COVID-19 vaccine hesitancy:
Views from the social care workforce

Research Report & Recommendations

Following a Social Care Workforce Survey on COVID-19 Vaccination

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CoProduce Care

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Introduction

Coproduce Care CIC is a non-profit organisation made up of a team of volunteers and people who work across different roles in social care. We tackle the sector's biggest issues by running activities that amplify the voices of those working and experiencing social care and which promote decision-making for everyone across the sector as well as the wider communities they serve.

Find out more about our work on our website and YouTube channel.

In December 2020 we released a Rapid Report, evaluating the views of people working in social care on COVID-19 vaccination. At that time vaccines were being discussed but were not yet available. This new report is a follow up on new evidence from another survey we conducted in 2021. Here we analyse responses from over 500 people working in various positions in social care including social workers, nurses working in care settings and care workers. The largest group of responses came from care managers (48%) followed by workers in frontline roles such as care workers and nurses (31%)[1]. This report covers the most common concerns and views that we found in responses to our survey which was carried out between 14 February – 5 April 2021.

The survey in our first report in 2020 asked how confident people working in social care were in vaccines and the information available about vaccination. This new 2021 survey asked the same questions but also the additional question of ***whether vaccination should become mandatory***. This last question was added due to the increased discussion in the sector on mandatory vaccination.

We found in this follow-up survey that there was a lower overall number of people describing or showing hesitancy around vaccination than the number we found in our research in 2020. In 2020 we found a much higher level of hesitancy amongst people working in social care compared to the overall public. You can view our original Rapid Report based on the 2020 survey here coproducecare.com/report.

This follow-up research aims to do three things. Firstly, to reassess vaccine hesitancy in comparison to our first Rapid Report in December 2020. Secondly to ascertain how people working in social care feel about vaccination becoming mandatory and thirdly, to suggest social care policy recommendations to aide successful and sustained vaccine rollout across the sector.

[1] Care and support workers, senior care and support workers, care co-ordinators, nurses within a care setting

Summary

Our survey was completed by **531 care workers,** working **at all levels**[2] between **14 February – 5 April 2021.**

Headline Stats:

Question: Do you feel there is enough information out there to make a confident decision on whether to have a COVID-19 vaccine?

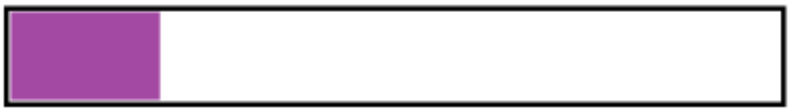
Response: **(YES 78%)**

Question: Do you feel confident about what the risks are to you and those around you once you are vaccinated?

Response: **(YES 87%)**

Question: Have you refused a COVID-19 vaccination?

Response: **(YES 11%)**



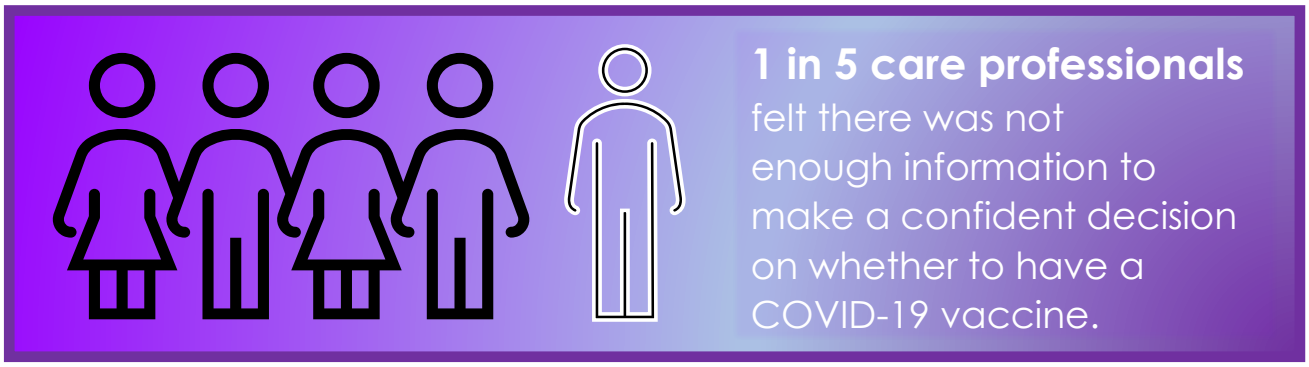
Question: Do you think vaccines should become mandatory for all social care staff who are medically able to be vaccinated?

Response: **(YES 60%)**

[2] See a full list of respondent role descriptions in our appendices

Beyond general confidence and hesitancy, several concerns were identified and appeared regularly in responses. These represent important issues to be addressed and include:

- ☑ The **specific information on side effects and testing of the vaccines**.
- ☑ Doubt as to where **trusted information** can be found,
- ☑ The need to **tailor information or support to different demographic groups** in the sector.



In our first Rapid Report we found that 41% of people working in social care were not prepared to have a vaccine at the end of last year. In this follow up report we found only 11% had in fact refused a vaccine.

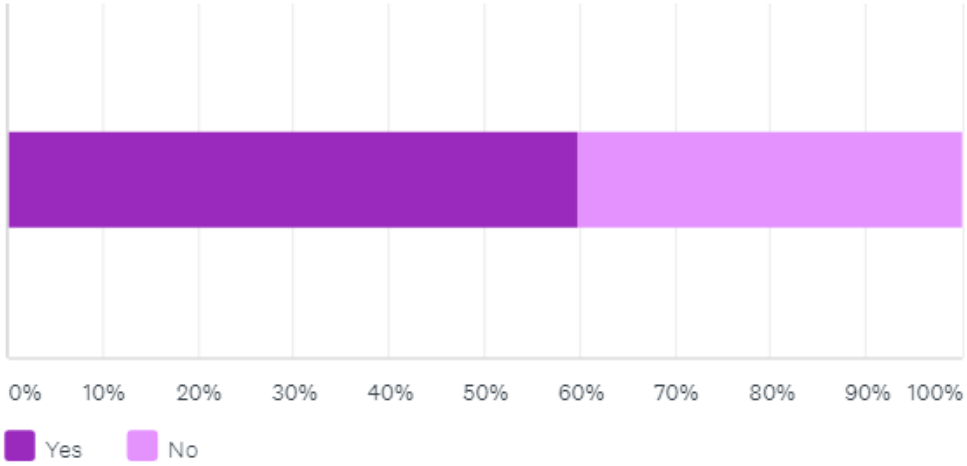
However, the debate around mandatory vaccinations and the number of people who are still not confident in vaccines or their rollout means that we need to look at the common reasons people have given us for their answers. This is explored in this report and will hopefully enlighten our understanding of some of the workforce's position on this.

The number of respondents against mandatory vaccination is much higher than the number of respondents who were not confident in having a vaccine. This is another reason why this report focuses on the proposed mandatory vaccination changes.

‘Making vaccination a condition of deployment’:

Our three main recommendations include caution around making significant changes to employment in social care such as making vaccination a condition of deployment. We also call for both education and further consultation and coproduction, on this issue and others.

Whilst the majority of those who responded to our survey were in favour of mandatory vaccination, there remained a large number of people who were against the idea.



Graph: Do you think vaccines should become mandatory for all social care staff who are medically able to be vaccinated?

Answers to the open-ended questions in our survey again raise issues that support academic literature in asserting that education and effective support, tailored to different settings and staff groups, will improve confidence in any population. Finally, the vaccination threshold recommended by the Social Care Working Group in SAGE, has been or is near to being reached in recently published statistics (DHSC 2021b).

These publicly available statistics from DHSC reveal which local authorities are further away from meeting the threshold suggested by SAGE. We suggest that it is therefore possible to work directly with those local authority locations that are seeing lower vaccination rates rather than introducing blanket legislation applicable across all areas.

Pressure and Parity of Esteem with the NHS:

Pressure on health and social care staff was identified as a recurrent theme in our survey responses. This suggests that social care staff morale may be negatively affected by top-down pressure whilst the pandemic effort continues. In the ensuing literature review, we include a statement by Martin

Green, CEO of Care England, which illustrates how applying mandatory vaccination rules solely to the care home workforce could exacerbate feelings of inequality within the sector. NHS staff were not being considered for this proposal at the time of our survey however, mandatory vaccination may exacerbate wider inequalities that staff feel between social care and the NHS. The social care sector is often referred to as a 'Cinderella service' to primary health (The Health Foundation 2018).

Our recommendations:

Based on our research and the responses to our questionnaire, we submit the following recommendations to help increase take-up of COVID-19 vaccines:

1) Caution

Caution should be taken in implementing policies which encourage, top-down decisions such as **mandatory vaccinations.** Education and support have been shown as very effective ways of improving confidence in vaccines and infection measures.

Important: In the government's consultation on 'Making vaccination a condition of deployment in older adult care homes', they cite an important threshold. "The Social Care Working Group of SAGE has advised that an uptake rate of **80% in staff and 90% in residents** in each individual care home setting would be needed to provide a minimum level of protection against outbreaks of COVID-19. This is for a single dose against the current dominating variant" (DHSC 2021a).

We found that averages smooth out regional difference and there is a need to constantly check the vaccine resistance against new variants, but "As of 27 April 2021, the proportions who had received the first dose of the COVID-19 vaccine were:

- **94.6% of residents and 81.0% of staff of older adult care homes**
- **89.8% of residents of younger adult care homes and 77.5% of staff of younger adult care homes."** (DHSC 2021b)

We therefore consider the approach of imposing blanket mandatory vaccination across the country, and enshrining it in legislation, to be a disproportionate measure. This is in light of vaccination variations across the country skewing the overall positive rate of vaccination, which are in fact broadly in line with SAGE recommendations. We would instead suggest a more targeted approach to encouraging vaccination in low uptake areas - similar to the ethos of local lockdowns – targeting specific areas and locations of concern.

2) Support, (a centralised platform for the sector)

A more centralised and official platform for care-related vaccine news and information.

3) More regular consultation

More regular consultation to address where people working in social care may feel distanced from decision-making, such as on whether to enforce mandatory vaccination.

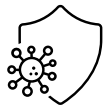
Limitations:

We were pleased to reach so many care workers across all job levels in such a short time in our survey. We captured trends in age and gender which closely reflect the workforce. However, unlike some of our previous research work, there was a low response rate from people of colour. This is a notable limitation to our survey and we would have preferred better representation to properly present the views of such a diverse workforce as social care.

We also want to stress that, as the focus of this survey was clearly vaccinations and proposed enforcement, there is a danger that it mainly attracted responses from people who are more opinionated on the topic or with a specific interest in it, rather than social care workers in general.

Across our recommendations we call for improving ways of coproduction and including the views of those working in the sector in policy and decision making via e.g. regular, accessible consultations. We also describe other ways that the decision-making process can become less top-down and more inclusive of all groups working or affected by social care services.

Summary of the themes from our follow-up survey:

1) Theme 1: Side effects 

The fact that COVID-19 vaccinations are a recent development is a large concern to the people who responded to our survey, and this repeatedly came up in our research. More information is needed in the first instance simply to tackle the overall levels of hesitancy that are found in this sector. However, especially as mandatory vaccination continues to be a debated proposal, people working in social care need clear details about what is not known about vaccination. Timely, well communicated information on scientific developments, delivered through trusted channels to the sector, may help.

2) Theme 2: Pressure and support for health and social care 

People working in social care, regardless of their personal level of hesitancy, feel that the pressure on staff to be vaccinated is unfair. Top-down measures, like mandatory vaccination, could easily harm how the sector feels treated by national institutions. One of our recommendations is to provide more tailored and clear information, which might be more sensitive and effective, instead of requiring mandatory vaccination.

3) Theme 3: Demographic diversity 

Age, maternity and ethnic difference were repeatedly cited as reasons to feel less sure about the level of risk that comes with being vaccinated. These reflect serious and visible inequalities that already exist within health, social care and the wider community. Being older, female or a person of colour has caused huge disparities between how population groups have fared during the pandemic. In addition, these demographic groups are a significant part of the social care sector, more than almost any industry. The need to develop an appropriate, inclusive and flexible process of communication and support chimes with much larger problems of power and equality in social care that were present before the pandemic.

4) Theme 4: Transparency and trust (the media) 

As with our first report, there are still major issues around trust and confidence in the national systems related to vaccination. However, the media is seen as a much bigger issue in this follow up research than the government was in our

first Rapid Report. This points to the need for reliable, accessible and genuinely inclusive sources of information. This, along with forums for discussion, may enable people working in social care to feel confident and less pressured into vaccination.

Relevant Literature

We have reviewed existing academic literature to provide a wider context to the discussions mentioned in this report. Vaccine hesitancy is a growing field of research across health, care and the social sciences that started long before this pandemic. However, it is still relatively new, and insights into important differences in contexts or specific populations are still being developed. To understand the arguments around how to support the social care workforce during this pandemic, we need to explore how existing evidence sees legislating vaccination in comparison to other options, such as more inclusive educational solutions that have worked in the past.

Proposal for mandatory vaccinations

The clear focus of attention in this area is currently the ongoing debate around Secretary of State Matt Hancock's proposals for the Department of Health and Social Care to make vaccination mandatory for some social care staff. HomeCare Insights shared a legal perspective that says it is hard to enforce this with existing staff, but new staff could technically be told to be vaccinated if it is drawn up in their new contract (HCI: 2021a).

The key here is to understand more about the causes for hesitancy in social care. From our research the issues revolve around people not feeling confident about taking a vaccine and the level of risk they still face, or actually refusing to take a vaccine due to a concern or personal circumstance. Failing such understanding, increased pressure may cause more divisiveness and little effectiveness on the ground, particularly if people do not have access to clear information, including on why some in the sector will be required to be vaccinated (such as workers in care homes) whilst others are not (such as homecare workers) (HCI: 2021 b).

Nursing Times recently published reactions from across the sector. In a recent issue Martin Green, CEO of Care England, expressed two instructive arguments (NT: 2021a). In his opinion, selecting a certain group from social care who must be vaccinated in order to work, may worsen not only feelings of inequality within the care sector between staff groups and settings, but also the overall inequality felt by social care as a whole. He links this idea to the wider issue of lack of parity of esteem with the NHS, which at the time of our research, was

not facing the same proposal. He also echoes that consultation is always a welcome opportunity for a sector that can often be left out of decision-making. This second point brings up another key issue, namely that social care consultation processes are not made clear to people working on the ground. We recently saw a consultation ('stopping movement of staff between care settings' during the pandemic) close within less than 10 days (DHSC: 2021a), giving people a very short window in which to respond.

In the months leading up to the pandemic social care faced one of the worst staff shortages of any sector. The Parliamentary Commons Library released insights in January 2020 stating that '1 in 11 care worker roles is reportedly unfilled', 'The demand for social care workers is expected to rise in line with the UK's ageing population' and 'Skills for Care have estimated a need for 650,000 to 950,000 new adult social care jobs by 2032.' This comes at a point where the sector was already threatened by whatever impact Brexit may have on the sector (Commons Library 2020). It is very important that social care is seen as a rewarded and properly recognised career choice, and decision making can help this.

Demographics

Certain demographic groups show more hesitancy around vaccination than others. Statistical research from the British Medical Journal (Razai et al: 2021) and Nursing Times (NT: 2021b) shows how significant the difference is for people of colour. The visible trend of ethnicity affecting confidence in this vaccination system overall, makes it clear how top-down, centralised demands of mandatory vaccination could easily cause more divisiveness and actual harm in some places. This also applies to the 'marginalised' demographic groups that work in social care. Those demographic groups are represented approximately 5-6% more in social care than in the general UK population (Skills for Care: 2020). This also shows the need to offer support or provide information that can be flexibly tailored to be more appropriate and trusted by the specific breakdown of workers in any given area.

Support, education, and information as intervention

When looking at the existing research, there is clear evidence that education and support are seen as the most effective ways of tackling hesitancy, and especially around COVID-19 vaccines. The Pharmaceutical Journal provides practical evidence of how a care association seen as a local leader can provide interactive and remote support for care professionals in its region and improve confidence further (TPJ: 2021). This important insight into a useful method of tackling hesitancy, helps us to understand what action is effective, other than mandatory vaccines. Troiano and Nardi analysed all the research

released on COVID-specific vaccine hesitancy. They concluded that what is understood as most needed to improve the situation is 'education' and 'to support people and give them correct information about vaccines', not enforcement (2021:11). Dror et al. compared healthcare staff who were directly treating COVID-19 patients to those who were not, in order to analyse hesitancy. They argue that 'Interventional educational campaigns targeted towards populations at risk of vaccine hesitancy are therefore urgently needed to combat misinformation and avoid low inoculation rates' (2020). Czajka et al. looked at vaccine hesitancy in general, analysed a large amount of statistical data, and argue that 'The individuals not provided with expert information on vaccination were twice as often unconvinced' (2020).

To conclude, the overall scientific knowledge on hesitancy, especially a full understanding of real differences in demographics or context, is still being developed. What is clear however, is that education and inclusive support has been shown to have a huge impact on how people feel and act around vaccinations. Not only is the effectiveness of the vaccine rollout impacted here, but the emotions and relationships of people working in care will be hugely affected by these decisions. It is important to listen properly to what people, in their own words, identify as the reasons for their level of confidence or hesitancy.

Analysis of open-ended comments

Theme 1: Side effects

The most serious concern amongst respondents to our survey is related to how quickly vaccinations were developed. This is consistent with the responses from our previous questionnaire in 2020. It suggests that a large number of people working in social care at all levels are concerned about the side effects and shows the urgent need to make appropriate information available to people working in this sector. It is important that news stories, such as ones about blood clots, (EMA: 2021) do not have such a negative effect on people's confidence, and that positive updates are made clearer, such as those reporting that one dose of COVID-19 vaccine cuts household transmission by up to half (GOV: 2021).

Quotes from our survey

People commented that they wanted information on:

> "**Transmission rates comparison between those having never had covid, those who have and those who have vaccine having never had covid**. Proof that vaccine protects residents and that it helps you more than the antibodies gained through having covid."
>
> "Enough information for me but if I was young I would want more info on effects on fertility, child development"

These concerns may play a part in the divisiveness of proposing mandatory vaccinations as a requirement to work in services. In our original Rapid Report, side effects were again the most common theme from people's answers on vaccinations; this shows the clear need for more information and clarity, even as we see overall confidence rise. **Clear, accessible and tailored information from an expert, neutral source is seen by many in the academic literature as an effective way to tackle these issues.**

Theme 2: Pressure and support for health and social care

In the original Rapid Report 2020, people talked about how effective the vaccines were going to be and the level of risk that would still exist after being vaccinated. In this current 2021 research, people told us that a larger concern is that people working in social care are facing much more pressure around vaccinations and safety, at a time when the information and support needed to engage with this confidently is still not available.

A report from Scottish Social Services research organisation IRISS presented a full analysis of existing scientific research that has looked at social care workers and the psychological pressures related to pandemics or comparable outbreaks in the past. Their report points out that three groups most likely to face severe psychological symptoms of stress or trauma during a pandemic are:

- 'health and social care workers responding to the pandemic and their patients'
- 'individuals diagnosed with Covid-19, losing family and loved ones to the illness, or affected by prolonged social distancing'
- 'individuals with existing mental health conditions exacerbated by current circumstances'

They also point out that 'Social care workers can often be all three of these.'

(IRISS: 2020). It is vital that those carrying out some of the most essential work during this time are not made to face even more psychological stress, especially by the systems that are meant to support them.

Quotes from our survey:

> "I have had the vaccine and I did because I had **no choice**. Not because of the information available, a lot of people are refusing because of the contradicting information out there."
>
> "Long term effects really concern me. The **pressure that has been put on health care staff is unacceptable**! Unaware of immediate side effects that were debilitating - I was in bed for 4 days after having mine"
>
> "words and terminology are all aimed at making you feel that you **have no choice…** People are being reassured by others who equally have no idea what the long-term effects are either so isn't raising confidence"
>
> "My belief is that you cannot ask just one group of people to vaccinate themselves in order to protect others and themselves. It is not right to give choice to residents in a care home but tell their carers that is mandatory for them. Same goes for all family members, friends and any other visitors. Are we asking them to vaccinate themselves in order to let them… come in? There are people out there that are at high risk of catching…Covid, but they do not live in a care home. How would you protect them? **I strongly think that vaccination need to be mandatory for all or nobody.**"

> "There has been no real targeted campaign for social care staff. National resources have been made available, but they are left to adult social care providers to use them to help persuade their staff. **We need more directed support and opportunities for staff to have their questions answered and false information addressed"**

Care work before the pandemic was already incredibly stressful. IRISS point to half of care workers earning less than the living wage in 2018 and the high level

of exploitative work patterns affecting mental health for years previously (IRISS: 2020).

It is vital to create a feeling of support, especially at a time when care workers have given so much to our pandemic effort.

Theme 3: Demographic diversity

We have seen a shocking worsening of existing inequalities that relate to communities and the social care workforces that serve them. The King's Fund provides a full comparison of ethnic health inequalities, taking into account the huge impact of the pandemic (King's Fund: 2021). The British Medical Association even goes as far as to say explicitly that efforts to tackle COVID-19's effects on ethnic minorities have been too slow (BMA: 2021).

Quotes from our survey:

> "What is the emerging evidence to suggest so far there are no adverse effects for people from **ethnic minorities?**"
>
> **"Long-term effects.** Specific age bracket related risk"
>
> "I had AZ and all the fuss around it doesn't really help**. I cannot persuade anyone to take it if people who are in charge of it can't decide what age group should be given AZ**. Media is not helping either and people are very scared to make a decision. Not everyone is able to calculate the percentage and their risk."
>
> "**Impact of fertility is a concern** but not enough to make me not accept the vaccine."
>
> "It doesn't protect you again COVID-19 **No guarantees it will not affect the changes of getting pregnant**" and "**A lot of my staff are reluctant due to being child bearing age**. The information just says "there is no evidence" in order to gain confidence there needs to be evidence to show it is safe."

It is crucial that new support and information are delivered in a way that empowers social care professionals to engage confidently with this process. This support and information must also be tailored to some of the key

demographic details that make up the identity of our sector. Age, ethnicity and maternity are protected characteristics that regularly came up in our surveying. In our recommendations, we set out examples of how to involve the right people to ensure that support and information are appropriate and trusted.

Theme 4: Transparency and trust (the media)

In our original research in 2020, people described a lack of trust in government and the central systems behind vaccinations. In this follow up research in 2021, there is still a major issue around trusting information and expertise, but it is much more associated with media than with politicians.

Zhao et al. recently examined news media and its effect on infection mitigating behaviours in comparable groups during COVID-19, finding that even established, official news channels presented hugely contrasting information. In their research, they identified partisan political lines as causing the contrast between mainstream news coverage, but also saw the direct effect that news from any political perspective had on the behaviour of their viewers regarding pandemic safety (Zhao et al. 2020). Mainstream news channels are no longer the sole source of news that people access, and the 'damaging' impact of even more disinformation is clear. Their paper argues that only neutral, professional health sources releasing more scientific data should be able to cover important pandemic information. So, even though our report found people becoming more aware of the risk of information coming from the media generally, the political nature of information is still a key factor in how effective or trusted it is by any individual.

Quotes from our survey:

> "I find trustworthy information can be written too medically. **Too much fake and untrustworthy information.**"
>
> "**Very poor information, scare mongering and badly organised.**"
>
> "The communication has been very good and supportive. **Access to the vaccine is the biggest problem.**"
>
> "Too early to push it. Has information been collected how many have died since having it and what time lengths? **Why have some homes suddenly had outbreaks after the vaccine yet been clear all**

year? All so confusing. No definitive examples. Are numbers low now due to change in weather and season[?]"

There needs to be a trusted, centralised source that can be updated by trusted local leaders to reflect the demographic details of their area. That means people working in social care need to know and trust what is real information and what is not.

Conclusion

Comparing our research in December 2020 and the findings of this current report, more people working in social care have taken a vaccine than those who said they would before vaccines were made available. However, there are still important concerns which appear repeatedly in both pieces of research. These concerns often show that the types of information and the ways of making information available to different groups working in the sector are still crucial factors.

Making vaccination a mandatory condition of employment for some staff in the sector, notably care home workers, is potentially an incredibly divisive proposal. Instead, increasing confidence in the vaccines themselves through better data on the benefits and side-effects of vaccination and a trusted media source directed at the sector, represent clear opportunities to inform and support the workforce rather than enforce a top-down measure onto them.

We have identified the most common within the sector. Without better, tailored support and space for the voice of people who work in social care, some will remain feeling pressured and reluctant to be vaccinated.

Recommendations

1. Caution

We recommend caution around mandatory vaccination. Even though the majority of respondents to our survey supported this idea the evidence shows education and inclusive, tailored support can be much more effective for tackling hesitancy than top-down measures. This is especially important as we have seen the pressure on staff reported as a very common concern among our respondents. **Statistics show a large number of care homes reaching the safe number of vaccinations for staff and residents set out by SAGE. We suggest targeted support for vaccination in low uptake local authority areas that are not reaching this threshold.**

We support the DHSC consultation conducted between April and May 2021 but would recommend use of advertising or forums aimed at promoting much more active engagement with such consultation from across the sector.

2. Support

A central platform including information, resources and space for discussions. This could be specifically tailored by local leaders and pushed directly to professionals and relevant organisations. This would go some way to tackle this challenge in confidence. The Department of Health and Social Care could set up and facilitate the platform, but with visible buy-in and championing from appropriate leaders on a local level.

Side effects continue to be a large concern, perhaps due to the speed at which vaccines were developed, although age, maternity and ethnic difference also lead to a much higher level of negativity about the vaccines.

A dedicated and trustworthy source that allows some discussion and tailored channels for different demographic groups could tackle people's concerns.

Examples of the type of platform or hub that could be made specifically for social care include:

- ☑ The Better Care Exchange (NHS): A user-led forum platform that can be split into specific topics.
- ☑ Future Care Capital: A social care platform for diverse media and interactions, again split by theme.

Examples of the content that can fill this hub include:

- ☑ Social Care Blog
- ☑ Dedicated Social Care Vaccination Q&A

Examples of 'local leaders' could include:

- ☑ Council/Local Authority Care Managers
- ☑ Registered Managers/ Care Association chairs
- ☑ Community group / Religious Leaders
- ☑ Disabled People's Organisations (DPOs) and people who access social care explaining what vaccination means to them.

Suggested organisations, in addition to local ones, which could help with supporting the sector in a platform for information and/or disseminating information include:

Skills for Care, National Care Association, Care England, Social Care Institute for Excellence, Local Government Association, TLAP, British Association of Social Workers, Carers UK, Social Care Future.

3. Coproduction

With more consultation and genuinely inclusive opportunities to contribute to decision making, people who work in social care may feel much more empowered and recognised instead of pressured, as described by a number of respondents to our survey.

Coproduction means making-decision through 'doing with' not 'doing to' people. Skills for Care provides a full breakdown of this topic and its background in mental health policy (Skills for Care: 2018). They show clear ways to open up the relationship in policymaking. Think Local Act Personal (TLAP) also walks through a number of ways of enabling all levels to have a say in identifying an issue, designing a solution and applying new rules or procedures (2021).

At Coproduce Care we have provided a blog series on what coproduction is and how it originated:

- ☑ Intro Series No.1: What is Coproduction?
- ☑ Intro Series No.2: How to Coproduce
- ☑ Intro Series No.3: Coproduction Reading List
- ☑ Intro Series No.4: Getting hands on with the biggest topic

It is important to enable people to have a real input when making policy and law changes which affect the lives and wellbeing of the workforce. The lack of power often felt in the sector in the face of such major challenges is a real concern for the future of care in our communities.

Appendix: Survey Data

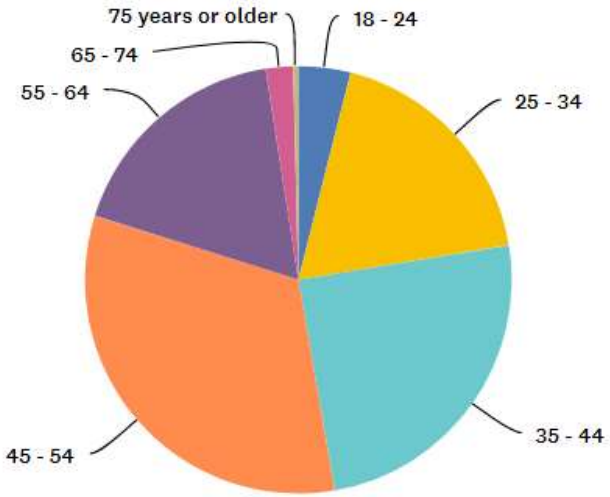
Respondent job titles:

ANSWER CHOICES	RESPONSES	
Administrator (finance, office, hr)	2.64%	14
Apprentice in Care	0.00%	0
Care Co-ordinator	0.75%	4
Care Manager	47.65%	253
Care or Support Worker	18.83%	100
Cook	0.19%	1
Director, Owner, CEO	12.05%	64
Domestic, Housekeeping or Cleaning Staff	0.00%	0
Driver	0.19%	1
Family Carer	0.19%	1
Maintenance within a care setting e.g. 'handy person'	0.38%	2
Nurse within a care setting e.g. residential nursing home	2.64%	14
Occupational Therapist	0.19%	1
Outreach worker	0.19%	1
Personal Assistant	0.38%	2
Senior Care or Support Worker	7.72%	41
Social Worker	6.03%	32
TOTAL		531

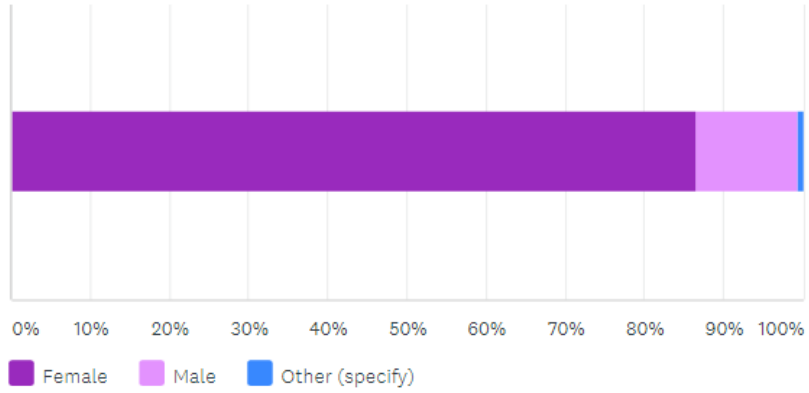
Ethnicity of respondents:

ANSWER CHOICES	RESPONSES	
African	1.13%	6
Asian	1.51%	8
Bangladeshi	0.38%	2
British	88.32%	469
Caribbean	1.51%	8
Chinese	0.38%	2
Gypsy or Irish Traveller	0.19%	1
Irish	0.56%	3
Mixed/ Multiple ethnic background (please specify below)	3.01%	16
Northern Irish	0.75%	4
Pakistani	0.56%	3
Scottish	2.64%	14
Welsh	2.45%	13
Total Respondents: 531		

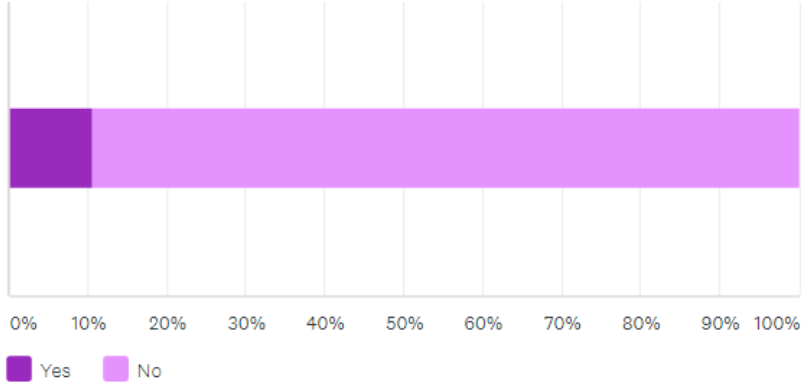
Age Group of respondents:



Gender of respondents:



Did the respondent have an impairment or disability, mental health condition or learning disability which has lasted and which was expected to last for more than a year:



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