Summary

From November 2021 it will be mandatory for care home workers in England to be fully vaccinated against COVID-19. Many care workers and organisations representing them oppose this policy. This paper assesses the reasons why there is strong opposition; why it is forecast to exacerbate chronic staff shortages in care, and what its introduction says about attitudes to care home workers and care work.

It argues that to understand the potential impact of mandatory vaccination and why some workers are vaccine hesitant, it must be seen in the context of a ‘low pay, poor conditions’ employment model for many care workers and a sector that has been under-funded for decades. There is a recruitment and retention crisis in the sector but it is better understood as a crisis of work. Mandatory vaccination raises significant questions about the government’s willingness to meaningfully engage with care workers, and about the respect and value given to care work and to the people providing it.
Executive Summary

- From November 2021 care home workers in England will be required to have had two doses of a COVID-19 vaccine as a condition of deployment in a care home. The policy aims to reduce the risk of COVID-19 infections in care homes, and has been introduced amid fears that a minority of care workers remain unvaccinated.

- Mandatory vaccination for care home workers has led to debate and concerns about the ethics of mandatory vaccination and its compatibility with UK employment law. Opinion polls have shown that the public supports mandatory vaccination for care workers yet many care workers and organisations representing them, including trade unions, charities and professional associations, are opposed to the policy.

- Since the government proposed the new policy in April 2021, many in the sector have warned that introducing mandatory vaccination will lead to thousands of care workers leaving their jobs. The government’s own analysis also forecast high staff departures. Evidence from employers suggests workers have already resigned due to the policy. Opponents and proponents of mandatory vaccination now face the stark reality that the policy is likely to exacerbate chronic staff shortages in the care sector.

- This Sustainable Care Paper assesses why many in the sector oppose mandatory vaccination; why the policy is forecast to add to staff shortages, and what its introduction, despite strong opposition to it, says about attitudes to care home workers and care work.

  - It argues that to understand the potential impact of mandatory vaccination and why a minority of care workers are vaccine hesitant, the policy must be considered in the context of employment arrangements for many care workers that are characterised by low pay, zero-hour contracts and poor terms and conditions, such as the widespread lack of decent sick pay.

  - Moreover, the policy must be seen in the context of a care sector that has been under-funded for decades and which is a key factor behind the low pay and employment conditions of many care workers.

  - Most discussion about mandatory vaccination has not connected it to these wider issues that are central to the major staff shortages in the sector. This is often described as a recruitment and retention crisis in the sector but arguably it is better understood as a crisis of work in the care sector.

  - Without improvements to the pay and conditions for care workers the sector is likely to continue to experience long-term staff shortages and immediate concerns about the risks of COVID-19 in care homes are likely to persist.

  - The introduction of mandatory vaccination raises significant questions about the government’s willingness to meaningfully engage with care workers, and about the respect and value given to care work and to those who provide it.

  - If future planned reforms are to establish the long-term settlement that the sector needs, all stakeholders will need to be involved in their design and implementation. Care workers should be fully involved in the reform process with their voices heard and their concerns listened to and acted upon.

  - Many in the sector argue that the introduction of mandatory vaccination has not seen this happen and provides evidence for why greater respect for the views of care workers and for the work they do is required.
An assessment of mandatory vaccination for care home workers

Introduction

In June the UK Government confirmed that from 11 November 2021 everyone working in care homes in England must be fully vaccinated against COVID-19 as a condition of their deployment, unless exempt. Presenting the policy as a measure to protect those at most risk, Matt Hancock, then Health and Social Care Secretary, said, ‘Vaccines save lives and while staff and residents in care homes have been prioritised and the majority are now vaccinated we need to do everything we can to keep reducing the risk.’

Since the policy was first proposed in April 2021, significant concerns about it have been raised by a wide range of stakeholders in the care sector, including care workers, and by members of the public. They include concerns about the ethics of mandatory vaccination; fears that the policy will lead to a large number of staff leaving their employment; that the policy is discriminatory, and that taking a compulsory approach to vaccination will reinforce concerns among those who may be hesitant to receive vaccination. Additionally, worries have been expressed about the risk that the policy may be seen as a ‘silver bullet’ against COVID-19 and could lead to less emphasis being placed upon other important safety and infection control measures such as the provision of adequate Personal Protective Equipment (PPE).

Concerns intensified in following months, notably about the number of care home workers who may leave their employment due to the policy, and the potential impact this may have on care quality, provision and safety. In July the government published its impact statement about the policy. This showed that its worst case scenario analysis estimates that up to 68,000 care home workers may be unvaccinated by November and thus ineligible to be deployed in care homes. This stark assessment has attracted considerable media attention, at a time when the wider care sector already faces significant recruitment and retention challenges. Skills for Care estimates that, on average, 6.8% of roles in adult social care were vacant in 2020/21, equivalent to 105,000 vacancies being advertised on an average day. Emerging evidence from employers suggests such forecasts are well-founded: one recent survey reported that in 28% of care homes one in five members of staff had already handed in their notice citing concerns over mandatory vaccination. Care home operators and owners have warned that the impact of staff resignations, combined with potentially having to cease employing unvaccinated workers, may affect care quality, require them to use volunteers to provide care and lead them to ‘hand back’ contracts for the running of care homes.

In recent months prominent politicians and leading health professionals have made statements that people refusing vaccines are selfish, and that healthcare workers have a professional duty to be vaccinated. Calls for unvaccinated care home workers to leave their jobs even before the policy comes into force have been made by high profile voices in the media. Yet such statements and much media discussion about mandatory vaccination has not engaged with the question of why a minority of care workers may be hesitant to receive vaccines and prepared for their employment in care homes to end, either voluntarily or involuntarily, as a result of remaining unvaccinated.

This Paper addresses that question. It explores the objections made to mandatory vaccination and considers the implications and questions arising from the introduction of the new policy, not least the pressing issue of staff departures. It argues that to understand these questions, mandatory vaccination and the broader issues of staff shortages and safety in care homes must be seen in the context of a highly unsatisfactory employment model for many care workers. This model is characterised by low pay, zero-hour contracts (ZHCs), poor terms and conditions (such as the widespread lack of decent sick pay) and limited access to training and routes for career progression. Moreover, the policy and the pay and conditions of care workers must be seen in the context of a care system that has been under-funded for decades.

A powerful example of why safety in care homes cannot be divorced from the employment conditions of care workers comes from an analysis by the Office of National Statistics (ONS) of the impact of COVID-19 in care homes in spring 2020. It found that in care homes where staff received sick pay, there were lower levels of infection in residents. The ONS analysis also found that care homes with more frequent use of bank or agency nurses or care workers had higher levels of COVID-19 infection. The Trades Union Congress (TUC), among others, has highlighted that high staff turnover undermines the quality of care people receive, with inconsistent staffing limiting care providers’ ability to deliver high-quality care.

Discussion about mandatory vaccination for care workers has also often considered the policy without reference to other sectors of the economy. The overwhelming majority of private employers have not introduced similar ‘no jab, no job’ policies. Leading law firms in the UK, for example, have chosen not to introduce mandatory vaccination policies to avoid the risk that they may discriminate against employees.
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who choose to remain unvaccinated, even where such policies are in place within the same company in other countries.

If forecasts that tens of thousands of care home staff will not be double-vaccinated by November prove to be correct, or even partially correct, the sector’s staff shortage challenge will considerably worsen. Why did the UK Government press ahead with the policy for care workers, despite considerable opposition, ignoring warnings about the policy’s impact on staff shortages and its possible discriminatory effects? What does this tell us about the status of care workers compared to other workers in other parts of the economy?

This paper argues that, without improvements to pay and working conditions for care workers, and without changes to the underfunding and undervaluing of the sector, the significant staff shortages and fears about safety and care quality that lie at the heart of concerns about the impact of the mandatory vaccination policy are likely to persist, even after the policy takes full effect in November.

Key details of the mandatory vaccination policy for care workers

- From 11 November 2021, all care home workers in England, and anyone else entering a care home for work purposes, will need to be fully vaccinated unless they are exempt under certain regulations.
- As well as care workers, the policy also applies to other workers coming in to care homes to do other work, for example, tradespeople, hairdressers and beauticians. Friends and family visitors are exempt and will not need to be double-vaccinated to enter.
- Mandatory vaccination was made possible by amending the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**. The amendment was made following a government consultation on the proposal in April-May 2021.
- This is the first time vaccination has been mandated in the UK since the **Vaccination Act 1898** which enshrined the right of conscientious objection to vaccination in law.  
- The SAGE Social Care Working Group has advised that at least 80% of care home staff and 90% of residents should have had a first vaccination dose to provide a minimum level of protection against COVID-19.
- **As of 28 September 2021**, 93.6% of older adult care home staff and 96.3% of residents had received a first dose of COVID-19 vaccination. 86.7% of older adult care home staff and 94.8% of residents had received a second dose.
- Since April 2020, the deaths of 30,135 people in care homes in England have involved COVID-19.
- Care home workers face significant risks of contracting and dying from COVID-19. Among social care workers, 469 deaths involving COVID-19 were registered between March and December 2020. 347 of these deaths (74%) were ‘care workers and home carers’. This figure may be an under-estimate; **concerns have been raised that deaths linked to occupational exposure to COVID-19 are going unrecorded by employers under health and safety reporting mechanisms**.
- In September 2021 the **Government announced a new 6 week consultation on whether COVID-19 vaccination should be a condition of deployment for all health and social care workers who come into contact with patients and people receiving care**. This would include home care workers. The consultation has also sought views on whether flu vaccines should be a requirement for all health and care workers.
- When the UK Government announced its proposal in April 2021, few countries had similar policies in place. In the six months since then, countries that have introduced similar measures include the USA, Australia and France (see Annex 1).
Public opinion

The UK population has responded enthusiastically to the roll-out of new COVID-19 vaccines. Despite fears early in the pandemic that large sections of the public may be hesitant to receive new vaccines, recent ONS data show that only 4% of adults express vaccine hesitancy. A large majority of the UK population aged 12 and over (78.9%) has received two doses of a vaccine and more than 9 in 10 (96%) adults are positive about coronavirus vaccines. It is perhaps unsurprising that public opinion is so squarely in favour of vaccination when high take-up has led to the lifting of restrictions on daily life and steep falls in the overall level of COVID-19 hospitalisations and deaths, particularly among the vaccinated population.

Despite vaccination being voluntary for individuals, opinion polls in 2021 have consistently shown that a majority of the British public would be in favour of compulsory vaccination for all UK adults. Polling has also found that a majority of people support the use of ‘COVID passports’ in order for people to be able to visit certain places and do certain things, and that a majority agree that people who refuse vaccines are selfish.

Polls have also shown that a large majority of the British public are in favour of mandatory vaccination for care home workers, as well as for other frontline workers, particularly those working in the NHS. For example, a YouGov poll in June 2021 of 6,717 adults found that 73% of respondents agreed that vaccination for staff working in care homes for older people should be compulsory; just 17% said it should not. This finding is consistent with other polls conducted in 2021. Further evidence of public support for mandatory vaccination for care home workers and other key workers is in Annex 2.

While it is wise to treat a single opinion poll with caution, the consistency of support among the public for mandatory vaccination of care workers is notable. This high level of support should be seen in the context of considerable public concern and anger about the large number of COVID-19 related deaths among care home residents, particularly in the first wave of the pandemic.

Care home workers and care home providers share that anger and concern. This was evident in strong and widespread condemnation of the Prime Minister’s suggestion in July 2020 that the high number of deaths in care homes could be attributed to care homes failing to follow correct safety procedures, rather than the impact of decisions made by political and healthcare leaders to discharge infected patients from hospitals into care homes.

Care workers and organisations representing them highlight their dedication, compassion and commitment to safety; qualities that have been shown during the last 18 months when they have provided care on the front line of the pandemic in working environments where many have been routinely exposed to the virus. In light of this, the question some will ask is, why would some care home workers choose to remain unvaccinated and be prepared to put their health, the health of care home residents and their future employment at risk? It is a question that can appear puzzling when there is such high support for vaccines among the general public and research shows there is a very low level of vaccine hesitancy in the UK.

Answers can be found by considering the objections made to the policy since it was proposed, particularly by care workers, the group most directly affected by it. First, though, it is useful to briefly assess the responses to the government’s consultation on introducing the new policy. These show that, despite the high level of support for mandatory vaccination for care workers shown in opinion polls, opposition to the policy was considerable and broad-based among stakeholders in the sector, including members of the public.

The consultation received over 13,500 responses. Most respondents (57%) opposed the proposal to introduce mandatory vaccination for care home workers; 41% supported it. Behind these headline figures there was wide variation in support for the proposal from different groups of respondents to the consultation (Figure 1).

- Just 22% of members of the public supported the proposed policy. 77% were not supportive.
- 50% of adult social care workers opposed the policy. 47% were in support.
- Support for the proposal was stronger among care home providers (76%), other adult social care providers (52%), adult social care representative bodies (52%) and representatives of local government (50%).
- A large majority of health care providers (63%) and of service users and their relatives (61%) opposed the policy.
To understand the discrepancy between the clear support in public opinion polls for mandatory vaccination for care home workers, and the highly mixed response in the Government consultation, we need to examine the arguments made against the policy.

**Objections to mandatory vaccination for care workers**

A wide range of objections to mandatory vaccination have been made. Five of the most prominent and widely-made objections are discussed below:

1: “Current approaches for encouraging vaccination are working, so introducing mandatory requirement is unnecessary”

The Government’s consultation document notes advice from the SAGE Social Care Working Group that ‘80% of staff and 90% of residents in a care home need a first vaccination dose to provide a minimum level of protection against outbreaks of COVID-19’, and that ‘higher coverage and having a second dose of the vaccine would result in more protection.’ The latest official data (published 14 October 2021) show that 86.7% of staff who work in older adult care homes, and 94.8% of care home residents, have now received two vaccination doses. 93.6% of staff and 96.3% of residents have had their first dose. Official data also show that the proportion of care home staff and residents who had been vaccinated steadily increased during 2021. Opponents of the policy argue that making vaccination mandatory is unnecessary when the current voluntary approach is working and has already provided a level of protection higher than the level SAGE scientific advisors suggest is needed to protect against COVID-19 outbreaks in care homes.

2: “Support and encouragement is more effective than pressure to drive up vaccination rates and overcome vaccine hesitancy”

Three months prior to mandatory vaccination being introduced, 8 in 10 care home workers were double-vaccinated, and 9 in 10 had received a first dose. Opponents of the policy argue that introducing mandatory vaccination has led to staff being pressured by employers to get vaccinated. Research shows this can be counterproductive and that a supportive organisational culture is likely to achieve higher uptake of vaccinations than a coercive culture. Important supporting evidence for this argument, widely cited by opponents of the policy, comes from researchers at the London School of Hygiene and Tropical Medicine (LSHTM). Their 2021 study of nearly 2,000 UK health and social care workers, comprising a quantitative survey and qualitative interviews, found that pressure from employers had a negative effect on the likelihood workers would take up vaccination:

> ‘the survey revealed that participants that reported greater agreement with the statement ‘I feel/felt under pressure from my employer to get a COVID-19 vaccine’ were significantly more likely to decline the vaccine even after demographic factors were controlled for. Interviews suggest placing staff under pressure to vaccinate may increase intention to refuse the vaccine.’

Similarly, a survey of 4,000 care workers conducted by UNISON, a trade union that represents many care workers and is opposed to mandatory vaccination,
found that workers were nearly twice as likely to decline vaccination if they had faced threats from their employer or had not been given vaccination advice by their employer.

Opponents of mandatory vaccination argue that most people who are unvaccinated are not strongly opposed to vaccines and cannot be described as ‘anti-vaxxers’. While some may oppose vaccination on religious or cultural grounds, a significantly larger group have a lack of information about vaccines and want reassurance about potential short and long term effects to their health. For example, pregnant care workers or those who hope to soon have a baby, have expressed hesitancy, in part due to changes in medical advice in recent months about whether pregnant women should receive vaccines.15 Opponents of mandatory vaccination have also highlighted research and best practice examples from employers that demonstrate how listening to staff, providing opportunities for staff to discuss their concerns and ask questions, providing staff with clear information and reassurance about the benefits of vaccinations, and communicating tailored information via trusted peer networks are all highly effective in helping to overcome vaccine hesitancy.16 They argue that the ‘blunt tool’ of mandatory vaccination fails to engage with people’s concerns; can reinforce, not allay, concerns staff may have about being vaccinated, and risks eroding trust in vaccines and between employees and employers.

3: “Mandatory vaccination risks discriminating against minority groups”

Opponents of mandatory vaccination have raised concerns that the policy may discriminate against minority groups and groups with protected characteristics under the Equality Act. Analysis conducted by the ONS in June and July 2021 found that ‘Black or Black British adults had the highest rates of vaccine hesitancy (22%) compared with White adults (4%)...Vaccine hesitancy was higher for adults identifying Muslim (14%) or Other (14%) as their religion, compared with adults who identify as Christian (4%)’. Opponents of mandatory vaccination have raised concerns that in light of such findings placing pressure upon unvaccinated workers to receive vaccines creates the potential for both direct and indirect forms of discrimination against minority groups of workers.

Noting the groups with high hesitancy rates, such as Black or Black British adults, the Equalities and Human Rights Commission (EHRC) in its response to the Government consultation highlighted that ‘some of these groups have also been hit hardest by the pandemic, and are disproportionately represented in the adult social care sector workforce. The sector includes a large percentage of ethnic minority (21%) and female (82%) workers, and a high proportion of low-paid and precarious workers’. The EHRC’s response further states that ‘Mandatory vaccination could risk further excluding these groups from access to employment.’

The consultation response from UNISON raised similar concerns about the policy’s potentially discriminatory effects:

‘Results from the April 2021 UNISON survey of care workers in England show that 10.4% of white social care members have not had the vaccine. Among Black members working in social care in England, this figure rose to 17.4%. Introducing this policy would undoubtedly have a disproportionate negative impact on Black care workers. Black workers would be disproportionately more likely to lose their jobs and to be bullied/pressurised at work. This raises the very serious prospect of this policy being discriminatory, as suggested by the Equality and Human Rights Commission.’

4: “The structure of employment in care creates barriers for care home workers to get vaccinated”

Opponents of mandatory vaccination argue that the structure of employment in the care sector creates significant barriers for care home workers vaccination. As stated earlier, the employment model for care workers is characterised by low pay (median hourly pay for care workers is £9.01); high levels of job insecurity and uncertainty about the availability of work (24% of workers in the sector are employed on zero hours contracts [ZHCs]. 42% of the home care workforce are on a ZHC); poor terms and conditions of care workers are significant factors in progression. These factors are thought to be major drivers of the large numbers of vacancies in the sector which currently are estimated to be 105,000, and the very high annual turnover rate (28.5%) of directly employed staff working in adult social care sector in 2020/21, equating to 410,000 people leaving their jobs over the course of the last year.7 Turnover rates are higher among low paid care workers than higher paid care workers.

Care workers and organisations representing care workers, such as charities and unions, argue that the pay and conditions of care workers are significant factors in understanding why some remain unvaccinated. They argue that workers on low wages who may be uncertain
about the availability of future work (due to their ZHC status and unpredictability of shifts) cannot afford to take time off to attend vaccination appointments. Care workers and their representatives have also argued that those who work shifts (often with unsocial hours), those who need multiple jobs, and those who balance work with caring responsibilities have struggled to find appointment slots they can attend. These difficulties are exacerbated by the failure of many employers to give employees paid time off to attend vaccination appointments. A poll in March 2021, at the height of the UK’s vaccine rollout, found that less than half (45%) of companies surveyed were giving staff paid time off to get vaccinated.

Low-paid workers, particularly those on ZHCs who have concerns about possible side-effects from vaccines, cannot risk having to take unpaid time off, if they feel unwell following vaccination. The GMB trade union, which opposes mandatory vaccination, states: ‘Workers cannot afford the loss of wages if they develop illnesses and need time off. Statutory Sick Pay is no substitute.’ They argue that paid time off for vaccination and the provision of a decent level of sick pay that provides adequate compensation for lost wages, combined with efforts to reassure employees about the benefits of vaccination, as outlined above, are more effective than introducing a policy of mandatory vaccination.

5: “Vaccination is not a panacea. Other health and safety measures remain essential”

Concerns have been raised that the mandatory vaccination policy could lead to a false sense of security about the protection against COVID-19 it will give care home staff and residents, and that it could risk infection prevention measures in care homes being de-prioritised. Concern that vaccination should not be seen as a ‘panacea’ has been heightened due to uncertainty about the degree of long-term protection vaccines provide and analysis of recent COVID-19 infections, hospitalisations and deaths. These show that double-vaccinated people can still be infected, and that double-vaccinated people in the most at risk categories remain particularly vulnerable.18 Furthermore, although the mandatory vaccination policy will apply to everyone entering care homes for work purposes, it will not apply to everyone entering care homes, so the risk of COVID-19 entering care homes will remain. Friends and family of care home residents will not need to show proof of vaccination or medical exemption when they visit care homes. Nor does the policy change care home residents’ ability to make trips or visits outside of care homes, where they could be at significantly higher risk of exposure to COVID-19.

Those opposed to the policy have argued that while vaccination is a vitally important infection control measure, it will not eradicate the risk of COVID-19 infections in care homes. Other measures will remain essential to keep the risk as low as possible. They include the provision of PPE, social distancing, regular testing, and enhanced ventilation and cleaning. Making one measure, vaccination, compulsory, but providing only guidance on other measures, could lead to non-compulsory measures being deprioritised.

Those voicing this concern do not call into question the professionalism or commitment to safety of those delivering care. Some, however, have cited recent evidence that suggests important infection control measures are not being routinely implemented, or enforced, by employers in all care settings. The TUC’s 2020/21 survey of trade union health and safety workplace representatives (reps) reported that while 57% of reps in social care said sufficient PPE had always been provided at work, 31% said that sufficient PPE had only sometimes been provided and 6% that it had not been provided. 22% of health and safety reps in social care reported that, during the pandemic, ventilation and air circulation had not been improved in their workplace, and 18% said enhanced cleaning had not been implemented. Only 25% of reps in social care said there had been a health and safety inspection in their workplace in the last 12 months. Without greater compliance with infection control measures and more enforcement, critics of the policy argue that the risk of COVID-19 infections in care homes will remain, irrespective of mandatory vaccination coming into effect.

Analysis: a crisis of work, not just a crisis of recruitment and retention

The objections to mandatory vaccination policy set out above were ultimately not taken on board by the Government which, following its consultation, proceeded with the proposal unamended. Regardless of whether they reject or empathise with the arguments made against mandatory vaccination, the key issue opponents and proponents of the policy now face is the stark reality that it is likely to significantly exacerbate staff shortages in the sector. This section analyses why this is. It also considers longer-term questions and issues raised by the introduction of mandatory vaccination. These include the voice and influence of care home workers, the respect shown to the care workforce and the professional status of care workers.
Improve jobs to improve jab take-up and to recruit and retain staff

Most care workers are dedicated to their work, but many are exhausted and burnt-out by their experiences at work during the pandemic. A House of Commons Health and Social Care Select Committee report, on workforce burnout in the NHS and social care, published in June 2021, described it as an ‘extraordinarily dangerous risk to the future functioning of both services.’ In July 2021 the newly appointed Health and Social Care Secretary, Sajid Javid, wrote to care staff thanking them for their dedication and compassion, saying ‘in the past 18 months, you’ve all moved mountains to keep people safe’. Yet despite this praise, the reality that many care home workers face at work - during and before the pandemic - is an employment situation of low pay; long hours, with unpredictable and unsociable shift patterns; poor terms and conditions; and limited opportunities for career progression. These structural features of work for many in the care sector are central to many of the objections to mandatory vaccination.

Staff shortages in the care sector, a combination of challenges in recruiting and retaining staff, existed pre-pandemic. Mandatory vaccination and its knock-on impacts are both exacerbating those challenges and putting a spotlight on their existence. The introduction of the policy and its impact on employment exposes the sector’s weak ‘pull’ factors, to recruit and retain staff, and the strong ‘push’ factors that lead people to leave care work.

Research conducted in 2021 by Total Jobs and the Work Foundation found that ‘over a third (37%) of existing social care staff are motivated to look for a new role in the search for higher salaries, better progression, less stressful work and the need to feel more valued’. The top reason care workers gave for why they would leave the sector was wanting higher pay. In the last decade, pay in the care sector has fallen behind pay rates in other low-wage sectors such as retail and cleaning. Employers report that care home workers are leaving for better-paid jobs in Amazon warehouses.

The decisions made by a minority of care home workers to remain unvaccinated and leave their employment should be seen in this context. When care work is low-paid, physically and emotionally demanding, and when the pandemic has exposed the occupational health risks of working in care homes, should the departure of staff who cannot afford to get sick, and may feel their concerns about vaccination have been ignored and under pressure from their employers to get vaccinated be any surprise? Added to this, care workers can easily leave to find better-paid and potentially less stressful jobs. Consideration of care workers’ situation has often been absent in media discussion of mandatory vaccination. If it has been acknowledged, it has often been viewed as a secondary issue rather than as central to understanding the immediate challenge of increasing vaccination take-up rates among care home workers and the broader challenges of recruitment and retention.

Care workers’ employment situation, as shown above, was highlighted in their objections to mandatory vaccination in recent months, and by organisations representing them. The same groups also warned that introducing the policy would cause some low-paid and exhausted staff in precarious employment to leave, exacerbating staffing shortages in the sector. That these warnings went unheeded raises questions about the value and respect shown to social care, and to the social care workforce.

Under-paid and under-valued?

Early in the pandemic, a ‘Clap for Carers’ initiative was established to show appreciation for the work of frontline workers in health and social care. As the pandemic has gone on, some in the care sector feel that, although the weekly clapping has stopped, public appreciation for their work has become more focused on the NHS, with care workers’ efforts under-appreciated. The Prime Minister’s comment (see above) suggesting
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care homes were to blame for the high numbers of care home resident deaths from COVID in the first wave exemplified this. The persistence of low pay that is falling behind other sectors is further evidence of the undervaluing of care work, as is the Government’s continued delay in setting out proposals for care sector reform.

This sense that care work is not valued or appreciated feeds into wider concerns that the voices of care workers and others in the sector are disregarded, compared to the NHS, and that the sector is ‘powerless’. In health, for example, the national Social Partnership Forum brings together NHS Employers, NHS Trade Unions and the Department of Health and Social Care ‘to discuss and debate the development and implementation of the workforce implications of policy’. No equivalent body exists for social care.

The way mandatory vaccination has been introduced also raises the question of whether care workers are considered to be ‘professionals’. Stating their opposition to mandatory vaccination in April 2021, the Care Workers Charity said: ‘We believe that the DHSC [Department for Health and Social Care] cannot put professional requirements (such as compulsory vaccines) on care staff when they are not treated as valued professionals’.

Implicit in the notion of ‘professional requirements’ and ‘being a professional’ is respect for expertise, autonomy to exercise judgement and express opinions, and involvement in decision making about issues affecting their work. The NHS Constitution sets out that NHS staff ‘have a duty to accept professional accountability and maintain the standards of professional practice as set by the appropriate regulatory body applicable to your profession or role.’ It also pledges that the NHS will ‘engage staff in decisions that affect them and the services they provide’. There is no equivalent constitution or equivalent agreed standards of professional practice, regulation and training for social care.

A 2019 report on professionalisation in adult social care concluded that, despite ongoing discussion in the sector and in government about how to professionalise care work, ‘At the current time, social care workers do not enjoy terms and conditions of work that are suggestive of their professionalism. They are not recruited or trained as professionals, and are not, on the whole, respected as professionals’. Furthermore, the report highlighted how professionalisation in care, and the ability to exercise ‘professional autonomy’, is intrinsically linked to the employment conditions of care workers:

‘Their [care workers’] ability to clearly express their professional opinions, or to engage in whistleblowing, to raise safeguarding issues, and to assert the legal rights of their service users or indeed their own legal rights, is impeded if their contract is insecure or if they do not earn an income that is sufficient to support their own wellbeing.’

Questions arising from the introduction of mandatory vaccination for care workers

The introduction of mandatory vaccination for care home workers, the reasons why objections to it were made and why policymakers ultimately did not take them into account demonstrates that the policy cannot be divorced from the employment conditions in the sector. It provides fresh insights into the limited voice and influence of care workers (individually in their workplaces and collectively across the sector) and calls into question the respect shown to the care workforce and the extent to which they are treated as ‘professionals’. Together, these issues help to explain why there is a strong sense among care workers and organisations representing them that ‘things are done to carers, not with them’. Moreover, it adds to the view in the sector that the needs of care workers and of the whole sector are too often overlooked compared to those in the NHS, as indicated by the higher level of NHS funding, political attention and public support.

The introduction of mandatory vaccination for care home workers raises interconnected and open questions:

- Would more care workers have voluntarily chosen to receive vaccination if their work was better-paid, and provided better security and benefits (such as sick pay) and opportunities for progression?
- Was the threat of mandatory vaccination counterproductive?
- Would the care sector face long-term challenges in recruiting and retaining staff if employment conditions in the sector improved?
- Would the prevailing ‘low pay, poor conditions’ employment model in care persist if the care system received the funding it needs?
- Would mandatory vaccination have been introduced if the care sector had forums equivalent to those in the NHS in which workforce voice was heard?
- Would the prevailing ‘low pay, poor conditions’ employment model in care persist if such forums existed?
• Would care work be better appreciated if care workers’ pay and conditions were improved and the sector provided more attractive career opportunities?

• Would questions about the enforcement of mandatory vaccination, its potential discriminatory effects, and the legality of the policy remain unanswered if the sector had a stronger unified voice?

• Would legitimate concerns about these issues have been dismissed if the mandatory vaccination policy had first been proposed for workers in the NHS or other sectors?

• Would mandatory vaccination have been introduced if care workers had a professional status equivalent to that of healthcare professionals?

While counterfactuals cannot be proved, it is likely that many in the sector would conclude that the answer to all of the questions outlined above would, to varying degrees, be ‘No’. If lessons are to be learned from the introduction of mandatory vaccination for care workers, it is these questions that will arise after the November 2021 deadline and need to be addressed.

This matters for future reforms. Mandatory vaccination has eroded trust between employers and employees and looks set to greatly exacerbate the staffing shortages the care sector faces. These issues were foreseen and forecast and yet were ignored. Underpinning them are the employment arrangements many care workers experience; low pay, zero-hour contracts and poor terms and conditions, including a widespread lack of decent sick pay. While most discussion about mandatory vaccination has not connected the policy to these wider issues, this paper has argued that they are central to understanding the objections to mandatory vaccination and major staff shortages, and ultimately to resolving them. Mandatory vaccination has put the spotlight on the recruitment and retention crisis in the sector but arguably it is better understood as a crisis of care work.

If planned future reforms are to establish the long-term settlement the sector needs, all stakeholders will need to be involved in their design and implementation. The Green Paper promised by the end of 2021 may shed further light on those reforms but implementing them will be a long process. Care workers should be fully involved in the reform process with their voices heard and their concerns listened to and acted upon.
An assessment of mandatory vaccination for care home workers

Annex 1: Mandatory vaccination for health and care workers around the world

The UK government is one of a growing number of national and regional administrations to have introduced mandatory vaccination for care workers during 2021. Countries, regions and cities that have introduced mandatory vaccination for health and/or social care workers include:

- **Australia**: In June the [Australian government mandated](https://www.gov.au) all workers in residential aged care to be vaccinated by September 17 2021 as a condition of employment.

- **Canada**: In August 2021 the [province of British Columbia announced](https://www.gov.bc.ca) that all workers in long-term care homes and assisted living facilities must be vaccinated by October 12 2021 as a condition of employment.

- **France**: The [French government announced](https://www.gouvernement.fr) in July 2021 that all healthcare workers, including care workers, must be vaccinated by September 15 2021 or face suspension without pay. Following the deadline, 3000 healthcare workers were suspended for being unvaccinated.

- **Greece**: In July 2021 the [Greek government announced](https://www.gov.gr) all nursing home staff had to get vaccinated with immediate effect. Healthcare workers had to be vaccinated from September 1 2021.

- **Italy**: Vaccination was made mandatory for all healthcare workers, including care workers, in April 2021. Workers who refuse vaccination can be transferred to non-patient facing roles but could be suspended without pay for up to a year.

- **USA**: In September 2021 the [Biden administration announced](https://www.whitehouse.gov) that all healthcare workers in health and care institutions receiving Medicare or Medicaid funds must be vaccinated. This requirement covers a majority of health care workers across the US. The administration also announced that all employers with over 100 employees must ensure their workforce is fully vaccinated or require unvaccinated workers to produce a negative test result each week before coming to work.

- **New York**: Individual US states and cities have also announced their own policies. In **New York State** all workers at health care and long-term care facilities and all state employees have been mandated to be vaccinated or undergo weekly testing. In **New York City** all municipal employees and public school teachers were given a deadline to be vaccinated by September 27 2021 or face weekly testing.
Annex 2: Polling on mandatory vaccination for care workers

Table 1 Yougov, June 2021, 6717 adults

Do you think it should or should not be compulsory for staff working in care homes for older people to be vaccinated against Covid-19?

<table>
<thead>
<tr>
<th>It should be compulsory (%)</th>
<th>It should not be compulsory (%)</th>
<th>Don’t know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>73</td>
<td>17</td>
<td>9</td>
</tr>
</tbody>
</table>


Table 2 Redfield Wilton, March 2021, 1500 adults

To what extent, if at all, would you support or oppose the coronavirus vaccine being compulsory for:

<table>
<thead>
<tr>
<th></th>
<th>Support (%)</th>
<th>Neither support nor oppose (%)</th>
<th>Oppose (%)</th>
<th>Don’t know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS staff</td>
<td>77</td>
<td>12</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Care home staff</td>
<td>76</td>
<td>14</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>People working in public services</td>
<td>73</td>
<td>16</td>
<td>9</td>
<td>2</td>
</tr>
</tbody>
</table>


Table 3 Yougov, February 2021, 5018 adults

Should it or should it not be compulsory for people working in the frontline health and care sector to be vaccinated against Covid-19?

<table>
<thead>
<tr>
<th>It should be compulsory (%)</th>
<th>It should not be compulsory (%)</th>
<th>Don’t know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>68</td>
<td>23</td>
<td>8</td>
</tr>
</tbody>
</table>


Table 4 Deltapoll, February 2021, 1527 adults

For each of the following jobs, please say if you think it should be compulsory for everyone doing them to be vaccinated against COVID-19

<table>
<thead>
<tr>
<th>Everyone doing this job should have to be vaccinated (%)</th>
<th>It is not necessary for everyone doing this job to be vaccinated (%)</th>
<th>Don’t know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors and nurses</td>
<td>81</td>
<td>13</td>
</tr>
<tr>
<td>Care home workers</td>
<td>81</td>
<td>13</td>
</tr>
<tr>
<td>Bus drivers</td>
<td>71</td>
<td>22</td>
</tr>
<tr>
<td>Police officers</td>
<td>78</td>
<td>14</td>
</tr>
<tr>
<td>Teachers</td>
<td>77</td>
<td>17</td>
</tr>
<tr>
<td>Restaurant staff</td>
<td>68</td>
<td>23</td>
</tr>
<tr>
<td>Delivery drivers</td>
<td>65</td>
<td>26</td>
</tr>
<tr>
<td>Supermarket workers</td>
<td>71</td>
<td>20</td>
</tr>
</tbody>
</table>

Source: [Poll conducted by Deltapoll](https://www.deltapoll.com/) (1 March 2021).
An assessment of mandatory vaccination for care home workers

Endnotes

1 The policy applies to care homes in England regulated by the Care Quality Commission. In September 2021 the DHSC issued guidance that people working or volunteering in care homes who have a medical reason why they are unable to have a COVID-19 vaccine will be able to self-certify that they meet the medical exemption criteria. Questions have been raised about how employers will verify these exemptions, and the guidance has been criticised by the GMB union as a ‘fudge’ issued far too late.

2 The Government’s Statement of Impact (published 19 July 2021). Care home managers and trade unions have argued that the types of work available in care homes mean it is practically very difficult for a care worker to be re-deployed to another workplace and that this effectively means unvaccinated workers will be made redundant.

3 Sky News, ‘COVID-19: Care homes brace themselves for staff shortages due to new vaccination rules’ (26 August 2021); The Guardian, ‘Volunteers may be required in staffing shortfall at English care homes’ (24 August 2021); BBC News ‘Care staff shortage harms services for thousands, say managers’ (20 October 2021).

4 Survey conducted by the Institute of Health and Social Care Management and the Press Association (reported in the Financial Times, 12 September 2021).

5 Warnings have come from care providers, such as the Independent Care Group. (’Government must act as social care starts to break’, 23 August 2021).

6 In July 2021 Cabinet Office Minister Michael Gove said people who turn down vaccinations are ‘selfish’ (reported by BBC News, 27 July 2021). In March 2021 Chris Whitty, Chief Medical Officer for England said, ‘I do consider people who are looking after other people who are very vulnerable, do have a professional responsibility to get vaccinated and to do other things that help protect the people who they’re looking after’ (reported by The Evening Standard, 29 March 2021).

7 In June 2021, Piers Morgan, for example, tweeted that ‘NHS and Care Home staff who refuse to be vaccinated need to leave their jobs and do something that requires less reckless selfish disregard for the health & wellbeing of their patients/residents’.


9 This figure is the number of deaths involving COVID-19 in care homes notified to the Care Quality Commission for the period between 10 April 2020 and 15 October 2021. Data published weekly by the Office for National Statistics: Number of deaths in care homes notified to the Care Quality Commission, England.


11 For example, a poll by Deltapoll for the Mail on Sunday in March 2021 found that 63% of respondents were in favour of the use of vaccine passports.


13 A 2020 study by Mounier-Jack, Bell, Chantler, Edwards, Yarwood, Gilber and Paterson investigated organisational factors affecting performance in delivering flu vaccination to staff in NHS Hospital Trusts in England.


15 Among a predominantly female care workforce (82%) concerns about pregnancy and fertility are likely to be far more widespread than in other sectors of the economy.

16 Skills for Care have published case study examples of where employers have encouraged their staff to take up the vaccine; A study of vaccine hesitancy among health workers by researchers in China advocates for tailored communication strategies rather than mandatory vaccination.

17 Skills for Care, ‘The state of the adult social care sector and workforce in England’ (October 2020). The proportion of care workers paid the statutory minimum amount has increased since the
introduction of the National Living Wage in 2016 from 16% in March 2016, to 21% in March 2021.


19 Polly Toynbee, ‘Compulsory care-home staff jabs may sound sensible but would create a catastrophe’ The Guardian (17 June 2021).

20 Hayes, Johnson and Tarrant, ‘Professionalisation at work in adult social care’, Report to the All-Party Parliamentary Group on Adult Social Care (July 2019).
Under-paid and under-valued: assessing mandatory vaccination for care home workers in England

ABOUT THE RESEARCH
The Sustainable Care: connecting people and systems programme explores how care arrangements can be made sustainable with wellbeing outcomes. It studies the systems, work and relationships of care in the context of changes in technology and mobility and aims to support policymakers, the care sector and academics to conceptualise sustainability in care as an issue not only of resource distribution, but also of rights, values, ethics and justice. The programme focuses on adults living at home with chronic health problems or disabilities and their families, carers and paid workers. Funded by the UKRI Economic and Social Research Council, it is delivered by eight universities and Carers UK, led at the University of Sheffield by Professor Sue Yeandle.

All research and writing by Tom Hunt. 'Any errors are the authors own.'

The paper was designed by Dr Kelly Davidge.

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