation to fullfill 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 whilst working from home, being in quarantine etc)”

“People being redeployed to hospitals this meant people going without social support, 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.”

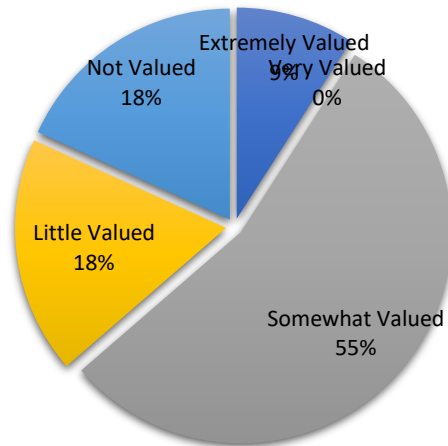
- As a result, the organisation was busier than ever, and FWWs felt the long waits for making referrals to local authority.

“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.”

Local and national governments, as well as the wider community, valued Family wellbeing workers' role and the role of the services during the pandemic.



**C. Present and future support**

*Post Crisis Phase*

- FWWs acknowledge that they were able to help the carers with their needs during the pandemic, and they tried their best to help carers with being 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 their 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 got 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 to the carers, depending on their complex needs.

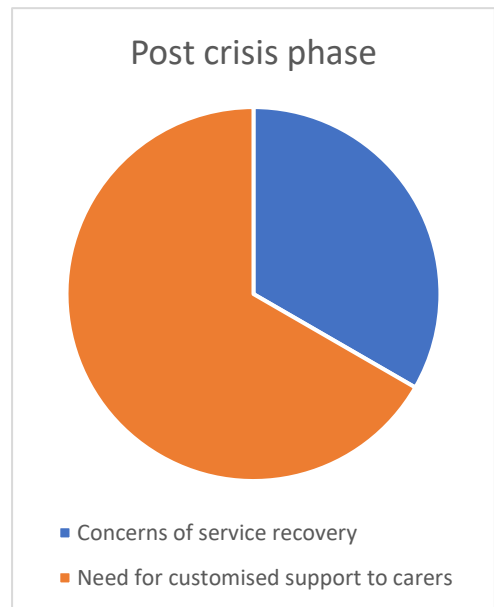
“I think as a service we have provided the same if not more support to unpaid carers during the pandemic. There have also been various streams of funding which has helped give carers breaks etc. which wasn't there before.”

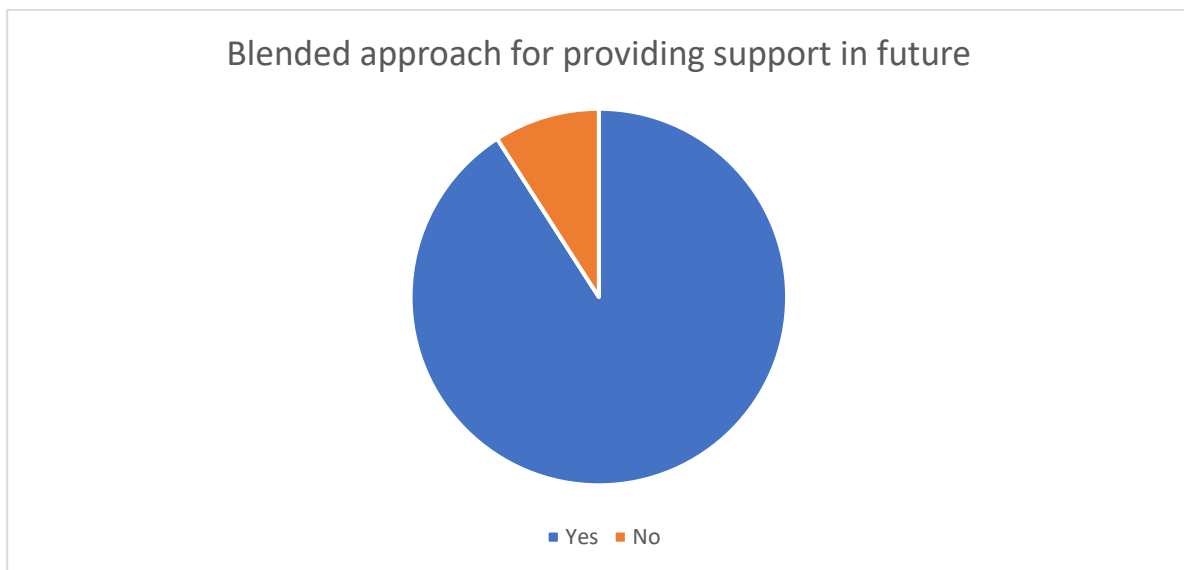
- 33% of FWWs were concerned about the local partnerships and other support services that might take longer to recover, thus impacting carer’s lives.

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

“Patchy and lacking, services slow to start.”

- i. Blended approach





- 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.”

ii. Concerns regarding FWW’s personal life

- FWWs were worried if they could ever recover from the pandemic. The lockdown has impacted their mental health, increasing their stress and anxiety in their social life.

“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.”

iii. Concern regarding carers

- 77% of FWWs felt that unpaid carers might face the wrath of grant deductions or barriers for accessing support. This could be because of services moving online and many support services taking longer to retrieve or permanently shutting down. This is leading to their fear of carers 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 that 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.”

**Discussion**

**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 frequent support, and perhaps better ability to follow up the carers. As few carers are still opting for face-to-face support, and few FWWs are opting for providing remote services, it is recommended to have a tailored approach during these unprecedented crises with acknowledging 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 blended approach, there is a need to design a toolkit that can assess carers needs and decides the best format or combination of form of support, and based on their format of seeking support, matches them with a suitable FWWs who provides the support in that format. This would not just support the FWWs, but also the carers in accessing the support they need.

**b. Recommendation at personal level**

**b.1 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 the ones working from home and from office.

**b.2 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. Measures that help in retention of staffs.

**2. Training**

**• 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 the staff on building rapport and establish meaningful relationships using technology, in order to maintain the holistic model of support, relying on interpersonal skills and empower carers and affect sustainable change.

**2.2 Training on risk identification and virtual interventions**

- Blended approach means conducting assessment remotely, which can be particularly problematic and can hinder the identification of risks and use of shared decision making.

- A guide to be designed that can help FWWs understand and gather evidence to be able to identify and assess risks, virtually, that was normally gathered through observation.

**1.3 Limitations of remote training**



- Limitations of online learning need to be considered by the organization 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.

## 2. 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, provide a flexible plan for support in agreement with both the carers and the support services.
- Meet the increased demands for support in terms of grants, respite, 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 leaderships 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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