

Mitigating the impacts of COVID-19

Rapid evidence review – Education, childcare and social work and related social care workforce

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Summary

The Institute for Employment Research (IER) was commissioned by the Department for Education (DfE) to undertake a rapid evidence review of the impact of COVID-19 on the education, childcare and social workers and other relevant parts of the social care workforce. The objective of the review is to understand the short- and long-term impacts on these occupational groups and how these can be mitigated to minimize the negative impact of the pandemic. It addresses the following research questions:

- What is the current evidence on the harms caused by COVID-19?
- What does the evidence suggest may mitigate these short- and longer-term harms and what, if any, policy interventions have been successful in this respect?
- Where would further research be important?

In response to the coronavirus pandemic most schools and colleges in the UK closed when the country went into the first national 'lockdown' on 20 March 2020. Some education institutions remained open during this time to continue educational provision for vulnerable children and those of key workers. Many teachers were required to work from home, using ICT to deliver remote teaching. Some teachers were furloughed and supply teaching contracts with agencies were terminated.

Nurseries, pre-schools and childminders were permitted to remain open during all but the earliest stages of the pandemic, including maintained nursery schools and nursery classes in schools. Early Years settings were considered to be low-risk environments and children aged 0 to 5 years had the lowest confirmed rates of infection of any age group. The greatest challenges faced by those working in childcare related to maintaining a safe environment for staff and children, staff absence and a fall in the number of children attending which had an impact on funding.

During the pandemic social work has largely been delivered remotely, with organisations and staff having to quickly adapt to those changes, sometimes leading to reorganisation of services, impacting on staff roles in different ways.

Short-term harms of the COVID-19 pandemic

When considering the harms of the pandemic on the workforce, it is important to note that the workforce do not operate in isolation from the children and families they support; they are part of a holistic system with harms to one group inevitably affecting others. Harms to children, such as illness, bereavement or inability to access appropriate services impacted on how education, childcare and social work and related workers conducted their work and how they felt about their ability to deliver the standards of service that they viewed as necessary to mitigate and prevent further harms to children. Interventions to mitigate harms to children, whether introduced by these workforce groups or others, also had a knock-on effect of mitigating harms to the workforce, particularly in relation to their own mental health and wellbeing. Likewise, interventions to mitigate harms to the workforce had a knock-on effect in

mitigating harms to children, helping to ensure that they had suitable, sustainable support throughout the pandemic.

Mental health impacts

The largest body of literature on the harms of the COVID-19 pandemic on the education, childcare and social work and other selected social care workers related to the short-term impact it had on mental health and wellbeing. The pandemic was found to have had direct impacts on mental health, as well as creating conditions, such as financial stress and fear for physical safety, that had a knock-on effect on workers' mental health.

Education workers - A report by the charity Education Support published in summer 2020 found that 52 per cent of teachers felt their mental health and wellbeing had declined either considerably or a little, compared to 2019. This decline in mental health, particularly amongst teachers, was attributed to lack of clear guidance and concerns about physical health. Various reports suggest that mental health of teachers declined as the pandemic went on, particularly as teachers returned to face-to-face teaching.

Childcare workers – The proportion of childcare workers showing symptoms of stress was already high prior to the pandemic. This situation worsened during the pandemic, primarily due to concerns about providing adequate support for children experiencing difficulties, fears about physical safety caused by an inability to socially distance, feeling underappreciated and undervalued, and financial stresses and concerns about job security. A third of childcare workers surveyed by the Early Years Alliance said that they were struggling to deal with the stress placed upon them by the pandemic.

Social workers and selected social care workforce – Concerns about providing adequate support and attendant feelings of failure were a key driver of mental health issues and falls in levels of wellbeing. The impact on children of delivering services remotely and increased demand for services had prompted these concerns. 59% of social workers surveyed by The British Association of Social Workers (BASW) agreed or strongly agreed that working during the pandemic had negatively affected their own mental health.

Physical health impacts

The majority of physical health impacts were related to concerns about safety at work. In this respect, they could equally be classified as mental health impacts. Although the proportion of the education, childcare and social work and related workforces who contracted COVID-19 was not significantly higher than the proportion of workers in other key worker roles, being or becoming ill due to catching COVID-19 was also a concern seen in the literature.

Education workers – While there was little evidence that education workers were at greater risk of catching coronavirus, the perception amongst this group that they were at risk was seen in the literature. A lack of clear guidance and of PPE was seen to exacerbate this perception. Calculations by the National Education Union (NEU) based on data released by the Department for Education showed evidence of higher rates of infection amongst school staff compared to infection rates amongst the general

population. The rate of COVID-19 infection amongst primary and secondary school teachers was 1.9 times higher than the general population, while the rate amongst special school teachers was two times higher. The rates were particularly high amongst teaching assistants and other school staff (three times higher than the general population for those working in primary schools and almost seven times higher for those in special schools) (NEU, 2021).

Childcare workers – A survey by the Early Years Alliance showed that 48% of nursery and pre-school staff and 54% of childminders did not feel safe at work. This was attributed to a lack of PPE in settings where social distancing was impossible, as well as a lack of sick pay dissuading workers who had symptoms from testing and potentially needing to self-isolate. A survey by the Early Years Alliance and Ceeda showed that nine per cent of nursery and pre-school staff and eight per cent of childminders tested positive for COVID-19 between 1st December 2020 and 19th January 2021 (Early Years Alliance, 2021).

Social workers and selected social care workforce - During the pandemic social work has largely been delivered remotely, in line with government guidance. As social workers have not been able to deliver the usual services, concerns grew for the welfare of the person they were supporting. Some concerns were also expressed about their own safety where services needed to be delivered in person, particularly if the person was at a higher risk from COVID-19, and about safely working in the office when it was required. As in the case of teachers, there was a lack of clear guidance and PPE for workers who still made home visits, certainly at the beginning of the pandemic. Cross-sectional surveys reported a COVID-19 related sickness absence among social workers of 12.8% at the beginning of the pandemic (during May to June 2020) and 26.2% later on (November 2020-January 2021). This compares to 14% across the labour force as a whole between April and December 2020.

Impacts on immediate earnings capacity

Education workers – While most education workers experienced little or no effect on their earnings capacity, there was some evidence that supply teachers had been furloughed or unable to work.

Childcare workers – Many providers in the childcare sector went into the pandemic in an already precarious financial position, and lacked financial resilience to any kind of crisis. This situation was found to have worsened considerably during the pandemic due to lack of demand and increased costs, as well as changing requirements for accessing support, including the Job Retention Scheme. Self-employed workers and private nurseries were particularly badly hit, due to their dependence on parent-paid fees. Although the situation improved during the course of the pandemic, it was found that around 20% of childcare settings would potentially close and redundancies in settings that remained open were also expected. Furloughing was seen to have reduced the incomes of an already low-paid group of workers, and fears about future job security were commonly reported.

Social workers and selected social care workforce – There was little evidence of a financial impact on social workers and others in the social care workforce, except that some workers lacked access to sick pay and so would lose income if they became ill or needed to self-isolate.

Other impacts

No evidence as found of impacts on nutrition, substance misuse, domestic violence or access to support services.

Longer-term harms of the COVID-19 pandemic

Perhaps inevitably, given that the pandemic is still occurring, there was little robust evidence related to the longer-term impacts of the pandemic. Where this evidence existed, it was largely related to **recruitment and retention** of workers and **financial viability** of providers, particularly in the childcare sector. Information was sought on the impact of previous events that caused longer-term interruptions to education, including the impact of strikes, natural disasters and previous pandemics and other health-related events, but little evidence was found that related to the impact on the specific workforce groups, rather than on how they had been impacted as members of society in general.

Mitigations against the harms of the COVID-19 pandemic

As in the case of identified harms, the largest body of evidence on mitigations related to those designed to alleviate the impact on mental health and wellbeing.

Interventions to improve mental health and wellbeing

Identified interventions can be broadly divided into two groups – organisational level interventions and individual personal care strategies, although it is important to note that a holistic approach that recognises the interaction between the organisation and the individual is important.

Organisational interventions

Encouraging involvement and developing a ‘whole organisation’ culture – This group of interventions largely focussed on improving communication within organisations. The evidence presented for the efficacy of these interventions was relatively weak, although there was a significant amount of anecdotal evidence suggesting that organisations and employees found these interventions helpful in improving wellbeing.

Improving workplace functioning – Interventions in this group focussed on the importance of strong leadership, reducing working hours to more manageable levels, and a reduction in paperwork and other administrative tasks. The review found evidence to suggest that if an organisation was functioning well and efficiently prior to the pandemic, it was more likely to be able to cope with the new crisis. On the other hand, in organisations where staff were already feeling over-burdened, this kind of organisational resilience was reduced.

Training – Training to deal with difficult situations was most commonly mentioned by childcare workers (in general, evidence on the childcare workforce tended to focus on practical interventions related to training and pay) who thought that they had lacked this training before the pandemic and that this became even more critical during the pandemic due to increased need amongst children.

Individual coping strategies

Self-care – Although self-care strategies such as mindfulness, sleeping and eating well and balancing personal and work demands are recognised self-care strategies that can improve mental health and well-being, self-care was found to have decreased during the pandemic, largely due to a lack of time. There is evidence to suggest that addressing the root cause of mental health issues, for example, a lack of job security or financial concerns, is more effective than using self-care strategies to cope with their impacts.

Examples of individual coping strategies identified in the review included acceptance and commitment therapy, which is a behavioural therapy, and mindfulness training to develop emotional resilience.

Although there was evidence on coping strategies amongst teachers and social workers, evidence on employment of these strategies by childcare workers was limited.

Physical activity – There was some evidence to show that physical activity could improve mental health, but there was no evidence that physical activity had declined during the pandemic.

Interventions to improve physical safety at work

As would be expected, interventions related to improving physical safety largely focussed on provision of adequate PPE and clear guidance on its use and on mitigations such as social distancing. The evidence on these interventions was not particularly robust by normal measures, as inevitably there was a lack of control trials, but it must be noted that the clearest impact of the pandemic was not found to be on actual physical health but rather perceptions of risk to physical health, which were heightened by perceptions concerning a lack of adequate PPE.

Interventions to alleviate the financial impact of the pandemic on organisations and workers

The majority of interventions identified in this category related to childcare workers. The furlough scheme was found to have protected some jobs, but the financial instability of many childcare providers meant that they were unable to top up furlough pay to 100% of pay, resulting in a reduction in income for furloughed workers.

The evidence raised questions about where to focus support for the childcare sector, whether on organisations that had been financially viable during the pandemic but struggled due to lack of demand, or on organisations that had been more stable during the pandemic due to their ability to draw on public funding for childcare. In either case,

it was accepted that there would be some providers that could not be saved and which would shed workers or close completely.

The potential for interventions to support individual workers to become financially resilient was seen to be limited due to low pay in the sector.

Evidence gaps and issues for further research

Although tracking of some impacts of the pandemic on workers was found to be relatively robust, with a range of large scale surveys having been undertaken, particularly of teachers and childcare workers, there was a lack of evidence of the impact on small, but important occupational groups, and on the causal relationships that potentially exist between different types of harm, for example, the impact of a lack financial resilience or fears about physical safety on mental health, or the impact of mental health issues on physical wellbeing.

There were few studies identified that took a systems approach to understanding how harms to the workforce, children and their parents relate to and reinforce each other. While it appears to be a relatively straightforward assumption that children benefit from a workforce that is healthy and happy and is confident in dealing with the challenges of the pandemic, we found little strong evidence on how many of the harms experienced by the workforce groups had impacted upon children. This was particularly the case with negative mental health impacts, which were the most widely referenced harm in the literature.

There was also a lack of evidence on the relationship between the different workforce groups and how harms to one group can be transferred to other groups through, for example, increased workload or additional responsibilities.

A more systematic approach could be taken to gathering evidence on the longer-term impact of the pandemic on workers. Much of the evidence identified in relation to this issue is speculative or based on various assumptions about how issues may evolve after the pandemic.

There was a lack of evidence generally on mitigations for specific groups, aside from teachers and some social care professionals. There was also a lack of robustness in the evidence available on the efficacy of different interventions, and, in particular, in the collection of monitoring data to identify the outcomes of various initiatives and the potential limits to their impact in different settings and circumstances. Where evidence was relatively more robust, it tended to focus on very specific interventions assessed in isolation.

1. Introduction

1.1. Background

The Institute for Employment Research (IER) was commissioned by the Department for Education (DfE) to undertake a rapid evidence review of the impact of COVID-19 on the education, childcare and social workers and other relevant parts of the social care workforce.

The objective of the review is to understand the short- and long-term impacts on the above groups and how these can be mitigated to minimize the negative impact of the pandemic.

The specific questions the review will address are:

- What is the current evidence on the harms caused by COVID-19? Why are these a problem?
- What does the evidence suggest may mitigate these short- and longer-term harms, e.g., what, if any, policy interventions have been successful in mitigating short- and longer-term harms? These are likely not specific to COVID-19.
- Where would further research be important?

We note that the education, childcare and social work and related workforces are part of a holistic system, where harms to one group can have a knock-on effect on other groups. Similarly, as will be addressed later in this report, interventions to mitigate the impacts of the pandemic on one group can result in improvements for other groups. Other reports in this series specifically examine the harms experienced by children and young people and their parents of school closures and other pandemic-related events. In this report, we look at the impact on the workforce, and where evidence exists, note the relationship between harms to the workforce and the wider effects of these harms on children and parents. However, literature that takes such a holistic approach is notably lacking.

1.2. Search strategy

In conducting this rapid evidence review, searches were conducted of both peer-reviewed academic literature and grey literature. To identify academic literature, database searches were conducted of IBSS, Sociological Abstracts, ASSIA, Web of Science. Key word searches using Google Scholar and Google were also used. Given the ongoing nature of the pandemic, identifying grey literature was a key element of the review as in many cases this yielded the most up-to-date and relevant information on the impact of the pandemic on the workforce. To identify grey literature, searches were undertaken in Google, with additional literature being identified by searching the websites of relevant organisations and citation searches. To assess the quality of grey literature, the AACODS approach was used which makes an assessment of the authority, accuracy, coverage, objectivity, date and significance of the grey literature. In cases where grey literature was available, but we were unable to make a complete assessment based on the information provided about its quality, this literature is

included but with caveats noted. In most cases, these caveats relate to the representativeness of the data presented and a lack of information about its significance.

Further details of our search strategy are provided in Appendix 1.

1.3. Structure of the review

This review has three parts:

- The first part provides evidence on the short-term impacts of the COVID-19 pandemic on the education, childcare and social work and related social care workforces.
- The second part presents early evidence on the longer-term impacts on these groups.
- The third part builds on the first two parts by looking at evidence on how the harms identified in parts one and two may be mitigated.

We note that while there is evidence of some harms amongst the wider workforce, such as an increase in domestic violence, trauma associated with bereavement, and various maladaptive coping strategies related to drug and alcohol use, we did not find specific evidence of these harms amongst the workforce groups under investigation. Consequently, the third part of the review does not provide evidence on how such harms might be addressed.

2. Short-term impacts

2.1. Impacts on mental health and wellbeing

This is the most covered area across all groups, and the quality of the evidence is generally strong with a number of reasonably large-scale surveys.

Mental health and negative impacts on wellbeing emerge as both direct and indirect harms showing clear links with other impacts of the pandemic.

2.1.1. Mental health and wellbeing impacts on the education workforce

Walker et al. (2020) found that most senior leaders and teachers who responded to the survey found their working hours in May 2020 manageable – these findings compared favourably to previous estimates of the manageability of teachers' workloads. Most senior leaders and teachers were at least somewhat satisfied with their jobs (36 and 39%, respectively), although a greater proportion of senior leaders were dissatisfied than teachers (31 and 22%, respectively). The study confirmed the significant association between job satisfaction and feelings of being in control of different aspects of their working lives: senior leaders and teachers who reported feeling more in control of their work despite the effects of pandemic, were also more likely to have higher job satisfaction. Teachers' job satisfaction was improved by support from senior leaders and local networks, in addition to feeling in control over teaching and learning methods.

A report by the charity Education Support (2020a)¹ found that 52 per cent of teachers felt their mental health and wellbeing had declined either considerably or a little, with the highest decline reported in the East Midlands (57%), West Midlands (55%) and Scotland (55%). In contrast, just under a fifth (18%) of the surveyed education professionals reported their mental health had improved – of those who did 23 per cent were senior leaders, 16 per cent were school teachers and 14 per cent were staff working in other roles. The regions reporting highest improvements were Wales (26%) and the North East (24%).

The report found that the lack of clear and consistent guidance and direction from government, particularly in preparation for reopening schools for the 2020-21 academic year was challenging for teachers. Teachers found the lack of clear guidance about physical safety (catching COVID-19) and about the priorities of teaching, learning and assessment for the new academic year very stressful. The lack of government guidance was a greater challenge for staff working in secondary schools (45%), compared to those working in sixth form colleges (38%), primary schools (37%) and further education (35%). The lack of timely government guidance presented a challenge to half (50%) of school leaders, compared to 36 per cent of school teachers and 25 per cent of staff working in other roles. In response to an open-ended question² about the kind of support they would benefit from at the start of the academic year in September 2020, education professionals said they wanted clear and consistent guidance on next steps – this was the largest group of responses, making up 20 per cent of all answering it.

Findings about the lack of clear guidance and the uncertainty it caused, especially to school leaders were echoed by Glazzard and Stones (2020), who noted that school leaders were expected to synthesise and respond to frequent policy directives from central government, while bearing the anxiety for being responsible for the health and wellbeing of staff and children. Kim and Asbury (2020) also found that the lack of clear government guidance was felt most keenly by those in senior leadership roles.

The Teacher Wellbeing Index allows us to explore medium-term trends in teachers' wellbeing and mental health. The report on the 2020 Index (Education Support, 2020b) revealed that most aspects of teachers' wellbeing in Summer 2020 were similar to or better than those reported in previous years (for the methodology used to calculate the index see footnote 1).

Three quarters (74%) of all education professionals reported that they had experienced

¹ The report is based on an online survey of education professionals drawn from a YouGov panel. The total sample size was 3,034 and the survey was conducted during the period 24 June to 16 July 2020. The sample included senior leaders, teachers, teaching assistants and supply teachers) and staff working in other roles, e.g., school business managers. All phases of education were included from Early Years to Further, Adult, and Vocational Education sectors.

² Education professionals were asked to state the one form of support which would most help their transition back to the "new normal" way of working. The question asked for open-responses in order to give respondents the opportunity to express their own thoughts and ideas.

at least one behavioural, physical or psychological symptom related to work – this was very similar to the data from previous years (78% in 2019, 76% in 2018, and 75% in 2017). A third (34%) of those education professionals who had experienced work-related symptoms reported that their symptoms were related to COVID-19. Factors that had a stronger negative effect than COVID-19 included work-life balance with 65 per cent of education professionals mentioning this in 2020 as a contributing factor to their symptoms (very similar level to that reported in 2019). Excessive workload was also a key factor affecting wellbeing, with 62 per cent citing this (a 7 percentage point decrease on 2019 figures). These findings, especially the small drop in the proportion of those reporting excessive workload may seem counterintuitive – perhaps by the end of the summer term teachers had adapted to the new ways of working.

According to the Wellbeing Index 2020, 62 per cent of education professionals described themselves as stressed in June-July 2020 – a level lower than that in 2019 (72%) and similar to that in 2018 (67%) and 2017 (66%). When looking at job roles, 77 per cent of senior leaders, 58 per cent of school teachers and 56 per cent of staff working in other roles were stressed. All these levels were lower than those reported in 2019, with the largest drop (15 percentage point) reported for teachers. Stress levels were higher for staff who did not feel supported by their schools (77%) compared for those who identified as well supported (54%). Focusing on the types of institutions, staff stress levels were slightly higher in sixth form colleges (70%) than in primary (65%) and secondary schools (62%).

While the findings from the survey conducted in Summer 2020 were similar to or better than those reported in previous years, a follow up survey conducted in October 2020 (Education Support, 2020b) found that stress levels experienced by education professionals had increased by a third, from 62 per cent to 84 per cent, with senior leaders reporting the highest levels of stress.

A team of researchers at UCL (Allen et al., 2020) reported broadly similar findings to those summarised above. Their study found that slightly fewer teachers were highly anxious about work after lockdown was imposed, with about one in 20 reporting very high anxiety compared to one in eight before lockdown. However, many headteachers were highly anxious about work during lockdown: in the week before school lockdown the proportion of headteachers reporting very high anxiety doubled to 38 per cent, and there was another spike in their anxiety in June, when school re-openings were first announced. One in five headteachers said the experience of lockdown had made them more likely to seek to leave the profession, compared to one in ten mid-level school leaders and teachers.

Although the wellbeing of teachers changed little on average during lockdown, different aspects of their mental health may have been affected in different ways. For instance, in April 2020 more teachers said they had energy to spare and they were feeling relaxed than when the same questions were asked in October 2019. However, teachers were less likely to say that they felt useful, were optimistic about the future or were interested in new things in April 2020 than in October 2019. The study found that work anxiety during the first national lockdown in England was higher for women than for men teachers (discussed below in more detail), and for parents when compared to

teachers who do not have children.

Work anxiety levels were much higher among teachers who went into school to look after key workers' and vulnerable children than among those working from home at the start of lockdown (23% versus 9% on 23rd March). While this pattern of higher anxiety persisted, the differences gradually became less pronounced and by the end of June, when most teachers had started to spend time in school again, the differences between the two groups had disappeared. Similar to the study by Education Support (2020b), Allen and colleagues (2020) also identified the sharp increase in the percentage of highly work-anxious teachers in September 2020.

In their report for the National Foundation for Educational Research (NFER), Worth and Faulkner-Ellis (2021a) confirmed findings summarised earlier: the onset of the pandemic led to an increase in subjective distress and anxiety and lower levels of happiness and life satisfaction among teachers. The contribution of the study by Worth and Faulkner-Ellis (2021a) is the finding that the drop in the level of wellbeing experienced by teachers was similar to that experienced among individuals with similar demographic characteristics working in other professional occupations. The authors argued that teachers' wellbeing was 'insulated' by the relatively high job security in teaching compared to an uncertain wider labour market. In addition, the report found that while teachers had similar happiness levels to similar professionals in 2020, teachers also had greater feelings of doing things that were worthwhile. Reporting on teachers' workload, the study found that the number of working hours, which had dropped to a more manageable level in the second half of the 2019-20 academic year (confirming the findings of Education Support, 2020b), had returned to the pre-2020 level in the autumn term of 2020-21.

A small-scale qualitative study by Kim and Asbury (2020) explored how teachers identified and described the potential stressors they experienced during the initial phase of the Spring 2020 lockdown. The authors anticipated that emotion-focused coping strategies would be prominent as many of the stressors related to the pandemic and lockdown were beyond individual teachers' control, thus requiring management of their affective responses and limiting the scope for using problem-focused strategies. Teachers needed to create a new work pattern to do their job and protect their well-being. The situation was hardest on those with young children and on those who lived alone – they reported feeling lonely or isolated and had to actively avoid working all of the time.

Some teachers complained that initially they were inundated with paperwork and continuing professional development activities and that they found a new rhythm of work once that pressure subsided. In other schools, the senior leadership prioritised staff well-being from the start to avoid teacher burnout. The study identified two main stressors: the first being the uncertainty related to partial school closures, navigating immediate demands, and planning for what might happen next. The second stressor was worry for vulnerable pupils and, in many instances, their families. Workload, a factor discussed by several reports summarised earlier, was not a prominent feature of the teachers' stories. While some teachers initially felt the changes were overwhelming, others appraised them as an exciting challenge to overcome. Teachers

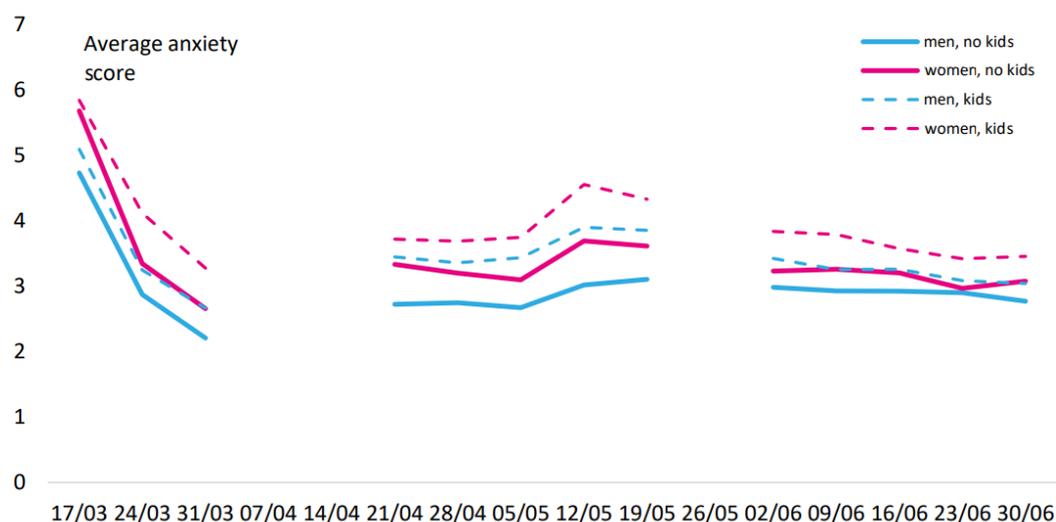
reported that their initial stress was alleviated by 'finding a way forward' but some, particularly those in senior leadership positions, remained stressed (as mentioned earlier).

Teachers used problem-focused coping strategies to manage the most pressing stressor of delivering education remotely. In response to feeling emotionally overwhelmed, teachers used emotion-focused strategies, particularly seeking emotional support from colleagues and venting to each other. The study found that teachers had made extra efforts to create and develop relationships with their colleagues. This provided a safe space as teachers navigated shared stressors and created a sense of community among teachers that can be considered part of teacher identity (Hanna et al., 2019). That is, the camaraderie between teachers may be an important resource that teachers can continue to use. This suggests that new teachers would benefit from extra support to build relationships and draw on the support of their colleagues in the future. Finally, the study found evidence of an increased level of trust between parents and teachers and the authors suggest that it may prove beneficial when pupils return to school.

There is some evidence of a gendered impact, as research on parenting and mothering found that mothers of small children experienced a stronger negative impact on their mental health than men did. Focusing specifically on teachers, Allen et al. (2020) found that women were more anxious than men between March and June 2020 - the gender difference in the unadjusted anxiety scores was 0.7 points (on a scale of zero to ten points).

This gender gap could not be explained away when the researchers controlled for a number of factors, such as age, the fact that more women than men work in primary schools and state schools, and pre COVID-19 anxiety levels – the small, but persistent gender gap in the adjusted anxiety scores suggests that differences in work-related anxiety between women and men teachers had increased during the pandemic. Even after controlling for parenthood, a clear gender gap was observed in anxiety levels: in April and May 2020 there was a difference of 1.5 points (on the zero to ten scale) between men without children and women with children, as Figure 1 shows (adapted from Figure 9 in Allen et al., 2020).

Figure 1 Differences in work-related anxiety by gender and children at home (adjusted)



Notes: Controlling for age, primary/secondary phase, state/private and pre-COVID-19 anxiety levels.

2.1.2. Mental health and wellbeing impacts on the childcare workforce

The literature on the childcare workforce consistently references one key point: that this was a sector already under stress. A report by The Education Alliance (2018) demonstrates the high existing levels of stress and mental and physical health issues amongst childcare workers. This report showed, for example, that 74 per cent of the 2,039 respondents to a survey conducted in April and May 2018 stated that had regularly experienced stress related to their job in the past month, with the main sources of stress being ‘Administration and paperwork’, ‘Financial resources of the setting’, ‘Workload (other than ‘administration and paperwork’) and ‘Pay’. Fatigue, loss of motivation, anxiety and insomnia were the most frequently mentioned expressions of this stress. Many of the impacts that can be seen on workers in the sector represent an intensification of these stresses, rather than the emergent of new and unprecedented challenges. This can be seen in relation to the mental health and wellbeing impact on childcare workers.

A report by the Anna Freud Foundation (2021) based on a survey of 905 childcare workers conducted between October and December 2020 found that concerns about the mental health and wellbeing of the children in their care had resulted in negative mental health impacts for nursery workers. The survey found that 42 per cent of nursery workers had noticed that the emotional wellbeing of children in their care had been affected by the coronavirus pandemic or lockdowns, and 12 per cent reported that a child that they worked with had lost a family member due to the coronavirus. The survey data also shows that early years providers had found that behavioural problems had increased during the pandemic, particularly amongst children who had left the childcare setting and then returned. The childcare workers surveyed wanted to provide the best support for children experiencing difficulties, but felt inadequately trained to do so. This is discussed further in the mitigations section.

A survey conducted by the Early Years Alliance (2021) of 3,800 childcare workers, covering childminders, nursery workers and those working in early years settings in schools, in December 2020 and January 2021, showed that more than a third said that they were struggling to deal with the stresses placed on them by the pandemic and one in ten had taken time off work because of stress linked to the pandemic. The survey data shows that 72 per cent said they had experienced fatigue and tiredness related to the impact of the pandemic on their role over the past six months, 70 per cent had experienced anxiety and 59 per cent had experienced insomnia. There were particular issues related to feeling safe at work and travelling on public transport to get to work that had a negative effect on mental health. The need to keep up with changes in government guidance was an additional source of stress for childcare workers, as was the ongoing financial viability of their employer (discussed below).

Qualitative research with 82 childcare providers by the University of Leeds between November 2020 and February 2021, reported in *Nursery World* (2021), highlighted similar issues. The research found that nursery staff felt undervalued, overlooked and vulnerable due to the pressures they faced from parents, local authorities and the government and that this had a negative effect on their health and wellbeing. Drawing on this research, Whittaker, Hardy and Tomlinson (2021) state that nursery staff report an extension of their duties during the pandemic, particularly in terms of vital safeguarding and diagnosis of special educational needs (SEN) and additional learning needs (ALN) as early years staff have been the only face-to-face contact many children and families had during lockdown as other agencies such as social workers and educational psychologists moved their work online. The increased stress of being the main frontline support for vulnerable and SEN children and the increased responsibility for identifying cases of vulnerability, including neglect and exposure to domestic violence, had an impact on the mental health of childcare workers.

A key issue exacerbating the stress felt by childcare workers was feeling that their efforts were unrecognised and underappreciated. The qualitative research conducted by the University of Leeds (ibid.) highlighted issues related to pay levels not being commensurate with the additional work, and additional risks experienced by childcare workers, as well as an underappreciation of the work of the sector in preparing children for school and the damage that could be done if they were unable to do this work. Delays in designating certain groups of childcare workers as key workers exacerbated this sense of being forgotten and overlooked.

2.1.3. Mental health and wellbeing impacts on social workers and selected social care workforce

As in the case of the other groups, a key issue emerging from the literature on the impact of COVID-19 on social workers and others in the social care workforce relates to concerns about providing adequate support for clients, both young people and their parents, and the attendant feelings of personal failure and fear for the wellbeing of these clients.

As social workers have not been able to deliver the usual services, concerns grew for the welfare of the person they were supporting (BASW, 2020; Thinking Ahead, 2020; McFadden et al., 2021). Some concerns were also expressed about their own safety

where services needed to be delivered in person, particularly if the person was at a higher risk from COVID-19 (BASW, 2020), and about safely working in the office when it was required (McFadden, 2021a). Social work is generally considered to be a satisfying yet at the same time a demanding job, that can impact on wellbeing, as a number of studies conducted before the current pandemic confirm (e.g., Evans et al. 2006; Beer et al. 2019; Ravalier et al., 2020; The Guardian, 2020).

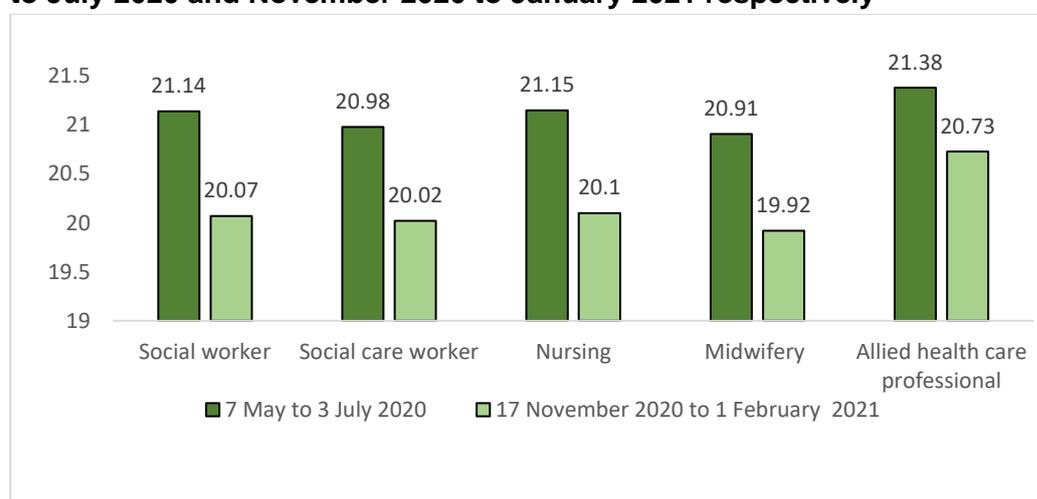
Drawing on interviews with social workers in children's and family services, Cook et al. (2020) assert that the 'team as a secure base' is key to social work and found that social workers needed to initially find a way of linking up with colleagues remotely using modern technology. Still some, particularly those newer to the team, felt less included in online communications (Cook et al., 2020). While there are many instances where the remote communication with clients worked well (particularly with young people), others expressed concerns that it is less suitable in some circumstances (particularly new referrals, child welfare concerns or initial visits) as virtual information is considered 'less robust' (see also Ferguson, Kelly & Pink, 2021) or that more frequent calls than usual may add to the stress already experienced by families. It was also reported that there were instances where clients did not have access to a wireless connection to join a video call (see also BASW, 2021). However, there were also concerns that arranging video calls discussing sensitive or confidential issues can be more difficult for those who share their workspace with others at home. One of the benefits of remote working that social workers noted was that they could liaise with more clients as they did not need to travel for virtual home visits, yet back-to-back calls and lack of the usual support from colleagues could lead to feelings of exhaustion (Cook and Zscholmer, 2020). In learning from the pandemic, it is important to take into account both the opportunities and the challenges identified in these findings. It may be the case that some virtual work could continue post-pandemic where there is clear evidence that the benefits to both clients and staff outweigh the negative impacts.

Research undertaken by Pink, Ferguson and Kelly (2020) in four local authorities in England has provided further evidence that digital social work in child protection can be successfully deployed during a pandemic and that using it successfully has been a learning process for many. Yet home visits are essential as they offer more opportunities for picking up informal 'clues' and those local authorities in their study went largely back to home visits when lockdown restrictions were eased. There was, however, reported to be a case to build on and learn from the digital social work experience gained during the pandemic to complement the usual home visits. Similarly Baginsky and Manthorpe (2021) call for an evaluation of the innovations during the lockdown to assess what has worked and for whom.

Many of those concerns noted above were echoed in a qualitative study undertaken among mental health social workers early on in the pandemic (Thinking Ahead, 2020), and identified as new sources of stress. Examples included rapidly adapting to changes in the workplace, coping with the resulting levels of uncertainty, without being able to speak to colleagues in the office, increased workloads and heightened concerns for the welfare of service users (Thinking Ahead, 2020).

Using the short Warwick-Edinburgh Mental Wellbeing Scale, encompassing seven items on a five-point scale, McFadden et al. (2020a) found that social workers working across a range of areas, along with other social and health care workers, experienced a lower well-being (21.14) than the UK population (23.61) pre-COVID-19 (Health Survey for England, 2011, cited in McFadden et al., 2020). Based on the available data, we are unable to assess whether this constitutes a statistically significant fall. Individual scores (not reported in the study) of 21-28 are considered average general wellbeing and a score of 18-20 was found to indicate possible cases of depression or anxiety. In the second cross-sectional survey conducted during the period November 2020 to January 2021, scores for social workers were reported to have fallen to 20.07, with an overall decline in wellbeing also observed in the other occupational groups included in the study (McFadden et al., 2021; see Figure 2), suggesting that they have edged closer to possible cases of depression or anxiety.

Figure 2: Wellbeing scores for health and social care professionals during May to July 2020 and November 2020 to January 2021 respectively



Source McFadden et al. 2021a (own graph)

The BASW survey conducted during November to December 2020 also reported that the pandemic had an impact on social workers in terms of their own mental health (59% agreeing or strongly agreeing), with substantial group feeling ‘under pressure to work while unwell’ (31%) and vast majority finding it more difficult to switch off from work while working remotely (68%) (BASW 2021).

One factor impacting general wellbeing can be the increased demand on staff as a result of the impact of COVID-19 on services. McFadden et al.’s (2021 study) found that the majority of social workers (61%) felt ‘overwhelmed by increased pressures’ with 38 per cent feeling ‘impacted but not significantly’, with similar figures being reported for nursing. This was supported by anecdotal evidence gathered through open-ended questions. Further data analysis showed that the wellbeing score for health and social care professionals was negatively affected by the impact of COVID-19 on services. While the score decreased slightly when services has been ‘impacted, but not significantly’ (20.5 compared to 20.8 not being impacted by COVID-19 pressures) it fell further if staff felt ‘overwhelmed by increased pressures’ (19.7). (McFadden et al. 2021). It needs to be noted though that this an overall score across

five occupational groups, yet it may be reasonable to assume that this may apply to social workers, too. There is also evidence that the type of coping strategy adopted impacts on people's wellbeing, as will be discussed later in this report.

A pandemic related effect on mental health was also found in other studies. Findings from a large-scale online survey of social workers, hosted on the BASW website but open to other social workers (n=1119), found that the majority (59%) 'agreed or strongly agreed that working during the COVID-19 crisis had negatively impacted upon their own mental health' which might have also been impacted by the finding that less than a third (31%) 'agreed or strongly agreed that they had felt under pressure to work while unwell'. In a study focusing on approved mental health professionals (AMHP) working in local authorities 70 per cent of respondents reported an increase largely in anxiety rather than depression during the lockdown period, and this remained high (62%) since the lockdown eased (BASW and Department of Health and Social Care, 2020). This may be due to increased demand for services, changes the organisation of services to meet drops in staffing levels and concerns for the welfare of clients.

In a series of focus groups among hospital social workers in the US held early on in the pandemic (April 2020), participants voiced that there was a presumption that as social workers they were 'expected to be able to cope with extreme stressors, such as those of the pandemic' (Ross et al., 2021, p.17). On the other hand in England, there was some acknowledgement that the AMHP workforce was resilient (BASW and Department of Health and Social Care, 2020).

2.2. Impacts on physical health

Impacts related to physical health fell into two groups. Firstly, there were impacts related to becoming ill as a result of catching the coronavirus. Secondly, there were impacts related to a feeling of a lack of safety at work. The majority of studies identified fell into this latter group.

Accurate data on the risk to these workforce groups of catching COVID-19 is difficult to find, largely due to the different data collection methods, timing and comparator groups used in the production of this data. Research by NEU (2021) and EPI (2021) suggests that teachers were more likely to be absent from work for COVID-19 related reasons than comparator workforce groups and pupils, but data from ONS (2021) suggests that findings are very time-dependent, with teachers showing higher rates of infection at some points during the pandemic than others. Similarly, a survey by Ceeda (2021) suggests that childcare workers were more likely than pupils to contract COVID-19 and that nurseries and other early years childcare settings were facing staff shortages due to COVID-19 related staff absence, but there is a lack of official data on infection rates amongst this workforce group. There is little evidence of increased infection rates amongst the social work and related social care workforce. Data from ONS across the period has consistently shown that the education, childcare and social work and related social care workforces did not have a measurably higher risk of death from COVID-19, although secondary school teachers had a slightly higher death rate, and death rates amongst these groups, while equal to or lower than those seen amongst other key workers groups, were nevertheless higher than those seen amongst other professional groups.

2.2.1. Physical health impacts on the education workforce

A report by the charity Education Support found that almost one in ten (9%) of all education professionals had suffered from Coronavirus (COVID-19) symptoms at or before June-July 2020. This proportion was higher (13%) for those working in London and in the West Midlands (Education Support, 2020a).

Calculations by the National Education Union (NEU) that were based on data released by the Department for Education showed evidence of higher rates of infection among school staff than for the general population. The rate of COVID infection was 1.9 times higher amongst primary and secondary teachers than the general population. A slightly higher figure was calculated for special school teachers at 2 times higher and for teaching assistants and other staff the rate of COVID infection was three times higher in primary schools and almost seven times higher in special schools (NEU, 2021).

The Office for National Statistics (ONS) found that rates of death involving COVID-19 among education staff (all teaching occupations) were statistically significantly lower than among those of the same age and sex, with 18.4 deaths per 100,000 males and 9.8 deaths per 100,000 females, compared with 31.4 and 16.8 deaths per 100,000 in the population among males and females respectively. The ONS also compared the teaching occupations with all other professional occupations, essentially controlling for the effect of broad economic and educational backgrounds. Rates of COVID-19 related death in all educational professionals were not statistically significantly different to the rates seen in professional occupations (17.6 deaths per 100,000 males; 12.8 deaths per 100,000 females) as a whole, true for both sexes. However, the rate of death in male secondary education teaching professionals was statistically significantly higher than that in men of the same age in professional occupations (ONS, 2021).

A report by the COVID-19 advisory sub-group on education and children's issues to the Scottish Government (2020) synthesised data published by the ONS and international data (Norway). This report found that there was not any evidence that teachers and staff working in pre-school, primary and secondary school settings would test positive for COVID-19 at higher rates relative to other worker groups of a similar age. The report quotes data from the ONS, showing that the proportion of positive test cases from people aged 18+ whose occupation was "education/childcare" had remained constant at between 3 and 7 per cent between August and November 2020, with the schools in Scotland having opened in August.

A report by the European Centre for Disease Control (ECDC), based on an extensive literature review found that Educational staff were not at a higher risk of infection than those working in other occupations, although educational roles that put teachers in contact with older children and/or many adults may be associated with a higher risk (ECDC, 2020).

Drawing on research from Scotland and statistical data on hospitalisations and teacher absence from work in England, Lewis et al. (2021) argued that despite the expectation that face-to-face teaching would increase the risk of becoming infected with the novel

coronavirus, teachers and school staff were not in fact at higher risk of hospital admission or death from COVID-19 compared with other workers.

This may partly be explained by the fact that schools adopted their own bespoke strategies to limit the number of contacts, often going beyond the official guidelines from the Department for Education, which formed the basis for risk mitigation in schools (Sparks et al., 2021).

2.2.2. Physical health impacts on the childcare workforce

A report by the Early Years Alliance (2021) reported by ITV News (2021) showed that childcare workers who had continued to work during the pandemic had concerns about their physical safety at work and when travelling to work. A survey by the Early Years Alliance estimated that 31,000 staff working in nurseries and preschools had tested positive for the coronavirus in December 2020 and January 2021, comprising 10% of the total workforce in these settings. They estimate that in addition, 3,000 childminders also contracted the virus. The survey showed that 48% of nursery and pre-school staff and 54% of childminders did not feel safe at work.

Qualitative research by the University of Leeds, reported in Nursery World (2021) similarly showed high levels of concern around physical safety amongst nursery workers. A respondent in the research commented that nursery staff were 'being used as guinea pigs and put at risk' and were working without adequate personal protective equipment (PPE), testing or priority access to vaccines in settings where social distancing was impossible, and that this was especially concerning as nursery staff did not get sick pay. There was a risk that nursery staff would come to work when they suspected they had symptoms of coronavirus because they could not afford to lose pay.

2.2.3. Physical health and wellbeing impacts on social workers and selected social care workforce

While remote working generally offered a safe way of working, concerns were raised by social workers about the lack of PPE, certainly initially, for those who needed to make home visits (McFadden et al., 2020; Ferguson, Kelly & Pink, 2021), about some people falling in the at-risk group still being deployed for home visits or having to hot desk in an office due to the increased risk of infection (BASW, 2020). A qualitative study in children's social care reported that guidance on PPE has not been available initially or was too generic for this area and that PPE was not always available in the early weeks of the pandemic (Baginsky and Manthorpe, 2020). Similarly, Ferguson, Kelly & Pink (2021) reported that social workers assessed and navigated the risks for clients and themselves prior to the emergence of guidance. The BASW survey conducted during November to December 2020 found while the majority (70%) thought that 'access to PPE and risk management advice' had improved since March 2020, others disagreed.

COVID-19 related sickness absence among social workers was reported to be 13 per cent at the beginning of the pandemic (May to June 2020) and 26 per cent in November 2020 to January 2021 (McFadden et al., 2020; McFadden et al. 2021a), with general sickness absence rates among this group also reported to be higher later on in the

pandemic compared to the beginning (52% compared to 43%). However, since these were cross-sectional surveys, differences over time could also be due to differences in people participating in the survey. In comparison, ONS (2021) data show that 14 per cent of sickness absences were related to COVID-19 during April 2020, when first recorded, and December 2020. Relatively similar to those early pandemic findings reported by McFadden et al. (2020), research undertaken by Baginsky and Manthorpe in children's social services in 15 local authorities in June 2020 found 'little impact on the workforces' sickness levels', 'with few references to individuals who had contracted COVID-19' (p.3) having been made.

2.3. Impacts on immediate earning capacity

2.3.1. Financial impacts on the education workforce

A report by the charity Education Support found that three per cent of education professionals were furloughed in June-July 2020 (2019-20 Summer Term). Those on furlough reported that the most challenging aspect of the pandemic was related to uncertainty about their future (Education Support, 2020a).

Focusing specifically on the experiences of supply teachers, a report based on a survey conducted by NASUWT- The Teachers' Union (2020) found that 80 per cent of supply teachers were unable to secure work teaching during the lockdown in Spring 2020.

Just under half (47%) of supply teachers asked by NASUWT reported that all of the agencies they were working for placed them on furlough; 23 per cent said that some of the agencies they were working for placed them on furlough, and 30 per cent reported that the agencies they were working for had not furloughed them. Of those on furlough, 71 per cent reported that they would be paid for the period when the school was closed period, while 22 per cent said that they would not be paid, and 7 percent said that they did not know whether they would be paid or not.

Just under half of respondents (49%) stated that they had experienced financial hardship since the pandemic began and 16 per cent reported that they had claimed some form of social welfare benefit (e.g., Universal Credit). Reporting about their financial situation, 24 per cent of supply teachers said that they had done paid work other than teaching since the COVID-19 pandemic started, and 93 per cent of these stated that their earnings were lower than what they would have earned as teachers.

2.3.2. Financial impacts on the childcare workforce

The Early Years Alliance (2021) found that during the pandemic, many children had left their childcare setting and not returned. This placed financial pressure on these providers, many of whom had entered the pandemic in an already precarious financial position. While support has been available for nurseries if they have to close due to staff self-isolating, this support is not available if nurseries have to close due to concerns expressed by their staff about safety at work. It has been suggested that 2,000 childcare providers closed in the first five months of 2021 (The Guardian, 20 May 2021).

Financial support for the childcare sector changed during lockdown. The Sutton Trust (2020) found that prior to April 2020, 84 per cent of providers benefited from the continuation of free-entitlement funding, 59 per cent had used the furlough scheme and 20 per cent had used the business rates holidays. Nurseries were the most likely to have taken a business rates holiday compared to other provider types (44% compared to 9% of pre-schools). They were also more likely to have made use of the job retention scheme (80% compared to 55% of pre-schools). They note that nurseries were more likely to report financial difficulties than pre-schools, potentially due to their larger overheads in terms of facilities, staff costs and opening hours. After April 2020, when it was announced that staff could only be furloughed for the time not covered by government-funded childcare places, providers increasingly reported that they needed further support but were unable to access it.

A survey by Ceeda for the Early Years Alliance (2021) of 3,700 childcare and early years providers conducted in January 2021 showed that changes in access to the Job Retention Scheme had a negative effect on staff retention. Across all providers, 47 per cent anticipated that they would need to make staff redundant, 37 per cent said that they would need to rescind their offer to top-up staff wages to 100%, 14 per cent said that they may need to close temporarily and 22 per cent said that they were likely to need to close permanently.

Various reports have highlighted the fall in income experienced by childcare providers during the pandemic. A report by Hunnikin and Blackburn for the DfE (2020) based on a survey conducted in July 2020 provides figures showing that parent-paid fees (which make up 79% of income for childminders, 50% of income for group-based providers and 10% of income for school-based providers) had fallen dramatically. In pre-pandemic times, school-based providers could expect to receive £784 per week from parent-paid fees but received only £198 at the time of the survey. Group-based providers and childminders had seen their incomes from parent-paid fees fall by around half (from £3,644 per week to £1,265 for group-based providers, and from £553 per week to £267 per week for childminders). This had an impact on the sustainability of these providers, their ability to continue to employ their workers and on the extent and quality of the provision they were able to provide. As has been noted, this had a knock-on effect on the mental health of workers in the sector. A second survey for DfE (Hunnikin, 2020) conducted in December 2020 suggests that this situation had improved somewhat in the intervening five months, with parent-paid fees increasing, although across all providers fees were around a third lower than in pre-pandemic times. However, the proportion of providers who believed that they would be able to run their childcare provision for another year or longer had fallen further. In July 2020, 45 per cent of group-based providers believed that they would be able to run their provision for another year, but by December this figure was 42 per cent. For childminders, the figure had fallen from 55 per cent to 51 per cent.

A survey by Ceeda for the Early Years Alliance (2021) showed that 48 per cent of childcare and early years providers considered that the financial impact on their setting or provision had been 'very negative' and a further 41 per cent said that it had been

'somewhat negative'. Almost three quarters of providers (74%) thought that the government had not provided enough support for the sector.

A briefing by the Sutton Trust (2020) using data from a YouGov survey of parents in June 2020 and data from the Early Years Alliance survey waves 1 and 2 conducted in April and May 2020 states that between the 22nd and 29th of April 2020 67 per cent of providers were temporarily closed, including 79 per cent of pre-schools, 59 per cent of nurseries and 41 per cent of childminders, although settings in the most deprived areas were more likely to have remained open. It was reported that limited capacity and parents' concerns were limiting providers' ability to open and to operate their normal hours. Some settings planned to only open in term-time and to reduce the hours that they were open. As has been noted above, providers commented that they would be providing less and different resources and activities, and that this would affect the quality of a child's learning experience.

A later survey by DfE (ibid.) of 4,012 providers conducted by NatCen Social Research and Frontier Economics in July 2020 showed that around a fifth of providers were temporarily closed, with lack of demand from parents being the most common reason for temporary or permanent closure (cited by around a half of those who were closed). The survey showed a reduction in opening hours across the sector, driven, again, by a fall in demand from parents, as well as concerns, particularly amongst those working in school-based settings, about adhering to COVID-19 infection and prevention and control measures. This has an impact on workers, with staff numbers falling. Overall, 76 per cent of group-based providers had made use of the Job Retention Scheme. This figure was only 14 per cent for school-based providers, largely because these providers received the majority of their funding from free entitlements and other government sources and so were not able to access the scheme. Although the Job Retention Scheme protected workers' jobs, the historically low wages in the sector mean that they were ill-equipped to cope with a 20 per cent fall in their income if they were furloughed.

Similar findings were reported by Coram Family and Childcare (2020) in their survey of 56 Local Authorities in November 2020. A third of the Local Authorities surveyed reported that they had seen an increase in permanent closures of childcare settings compared to the previous year. Overall, 61 per cent of Local Authorities said that they were aware of staff redundancies, as well as increased pressures on staff in terms of child:staff ratios and increased fees for parents.

2.3.3. Financial impacts on social workers and selected social care workforce

The review did not uncover reports on reductions in income due to reductions in hours worked. There is some anecdotal evidence that this did not affect social workers (McFadden, 2021a). Yet headline findings from the initial BASW survey found concerns among independent social workers about the lack of government support for self-employed people (BASW, 2020).

A temporary drop in income can occur when the person either receives no or basic sick pay leave. A large-scale survey indicated that the majority of social workers experienced either no sick leave (52%) or up to 10 days of sick leave (31%). Yet where

sick leave occurred a substantial group of social workers either received basic sick pay (12%) or no sick pay at all (11%). In contrast, among social care workers basic sick pay was much more prevalent (41%) (McFadden et al. 2021). No further details are known about social worker receiving no or basic sick pay, it is possible though that these were agency or self-employed social workers.

2.4. Access to services and impacts on vulnerable children and children with Special Educational Needs and Disabilities (SEND)

Although schools providing education to vulnerable children were given permission to stay open during lockdown, some had also closed and others offered reduced services, taking into account: staff availability; the need to operate safely for all groups concerned, including SEND children with underlying health conditions making them more susceptible to COVID-19; demand for their services as not all parents, certainly initially, wanted their child to attend school; and the needs of children who required the services most³. Due to the pandemic, there was also reduced access to health and social care services in schools, which, together with reduced hours at school, changes in activities at school in response to the needs of children, and some problems with distance learning, impacted on the development of SEND children (e.g., Skipp, Hopwood & Webster, 2021).

While Local Authorities (LA) have a legal duty to provide the support set out in the EHCP, the Coronavirus Act (2020) stipulated that LAs use their 'best endeavours' to deliver EHCPs as best as possible. Some indication as to how the delivery of these services was impacted early on by the pandemic can be gleaned from Skipp, Hopwood & Webster (2021) employing a 'broadly representative' survey focusing on representatives of special schools and colleges (n=201, response rate: 12%) during March to June 2020. Their results indicate a mixed picture. While there was a large share of pupils receiving health and social care to a 'large or very large' extent as set out in the EHCP (36% and 44% respectively), for about half of the pupils the healthcare and social care they received amounted to 'a small or moderate extent' of that set out in the EHCP⁴. Moreover, it was also found that pupils attending school had better access to health and social care services than those staying at home, perhaps because it is logistically easier to deliver services at a central location.

³ Citing Department for Education figures, the National Audit Office (NAO, 2021) reported that school attendance rates of vulnerable children were below 10% during the early pandemic and increased to more than 20 in the latter part of the summer term.

National Audit Office (2021) Support for children's education during the early stages of the COVID-19 pandemic. <https://www.nao.org.uk/wp-content/uploads/2021/03/Support-for-childrens-education-during-the-early-stages-of-the-Covid-19-pandemic.pdf>

⁴Data collected monthly by local authorities provide information on the extent of disruption to delivery of services due to staffing issues. These indicate that children's services and adult social care services were most affected by the pandemic after schools. It needs to be borne in mind that the large majority of staff working in these areas are those involved in providing direct social care who may have been most affected by the pandemic, yet it is likely that this may also impact the work of social workers. In May 2020, towards the beginning of the pandemic 22% of local authorities reported moderate disruptions and 6% major disruptions in children's services and in April 2021 figures stood at 19% and 3% respectively (LGA 2020, LGA, 2021).

Skipp, Hopwood & Webster (2021) note that the gap in services may have been exacerbated by the redeployment of health and care professionals or advice to refrain from face to face contacts and conclude that '(e)ducation providers were frequently required to fill the gap left by this reduction in health and social care services' (ditto, p.39), which was also reported in other studies. Particularly teaching assistants working in schools were found to take on extended duties, with some undergoing training enabling them to provide specific support. The leader of a special school commented that schools had to provide services such as safeguarding and respite care as it was deemed safe for them to do so while social services were advised that it is not safe for them to come in (Skipp & Hopwood, 2020), in part because social distancing rules can be difficult to maintain with some SEND children. A similar comment was found in an Ofsted (2020) report, which also noted that in some geographical areas social workers were still providing face-to-face support and in some areas they were the only practitioners liaising with families. Additional funds made available via the Department of Education also allowed social workers to support digitally excluded vulnerable children through online contact, providing an, albeit limited, opportunity to look out for any signs of potential harm (Pink, Ferguson and Kelly, 2021). The lack of face-to-face contact with practitioners, including specialist teachers and speech and language therapists was also keenly felt by schools, although there were reports (by early years providers) that telephone support was available (Ofsted, 2020). However, there was also one example where agencies had worked closer together during the pandemic (Skipp, Hopwood & Webster, 2021 and Ofsted, 2021). However, there is scope for an assessment of the effectiveness of remote delivery of health, care and social support and effective practice as recommended by Skipp, Hopwood & Webster (2021).

Safeguarding vulnerable children during the pandemic is a particular concern due to reduced or lost contact with families at school as any harms, such as domestic violence, abuse or neglect, to those children can go unnoticed. Government statistics show that a substantial proportion of referrals to children's services (around 20%) come from schools and education services (Department for Education, 2020). It has been reported that referrals to children's services overall dropped by 50 per cent immediately after the lockdown (Baginsky and Manthorpe, 2021, citing Calkin, 2020⁵) and 15 per cent in the period April and August 2020 (figure cited in the National Audit Office (2020)⁷, with experts expecting a substantial increase once schools reopen

⁵ Calkin, S. (2020). ADCS president: Children's social care referrals down by up to half. London: Local Government Association. <https://www.lgcplus.com/services/children/adcs-president-childrens-social-care-referrals-down-by-up-to-half-23-04-2020/>

⁶ Similarly a study in an NHS Trust by Garstang et al. (2020) found fewer referrals initiated by school staff to child protection medical examination during the pandemic compared to previous years, falling from 38 in 2018 to 12 in 2020.

Garstang J., Debelle, G., Anand, I. et al. (2020) Effect of covid-19 lockdown on child protection medical assessments: a retrospective observational study in Birmingham, UK. medRxiv 2020:2020.08.09.20170977.

⁷ It is based on a survey of local authorities showing that between 27 April and 16 August 2020 a 15% reduction in referrals to children's social care (15%) occurred compared to the

(Baginsky and Manthorpe, 2021). There is some anecdotal evidence in the Ofsted (2020) report of some children and young people experiencing harm during extended periods away from school. The stresses parents are experiencing during the pandemic can be a contributory factor. Ofsted (2020) reports that schools have increased monitoring to safeguard children since March 2020 using different strategies (e.g., a dedicated safeguarding lead or an outreach team visiting families where concerns were raised). Looking to the future, Hefferon et al., (2020) set out a range of strategies how domestic abuse could be mitigated and safeguarding for children supported, including planning for a surge in demand and greater cross-departmental working and shared funding.

This rapid evidence review found some evidence on the impact of the pandemic on SEND children. Drawing on interviews with leaders in special schools and colleges and parents whose children attend a special school, Skipp, Hopwood & Webster (2021) identified the following likely short-term impacts on SEND children: increase in mental health issues and behavioural problems, children losing some of their skills and their physical mobility due to lack of services or reduced level of education being provided, and children having to learn to get back into the school routine and adapting to increased expectations in school as they were lower at home. Similarly, an Ofsted (2020) report found some evidence that SEND children were finding it hard to adapt to the school's expectations after return from the summer school, and that behavioural changes among 'a small minority' of children and young people with SEND were putting them at risk of exclusion. It was also asserted that having to run a reduced curriculum can negatively affect children's learning outcomes.

3. Longer-term impacts

The search uncovered no evidence on the longer-term harms of the pandemic to the different workforce groups on: mental health (except that mental health problems could continue indefinitely and worsened during the pandemic itself); well-being and development; physical health; nutrition; substance misuse; domestic violence; support service access; or indirect groups at risk. Generally, this is due to the methods employed in collecting data and other evidence which have usually been employed to assess the current situation and immediate concerns.

3.1. Impact on earnings capacity

Impacts on earnings capacity and longer-term financial status were largely related to the possibility of workers losing their jobs or leaving their work for other reasons related to retention in education, childcare and amongst social workers and others in the social care sector. This may have, as yet unknown implications for their career progression and possibly pensions, if they have worked reduced hours or were furloughed for an extended period of time.

previous three years, with a similar trend reported for the period September to early November 2020 (cited in NAO, 2021, ditto),

3.1.1. Longer term financial impacts on the education workforce

Worth and Faulkner-Ellis (2021a) reported a surge in applications to initial teacher training and pointed to the relative job security in education. They added that just as more trainees wanted to enter training, there was a reduction in capacity for school-based training placements due to COVID-19.

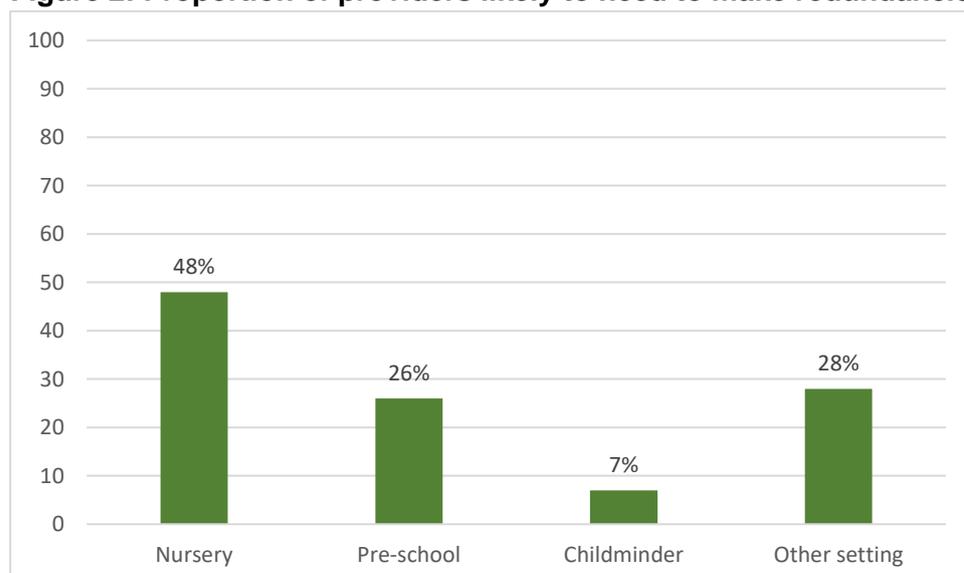
They predicted that COVID-19 was likely to lead to lower teacher turnover and higher retention, as well as a fall in school recruitment as a result. The authors also argued that increased recruitment and retention of teachers was likely to be short-lived and other, non-COVID-19 related factors, such as pay would become prominent again in the medium term. The authors predicted that prolonging the teacher pay 'freeze' for higher level teachers beyond 2021/22 would lead to teacher pay becoming increasingly uncompetitive compared to other professions, prompting another teacher supply challenge once the labour market starts to recover. Fullard (2020) also predicted that the relative attractiveness of teaching may draw in a wider pool of talented graduates who would have otherwise passed teaching over for a job elsewhere. However, Fullard (2020) also hypothesised that the positive effect of the pandemic on teacher retention and recruitment may fade over time, because teachers who were drawn into the profession during a recession are more likely to leave when other opportunities became available again. Similarly, many of the teachers who changed their mind and did not leave teaching during a potential post-pandemic recession might be delaying their decision, rather than changing it entirely.

3.1.2. Longer term financial impacts on the childcare workforce

The longer-term financial viability of childcare providers is the most commonly mentioned impact of the COVID-19 pandemic. The Institute for Fiscal Studies (2021) suggest that some providers are likely to exit the market altogether, while others raise fees or reduce provision, with negative consequences for children. The childcare market showed high levels of volatility even before the pandemic, with existing providers closing and new providers opening up. Similarly, high staff turnover has been a long-standing issue for the sector.

Based on a survey by Ceeda for the Early Years Alliance in April and May 2020 reported by the Sutton Trust (2020), 25 per cent of childcare providers thought that they were unlikely to still be operating at the same time in 2021. Providers in the most deprived areas were the most likely to say that it was likely that they would cease operating over the next year, with 34 per cent of early years providers in deprived areas saying they may have to close and 42 per cent saying that they may have to make redundancies (compared with 31% of providers across the sector as a whole), with inevitable consequences for social mobility and care of the most vulnerable children. As Figure 2 shows, nurseries were the most likely to anticipate having to make redundancies. Childminders, who are often one-person enterprises, were the least likely, in part because they had no staff to make redundant. The financial viability of self-employed workers, who are the predominant group amongst childminders, was also highlighted by the Sutton Trust (2020).

Figure 2: Proportion of providers likely to need to make redundancies



Source: Sutton Trust analysis of Early Years Alliance Providers Survey: Wave 1 April and May 2020, n=3,167 (own graph)

Similarly, a survey conducted by Early Education, NAHT, NEU and UNISON (2021) of 200 respondents working in maintained nursery schools in March and April 2021 showed that 34 per cent of maintained nurseries were cutting staff and services to balance their books as a result of lost income and increased costs during the COVID-19 pandemic and uncertainty over the funding they expected to receive from Spring 2022. The survey showed that maintained nursery school leaders reported losing an average of over £70,000 of income, as well as having to spend an extra £8,000 for additional COVID-19 related costs. In the survey, 4 per cent of providers reported that a formal consultation on closure was already underway or expected imminently, while a further 3 per cent said their local authority had said closure needed to be considered as an option and 9 per cent expect closure to be raised as a consequence of the financial impact of COVID-19.

As has been noted, concerns about low pay and poor working conditions were common in the childcare sector prior to the pandemic. The Social Mobility Commission (2020) reported that nursery workers earn on average £7.42 an hour, which is below minimum wage and the Real Living Wage (£10.85 in London, £9.50 outside of it as of August 2020) and well below the average wage for the female workforce (£11.37). This means that they lacked the financial resilience to cope with reduced hours or a cut in take-home pay as a result of being furloughed on 80% of their wages. A 3,800 response survey carried out by the Early Years Alliance (2021) between December 2020 and January 2021 of child carers and nursery and preschool workers suggested that a fifth were considering leaving the sector.

Looking longer-term, the key question for the childcare sector is how and when those who have come through the initial financial difficulties see demand recover. A report by IFS (2021) suggests that the group most at risk of longer-term financial harm are childminders who will face a significant financial deficit if take-up is even a few percentage points lower than pre-pandemic levels. They also note that a lower fee

income and take-up of funded places could significantly hit voluntary providers and nurseries. They suggest that there is some spare capacity in the sector but the uncertainty and unprecedented fall in incomes during the pandemic is likely to lead to continued closures and job shedding as providers seek to stabilise their finances. The IFS report also highlights that funding decisions for the coming year are usually based on take-up of places in January, which could see a fall in future funding levels due to low take-up of places in January 2021.

3.1.3. Longer term financial impacts on social workers and selected others in the social care workforce

Perceived stress and burnout can be factors in leaving one's job, which has consequences for progression, pay and long-term earnings capacity, particularly in cases where people change profession completely, often starting again at a lower salary level and in jobs that do not pay a premium for their job-specific skills. McFadden et al.'s (2021) study reported that 36 per cent of social workers considered leaving the employer due to stress or the impact on health and wellbeing and 40 per cent changing the occupation for the same reasons. Relatively high figures for intent to quit have, however, also been reported in studies focusing on social workers before COVID-19 (52% in Ravalier, 2019), while an earlier study among newly qualified social workers reported that 16 per cent either wanted to change employer or leave social work within the next couple of years (Hussein et al., 2014).

The risk of burnout amongst social workers seemed to be relatively high. Burnout is classed in the International Classification of Diseases (ICD-11) as an occupational phenomenon and defined as a 'syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed'. Using the Copenhagen Burnout inventory, McFadden et al. (2021) find that most social workers reported moderate work-related burnout (50%), with 25 per cent reporting high and 1.3 per cent severe burnout. Figures for personal burnout were found to be slightly higher (51%, 26% and 3.7% respectively) and much lower for client-related burnout (19%, 2.2% and 0.6% respectively). As the name suggests the different type of burnouts assess the degree of physical and psychological fatigue and exhaustion experienced (a) in relation to work, (b) by the person and (c) in relation to the client (Kirstensen et al., 2005). Further data analysis undertaken by the authors of the study showed that those who felt overwhelmed by increased pressure scored significantly higher on all three levels of burnout than those experiencing some or no impact, and this is similar to the impact of COVID-19 on services on mental health. As before, those findings are based on the entire sample and not specific to social workers.

It is acknowledged that there are recruitment and retention issues in social work which has long been recognised as a shortage occupation and still is, subject to satisfying the salary threshold. If social workers follow through with their intention to quit, particularly leaving the profession, and there are issues in finding a replacement, there will likely to be added pressures for the remaining team in the short term due to increased caseloads.

3.2. Impacts on vulnerable children and children with Special Educational Needs and Disabilities (SEND)

There is as yet little evidence on the likely longer-term impacts of the pandemic on vulnerable and SEND children.

The systematic review by Viner and colleagues (2021) on the impact of school closures on the physical and mental health of children and young people in 20 countries concluded that there is a need for high quality studies on longer-term impacts, 'particularly amongst vulnerable groups' (p.13).

While the longer-term impact on SEND children was difficult to predict, Skipp, Hopwood & Webster (2021) reported that headteachers thought it would be most likely that short term impacts could get worse, leading to more mental health issues, lower educational outcomes (e.g., in terms of grades), potentially impacting their chances in life, and loss of independence. To help address this the study reported that there would likely to be a greater need for support in children's EHCP plans.

4. Mitigations

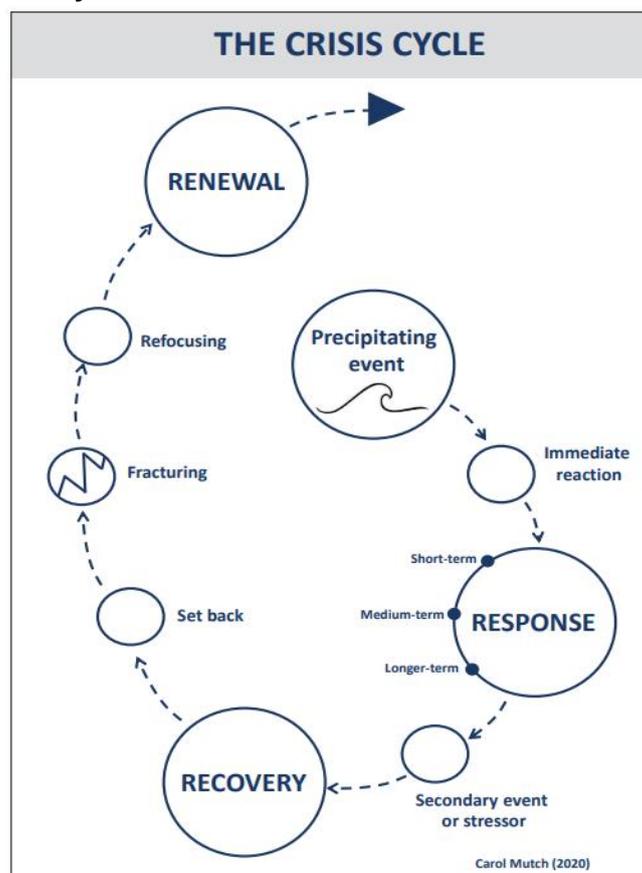
In this section, we look at mitigations that have been used to reduce the impacts of the harms identified in the previous sections. The intention of this rapid evidence review is not to provide comprehensive coverage of all possible interventions, but to provide examples of interventions and mitigations and the evidence that exists to suggest that they may be beneficial in the event of further restrictions and in the recovery phase of the pandemic.

As in the case of pandemic-related harms, we note the lack of joined up thinking that has occurred in relation to understanding how mitigations targeted at a particular group may have spill-over effects for other groups, particularly in the case of interventions to improve mental health and wellbeing.

Mutch (2020) has examined how schools can learn from the experience of crisis and develop learning to aid recovery. This research is based on schools that went through a crisis situation (earthquakes, bushfires) in New Zealand and Australia (2012 -2014) and in other countries: Japan, Vanuatu, Nepal, and Samoa (2015-2019). Interviews with principals, teachers, support staff, parents, and community members, and working with students on different projects to record their collective stories.

Mutch argues that the response and recovery stages of the 'crisis cycle' are longer and more complicated than existing frameworks and studies suggest (see Figure 3). There are setbacks and secondary stressors along the recovery journey – these can range from organisational bickering or political standoffs to protests and riots. Regeneration and renewal can only start when no further breakdown occurs and the community refocuses and finds a way forward.

Figure 3: The crisis cycle



Source: Mutch, 2020

The most relevant findings from Mutch's research include four themes – these are summarised below and recommendations are also included.

1. Under crisis/post-crisis conditions local **schools become community hubs** because teachers are seen as people who “know what to do” and schools can bring people together, for example, for information and community events. Schools are seen as a safe and secure place for children and young people and education workers should be prepared to deal with students' unresolved mental health issues for years after the traumatic event.
2. Mutch found that during a traumatic event **head teachers became crisis managers**. They benefitted from having prepared for any crisis situation, even if it was unrelated to the actual event. It is good practice to include all the staff working in a school in creating procedures to deal with the crisis situation, as this will have a positive effect on their confidence to act during the crisis.
3. **Teachers** needed to have a good understanding of what to expect in a crisis and how to identify and support students with trauma. They also needed guidance on when it was time to return to the regular curriculum. Mutch recommends that teachers should be given training (pre-service or in-service) on what to expect in a crisis and warns that teachers will experience a decline in their physical and mental wellbeing as supporting students and managing their own home and family issues take its toll on them. In some post-crisis settings bureaucratic decisions e.g., around the relocation of schools and staff added to the stress teachers were already under.

Mutch also found that the education staff were often overlooked when awards were given out for work in responding to the various crises, as teachers were simply considered to be doing their job.

4. In the early aftermath of the crisis many **children** will show signs of distress such as clinginess, bedwetting, or anxiety. Mutch calls for providing support to children in processing the emotional aspects of the post-trauma through safe practices, for example, arts-based activities or age-appropriate guided discussions. While most children will get better, it is necessary to bring in trained support for those who have severe symptoms – this may require setting up a dedicated programme.

Some of the recommendations are focussed on how schools can learn from the pandemic experience. Mutch (2020) recommends that head teachers and Senior Leadership Teams should reflect on the experience of leading schools through the COVID-19 pandemic by considering the following: What worked well? What could have been done better? How well did they use the potential within their teams, schools, communities, and networks? What have they learned about themselves (dispositional, relational, and contextual attributes)? What are their leadership strengths, individually and collectively, and what improvements could be made?

Questions for local and national level decisionmakers include: How can we ensure that head teachers receive the training and support that they need to take on crisis leadership roles without any detriment to their own health and wellbeing? How do we acknowledge the extra workload that all school staff carry in difficult times? How do we show school staff that we value them?

4.1. Interventions to improve mental health and wellbeing

The previous section has highlighted the mental health and wellbeing harms observed amongst workers in education, childcare and social work and selected other social care professions. High levels of stress as a consequence of the pandemic have resulted in low morale and high staff turnover. Although no evidence was uncovered of specific harms related to maladaptive coping strategies such as drug and alcohol abuse, poor nutrition, family breakdown or domestic violence, all these negative consequences have been related to ongoing occupational stress and other mental health issues in the general population (see, for example, Dillenberger, 2004).

Interventions to improve mental health and wellbeing can be broadly divided into two groups: Those primarily delivered by organisations in the education, childcare and social care sectors to benefit their staff; and interventions and other strategies that are primarily undertaken by individuals, often through their own initiative. Few policy interventions were identified that specifically aimed to improve mental health, these were more likely to be designed to alleviate mental health issues by removing or reducing the underlying causes of these issues. This is an important issue. While interventions to increase resilience and wellbeing of individual workers in times of crisis are important, there is a need to address the underlying issues that have either caused mental health problems in the workforce or which have exacerbated existing issues or which limit the impact of any interventions that may be introduced (cf. Kinman and Gran, 2017; Beer et al, 2020; McFadden et al., 2021a). Specifically, McFadden et al.

(2021a), writing on the social care sector, argue that a 'systems level approach is required to support the workforce to rebuild, re-set and recover from the impact of prolonged exposure to work related job pressures due to the pandemic. This requires individual, team, organizational and policy level wellbeing interventions (ibid.). Similarly, a review by van der Embse and colleagues (2019), found that allocating more resources to training teachers in classroom management or student behaviour management may in itself successfully reduce teacher stress, without any targeted stress reduction interventions, with the authors recommending that additional research should be carried out to systematically evaluate this finding.

Across all occupational groups, increased time and other pressures were seen to have limited the ability of both organisations and individuals to develop strategies for coping with workplace stress. This was a perpetual issue for workers in education, childcare and social work, but one that worsened during the pandemic. A common issue raised in wellbeing interventions is that participants may find it difficult to find the time to engage in and complete the intervention (e.g., Barret and Stewart, 2020; Kinman, Grant & Kelly, 2020; Trowbridge et al., 2017). Similarly, while participants in McFadden et al.'s (2021a) study appreciated that their employers had started to offer wellbeing hubs with opportunities including mental health webinars, online Yoga classes or coaching sessions, there was anecdotal evidence that they may not be able to avail themselves of the offer when short of time. One social worker commented how allocating time for wellbeing support during working hours work made a difference (McFadden et al., 2021a).

A report by the Early Years Alliance (2018) found that despite the high levels of stress reported by childcare workers, 50 per cent had never spoken to anyone about their difficulties. Similarly, some authors (cf. Peinado and Anderson, 2020; Miller & Reddin Cassar, 2021; Downing, Brackett & Riddick, 2020 and professional associations for social workers) argue that in addition to focusing on helping others, social workers also need to attend to self-care, particularly during the pandemic. There is, however, a tendency among social workers to perceive self-care as 'an indulgence' and to prioritise helping others (c.f. Kinman, Grant & Kelly, 2020).

4.1.1. Organisational-level interventions to improve mental health and wellbeing

Writing on teachers, Brady and Wilson (2012) developed a list of the practices and policies that teachers in England reported as interacting with their wellbeing and organised these into categories on a continuum of reactionary, transactional and transformational measures. The practices were further divided into three categories: practices and policies that influenced the structure of the school environment and teachers' work; those supporting teacher autonomy and those encouraging involvement (See Appendices).

The study found that teachers responded best to those school-level wellbeing measures that were embedded within supportive whole school cultures and aimed to minimise workloads and maximise feelings of autonomy, relatedness and competence. Examples of these include having dedicated staff to perform administrative tasks and streamlining marking procedures, as well as supportive leadership and colleagues. The study demonstrated that the least effective initiatives were those that reacted to a

problem but did not seek to address the cause of perceived poor wellbeing, for example relaxation activities, physical exercise and community classes or competitions.

Research by Dillenburger (2004) identifies organisational support as a key facilitator in alleviating workplace stress for childcare workers. She identifies support and appreciation from senior management (94% of respondents cited this as something that would alleviate stress at work), reduced workload (75%) and more financial resources (69%) as being the most important elements of this support.

Encouraging involvement and developing a ‘whole organisation’ culture

Interventions in this group were identified as being used in education and childcare settings. Such interventions focussed on developing a supportive and listening culture. Evidence on the efficacy of such interventions tended to be rather anecdotal: organisations believed that these interventions had improved workplace culture and had observed some improvements following the introduction of guidance, toolkits and other support, but this was rarely evaluated systematically.

The importance of a holistic approach to alleviating workplace stress, including building relationships amongst staff and between staff and parents and children was emphasised by Kim and Asbury (2020), whose qualitative study confirmed that one of the positive themes in teachers’ stories during the lockdown was ‘importance of relationships’ with pupils, parents, and colleagues, confirming arguments that establishing positive teacher–student relationships is fundamental to teachers’ well-being (Spilt et al., 2011).

Duffield and O’Hare (2020) use the concept of ‘resilience’ and explore how resilience can be promoted for teachers to support their positive adaptation to challenges in lockdown situations. Resilience refers to an individual’s capacity to navigate major or chronic adversity that is a significant assault on their functioning (e.g., job loss, chronic underperformance), and is generally the experience of relatively few people (Martin & Marsh, 2008). The advice from Duffield and O’Hare (2020) covers three areas that are key to enhancing teacher resilience: belonging, help-seeking and learning and development. The document lists several suggestions, for example, the ideas under the heading ‘belonging’ are focussed on promoting teachers’ relationships in and outside school. For example, teacher-teacher relationships can be promoted by creating a ‘virtual staffroom’ where teachers can chat and check-in with each other and by setting up small ‘buddy networks’. Techniques that promote teachers’ help-seeking behaviour include senior leaders explicitly asking teachers if they need additional support and what this might look like, for example about online teaching practices but it also includes consciously enabling teachers to contribute to decisions. Help-seeking behaviour needs to be actively promoted because research has shown that teachers sometimes perceive help-seeking behaviour as evidence of failing or weakness. The third group of recommendations, supporting learning and development, is focussed on different forms of reflective practice, which are argued to support resilience through building teachers’ sense of self-efficacy and reducing the feelings of self-doubt or vulnerability which emerge in challenging situations.

One of the organisations interviewed by Nursery World (2018), Kiddi Caru, also highlighted the importance of working collaboratively and having an open-door policy for managers. The organisation linked these policies, and rewards for long-standing staff, to lower staff turnover, but nonetheless experienced recruitment difficulties. The Nursery World (2018) report also discusses an intervention by the Childbase Partnership that runs 41 day nurseries in South East England. This involved the establishment of a council representing each of these nurseries which was tasked with enhancing communication at every level across the organisation. The group developed a training programme and toolkit for managers designed to breakdown stereotypes and stigmas around mental health issues, as well as to enable managers to recognise signs of mental health issues and provide appropriate support. They also run an Employee Assistance Programme, which supplements in-house HR support and provides a 'round-the-clock' confidential telephone service operated by trained counsellors and face-to-face counselling sessions. The Portico Nursery Group had developed a similar programme to improve communication across the group and to understand the different stressors felt by staff. They introduced workplace champions, coaching and mentoring and regularly surveyed their staff about health and wellbeing issues. They had found initiatives like Mental Health Day and the former Time to Change Employer Pledge to be helpful in promoting discussion about mental health issues.

An intervention combining individual level and some organisational level interventions is a wellbeing app focusing on psychosocial education and support, available through the employer. Recognising the day-to-day job demands in social work, a wellbeing smartphone application (app) was co-designed by social workers in the UK, starting about a year before COVID-19 emerged (Ravalier et al. 2020). The app included elements of psychoeducation (with information on recognising the signs of stress and signposting to wellbeing events), opportunities to submit suggestions for improvement (anonymously if preferred) with managers following up on three of them in a monthly newsletter and access to an organisation independent vocational rehabilitation assistant (VAR) for those experiencing mental health issues. Using a pre-post design, the surveys in five local authorities found that six months after the intervention, at a time when the pandemic started to set in, the general health score did not significantly improve for those aware of and using the app, yet it decreased for those not aware of the app. Moreover, there was no significant impact on improving the working conditions (other than more control over changes at work for those aware of the app compared to those who were not), yet there were improvements in most of the working conditions using percentile scoring, which compares scoring of the working conditions against UK national averages. The proportion of self-referrals to VAR were not known due to data protection regulations, with evidence from the interview suggesting that participants had some misgivings as to whether the VAR was truly independent without any information being passed on to managers. While this is an innovative approach showing some promise, a robust evaluation is essential to assess the impact of the app on general health and working conditions.

Improving workplace functioning

A central issue identified in the review of the harms of the pandemic was the ways in which pre-existing issues had been exacerbated by the pandemic. Organisations

where staff reported lower levels of stress and anxiety and felt well-equipped practically and emotionally to do their jobs were more likely to have staff who felt equipped to handle the new adversity brought by the pandemic. The 'buoyant' workplaces (Martin and March, 2008) were less likely to be overrun by more common work-related challenges and there was a greater degree of confidence in these organisation that they had the ability to effectively deal with challenge and adversity.

A quantitative study, conducted during the first wave of the COVID-19 pandemic in Australia by Collie (2021), focussed on the role of workplace buoyancy and found that the concept helps to explain the relationship between the of school leadership and teachers' wellbeing. The quality of school leadership was measured by the presence of two different types of leadership factors: autonomy-supportive leadership refers to practices that promote individuals' self-initiation and empowerment, whereas autonomy-thwarting leadership refers to practices that exert external control and reduce individuals' self-determination. The study found that autonomy-supportive leadership had positive effects on teachers' wellbeing: it was associated with greater buoyancy and, in turn, lower somatic burden, stress related to change, and emotional exhaustion. In contrast, autonomy-thwarting leadership was positively associated with emotional exhaustion. Collie (2021) recommends that autonomy supporting leadership should be harnessed to support teachers during subsequent waves of COVID-19 and potential future disruptions.

Autonomy-supportive leadership involves participative practices that encourage teachers' input and involvement, along with attuning practices that involve understanding the needs of each individual. In contrast, autonomy-thwarting leadership involves demanding practices that insist or command compliance (e.g., "you must"), as well as domineering practices that incite feelings of guilt or shame to ensure compliance. It is recommended that school leadership adopts the following autonomy-supporting practices:

- listening to teachers' needs, such as in relation to the requirements for delivery of online learning.
- acknowledging and attempting to understand issues from teachers' perspectives, such as providing teachers opportunities to voice the difficulties and the opportunities that arise when teaching remotely during COVID-19.
- seeking teachers' input in decision-making at the school-level, such as asking teachers how best to approach different events and tasks scheduled during the COVID-19 pandemic.
- providing rationales for the tasks required by teachers, such as explaining how and why various tasks may still be important to do remotely.

Curtis (no date) also highlights the importance of strong leadership, this time in the childcare sector. They suggest that this leadership should include:

- Development of a collaborative and open environment in which workers can share their concerns constructively and get support and guidance. Related to this, there should also be transparency in decision-making.
- Employers should ensure that the correct procedures have been put in place and they are being followed consistently so staff and children are as safe as possible.

- Leaders should ensure they are supportive and prepared to listen to the parents, carers and their families within their settings. This will be particularly important in areas of deprivation, for families who have lost employment and are experiencing financial hardship. There is a need for further improvements in multi-agency working, to enable families to access the support they may need from other agencies, particularly if they have experienced bereavement.
- Leaders should be assisted in developing an understanding of which groups of children and employees face the greatest risks.
- Leaders should be understanding of the pressure of supporting stressed and anxious families experienced by staff and acknowledge when the work environment is challenging.

In 2005, the Swedish government funded a quasi-experimental longitudinal study to assess the psychosocial health effects of reduced working hours in public organisations, including social services, with social workers reducing their working hours by 25 per cent on full pay and employers being reimbursed to employ a temporary replacement to cover this time. Adopting a pre-post design with a control group and stress diaries over the period of a week, Barck-Holst et al. (2017) found that reduced working hours had a positive effect on all of the scales used (restorative sleep, stress, memory difficulties, negative emotion, sleepiness, fatigue and exhaustion on both workdays and weekends) and also on work intrusion on private life, both over time and when comparing the intervention group with the control group. Focusing in-depth on one of the seven social care agencies participating in this study, Barck-Holst et al. (2021) found that 'reduced working hours lowered emotional exhaustion and situational reactivity by increasing free-time recovery opportunities and decreasing total daily exposure to work stress', yet 'high caseload remained a central stressor, creating time conflicts.' (ditto, 94).

Practical solutions to improve workplace functioning were also identified in the literature. The previous section of the review identified excessive paperwork and other administration as being a source of stress for childcare workers. Interviews conducted by Nursery World (2018) highlight that there are potential efficiencies to be achieved through the use of technology, including the use of systems like Tapestry and I-Connect.

Training to improve skills to deal with difficult situations

The previous section suggested that a lack of training to cope with the negative impact the pandemic was having on children in their care had resulted in increased anxiety for the education, childcare and social care workforce. Training to allow workers to be, and feel, more competent in dealing with challenging situation was identified most commonly amongst research on the childcare workforce. A survey by the Anna Freud National Centre for Children and Families (2021) showed that 71 per cent of nursery workers said that they felt stressed and upset when it came to dealing with children's challenging needs and 74 per cent said that they felt confused and unsure of the best way to deal with those children. Respondents to the survey stated that they wanted more training in how to deal with children who were experiencing difficult emotions.

A meta-analysis by Fukkink and Lont (2007) of 15 training programmes in the United States showed that increased training improved not only the competence of childcare workers, but also their attitudes. Childcare workers saw investment in training as symbolising the value their employer placed on their work. However, the increased financial pressures on childcare employers are likely to reduce funding and time for training further, rather than increasing it. Writing on Australia's Healthy Start Programme, Farrell and Travers (2005) identify improvements to participants' confidence in identifying, discussing and dealing with mental health issues amongst children in their care following mental health information training and communications skills training.

4.1.2. Self-care interventions and other individual strategies to improve mental health and wellbeing

Self-care can be defined as 'the intentional practice of mindfulness to maintain physical, emotional, and spiritual well-being' (Downing, Brackett & Riddick, 2020, p.354), with examples for each of those including balancing personal needs with the demands of work, taking breaks, restful sleep and practicing positive coping strategies.

Common coping strategies and interventions

The charity Education Support (2020b) found that education professionals coped with high levels of stress in a variety of ways: 20 per cent used long-term healthy strategies to cope, such as physical exercise, meditation/mindfulness techniques, self-medication such as over-the-counter drugs and vitamins, and therapy/counselling or a combination of these four strategies; 19 per cent used long-term maladaptive strategies such as eating food, consuming alcohol, unnecessary spending, taking drugs or gambling, or a combination of these five strategies; 40 per cent used a combination of both maladaptive and adaptive types of coping strategies and 21 per cent of education professionals used none of these strategies mentioned, with a small proportion using other methods that were not mentioned.

Of those education professionals who needed support with their wellbeing or mental health, 58 per cent said that they first asked their family and friends for support, 52 per cent turned to their partner or spouse and 27 per cent turned to their colleagues. A quarter (24%) of those who said they needed support did not access any form of support.

A large-scale study by Miller & Reddin Cassar (2021) among healthcare social workers working in a healthcare setting in the US was the first to explore the self-care practices of this particular group, comparing professional self-care⁸ retrospectively before the pandemic and during the pandemic (summer 2020), assessed using five domains with a total of 21 items.⁹ A key finding was that professional self-care reduced significantly

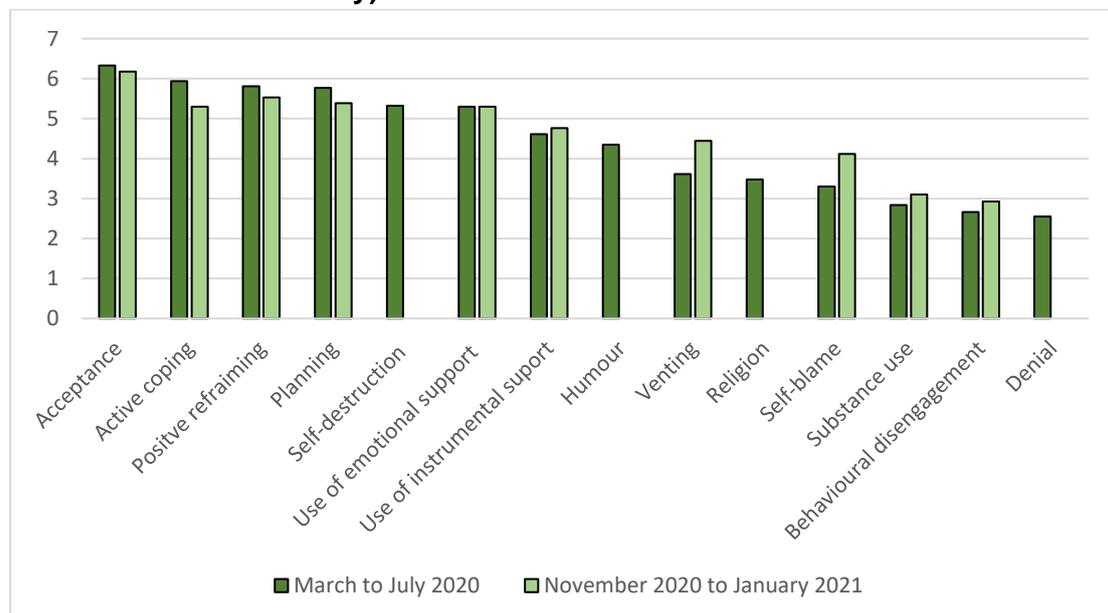
⁸ Lee and Miller (2013), cited in Miller and Reddin Cassar (2021), differentiate between professional care and personal self-care

⁹ Examples of these five domains are: Professional Support (I cultivate professional relationships with my colleagues.), Professional Development (I find ways to stay current in professional knowledge.), Life Support (I seek out activities or people that are comforting to me.), Cognitive Awareness (I monitor my feelings and reactions to clients.), Daily Balance (I take breaks throughout the workday.).

across all five domains during COVID-19 compared to before the pandemic (by between 0.33 to 1.03 on a 7 point scale). Exploring group differences during the pandemic, the study found that those working longer hours had significantly lower self-care scores in three domains (Professional Support, Life Support and Cognitive Awareness); those working remotely had significantly lower scores in all domains apart from professional support compared to those not working remotely; and those with both excellent physical and mental health had significantly higher self-care scores compared to those not having excellent health assessments in a number of domains.

A detailed account of the coping strategies social workers used is provided by McFadden et al. (2020, 2021a), using Carvers' short COPE inventory, consisting of 28 items, 2 each for 14 dimensions with a score between 2 and 8 per dimension, depending on how often it was used. Drawing on the findings of this study, Figure 4 shows that (a) acceptance was the most used strategy in both surveys, (b) that positive coping strategies were more prevalent than negative ones and (c) that positive ones decreased while negative ones increased in the second study (McFadden 2020, 2021a). This trend was also observed for the entire sample of health and social care workers with significant decreases in five positive coping strategies and significant increases in four negative coping strategies with only use of instrumental report showing no differences, controlling for the effects of a number of variables, including occupation (McFadden et al. 2021a).

Figure 4: Mean scores for coping strategies used by social workers (based on the short COPE Inventory)^{1, 2}



Source: McFadden et al.2020 (using 14 dimensions), 2021a (using 10 dimensions) (own graph)

¹ The minimum score per dimension is 2 and the maximum score 8.

² For the list of all 28 items see <https://local.psy.miami.edu/faculty/ccarver/sclBrCOPE.phtml>

Moreover, findings for the entire sample of health and social care workers show that positive Carver coping strategies, active coping and emotional support, as well as Clark coping strategies, relaxation and exercise, were found to be associated with significantly higher wellbeing scores. The negative Carver coping strategies,

disengagement and substance use, were associated with significantly lower wellbeing scales (McFadden et al., 2020).

McFadden et al. (2021b) found that the positive association between acceptance and wellbeing indicates that this is an 'adaptive coping strategy' that can allow for closure rather than a resigning maladaptive coping strategy (McFadden, et al., 2021b). Drawing on a large-scale study among Israeli social workers conducted early on in the pandemic (April 2020), Ben-Ezra et al. (2020) reported that job demands were significantly associated with psychological distress. Using the Hebrew version of the COPE scale in a large-scale study they also found that emotional coping strategies (ventilation of emotion, alcohol/drug use, religion, mental disengagement, behavioural disengagement and denial) acted as an intermediary between job demands and psychological distress. In other words, higher job demands predicted higher use of emotion-focused coping strategies and this predicted higher psychological distress, but this did not apply to problem-focused strategies (active coping, planning, positive reinterpretation, emotional social support, instrumental social support, suppression of competing activities and restraint). Exploring the role of the various dimensions of the emotional coping strategies it was found that this mediating role applied primarily to ventilation of emotion, potentially because emotional dysregulation is likely being perpetuated. This mirrors McFadden et al.'s (2021a) finding that substance use negatively impacts well-being.

Focusing on mental health providers, primarily psychologists working in practices and hospitals/medical centres, but also a smaller group of social workers¹⁰, a large scale US study by Reilly and colleagues (2021), conducted early on in the pandemic (March to April 2020), found that participants used a range of strategies to cope with COVID-19 anxiety and depression which were all assessed as somewhat effective to effective. Among the most frequently used strategies with the highest effectiveness (score four or above on a five-point Likert scale from very ineffective to very effective) were distraction/engaging in an enjoyable activity, spending time with loved ones, exercise, peer consultation, and media/social media restrictions. Moreover, among the strategies used by a small group yet rated as effective (score 4 or above) were religion / faith / spirituality, education/information about COVID-19 and therapeutic strategies or counselling. Substance use, e.g., moderate alcohol use, was rated as somewhat effective, with the study authors asserting that mental health care providers need to be mindful of the potentially negative consequences of substance use (Reilly et al., 2021). While the study was not focused on work related stress, dealing with COVID-19 related anxiety and depression is an important aspect that can affect overall well-being. It also provides insight into the coping strategies of professionals who support other people's mental health, recognising though that they too may experience mental health issues at some point in their lives.

Baumgartner et al. (2009) identify 20 coping strategies for managing stress amongst childcare workers. Most common positive coping strategies amongst these were emotion-focussed strategies, such as prayer, meditation and positive self-talk.

¹⁰ A total of 17% were 'social worker/master's level therapist/counsellor.'

However, these strategies were less used than avoidant strategies, some of which were positive, such as the use of distraction techniques, but many of which were negative, such as over-eating.

In their systematic review of interventions to reduce the impact of stress on teachers van der Embse and colleagues (2019) grouped interventions for 'teacher stress' in four categories: knowledge-based intervention (KBI), such as a psychoeducational or informational training; cognitive-behavioural intervention (CBI); behavioural intervention (BI) and mindfulness-based approaches (MBI). The key findings of the study are as follows:

- Most reviewed treatments had small to medium effects, regardless of intervention type.
- Administration of consistent, regular and applied interventions (8–10 weeks and regular weekly meetings from 60 to 90 minutes) were necessary to obtain significant, positive outcomes. The authors hypothesised that the duration of the treatment may influence the magnitude of the treatment gains, regardless of the type of treatment.
- The most effective interventions were in the mindfulness, behavioural, and cognitive-behavioural domains, while interventions which delivered solely informational content (knowledge-based interventions) were among the least effective.
- There was not any evidence (within this review) for mindfulness-based treatments being more effective than other treatment types in reducing teacher stress.
- 20 of the 24 studies included in the review involved behavioural practice or strategies that physically calmed or relaxed the body (meditation, yoga, exercise or a combination of approaches). The consistency of physical regulation in stress intervention trials suggests that behavioural regulation is a promising element of stress treatments in the future.

It was also emphasised that teacher-student relationships and the wider school environment were very important to teacher stress, on the basis that the reviewed studies which involved intervention into student behaviour, or training teachers to address students' behavioural issues, had larger treatment effects in reducing teacher stress than other interventions, e.g., mindfulness. Secondly, stress reduction interventions focussing on teachers were enhanced when they were combined with interventions supporting the wider school environment.

The importance of reflective practice is highlighted by Collie and Martin (2016, 2017) who argue that teachers who are more adaptable report greater wellbeing at work and recommend reflective practice to build teachers' adaptability. Adaptability is defined as the extent to which individuals are able to adjust their thoughts, actions, and emotions in order to effectively navigate new, changing, or uncertain situations. Actions that can help teachers to boost their adaptability include teachers thinking of a recent situation that required adaptability (e.g., adjusting an assessment for online marking); reflecting on how they adjusted their thinking, behaviour, or emotions to deal with the situation and whether you could do this differently in future (e.g., What different resources could I use next time? Where else could I go for support with this?); and experimenting with these ideas when a similar situation arises.

Work by Fuqua and Couture (1986) and McMullen and Krantz (1988) has shown that childcare workers who feel in control of their environment and feel that their work is making a significant contribution are less likely to feel burned out and leave the profession. They suggest that childcare workers can learn to be helpless, but similarly can learn resilience.

Examples of specific intervention types

Acceptance and commitment therapy

Brinkborg et al. (2011) were said to be the first to test the acceptance and commitment therapy (ACT) for the treatment of stress among social workers using a randomized controlled trial. ACT is a behavioural therapy that aims to increase psychological flexibility by accepting one's thoughts and feelings and committing to action. This intervention consisted of 12 hours, delivered as three-hour sessions with between seven to 30 participants every other week, and included physical exercise, mindfulness practices and daily exercises in between sessions. A key finding was a significant decrease in levels of stress and burnout and increased general mental health among those with high levels of stress at baseline (Perceived Stress Scale; score of 25) compared to the control group. There were no significant changes in those with low levels of stress at baseline, leaving the authors to conclude they may have already developed good coping skills. The dropout rate (not starting or finishing the intervention) was fairly low (6.6%). While the small-scale study (n=106) shows promising results, the authors caution that further studies need to show whether these findings are transferable to social workers outside of Sweden and to assess the effectiveness in the longer term, although other ACT studies have shown that results have been maintained or improved at follow up.

Meanwhile the first online ACT stress management intervention for a small group of social workers and healthcare workers, the majority (62%) being social workers, has recently been developed and tested by Barret and Stewart (2020). With three sessions delivered in a two-week online format, it offers some advantages as it is brief and can be accessed easily. Allocating participants to either ACT or Cognitive Behavioural Therapy (CBT), the study found both interventions led to significant improvements in stress, burnout and mental health. Specifically, the study showed that 42% of completers had clinically significant reductions in stress and 19% significant improvements in mental health. However, the authors argue for the need for further development of the intervention given the low uptake and high dropout rate (with only 26 out of 42 completing) due to workplace stress and call for the development and testing of longer programmes and also therapist support and testing for a specific occupation.

Mindfulness training

A recent scoping study by Beer and colleagues (2019) on the effectiveness of mindfulness techniques for social workers found that there was a dearth of evidence, with only three studies conducted in the UK, US, Canada and Australia published between 2012 and 2018 focusing on social workers (Crowder and Sears, 2017; Kinman and Grant, 2017; Trowbridge et al., 2017). In addition, the authors found four studies focusing on mental health and community settings which are highly likely to employ social workers but without the study providing any indication which

occupational groups constituted the sample. As will be seen when presenting the key findings of these three studies, there are sampling issues (e.g., convenience sampling or lack of control group) and there is a lack of follow up studies to determine the longer-term effect of interventions, with Beer et al. (2019) also arguing that the development of interventions would benefit from greater clarity on the causal factors of stress.

The follow up of an eight-week mindfulness training programme for social workers showed that perceived stress reduced significantly between baseline (two weeks prior to the intervention) and eight weeks after the intervention from 2.98 to 2.51, using the validated perceived stress scale ranging from zero to four. At the end of the intervention, which included a range of practices and reflective exercises, such as body-scan, breathing and the self-compassion break, compassion fatigue has also reduced while levels of emotional self-efficacy, psychological flexibility and compassion satisfaction increased, and levels of reflective ability and self-compassion showed no significant change. While the study had a pre-post design it was unable to include a control group. Of the 26 participants committing to take part in the intervention, 18 completed it. It is interesting to note though that these changes occurred with most (58%) practicing mindfulness rarely (about once a week) and 33% frequently (every couple days). Qualitative evidence derived from four follow-up interviews added depth to the findings, with participants commenting that it was difficult to continue practicing mindfulness due to competing demands on their time and feeling 'guilty' to engage in self-care and that extra efforts needed to be made as the workplace was not seen as 'conducive to mindfulness practice'. (Kinman, Grant & Kelly, 2020).

Kinman and Grant (2017) argue that emotional resilience, a recognised essential skill for social workers, is key to 'protecting their wellbeing'. Their study therefore evaluated a newly developed two-month multi-modal intervention¹¹, designed to increase the effectiveness of attributes underpinning emotional resilience among newly qualified social workers in children's services in England in their first year of practice. The small scale study (n=25 for the intervention group) found that the intervention significantly increased levels of most of those attributes underpinning emotional resilience (e.g., emotional self-efficacy, compassion satisfaction, reflective ability, self-compassion) and reduced psychological distress, whereas the control group was reported to have experienced increased levels of psychological distress and compassion fatigue as well as lower scores for reflective ability and self-compassion, suggesting that the intervention has been beneficial.

Given that Kabat-Zinn's standard eight-week mindfulness-based stress reduction (MBSR) programme requires a considerable time commitment to complete all elements of the course, Trowbridge and colleagues (2017) tested a compressed two-day course followed by daily 20 minutes practice over six weeks (e.g., body scan or walking meditation) on a small sample of social workers (n=43, with 26 completing)

¹¹ It was delivered on three separate days and interspersed with self-directed activities and included sessions such as peer coaching; goal setting; self-knowledge, coping skills and stress resistance; CBT; mindfulness and relaxation; and critical reflection skills.

working in a regional children's health care system in the US using a pre-post-test design. However, contrary to the hypothesis, the study did not find a significant reduction in the scores for both the Perceived Stress Scale and burnout, but a decrease in secondary traumatic stress scores related to working with individuals experiencing traumatic stress and an increase in mindful attention and awareness. Among the limitation of the study were that the data of non-starters could not be eliminated as all personally identifiable information had been deleted and the increase in mindful attention and awareness could not be linked to the intervention.

The literature review has identified two further studies that discussed interventions to reduce teachers stress during the coronavirus pandemic (Matiz et al., 2020; Zadok-Gurman et al., 2021) using mindfulness-based treatments. Both studies reported positive results, however, both studies were published in MDPI journals, which do not always have rigorous peer reviews.

Improving mental health through physical activity

The review identified two publications that explored the effect of physical activity on teachers' mental health and psychological wellbeing during the pandemic (Çifçi and Demir, 2020 and Aperribai et al., 2020) using data from teachers in Turkey and Spain. Both studies found that physical exercise had some positive effect on psychological well-being, however, while both studies had reasonably robust methodologies, they were published in journals with relatively weak peer review processes.

There have been various interventions that have aimed to improve physical health amongst childcare workers and to increase physical activity (see, for example, Ward et al., 2018). However, the findings of the first part of this review did not show that the pandemic had a particular impact on physical activity, rather its impact was on feelings of physical safety and protection against becoming ill. Consequently, mitigations related to increasing physical activity amongst childcare workers are not reviewed in this report.

4.2. Interventions to improve feelings of physical safety at work

The majority of the research in this area focussed on interventions in schools, although there will be some transferability to other childcare and education settings. It is important to note that even when schools carefully plan and prepare for reopening after 'lockdown', cases of COVID-19 may still occur (Zimmermann et al., 2021). Guidance documents by the WHO and the US Centers for Disease Control and Prevention (CDC) emphasise that planning for cases of COVID-19 in schools can help schools respond immediately to minimize spread of infection and allow the school to remain open for face-to-face teaching and learning.

The WHO, the UNESCO and the UNICEF (14 September 2020) have produced a guidance document targeted at policy makers and school leadership teams and teachers and aims to support decision making about running schools during the COVID-19 pandemic. Much of the guidance would be relevant to decision making during potential future pandemics/epidemics.

The document outlines multi-layered measures to prevent introduction and spread of SARS-COV-2 in educational settings (with students aged 18 or younger). Multi-layered measures include community, school, classroom and individual levels, focusing on individuals at high risk of infection and illness. In addition, the document recommends different measures depending on the intensity of SARS-CoV-2 transmission at any given time. Four categories are used to describe the intensity of transmission in the community where the school is based: no cases; sporadic transmission; cluster transmission; and community transmission. It is emphasised that the capacity of individual schools to implement the recommended measures should be considered at all times, acknowledging that these measures create work and delegating responsibility to schools and individual staff members.

The guidance by the WHO, UNESCO and UNICEF focuses on measures such as: face coverings, physical distancing, improved ventilation, air purification, using outdoor spaces, and mass testing. The US Centers for Disease Control and Prevention (CDC) published a review on the effectiveness of masks and face coverings in enclosed spaces (CDC 7 May 2021) and found that masks reduce the risk of transmission. Focusing specifically on schools, the CDC also recommends that children wear masks in schools, including in classrooms, with mask wearing being one of five key prevention strategies: consistent and correct use of masks, physical distancing, handwashing and respiratory etiquette, cleaning and ventilation, and contact tracing in combination with isolation and quarantine.

The introduction of lateral flow tests in nurseries was also mooted as something that may increase feelings of physical safety amongst childcare providers, despite the evidence suggesting that young children were unlikely to catch or spread the virus in any great numbers (The Guardian, 2021).

4.3. Interventions to alleviate the financial impact of the pandemic on workers

Throughout the pandemic, the childcare sector has faced particular financial challenges, as outlined above. The Sutton Trust (2021) has called for an increase in funding for the childcare sector, noting that the pandemic had highlighted the challenges faced by a sector dominated by small private and voluntary providers, with this being most evident in less well-off areas.

Two main sources of these issues have been identified in the literature. Firstly, a pre-existing lack of financial resilience in the sector as a whole and workers within it means that many had few resources to draw upon when the crisis hit. Secondly, reduced take-up of childcare places, exacerbated by confusion amongst both childcare providers and parents about the guidance to be followed and access to support.

As has been discussed above, the furlough scheme was particularly important for childcare workers in the early part, although subsequent changes in access entitlements limited its ongoing impact. Support for self-employed workers also played a role in alleviating financial concerns for some groups of childcare workers. However,

the weak financial situation of many organisations in the childcare sector meant that these support measures were inadequate in limiting falls in income amongst a group of workers already experiencing historic levels of low pay.

A report by Blanden et al. (2020) proposes two different approaches to supporting the longer-term financial viability of the sector. Neither of these approaches have been specifically tested as interventions, although both draw upon existing data on the make-up of the childcare sector and the challenges it faces. One approach focusses on supporting childcare providers who can demonstrate that they were in a good and stable financial position prior to the pandemic but which saw a reduction in income during the pandemic. These are largely providers who were mostly funded by parent fees. The goal of such a policy would not be to protect all childcare providers, meaning that there would be inevitable job losses, it would simply offer support to otherwise healthy businesses. The second approach would be for funding to be prioritised for publicly funded childcare and decisions about funding to be taken using more historical data, reducing the risk that decisions made about future funding taken on the basis of data collected during the pandemic result in a lack of capacity post-pandemic. Local Authorities have already been assured of approximately £60m in supplementary funding for maintained nursery schools and rates to be received up to March 2022 have been confirmed to provide this group of providers with as much clarity around their budgets as possible (The Guardian, 2021). Jarvie and Dali-Chaouch (2020) highlight the importance of Local Authorities working closely with childcare providers and parents to identify issues early. They attribute the resilience of the childcare sector in some areas to this early identification and intervention.

There are also interventions that may help to improve the financial resilience of individual workers, although it has been suggested consistently in the literature that low wages are the primary cause of this lack of resilience and the financial situation of many workers in childcare has become even more precarious during the pandemic (Blanden et al., 2020). Consequently, initiatives that have proved effective in other circumstances and sectors, such as budgeting advice, are likely to have a more limited effect on the resilience of these workers.

5. Evidence gaps and areas for further research

Finally in this report, this section outlines the evidence gaps relating to a lack of evidence and/or a lack of robustness identified during the review.

- There is relatively robust evidence on the ongoing impact of the pandemic on mental health and wellbeing, concerns about physical safety and financial impacts (although the most robust evidence concerns the impact on organisations, rather than on individuals). Relatively large surveys have been used to identify these issues across the three occupational groups (although the evidence is less robust for social workers and workers who do not fall into the main occupational groups of school teachers, nursery and early years workers and, to an extent, social workers). The review found **little evidence of the impacts on smaller occupational**

groups, such as school nurses, educational psychologists, and evidence on childminders was also somewhat limited.

- However, there is a **lack of evidence on wider impacts and knock-on effects of mental health problems on such things as nutrition, drug and alcohol use and domestic violence**. Without evidence to show whether or not these have become issues as a result of the pandemic, it is difficult to determine whether interventions are needed, or what these interventions should be or who they should target.
- There was a general **lack of evidence on the longer-term impact of the pandemic on the workforce**, aside from evidence related to business closure and job shedding. While this is inevitable, there may be some value in developing research that allows outcomes to be mapped longer term and linked to experiences during the pandemic to identify the source of longer-term impacts that arise.
- There is a lack of evidence on how the mental health impacts on the workforce in particular have affected children's experiences during the pandemic. **There is a need for studies that take a systems approach** that treats the education, childcare and social work and related social care workforce as part of a system also including children and parents and seeks to understand how harms are transferred within the system and how mitigations aimed at one group may have spill-over benefits for other groups.
- **In relation to mitigations and interventions, the evidence identified was very mixed in terms of scope and robustness**. Except in the case of teachers, there was relatively little evidence identified on the efficacy of interventions for different occupational groups. There was some evidence of the efficacy of self-care interventions in particular, but the evidence on organisational level interventions was less robust and there may be a case for developing and tracking these kinds of interventions in the future.
- The review also identified a **lack of a whole system approach to the development and monitoring of interventions**. Much of the evidence on the efficacy of interventions to improve mental health in particular focussed on trialling a single intervention, rather than paying close attention to the ways in which the need for interventions, the ways in which they are implemented, and their success depend on the interaction between individuals, organisations and policy.
- There have been **few attempts to draw upon learning from other pandemics** and other crisis situations in identifying mitigations (Pollock et al, 2020, De Jong, 2019).

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Appendix 1 Search strategy

The following databases were searched using key words and limiters:

- IBSS, Sociological Abstracts, ASSIA, Web of Science
- Google Scholar
- Google

The key words used in searching for each question were:

a) Education workforce

Teachers (ad Primary OR Secondary) | Schools AND staff | “Teaching assistants” OR (TAs AND school) OR HLTAs

b) Childcare workforce

b) Nursery AND staff | Childminders | “Early Years” AND (staff OR educator) | Preschool AND staff

c) Social workers and social care workforce

c) “Social workers” (ad Child OR adolescent) | Social care AND workers | “school nurse*” | “Social services” | CAHMS | “health visitor*”

AND

Harms

Harm	Search terms
Mental Health	“mental health” OR anxiety
Well-Being & Development	wellbeing OR “well-being” OR development OR happiness* OR satisfaction OR CPD OR workload
Physical Health	“physical health” OR safety OR fear OR exercis* OR illness OR symptom*
Nutrition	nutrition OR food OR eating
Misuse of Substances	“misuse of substances” OR “substance misuse” OR “substance abuse” OR drug* OR alcohol OR maladaptive
Domestic Violence	“domestic violence”
Support Service Access	support OR services OR “service provision”
Indirect Groups at Risk (e.g., those with extended caring responsibilities)	“caring responsibilities” OR “key workers”

Immediate Earning Capacity Changes	Earnings OR finance* OR pay OR “paid” OR “job loss” OR redundan* OR closure OR “self-employ*”
Gender & Social Group Imbalance Widening	(gender OR women OR female) AND (impact OR balance OR gap)
Changes in socioeconomic status (SES) ¹	“low paid” OR “low skilled” OR “job shedding” OR retention OR “leav* the profession” OR “shortages” Earnings OR financ* OR pay OR “job loss” OR redundan* OR closure OR “self-employ*”

¹ As we were not able to find any direct evidence on this, we have adapted our search to look more specifically at job losses and financial resilience.

AND

Covid OR pandemic OR coronavirus

AND

Limiters

Location: UK OR England OR Wales OR Scotland OR “Northern Ireland” OR “United Kingdom” OR Britain

Date: 2020-2021

For mitigations, the same terms were used with the addition of “intervention” OR “support” OR “trial” OR “experiment*”, and the Covid, geographical and date limiters were removed.

Sources identified

The table below shows the number of sources identified by workforce group and potential harm. Some sources appear against multiple harms, with particular cross-over between the first three short-term harms.

	Teachers and school workforce	Childcare workforce	Social workers and social care workforce
Short term harms			
Mental Health	14	11	3
Well-Being & Development	13	6	8
Physical Health	12	6	1
Nutrition			
Misuse of Substances	1		
Domestic Violence			
Support Service Access			

Indirect Groups at Risk (e.g., those with extended caring responsibilities)			
Immediate Earning Capacity Changes	1	7	
Longer-term harms			
Mental Health			
Well-Being & Development			
Physical Health			
Nutrition			
Misuse of Substances			
Domestic Violence			
Support Service Access			
Indirect Groups at Risk (e.g., those with extended caring responsibilities)			
Gender & Social Group Imbalance Widening	2		
Changes in socioeconomic status (SES)	1	6	

Appendix 2 Illustrative examples of intervention types, research design and key findings

Author(s)	Type of intervention	Occupation and country	Research design	Key findings	Limitations of the research
Teachers					
Knowledge-based Interventions (KBI)					
Cicotto et al. (2014)	Psychosocial training provided on stress management, communication, ability to work in a team and problem-solving. While the program was informational in type, participants also received information on behavioural skills (e.g., effective communication skills). Four 3-hour training modules delivered during one academic year in a in a school setting.	Primary school teachers, Italy	Quasi-experimental, on a sample of 92 women teachers and a control group, 126 participants in total.	There was a small effect in stress reduction, as measured using an instrument based on the Maslach Burnout Inventory.	All participants worked in the same school.
Wu et al. (2006)	Lectures on stress management biweekly or monthly over a year (24 sessions in total)	Middle school teachers, China	Experimental, sample of 961 (half of whom were the control group).	Small effect size as measured on the Occupational Stress Inventory.	Relatively short-term intervention, no follow-up.
Behavioural Interventions (BI)					

Anderson et al. (1999)	Meditation and relaxation practice from the American Meditation Society - one session a week for five weeks.	Teachers, across three states of the US.	Experimental, sample size: 91.	Large effect as measured on the Teachers' Stress Inventory (TSI).	No control group, participants self-selected into the programme. The study measured perceived, rather than 'actual' stress levels.
Chan (2011)	Gratitude journal, daily for eight weeks.	Teachers, Hong Kong.	Quasi-experimental, sample size: 62	Medium sized/large effect as measured on the Orientations to Happiness Scale (OHS).	No control group, pretest-posttest evaluation of the effectiveness of intervention.
Kaspereen (2012)	Relaxation and meditation training over a period of four weeks	Teachers and staff (administrative assistants, front office receptionists, teaching assistants, and coaches), US.	Experimental design, sample size: 54	Large effect as measured on the Perceived Stress Scale.	Data was collected using only one method (survey). The same person conducted both the relaxation sessions and administered the surveys.
Cognitive Behavioural Interventions (CBI)					
Cheek et al. (2003)	CBT aligned curriculum for the control group, and music therapy and CBT combined curriculum for the intervention group. One session per week for six weeks.	Primary school teachers, US.	Experimental design, sample size: 51	Significantly reduced burnout, as measured by the Maslach Burnout Inventory – Educators Survey (MBI-ES). The effect was medium sized.	Pretest-posttest design, no control group. Relatively small sample, all participants worked in primary schools and self-selected to be involved in the study.

<p>Johnson & Naidoo (2017)</p>	<p>Three different types of intervention: tension/trauma release exercises (body work) (TRE), g transpersonal psychology (TP) and transactional analysis (TA). One session per week for 15 weeks, a total of 15 hours.</p>	<p>Secondary school teachers, South Africa</p>	<p>Quasi-experimental. Sample size: 43, 20 teachers in the control group.</p>	<p>Effects were measured on the Perceived Stress Scale (PSS) and the Copenhagen Burnout Inventory (CBI). There was a statistically significant reduction in teachers' burnout in relation to learners after TRE and TA interventions. The TP workshops, that focussed on emotional processing, were not as effective as the other two interventions.</p>	<p>Relatively small sample size. Non- random selection of participants.</p>
<p>Pülschen and Pülschen (2015)</p>	<p>Acceptance and Commitment Training (ACT) and training in non-violent communication (NVC) was provided to trainee teachers who will have to teach SEN and non-SEN pupils after graduation. Inclusive teaching is highly stressful for the teacher – this intervention aimed at reducing the stress. One session per day for 12 days.</p>	<p>Trainee teachers, Germany</p>	<p>Quasi experimental, 68 participants, including the control group.</p>	<p>Participants' subjective tension was reduced as a result of the training and trainee teachers were better able to solve conflicts.</p>	<p>The intervention group comprised of Master's students, while the control group comprised of undergraduate students.</p>
<p style="text-align: center;">Mindfulness-based Interventions (MBI)</p>					

Gold et al. (2010)	The intervention was an eight-week Mindfulness-based Stress Reduction (MBSR) trial (one session per week) in a school setting.	Primary school teachers, UK	Quasi-experimental design. Sample size: 11.	Large effect, as measured on the Depression Anxiety Stress Scales (DASS).	Small sample size. No control group. Participants self-selected into the study.
Beshai et al. (2015)	The intervention utilised the “.b Foundations” course that is adapted for Mindfulness in Schools. Nine 75-minute sessions (one session per week) were delivered to groups of participants. There was also home practice six times a week.	Teachers and staff in secondary schools in five regions of England.	Quasi-experimental design. Sample size: 89, including intervention and comparison groups.	Large reductions in stress on the Perceived Stress Scale (PSS) and increased well-being (measured on the 14-item Warwick-Edinburgh Mental Well-being Scale) and increased self-compassion scores (SCS).	Relatively homogeneous sample (white, female). Participants self-selected into the intervention and comparison groups.
Jennings et al. (2017)	Cultivating Awareness and Resilience in Education (CARE for Teachers) is designed to promote teachers’ social and emotional competence and improve the quality of classroom interactions. The programme comprises 30 hours of in-person training over five days and three phone coaching between sessions.	Primary school teachers, US.	Sample size: 224 (including control group)	Intervention effect was evaluated using self-report measures and classroom observation. The programme had statistically significant positive effects on psychological distress and time urgency. CARE for Teachers also had a statistically significant positive effect on the emotional support domain of the Classroom Assessment Scoring System (CLASS).	

Childcare workers					
Behavioural Interventions (BI)					
Sakuma et al. (2012)	A two-week home-based yoga program to improve body pain and health status in child-care workers	Female nursery school and kindergarten teachers, Japan	RCT, 98 participants of whom 67 participated in yoga,	Outcomes measured 2 and 4 weeks post intervention. The total GHQ30 score and the GHQ subscale scores ("sleep disturbance" and "anxiety and dysphoria") improved significantly at 4 weeks in the yoga group, but not in the control group	
Mentoring					
Fiene (2002)	Comparing mentoring to workshop training in improving care quality and carer-child interactions. Intensive 3 month mentoring programme	Childcarers, US	Pre/post test. 52 caregivers, random assignment between two groups	Increase in programme quality scales for the mentored group. No effects were found on global quality of the classroom environment as measured with the ITERS	Lack of statistical significance
Organisational interventions					

Framke et al. (2016)	Organisational-level intervention designed to focus on the core task at work, based on theory that illegitimate tasks (those regarded by employees as unreasonable or unnecessary) lead to higher levels of stress, poorer self-esteem and increased employee resentment. Seminars and workshops for steering groups on how to develop workplace-specific intervention activities, change management training, workplace culture, and undertake evaluation.	Nursery nurses, nursery nurse assistants and other employees (kitchen, cleaning, caretaking staff), Denmark	78 preschools, 1512 employees in the intervention group, 1064 in a control group	Sickness absence data collected over two and a half years. The intervention group had slightly fewer sickness days	Lack of consistency in applying the intervention across the different settings.
Training to deal with behavioural issues					
Franyo and Hyson (1999)	Three hour workshops to provide training about child temperament to improve acceptance of children's feelings and behaviours	Childcarers, US	Pre- and post-test measurements. 292 childcare providers (to children six years old and under)	There appeared to be effects on caregiver knowledge but not attitudes of acceptance of children's behaviour and feelings	Control group very small and limited measures used to assess outcomes
Hendrickson, Gardner, Kaiser and Riley (1993)	One-to-one structured coaching (9 to 14 sessions) to improve positive interaction with socially withdrawn pre-school age children	Day care providers, US	3 childcare providers and 3 children	Increased support and social interaction provided for children	Very small study. Questions about how much observation affected implementation.
Social workers					
Acceptance & commitment therapy					

Brinkborg et al. (2011)	12 hours, delivered in 3-hour group sessions	Social workers Sweden	Pre/post test, randomized IG ¹ and control group n=106	Significant decrease in levels of stress and burnout and increased general mental health among those with high levels of stress at baseline	Longer-term studies needed
Barret & Stewart (2020)	3 sessions delivered in a two-week online format	Social workers (62%) and healthcare workers (38%) International (79% Ireland)	Pre/post test, Randomized, control group n=42 completers	Significant improvements in both the treatment and the control group (CBT). 42% of completers in the IG ² had clinically significant reductions in stress and 19% significant improvements in mental health.	Need for further development of the intervention given the low uptake and high dropout rate.
Mindfulness training					
McGarrigle & Walsh (2011) cited in Trowbridge & Lawson, 2016	8-week intervention involving two-hour classes per week	Social workers (9) and child and family workers (3)	Pre/post test n=12	Significant reduction in perceived stress and a significant increase in mindfulness	
Crowder & Sears (2017)	8-week intervention	Social workers Canada	Pre/post test, control group n=7 IG, n=7 control group	Significantly lower perceived stress levels compared to the control group 1 week after intervention, stress levels further decreased among the IG during retests in weeks 13 and 26.	
Kinman, Grant & Kelly, 2020	8-week intervention	Social workers	Pre/post test	Perceived stress reduced significantly	

		England	n=26 at T1, n=18 completers	between baseline and 8 weeks after the intervention from 2.98 to 2.51, using the validated PSS ³ ranging from zero to four	
Trowbridge et al. (2017)	Compressed 2-day course followed by daily 20 min. practice over 6 weeks	Social workers US	Pre/post test n=43, 26 completers	No significant reduction in the scores for both PSS and burnout but decrease in secondary traumatic stress scores and increase in mindful attention and awareness.	Increase in mindful attention and awareness could not be linked to the intervention
Kinman & Grant (2017)	2-month multi-modal intervention, including mindfulness	Social workers in 1 st year of practice England	Pre/post test N=25 (intervention group)	Significantly increased levels of most attributes underpinning emotional resilience and reduced psychological distress	
Ravalier et al., 2020	Wellbeing app available through the employer	Social workers	Pre/post (6 months later)	- No significant increase in General Health Score for IG and decrease in those not aware of the app. - No significant impact on improving working conditions (expect control over changes at work), yet improvements in most working conditions using percentile scoring	More robust evaluation needed

	Providing psychosocial education and organisational support	England five local authorities		- Proportion of self-referrals to vocational rehabilitation assistant (VAR) not known	some misgivings among social workers as to whether VAR was truly independent
Barck-Holst et al. (2017)	Quasi-experimental reduction of social workers' working hours by 25% on full pay; employers reimbursed to employ temporary replacement	Social workers Sweden	Pre/post test, control group stress diaries over the period of a week	Less emotional exhaustion and reactive behaviour but high caseloads still created time conflicts.	