
WITNESS STATEMENT OF KATE BELL (THE TUC)

I am Kate Bell, Assistant General Secretary of the Trades Union Congress (“**TUC**”). My office address is Congress House, Great Russell Street, London, WC1B 3LS.

1. I make this statement on behalf of the TUC. This statement is made for the purposes of Module 6 of the Inquiry, which is examining the impact of the Covid-19 pandemic on social care in England, Wales, Scotland and Northern Ireland between 1 March 2020 and 28 June 2022.
2. These accounts were provided to the TUC in response to a survey of union members launched in May 2024, inviting respondents to provide their thoughts and experiences of the pandemic, and a UNISON survey of its social care members launched in April 2025. As at the date of this statement, the TUC survey has received 1345 responses from social care sector workers and the UNISON survey has received 914 responses. Where necessary to protect the anonymity of the respondent and/or others, details in some accounts have been changed or removed in this statement.
3. We trust that this statement provides the Inquiry with a greater sense of the profound impact of the Covid-19 pandemic on just a small sample of the social care workers who belong to our member unions. We look forward to further opportunities to facilitate the provision of first-hand testimony, as we consider it essential to the aims of the Inquiry that the voices of those who were impacted are placed at the fore.

Accounts of accessing PPE

4. An account from a residential care worker in a not-for-profit in Wales:

"We had no PPE or anything else, so we were we were making it up as we went along. I spent my days off driving around the valleys. All these things appeared on Facebook, people making face masks. And I was literally driving around for these face masks. There's a lot of people who were selling them, and I was literally going around and standing outside people's doors, and, you know, throwing the money through the door and they would throw the face mask back at me. Because we had nothing. And we had no sign of anything coming either so..."

"I was buying hand sanitizer off the back of a lorry. Through a local booze shop. There was a black market in hand sanitizer and I was spending my money on it as a low paid worker and buying it whenever it became available. The word would go round. And because I was more likely to be at home because I was doing all the Union stuff from home, I would jump in my car and go down and I was buying trays of hand sanitizer and then I would go around... I split these trays and I'd be going round and putting them outside the doors of the services and knocking on the door and just be like, you know, hand sanitizer fairy. You grab them while you can sort of thing. So that caused a lot of resentment. Because it was well, we really were forgotten."

5. An account from a residential children's care worker for a private company in Wales:

"We were just told sort of verbally when we arrived at work. PPE is on its way and in fairness, we didn't have to wait for that. It was there pretty quick off the blocks, but we had no instructions for it. There was nobody coming in to support and say 'right before today, we've gotta go through the proper way, procedure for putting it on.' There was nothing, it was just there. You saw a mask. You saw some gloves and apron just got on to the best of your knowledge, but obviously there are ways and a certain sequence that you put these things on, so that was lacking."

6. An account from a residential care worker in a private home in the South West:

"We struggled for basic gloves and aprons. We only received very basic face shields after part of the home was wiped out. We were refused arm coverings saying they

weren't necessary despite having residents who would spit, [who had] no ability to cover their mouths/use tissues."

7. An account from a residential care worker in a private home in the East Midlands:

"The PPE was poor and didn't do the job properly. Gloves kept tearing, aprons kept tearing and the masks were of poor quality."

8. An account from a homecare worker for a local authority in Scotland:

"We were given one disposable mask to use only if we thought the people we care for had Covid. This was very dangerous and I had to ask my wife to bring me some from her work."

9. An account from a residential care worker at a private home in the South West:

"When Covid first hit, care homes were short on PPE and we were the last to be offered the masks."

10. An account from an ancillary worker at a private home in Scotland:

"There was no PPE at the beginning for quite some time. Had a huge impact on me and my family's physical and mental health as I caught Covid at the care home and took it home. As I was also my father's carer who had dementia and COPD, I was unable to stay over at his house & care for him which caused us great anxiety."

11. An account from a residential care worker at a not-for-profit home in the North of England:

"The main issue for me personally is the real shortage of PPE, especially face masks. The staff had one mask for each day you worked. When you had a 12-hour shift, by the end your mask was no good, either the straps snapped or the lining inside came away, or both at the same time. With wearing the mask so long, little parts of the mask came away and you could breathe then in without realising you had. The masks were inferior and not fit for purpose. My belief is this is one of the reasons I had a really serious asthma attack going to work one morning during Covid. So just it was not just

a risk to me, it was a risk to my clients and colleagues, with having inferior PPE, which was not fit for purpose.”

12. An account from a supported living worker at a private company in the East of England:

“Again, it felt like we had to wait for ages for them. We felt forgotten about.”

13. An account from a family support officer for a local authority in the South West:

“The first wave there was no masks, gloves or alcohol gel. Mostly people sourced their own if they could. Eventually these were provided.”

14. An account from a residential care worker at a local authority in the South West:

“We got PPE only after complaining it wasn’t adequate. It was done properly after a different manager was brought into the home to oversee it.”

15. An account from a supported living worker for a private company in Yorkshire & Humberside region:

“For a long period of time at the beginning we had none or inadequate equipment. Also we were having to acquire our own PPE through different sources and different industry.”

16. An account from a personal assistant at a not-for-profit in the North West:

“At the start [of the pandemic] no [PPE], then very limited, then far too much PPE to the point it was going out of date and loads got disposed in a skip.”

17. An account from a managing director of a not-for-profit care home in London:

“At the start of the pandemic PPE was woefully lacking and we did our best to make sure we sourced whatever we could and used it wisely. Once PPE was more widely available this issue was resolved.”

18. An account from a residential care worker at a private home in the North of England:

“Very little [PPE] available at the start so had to make our own but it did become better later on.”

19. An account from a homecare worker for a private company in the South West:

“At the start our PPE ran out and it was so expensive to order new stock. There was no guidance with what we should be wearing. We all knew the NHS had shields and visors and were wearing PPE from head to toe. All we had were gloves and aprons. Masks were included further into 2020/2021.”

20. An account from a residential care worker at a private home in Scotland:

“At the start we had a shortage of PPE. We were told to reuse masks, keep them in Covid positive service users’ rooms and to reuse them. As time went on we eventually got the PPE we needed but had to fight for this. We had to tell the manager we would no longer work there unless we got the appropriate PPE and that we were not reusing contaminated masks, this is a major infection control risk, which [the manager] knew as they are a registered nurse not just a manager.”

21. An account from an outreach support worker for a private company in the North West:

“[We had] no PPE to begin with. When our PPE arrived, managers of other services in the company stole it for their staff. We eventually got adequate supplies.”

22. An account from a residential care worker for a local authority in Scotland:

“I was grudgingly provided with one mask for each shift at the start before PPE was mandatory. They made me feel bad about taking a mask due to low stock.”

23. An account from a residential care worker at a private company in the North West:

“At first [we were] provided with nothing but then just normal mask, gloves and aprons, which did not protect us properly. We were dealing with residents on daily basis and given masks to wear that were [the same ones] used in public for short periods when

people were going shopping. We spent 12 hours a day touching, breathing Covid in every hour. Protection was shocking.”

24. An account from a residential care worker at a private home in the South West:

“At the start of the pandemic we were told off by management for using PPE, even though the paramedics who came to see a resident refused to enter the building until we wore it.”

25. An account from a residential care worker at a local authority in the Yorkshire & Humberside region:

“At the very beginning we just had gloves. We were then given disposable aprons, disposable masks and face shields, but I do not believe that PPE was sufficient, and we were told by paramedics who came in their space suits that our PPE was insufficient.”

26. An account from a team leader at a private care home in the Yorkshire & Humberside region:

“From the beginning of the Pandemic to a few months in, there wasn't any PPE due to there not being any available. We improvised with homemade masks, washing up gloves, black bin liners as aprons and tea tree oil for disinfectant.”

27. An account from a homecare manager at a private company in Wales:

“As we were private, nobody would issue us with PPE, the NHS were the priority... I sourced BBC Costume makers to make us scrubs via social media. They were amazing and made to measure in the end but otherwise we would have had nothing.”

28. An account from a residential care worker at a private home in the West Midlands:

“My workplace didn't have PPE. I ended up making a mask using one of my bras. My work colleagues and I were told to share face shields. The manager told us to disinfect it and leave it for our colleagues to use.”

29. An account from a residential care worker for a local authority in the South West:

"I had to raise with Unison and reported a Health and safety risk as we had no masks yet had covid patients. One resident also died of Covid, it was terrifying. Later on in the pandemic we did acquire PPE."

30. An account from a residential care worker at a private home in the West Midlands:

"These are the typical excuses from management, it has arrived, we ran out, over 2000 gloves we used, no hazmat suit anywhere, vizor had spikes on that cut your skin and that we had to share with every team member. No stock replenished in nursing and care homes."

31. An account from a community care officer in Scotland:

"At the start of the pandemic the carers didn't feel safe at all. We didn't have enough PPE and we were put into homes without getting told the service user had Covid. There were no proper orange bags in place for used PPE. The managers would tell carers some service users tested negative only to find this wasn't true. The trade union fought for us for PPE and the right to be told advice about service users. This was appreciated."

Accounts of accessing Covid-19 tests

32. An account from a family support officer at a local authority in the North West:

"Initially there were [no tests] available and it required driving over an hour to go and get a test. This was done in my own time and I was unable to claim the mileage."

33. An account from a social care workers at a local authority in the South West:

"At first I was not able to get tests from work. There was a wait before we got them at work. I had to source them myself to protect a family member."

34. An account from a supported living worker at a local authority in Wales:

"We only had our 1st test 6 months in."

35. An account from a support worker at a private company in the North West:

"Management didn't set up testing until months after receiving the tests even though we as a team constantly kept asking to be tested."

36. An account from a residential care worker at a local authority in Scotland:

"There was no access initially to test kits. We later began receiving some test kits but not always enough."

37. An account from a homecare manager for a private company in the South West:

"We had to purchase [tests] for a very long time before we were given them through the government."

38. An account from a care home manager for a private company in the South West:

"Not in the beginning. We struggled for the correct tests and by the time we got deliveries, it was 5 days into someone possibly having Covid. We had to make the tests last."

39. An account from a residential care worker at a private home in the South East:

"These were not always available or delivered so we had to go to the drive through ones! Staff weren't believed unless it came from NHS result."

40. An account from a family practitioner at a local authority in the East Midlands:

"We weren't supplied any Covid tests from our employer. We got them ourselves."

41. An account from a children's care worker in Wales:

"Then we had to do the tests. These sort of self-tests about whether you're Covid positive or not. Then we struggled. Me and the deputy manager had to go on online and fill in template standards of names of the individuals testing negative and gather again. We were finding our way on the government website. There was no instructions, nobody to show us. So it was very much sink or swim as best we could..."

"There's no guidance. There was nothing. You obviously had diagrams what to do and I think the manager said, I've said been on YouTube, all sorts of things. We were sort of doing our own research information, saying well, this is how it's done. Then obviously on the phone chatting with another home, which perhaps they had experience, with their knowledge. So that was that was quite testing and a lot of concern because I knew privately, well this has not been managed properly. And to me, it was gaping holes."

Accounts of health and safety and working conditions

42. An account from a supported living worker at a local authority in Scotland:

"[The risk assessment] was not timely and was often signed and dated for the day requested to be seen i.e. done because someone asked to see it."

43. An account from a supported living worker at a private company in the Yorkshire & Humberside region:

"Too little too late for the risk assessment is the term that comes to mind. Conflicting information by the government at that time, and hardly any guidance from upper management. No enforcement of the stay safe rules (just that workers must have the covid vaccination)."

44. An account from a social worker for a local authority in the South West:

"I think they were more concerned about us giving Covid to people, that seemed to be the emphasis, rather than the other way round."

45. An account from a day centre worker for a local authority in Scotland:

"[The risk assessment was] not thorough, not timely, more ad hoc. Like the time off when positive, became a bit panicky and tried to discourage absence through penalising."

46. An account from a care co-ordinator at a private company in the West Midlands:

"It [the risk assessment] was not timely. We had to speak with HSE to get this done."

47. An account from a supported living worker for a local authority in the Yorkshire & Humberside region:

"[The risk assessment] was after the lockdown but the dates were back dated."

48. An account from a residential care worker for a private company in the South West:

"We did not have a risk assessment. We had to go to work and be put where they needed us, or go home without pay, leaving the floor short."

49. An account from a residential care worker for a local authority in the West Midlands:

"A generic risk assessment was completed and rolled out for all the care homes. However, some managers failed to comply with this and the government guidelines, having staff going into work when they should have isolated."

50. An account from an emergency responder for a local authority in the East Midlands:

"The risk assessment was written by my manager and discussed with the local Unison representatives. It was timely, thorough and regularly reviewed as circumstances/ government guidance changed."

51. An account from a homecare worker for a local authority in Scotland:

"Not a clue. We were just told to wash our hands and wear PPE. That should be mandatory if any winter flu symptoms are suspected. The risk assessment was not just untimely, but not part of everyday health and safety."

52. An account from a residential care worker for a private company in the North of England:

"I know at the beginning of Covid we had agency nurses in who knew there was a Covid outbreak in the home. This was passed on to management who said there wasn't anything to be concerned about but staff eventually got annoyed and demanded we got some sort of protection or we would not work."

53. An account from a supported living worker for a not-for-profit in the Yorkshire & Humberside region:

"[The risk assessment] was not very thorough and not very timely and only written after staff complained about it."

54. An account from a care home manager for a private company in the South West:

"I completed the risk assessment. We did not see the owner. I risk assessed every area possible and related protocols specific for my residents and home using information available, the only issue was information was changing on a daily basis."

55. An account from a senior care officer at a local authority in the South East:

"This was never offered to us – again deemed too low risk or priority. As health and safety manager, I completed a robust (and very long!) risk assessment. It was met with mixed feelings at times due to lack of support from the Council. However, once PHE were involved, we were listened to more. Ultimately, the control measures we put in place ourselves were very effective. We tested all young people and staff regularly but had very few positive cases (and only toward the end), and cases were minor with no serious illness for young people or staff."

56. An account from a support worker for a private company in the North West:

"[The risk assessment] wasn't thorough by management; our own staff team did it ourselves. Testing was delayed for months by our management even though we had tests in the workplace!"

57. An account from a children's care worker in Wales:

"There was no leadership. The management, the home manager was basically non-existent. There was a sort of five, seven to 10 days running where they were in and he seemed like I'm going to work from home, but I'll be in tomorrow. But then soon, when the COVID started going up and the figures that hit, the manager was non-existent.

"[It was] very lax and they were all sort of just maintaining the service, but as far as staff welfare it was like going back to the 19th century where people just get into work. You might get hurt but do your best not to get hurt. And earn your money and come home. You know, in all heavy industry up the chimneys on the railway lines, down the pit sort of thing, you know how it was."

58. An account from a senior healthcare worker in the South West:

"Government tried but not for the workers. In tougher situations, like care workers, private companies got away with not looking after staff as they only considered NHS staff even though we do the same job."

59. An account from a maintenance worker in the Yorkshire & Humberside region:

"People in charge working from home safe while I was working in infected rooms on Living wage. I ended up hospitalised with Covid, then a week later Covid caused me to have a heart attack and have suffered from long Covid chronic fatigue syndrome ever since. It's ruined my life."

60. An account from a homecare worker in Scotland:

"My employer gave no support during the pandemic... We were asked to turn off the track and trace on our phones so that we wouldn't be pinged if we had been in contact with someone testing positive. We were provided with inadequate PPE going into Covid positive service users and I was told the Covid team that had been set up had been disbanded, therefore I was left to go into positive cases with inadequate protection."

61. An account from a care assistant in the North East:

“Staffing was a major problem as staff were obviously ill too. There was pressure from management to return to work after the obligatory ten days isolation, even if one was still unwell.”

62. An account from a homecare worker in Scotland:

“Working during the pandemic was terrifying! As a home carer I visited up to 18 different houses a day... The homes we visited consistently broke the rules. On one of my visits there were five different households visiting my client. When I called the office I was told to just get on with it, that it wasn't my business that the rules were being broken. The streets were empty it was terrifying! It was also stressful thinking I might pass on Covid to a client and they die. We had no support as all managers worked from home and didn't answer calls when we needed them. We got no emotional support during or after the pandemic. These feelings of being a lamb to the slaughter will never leave me.”

63. An account from a clerical assistant in Scotland:

“I was pregnant when lockdown began, approximately 4 months. I was sent home due to this until working arrangements could be confirmed. I was contacted by my line manager during this time and was made aware that working from home would not be an option for myself due to insufficient laptop availability, myself being one of the only few office staff that these arrangements could not be made for. I was told I could instead use my annual leave and begin early maternity leave, this would mean by the time my baby was born my maternity leave would have been exhausted. I told my manager that in no way was I prepared to do this and felt this was a targeted approach as with my being pregnant working from home arrangements for myself should have been prioritised, especially as I did not drive and would have to access public transport daily to attend the office.

I then asked to work in a local office to avoid travel, I was granted this. I worked for the duration of my pregnancy and maternity began on the day my baby was born at 40 weeks. I was rarely checked in on and had no contact with my team for the duration of my time. When I returned to post after maternity leave I again was told that I would not be permitted to work from home like the rest of the team as in my mind they assumed

I would use this as childcare. I handed in my notice and now work within the care at home service due to the way I was treated by my line manager throughout this period.”

64. An account from a support worker in the North East:

“At first there was a lack of information about the environment of the job. It was inadequate. The management [at the] high level were not there for support. They all decided to furlough and you just had support [put] on the skeleton low-paid workers. It was so bad payroll did not pay me, along with other low-paid workers who did not actually get paid, and I had to rely on the free food supplies for food. I sent countless emails to the payroll management and whoever was working for home. Nobody would go to the main frame computer to access the payroll system so I had money. I was basically working for free. It took months before my back payment was sorted.”

65. An account from an adult social care inspector in the North West:

“They said there was a protective ring around care homes which was a complete lie. Care homes had no access to face masks for example and people were being discharged from hospital back to care homes without a Covid test. This put people at risk and caused deaths. Care homes had insufficient gloves, aprons and visors at the start because they were all going to the NHS. Social care was a complete afterthought which is disgusting.”

66. An account from a CQC Inspector in the Yorkshire & Humberside region:

“We were put under significant pressure by managers to complete inspections even if staff were suffering from long Covid. Senior managers and inspection managers thought some staff were avoiding completing inspections so there was a culture of subtle bullying. They never placed themselves at risk or went out to inspections.”

67. An account from a care assistant in Scotland:

“Myself and my colleagues did not feel safe, especially in the early days. If our employers did assess the risks, I would not be aware. Measures that they put in place came late on and would be difficult to get. When PPE, such as masks, came into use and made compulsory I would say that the risks were reduced. When residents with dementia contracted the virus it was impossible to isolate them. Unions did their best

to support all staff as much as they could. It was only the management team that were able to work from home. I felt I got no support from seniors. They would leave units short staffed and would not assist in the units in any way. Staff were struggling to care for residents with the virus knowing they were not going to survive their symptoms and were possibly in pain. Senior staff were always critical instead of supporting each other through an extremely stressful time for all of us.”

68. An account from a support worker in the East Midlands:

“When covid first started we asked for masks but we were laughed at. It was only when lockdown happened that they enforced mask wearing. They threatened redundancy on staff if they did not go to other Covid infested sites. They lied to some staff saying there wasn't Covid when there was. They cancelled all annual leave due to being short staffed when questioned they said dismissive things like ‘it's not like you can go anywhere’ but senior management claimed to have a half day of training when in reality it was a Christmas party and they took time off and got drunk. We still couldn't have time off. They threw away service users’ property without asking permission and would regularly break testing protocol and just walk in untested and unmasked, yet went nuts at us if we had a mask down to eat.”

69. An account from a social care assistant in Scotland:

“Constantly changing interpretation of public health guidance. [We were] not supposed to go into positive service users but we did, [there was] conflicting guidance about use of gowns, pressure from management to lie to track and trace, risk of cross infection between service users and to my diabetic husband.”

70. An account from a residential support officer in the Yorkshire & Humberside region:

“I work in a children’s residential home & we were completely abandoned by all three of our managers, as they immediately stopped coming into work and allegedly ‘worked from home’. Our home was then run by staff, with hardly any PPE for months. Staffing levels were horrendous due to staff contracting Covid-19. Our main concern was the children that we were looking after and we felt we did an excellent job, keeping them safe. The managers only input was to criticise staff and they remained ‘working from home’ for approximately 18 months.”

71. An account from a social worker in Wales:

"I did not feel safe at work and many of my colleagues felt the same. The risk assessment was not robust enough in terms of risk to staff. We were given PPE but weren't told how to use it or dispose of it correctly - an email with a PDF attachment of how to use PPE was sent round. When I asked my colleagues if anyone had read it, they hadn't. We are not from a health care background - we needed a proper demonstration on how to use it. As I worked in an Intake Team, being in the office was prioritised but it was not required – far more people than necessary were in our office and other teams complained about how many people were in our room. Child protection visits could be completed from home and calls could be successfully diverted from the office. The culture of how 'this is how it's always been done' was prioritised. I continued to be in the homes of services users every day. I&S had some of the highest rates of covid and I always wonder if Children's Services' response to frontline services contributed to this. Because leadership decided that business as usual should be prioritised, Covid spread around staff because staff members came into the office with symptoms and we were required to be there. I was a member of BASW (British Association of Social Workers) at the time and I spoke to a rep who gave advice but there was no unified response from BASW or Social Care Wales about protecting social workers, I felt completely abandoned."

72. An account from an operational support admin in the North East:

"Did not feel safe, and assessment wasn't properly put in place for 4 months. We ended up contacting the Unions to do the risk assessment, which got the necessary measures put in place finally. We couldn't work from home as laptops were not made available to us till after Covid. Our manager's attitude was, "I come to work so will you all". I had 4 elderly parents at home isolating due to health issues and was given no help to look after them. It was an extremely stressful time that affected my health."

73. An account from an agency care worker in the South East:

"The saddest thing is that the council honoured the permanent staff, most of whom at that time were shielding, and left us, the Care crew staff, who are also agency staff for the council, without any form of appreciation, which is really bad. And worse of all the amount of tax we had to pay for sacrificing for our nation."

Accounts of the impact of discharging Covid patients to care homes

74. An account from a local authority care home manager in Scotland:

“On several occasions the hospital did not tell us that service users had tested positive for Covid. Our first outbreak was due to a resident coming from hospital with Covid.”

75. An account from a homecare worker for a private company in the East Midlands:

“At the start of the pandemic probably 50% of our new clients were Covid positive. Although we were a reablement company, our local domiciliary care company refused to take Covid patients discharged from hospital. This is why we had so many. However, we were informed of this before going in to see these clients. They included end of life care patients which I found difficult.”

76. An account from a residential care worker at a private company in the North West:

“At one facility we accepted people from hospital admission who were Covid positive and this led to a mass outbreak even despite the precautions taken.”

77. An account from an ancillary worker for private company in the North of England:

“They would bring someone back from hospital with Covid, the ward in the home would have been free of it and then once that person came back into the ward everyone would get it back again.”

78. An account from a residential care worker at a private company in the West Midlands:

“We had residents with Covid discharged to our home and on one occasion it infected the whole home. The manager did not seem bothered about the concerns raised by staff and informed us that it's what we had to do. I was not happy and neither were staff. We were being put at risk.”

79. An account from a residential care worker for a local authority in the South East:

“We had to stay in the people we support's annex when they had Covid as they were self-isolating, and if we got Covid we then had to remain in the annex with them. I

remember being in the annex for three days and nights and sleeping on the floor on an airbed and didn't sleep all that time."

80. An account from a residential care home worker for a private company in the North West:

"At the beginning when Covid restrictions were in place, patients could be brought from the hospital when there was free beds and due to staff shortages, these patients/residents were taken care of with the same staff and if they were positive, infection could spill over."

81. An account from a residential care worker for a private company in Scotland:

"We had multiple people discharged from hospital into the care home who were Covid positive. As I worked in a unit with people with dementia it was basically impossible to isolate people. This resulted in many service users and staff members contracting Covid and resulted in many deaths within the care home."

82. An account from a residential care worker at a private company in the South West:

"There were so many people with Covid. Hospital beds were short, so they did send some of the elderly home. We had to self-isolate them the best we could and obviously we had to wear all our PPE. It was hard for the residents to understand they had to stay away from others. In the dementia floors we could not isolate as we would have had to lock people in their rooms. So there was a lot of Covid spreading."

83. An account from a CQC Inspector in the Yorkshire & Humberside region:

"The Government's decision not to test people before they were discharged and admitted to a care home had a devastating effect and we reviewed a significant amount of death notifications on a daily basis."

84. An account from a care assistant in the North West:

"During the acute period of the pandemic, I worked on a residential nursing unit; myself and my colleagues did not feel safe at all. We were informed by our main manager that we were under instruction from the government to admit hospital patients who were

Covid positive onto our units, no matter what the possible consequences. We were dumbfounded and the manager brought a copy of the email to show us. At first we did not quite realise what we were in for. Pretty soon it became apparent that we were in the deep end, as residents fell very ill. I tested positive and despite being fit and healthy, I felt very poorly but the fear of the virus was far worse than the physical symptoms. Also, I had to have two weeks off from work, unpaid which was very stressful as I am a single mother to a disabled adult and any little savings I had quickly vanished. I was also terrified of what might happen to my daughter and pets if I was hospitalised or died.”

85. An account from a carer in the East Midlands:

“[I felt] [i]ncredibly unsupported from both my employer and the government. I contracted Covid at the start of the pandemic from a client that had been discharged back into her home from a rehabilitation centre after being in hospital. She was not tested for Covid. Five carers who visited her all contracted Covid simultaneously. We all had to isolate for ten days due to government regulations. My employer did not pay any sick pay or any pay for that matter over the entire time I was isolating.”

Accounts of working across multiple care sites

86. An account from a children’s care worker in Wales:

“He [the manager] started moving us around to different homes. And it was a clear pattern. He was struggling down in some places where they have a lot of homes, and they were asking staff to go down there, and equally we had staff coming from other homes when we were short of staff. Some were off with non-COVID. They were just sick or they had caring issues or something had come up, they weren’t well and we had staff coming in. I started questioning then, Well you know, have you had a COVID test? You know we should be testing them...”

“And then there was one significant time. I recall a call coming through on the Thursday saying you’ve got to drop everything you’re doing and go down to this home elsewhere.

“So look, I’ve never been there. I had an e-mail. He was off. He was off, a manager down that way. He’s like, “I’m gonna e-mail you now the post code, this site and you

have to get down there.” And I thought, well, I said that's leaving us short here. And he said, look, if the children are settled, we've got the flexibility of dropping staff when it all settled in bed. And I really kicked myself for this. Foolish, I was. I was saying, I did say on the phone I'm not really happy about this going down.

*I remember jumping in the car and driving, what? About 5 minutes? And I think something just knocked me on the back of the head and excuse my language, saying “***** hell, what do you think you're doing? Where's your principles?” I remember pulling over and saying there's no way. And I just turned the car around. I thought about the implications, that [Covid] could be passed on to [my] family and others in the home. I went back up to the office. I picked the phone up. I says look, I'm not coming down and he said, well, we need you. I said listen, you need to get other staff. You need to phone around. You need to get your managers in and if your manager doesn't come in, you've got a policy that the next person was on call. He said we're instructing you to come down and I said look, I'm not. I'm not taking myself down there where COVID was on higher numbers. I said it's non-existent up here. I said I just think we're causing a lot of problems and I said I'm not going, full stop, and that was it.*

“I remember chatting to staff after saying, well, you know, what do we do if they phoned for us now? I said look, my advice is we shouldn't be called from an area here where there's very little COVID to an area where COVID has been on the increase. We don't know if staff have been off work in these homes.”

87. An account from a care worker at two private companies in the East of England:

“I was a zero-hour worker and although I was paid for a few months, this soon stopped so I had to take what work I could get. I worked for 2 companies, both private.

“It left me in debt and I lost my home. I had to stay at my ex-husband's flat and contact step change for advice. It was scary times, and sad, customers died and it was hard to grieve and very, very tiring.”

88. An account from an Elderly Services Officer seeing up to 12 different private clients across different settings per day in the North West:

"I caught covid twice. I had to isolate from my family. I couldn't care for my sister who had cancer due to risks... If I didn't work, I didn't get paid. I was a casual worker at the time. When I caught covid at work there was no sick pay."

89. An account from a cook in private residential care homes in the North West:

"I was employed to manage the three kitchens and missing work meant I was not going to have enough money to pay my bills."

"I would have preferred not going to work even with the Covid procedures in place."

90. An account from a local authority family solutions worker in the South East of England forced to work across multiple sites due to financial pressures:

"I cannot afford to lose work and cannot afford to reduce my hours so continued to work with families even when I knew I was at risk."

91. An account from a care worker who worked across three different private sites in the West Midlands:

"I live paycheck to paycheck so had no choice but to work."

92. An account from a care home worker for a local authority in Wales:

"Initially, I was reluctant to put my wife at risk, as she has many health issues, but I was told by my senior manager that if I refused to work, I would not be paid, which obviously was a stressor."

93. An account from a supported living worker for local authority in Scotland:

"I got no money as they refused to pay me as I was classed as zero hours despite working between 20 and 35 hours per week for the previous 6 months."

94. An account from an NHS hospice worker in the South East felt forced to work in multiple settings due to financial pressures:

"Most of our patients were frightened of us carrying Covid which had an impact on our workload, which resulted in all of us losing a great amount of income as we only got paid for the patients we visited."

95. An account from a homecare worker for a private company in the East of England, visiting a minimum of 10 service users per day:

"No boundaries were expected by my employer, [we were] just expected to carry on as normal."

96. An account from a supported living worker for a private company and a not for profit in the East Midlands:

"Until the pandemic I had also been working for a non-profit organisation in a day centre and supported living, but these services closed down and the organisation would not agree to furlough me as I was on a zero hours contract and they said there was work available elsewhere in the company."

"When I asked for details, this would have involved me travelling a long way from my home, working at multiple sites and with individuals and teams I didn't know, which felt too risky. As a result I had no choice but to work elsewhere, wherever I could."

97. An account from a care worker in a children's residential home in Scotland:

"They made us work between multiple care homes while on shift and refused to listen to concerns, telling me 'Get on with it, it is your job'."

Accounts of the financial impact of sickness and self-isolation

98. An account from a care worker at a not-for-profit in Wales:

“People were going to work with COVID because they couldn't afford not to... Care workers can't survive on their basic contract pay. It's why everybody works ridiculous hours. And of course, you live according to what you're getting, don't you? So all of a sudden you're going from 60 hours a week down to a basic 35-hour contract on minimum wage. So people started to break the rules. People started to come in. There was very much this thing of if “I don't test, I haven't got it”, because they couldn't afford not to work.

“In the third sector, it's a lot of just straight on the statutory sick pay [for most workers], and you can't survive on that. And if you can't come back to work, if you can't give [the employer] a return date within 12 weeks, you'll be sacked, you know. There's no leeway. There's no support thing there, even when the reason you're off is because of something that's happened at work. You know, doesn't matter. They'll still sack you.

[...]

‘Some were saying “well, I wouldn't want it” and the first thing that jumped out was perhaps saying we don't want to be ill by it, but they're also saying “I can't live on £90 a week and I'm worried, you know, I'm worried of catching COVID, knowing I'm gonna get hit because I gotta isolate.” You had to isolate for 10 days... They'd be missing 2 or 4 shifts from their incomes. Right down to the start of the sick pay.

‘And the pay wouldn't be real earnings because you'd always do more hours. There's always more to pick up. And you know, that's the nature of the of the industry that that we are in is that it's low pay, and it's reliance on doing [an] extra 10 hours a week plus. 30-40 hours a month you could be doing on top of your hours.’

99. An account from a local authority care worker in the East Midlands:

“I was told I would only get statutory sick pay. I would be better off having my holiday pay instead. I declined this and took statutory sick pay although my contract said I am entitled to sick pay.”

100. An account from a residential care worker employed by private company in the West Midlands:

"I had covid 7 times and was paid nothing. I got myself in so much debt."

101. An account from a residential care worker employed by private company in the West Midlands:

"We didn't get paid if we had Covid. We were just told to stay back home for 5 days and the days lost were not paid for. It became a discussion and people that needed the money to survive were tempted to come to work even knowing they had covid because they had bills to pay."

102. An account from a supported living worker for a not-for-profit in the North West:

"We had a 'chance for change' where we lost sick pay before the pandemic. They still wouldn't pay us [even during the pandemic]. Obviously, staff could not afford to be off work."

103. An account from a residential care worker at not-for-profit in the North of England:

"I worked all through Covid myself, but some of my colleagues had to isolate. I asked them if they were still getting paid, they said no and if it happens again, next time they will come into work even if they tested positive and had no symptoms, because they couldn't afford to stay off."

"We were not supported financially. In both cases, if we had to isolate ourselves if we tested positive. Also if we had a bad reaction to the vaccination [we] did not [get] paid for time off. The policy changed all the time, it was hard to keep up with up the changes and to find out what they were."

104. An account from a residential care worker at private company in the South East:

"We did not get full pay, even when handing over Covid results. Some were made to come in if not showing symptoms, which then spread it round! Residents weren't

isolated, they were sat together. There was zero support when we had families to go back to.”

105. An account from a healthcare support worker for a private company in the North West:

“If we self-isolated more than once we were not paid sick pay.”

106. An account from a residential care worker at a not-for-profit in the North of England:

“We were told that there was a certain amount of money allocated to each company so once it was used up staff needing to isolate lost out financially.”

107. An account from a supported living worker at a private company in the North West:

“I had to isolate only once as a family member had it. Work told me I didn't qualify for payment but I knew I did. I continued to push for my payment and they finally did pay me but still managed not to pay the full amount.”

108. An account from a residential care worker for a private company in the South West:

“Some residents were discharged with COVID and within a few days passed away. Some staff came back to work before the isolation was up as they couldn't have any more time off.”

109. An account from a residential care worker at a not-for-profit in the Yorkshire & Humberside area:

“I had COVID which I caught from a resident and was very poorly resulting in being off for 3 weeks. I really needed more time off but couldn't afford to as only received statutory sick pay. Later on in the year our employer started to pay full pay if off with Covid.”

110. An account from a residential care worker at a private company in the West Midlands:

"I live on a small amount of wages each month to cover basic items. I couldn't afford [on sick pay] to pay my rent and council tax. I ended up in debt."

111. An account from a residential care worker at private company in the North West:

"There seemed to be confusion [about sick pay] so we didn't get it. Staff complained but got nothing and because of this staff still came in if they were sick."

112. An account from a residential care home worker for a private company in the South East:

"We didn't get any support for management. We didn't get sick pay from the company. There were times that I was bringing in my own PPE because they didn't have any, apparently. Not sure about extra funding that the care home got: [it] did not go to the residents or support staff as we weren't paid sick pay and the residents still had to pay for being in the care home. It was very badly organised and we were very much ill-informed."

113. An account from a residential care worker at a not-for-profit in the West Midlands:

"After or around May 2020 we were notified that sick leave (which is up to 3 months full pay) would stop. This caused tremendous stress on the staff team, which at the end of the pandemic saw many staff go off with stress related sick."

114. An account from a senior healthcare worker in the South West:

"[I] caught Covid at work and [received] no compensation or sick pay, or payment offered for loss of pay or money put up at such a critical time."

115. An account from a cook in Wales:

"I caught COVID on the end of it and I was summoned to a meeting for being off sick, even though I was told to stay off work and I got a level 1 warning."

116. An account from a carer in the East Midlands:

"The government were offering £500 help to workers off with Covid. I applied for this but was told I was not eligible as when working my income was too high to qualify. Therefore I had no funds for my mortgage, bills, nor groceries for the entire 10 days. As well as being extremely poorly I could not afford food!"

"I was disgusted at being refused any help whilst off with Covid. I had no pay whatsoever during this period as my employer did not pay sick pay. After all the clapping for carers on a Thursday night this was a kick in the teeth. We had all put our health, lives even, at risk and when we needed help ourselves, simply to be able to eat and pay our bills, none was forthcoming! I believe this was an injustice and believe the government at the time should be held to account for this!"

Accounts of the impact of vaccination as a condition of deployment

117. An account from a supported living worker for not-for-profit company in the South East:

"I felt that I was pressurised into getting the vaccinations through my workplace. Several colleagues who refused to have it done were close to being reprimanded and losing their job."

118. An account from a residential care worker at private company in the East Midlands:

"It felt very forced and almost like blackmail. Several staff members left due to not wanting to have the vaccine. The vaccine made me feel quite poorly (worse than Covid) each time I had it. This resulted in me having to take time off work and losing money."

119. An account from a residential care worker for a local authority in the East of England:

"We lost a few good workers who chose not to be vaccinated which meant we had to work short staffed and in turn this created a lot of pressure on those that remained. Normally agency etc. would fill those voids but the Covid situation meant we couldn't."

120. An account from a homecare worker for a private company in the North West:

"Me personally, I didn't have a problem getting or accessing the Covid jab, but I absolutely do not think it should have been made a condition to work and look after vulnerable people across the board. Who else was going to look after them?"

121. An account from a supported living worker at a private company in the South West:

"It did not affect me as I had the vaccination. Many colleagues lost their jobs because they did not want it. This was unconscionably unfair as the vaccine was to protect the individual, not prevent the spread. This fait accompli was a total disgrace. As such, there was understaffing and then new employees brought in without the standard training I and colleagues received when we started."

122. An account from a supported living worker at a private company in the Yorkshire & Humberside region:

"I was happy to take the vacation as I just had Covid the month before and was very ill with it. For some of my work colleagues it was taking away their choice to have the vaccination as it was 'have it or you will lose your job.' It came out as a ruling from the government and health board, so we lost quite a few staff during this time and experienced staff at that. To this day, after the ruling was relaxed about staff could still work and not have to be vaccinated, those staff did not come back into care."

123. An account from a homecare worker for a local authority in the South East:

"I didn't want to have the jab due to the fact it was a new rushed medication. All I could think about was Thalidomide and the aftereffects of that. As I am of childbearing age I was not wanting the jab until there had been more studies around the effects of it on

childbirth. I was unable to have the job they were giving in the beginning due to people in my age group getting blood clots and then had to have a different type... all things they didn't know in the beginning! I then had the prospect of losing my job and reluctantly felt forced to have the job as the prospect of job loss was not an option and I would have lost my house etc. Also other care jobs were enforcing 'no job no job' so it wasn't even a case of changing job, so I was forced to have a job I didn't want nor feel comfortable having.

124. An account from a healthcare support worker for a private company:

"It made a lot of my colleagues leave their positions which put extra strain on the service at an already challenging time. We had to work longer hours without much time off to see our families."

125. An account from a homecare worker for a private company in the North West:

"It was very challenging because we all thought we had no choice or right to choose whether we had the vaccine. We lost carers due to this and they had also been working in the industry for many years and were very good at their job."

126. An account from a supported living worker for a private company in the North West:

"In my workplace we lost a lot of staff because of it as staff didn't want to have it so could not work in care if they did not have it. It made more work for the support staff who did have it."

127. An account from a homecare manager at a local authority in the Yorkshire & Humberside region:

"It had a huge impact on service delivery, staff contact and management of a large team."

128. An account from a residential care worker for a private company in the Yorkshire & Humberside region:

*“Again, this added extra pressure on staff after seemingly coming through the pandemic and thinking the care sector had come through the worse of it. It felt like the government was giving the care sector another kick in the teeth, especially after letting us down at the beginning of the pandemic, but to enforce it upon the care sector, but then to not enforce upon the NHS was just, well, words cannot describe it, flattened morale, again the government treating the care sector like s*** on the bottom of your shoe, disgusting to lose colleagues the way it happened.”*

129. An account from a residential care worker for a private company in the North of England:

“We lost a lot of good care workers.”

130. An account from a residential care worker at a not-for-profit in the North of England:

“It felt like a betrayal, like we were useless, and incapable of keeping the people we support safe. It made all of us scared and angry because we were forced to ‘TAKE IT OR GET SACKED’ After the horrendous conditions we’ve been working in, and the fact that we have risked our lives and our families lives, for the people we support, made so many sacrifices and life changing decisions, to be treated like this was absolutely shocking.”

131. An account from a residential care worker at a private company in the Yorkshire & Humberside region:

“Some colleagues lost their jobs as they decided against being vaccinated. Some had worked there for many years and the impact wasn’t very nice to witness.”

132. An account from a homecare worker for a private company in the West Midlands:

“It was very sad to see long serving staff members who had worked within the home, some as long as 20 years, who did not want to have the vaccination and felt bullied

into having it or lose their jobs some single parents and depending on their one income only, it was so very emotional to see these people who had no choice but to have the vaccinations.”

133. An account from a support worker for people with learning disabilities at a private company in the North West:

“We lost a couple of bloody good workers because of the mandatory vaccination requirement even though we wore full PPE at all times , they either got redeployed elsewhere or left their job not wanting to get the vaccination. We felt very angry that the government made it mandatory for us to have the vaccination or lose your job but when it came to the NHS they changed their minds. Meanwhile lots of bloody good workers lost their jobs, some long standing workers of many years, should they have got compensation? I think so.”

134. An account from a supported living worker employed privately in the East Midlands:

“The policy was unevenly applied, carers were all told they would lose their jobs if they didn't accept vaccination, at the same time, I was sent on a face-to-face training course with an anti-vax trainer, who didn't wear a mask or ask anyone else to and who clearly didn't lose his job!”

135. An account from a supported living worker at multiple care sites in the Yorkshire & Humberside region:

“We had several people leave as it was made compulsory to have the jab. Then they reversed the compulsory jab, but good staff left.”

Accounts of the impact on care workers' mental health

136. An account from a residential care worker at a local authority in Scotland:

"Staff quickly became exhausted, we carried out extra shifts, gave up days off to cover for staff, didn't even have our break times, so our residents didn't suffer as far as possible. We were also mentally exhausted and, in some cases, suffering from stress. The strain of keeping the people we cared for, our families and ourselves safe, was often overwhelming and many of us had to cope with family members and people we knew becoming very sick and even dying. My uncle died of Covid and I couldn't be there to support his family. On the positive side I had colleagues who supported each other whenever we could, we relied on each other to get through what was a very challenging environment."

137. An account from a domestic worker in the North West:

"I don't know if this has affected me mentally because I haven't had the time to stop and think because the staffing levels are low so the work is harder, staff morale is at a low and staff are leaving all the time and new staff are leaving because of how hard the work is for the little pay we get. I knew at the beginning of Covid that we would suffer in the long run while people were being furloughed and we kept working through it, that the public sector would suffer. Even the private sector got one off payments, and as a domestic we got nothing until 12 months ago which was an extra 50p an hour for 12 months, whereas the carers got a supplement to entice new staff over 2 years ago and have kept it, and we worked alongside them going into every room that was positive and also deep cleaning rooms after someone had passed."

138. An account from a homecare worker at a local authority in Scotland:

"It was the most stressful period of work I have ever experienced."

139. An account from a supported living worker at a not-for-profit in the North of England:

"We were undervalued and underpaid, still are. Stress was horrific."

140. An account from a residential care worker at a local authority in Scotland:

"We were extremely short staffed. Extreme stress as residents were scared and having added responsibility in being the family they could not see. Reassuring residents' families, living with someone who had serious underlying health problems thinking I would give them Covid, changing procedures daily, residents passing away and all put down as Covid as no postmortems being done. We could not car share and had no transport. We could not cuddle or have close contact with anyone. My husband and I stayed in separate rooms. Only one undertaker turning up to remove a body. Having to work every shift with an agency worker who had been working in lots of different places. Management manner harsh at times. I never had any time off but if something like this happens again, I could not go through it again. Most difficult time I had in my 40-year service. I felt alone."

141. An account from an ancillary worker at a private company in the North of England:

"I feel that all care homes were not treated fairly, especially the staff that worked hard and made the pandemic as normal as we could for all residents who had no family contact, and were made to isolate away from their friends within the home causing them distress and in some cases depression. A lot of the residents struggled to hear or recognise staff due to us wearing face masks. Myself and colleagues felt victimised and unfairly treated as the care sector were the only ones who were told that it was mandatory for us to have the vaccine or we would be unemployed."

142. An account from a residential care worker at a private company in the North West:

"I was a high-risk pregnancy. The company refused to furlough me and I went of sick with stress and anxiety for months resulting in me losing wages. I came back to work and made my manager write in my notes that if anything happens to me or my baby due to Covid I would pursue legal action against the company."

143. An account from a care home manager at a local authority in the North of England:

“The stress and anxiety were on another level. The impact on staffing and trying to manage a home floored my career at the outset. I just moved into management when Covid hit but trying to manage this ever-changing dynamic was horrific. It led to me having burn out and work-related stress, which triggered my depression that is normally managed well.”

144. An account from a supported living worker at a private company in the West Midlands:

“I was stressed with the constant worry of coming in contact with staff or the general public, not knowing if they have symptoms or not. My manager would not approve annual leave holiday requests. When I would miss out on holiday days, they would not allow annual leave to roll over into the following year.”

145. An account from a supported living worker at a private company in the North West:

“A terrible stressful experience in a role that is already bad for low pay and long hours. It was just more on top to deal with, making a bad situation worse. When I was off with Covid, I was only given 30 hours pay even though when working was doing 50 to 70 plus sleeps. Masks, tests, and the threat of job loss, forced vaccinations, the list could go on. Extremely stressful, depressing, anxious time, with no financial compensation for the danger and poor conditions faced, just empty clapping.”

146. An account from a care home manager in Northern Ireland:

“Working during Covid was one of the worst experiences in my career, so horrendous I left working in care. I felt as a manager I was left to ‘hold the fort’ while senior management worked from home. Staff were more hysterical than service users and morale hit rock bottom. I now would not recommend anyone work in care. As an already struggling sector, Covid has magnified every element of underfunding and I am glad not to work in care and will never again.”

147. An account from a community support worker in the North West:

"It was horrendous. I don't think I'll ever get over it. It was tough. People were leaving. So more work left for the rest of us. Any annual leave was cancelled as they couldn't allow staff time off. It was mentally and physically exhausting. Words cannot express how I truly feel. I can't, and won't go through that again."

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed:

Personal Data

Kate Bell

Dated: 13 June 2025