

Written evidence submitted by the Disabilities Trust (EPW0014)

Who are The Disabilities Trust?

We are a charity that works alongside people with an acquired brain injury, autism, and/or learning or physical disabilities to help them live as independently as possible. Our high-quality services across the UK support people to move forward with their lives. These include: assessment and rehabilitation centres, hospitals, care homes, supported living accommodation, care in people's homes and a school. www.thedtgroup.org

Introduction:

As a charity which provides support for those with physical disabilities, acquired brain injuries (ABI), learning difficulties and autism (ASD) and currently employs over 1,600 members of staff, The Disabilities Trust understands the challenges faced by the social care workforce, including attracting people to work with us and retention.

Whilst The Trust is hopeful for the promising picture of a more supported and professionalised care workforce painted by the Government's commitments, we remain concerned about the urgent and immediate crisis the sector currently faces. We also remain concerned that the bridge to this brighter future is not being built as quickly and robustly as society, the sector, its workforce, and the people we support need.

We have limited our submission, in line with our area of operation and expertise, to respond to the following Government commitment's:

1. Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs.
3. £1 billion extra of funding every year for more social care staff and better infrastructure, technology and facilities.
7. Listen to the views of social care staff to learn how we can better support them – individually and collectively

Government Commitment 1: Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs

The Disabilities Trust (as with the sector in general) continues to face challenges attracting and recruiting to vacant roles due to a buoyant employment market. As there are nationally high levels of vacancies and low unemployment rates, there is increased competition for candidates and challenges attracting candidates to roles such as support workers and clinicians. This continues to put pressure on pay rates due to increased demand and decreased supply across all roles but is particularly difficult with our support worker and clinical vacancies.

The below data highlights the current vacancy position for The Trust which adds significant strain to our current team, risking burnout as they work to fill the gap and maintain quality provision for the people we support. Many providers are left trapped in a cycle wherein vacancies lead to increased strain, risking burnout and further people leaving the sector creating vacancies.

Clinical Roles:

- The trust currently has 16 clinical vacancies open
- The longest clinical vacancy has been open for 491 days
- Of the 16 vacancies on average, they have been open for 92 days
- The average hourly cost of permanent staff is £24.72 per hour vs the average cost of a clinical locum which is £55.00 per hour (an hourly differential of £30.28 per hour).

The impact of clinical vacancies is felt across the organisation restricting the number of people we can support, the breadth of rehabilitation activities we can offer and compromising the consistency of the care we can provide.

The Disabilities Trust continues to find that there are national shortages in the supply of clinicians which is creating challenges for recruitment. Despite The Trust ensuring that all clinical vacancies are a priority we have to regularly engage with specialist clinical agencies to supply permanent and temporary clinicians to support our services. The Trust engages with 36 different Clinical Recruitment agencies who often simply do not have any clinical candidates. Furthermore, in attracting those Clinicians who are available and looking for roles we are competing with larger organisations, including the NHS, increasing the challenge for relatively small providers outside of the health care system.

Ensuring there are enough clinical staff with the right skills to meet the demand for high-quality, safe care is essential to the operation of The Trust and the wider sector. There are risks to both the quality and cost of services if the supply of clinical staff is limited. The government response so far has not managed to impact on the issue for which its routes lay in the past but is impacting the present crisis. Accountability for improving the situation remains unclear, especially when considering the need across both the health and care system. The size and complexity of the workforce challenge means it will require concerted and sustained action across the system on workforce planning, pay, training, retention and job roles. While guidance from NHS England and NHS Improvement describes the NHS's role in developing 'one workforce' for each integrated care system and looks to support local discussions on creating system-wide arrangements, it is not clear that the capacity or skills exist at ICS to take this forward.

Government Commitment 3: £1 billion extra of funding every year for more social care staff and better infrastructure, technology and facilities.

While we experience significant clinical staffing pressures, the challenges for support workers are equally concerning. Difficulty in attraction, recruitment, training and retaining social care staff is widely acknowledged as a historical issue¹, resulting in a national workforce shortage of 105,000

¹ Health and Social Care Committee. (2021). *Workforce burnout and resilience in the NHS and social care: Second report of session 2021-22*. Available at:

vacancies during 2021. This is confounded by a national high staff turnover of 34.4% during the period of 2020/21, all of which places enormous strain on the social care sector and those employed in it. National staff sick absences have also nearly doubled, rising from 5.1 days to 9.5 days (on average) across a year. Skills for Care (2021) also noted that whilst staff vacancy rates have decreased during the pandemic (2020/21), since March 2021, the vacancy rate has increased again, now back to pre-pandemic levels which they interpreted as indicative of challenges in recruitment and retention, rather than a decrease in demand². Furthermore, the current workforce shortages faced across the economy means that whilst other sectors can increasingly offer competitive salaries to attract and retain staff, social care remains restricted by chronic and sustained underfunding. There is an immediate and pressing need to increase pay for care staff to make the sector more competitive with others.

The below data paints the broader recruitment challenges we face as a provider of care services:

- The Trust currently has 180 open vacancies across the UK
- Out of the 180 vacancies 133 of these are for support workers (75% of the total number of vacancies)
- Some of our services have a significant number of support worker vacancies which has restricted admissions.
- Agency spend for the trust in the month of March was the highest since the data was tracked (£718,684). The high spend reflects the difficulties in attracting support workers and the competitiveness of the market. It also highlights a shift in the market for candidates looking for temporary work vs permanent

In order to meet these challenges, we would like to see a cohesive and ambitious long-term, integrated workforce plan to ensure the short, medium and long-term needs of the social and healthcare workforce are met.

A long-term Integrated Workforce Plan for both sectors:

A long-term Integrated Workforce Plan would enable both the health and social care sector to understand staffing needs across the system, taking into account regional differences, future demands (i.e. addressing an increase in the number of working-aged disabled adults requesting care) and trends across the sector (i.e. sickness rates). We also need a plan with wider considerations than just vacancies and recruitment, but which also takes into consideration staff wellbeing, flexible working hours, health and safety and career development to ensure the social care workforce feels valued and staff are retained. Such a plan would also need to be future looking, seeking to analyse market trends and support education and training which provides skills to the workforce for the future.

<https://committees.parliament.uk/publications/6158/documents/68766/default/>

² Skills for Care. (2021). *The state of the adult social care sector and workforce in England*. Available at: <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

This will assist in ensuring social care is seen as an attractive position within an integrated system, with recognition that these roles are highly skilled, increasing public perception of their value. An integrated plan should also address the scarcity of clinical skills and roles, which is felt both within the NHS and wider health and social care settings such as those operated by The Disabilities Trust.

Dedicated funding for the social care workforce:

Even though the Covid-19 pandemic has highlighted the value of both our health and social care workforce, our current system does not adequately remunerate people for the essential, rewarding, challenging and skilled work they do. The Disabilities Trust pays its front-line workforce above the national minimum wage, however, our ability to adequately reward our staff and retain skilled employees is limited by the systemic under funding of the sector.

Despite evidence suggesting the vacancy rate within the social care sector (as a whole) has increased by half from six to nine percent, the Government has not provided any detail on how this immediate issue will be addressed, including stemming the movement of those in the social care sector to other sectors, such as hospitality. As such, any plans for recruitment and retention need to be backed by dedicated, explicit and ring-fenced funding for the short-, medium- and long-term to ensure the workforce is properly remunerated for the essential work it does.

Repositioning of the social care sector

Historically the social care sector has been viewed by society as an unattractive, unskilled place to work with poor career opportunities. Whilst during the height of the pandemic the public perception of the value of care shifted slightly this has not endured and translated into increasing recruitment for the sector. The Government's recent 'Made for Care' campaign seeks to encourage the public to reimagine the sector as a valid employment opportunity, however, this needs to go further. Social care workers need to be recognised as valued professionals, following a career opportunity ripe with possibilities and progression. There is an opportunity to change the brand and language of social care which describes the complexity and skill involved in the role, increasing its attractiveness to new recruits. Whilst this reimagining of the sector can be informed and pursued by organisations in their local recruitment campaigns it also needs to be driven by the Government to achieve the cross society change it requires.

Infrastructure and Technology

The Trust has really welcomed the commitment to improve technology and the digitisation of social care which we believe will help improve the quality of care, support independent living and help care staff to prioritise resources.

The Disabilities Trust aspires to offer cutting edge technology, which has the power to transform the services we offer, including helping those we support to maintain greater levels of independence and improved outcomes. We want to be offering and adapting our technology at a driven pace, meeting the diverse needs of those we support and to play an active role in technology enablement so that organisations across the sector can equally see the benefits for the people they are providing a service for.

However, in our experience this endeavour could be supported by a more collaborative approach to innovation. Currently organisations and charities tend to develop strategies and their technological capability in isolation. Across the social care sector, organisations work in silos, spending large amounts of time and resources bidding for grants, which ultimately may be unsuccessful. Alongside having to research what other organisations are doing, this preoccupation on securing funding may make it increasingly difficult for organisations to quickly adapt to advances in technology and secure funding to ensure these benefits can be efficiently and effectively felt by those we support.

Our reliance on technology within the social care sector is increasing, providing security, convenience and the opportunity to innovate and as such, our colleagues learning to use new technologies and increase their digital literacy require space, time and training. However, this is constrained by the systemic underfunding of social care and the workforce challenges already addressed above.

Government Commitment 7: Listen to the views of social care staff to learn how we can better support them – individually and collectively

The last two years have represented an unprecedented challenge for The Trust, those we support and our colleagues. However, during lockdown and throughout the pandemic our colleagues have worked exceptionally hard to maintain high-quality support to those in our services, whilst managing staff absences and stretched capacity. The detrimental impact of workplace pressures on people's mental health and wellbeing was well-documented even before the coronavirus pandemic and has only been exacerbated since then.

However, we have seen little change to meet the government's commitment to the social care workforce on wellbeing and would argue that this must be bought in line with standards set for NHS workers. National occupational health guidance for the care sector would bring social care in line with policies for the NHS, offering social care staff avenues of support in dealing with the emotional burden of care³.

There are an estimated 17,700 different organisations providing care in the sector. Just like healthcare workers, social care workers frequently treat patients at their most vulnerable. However, unlike the NHS where top-down policies set out standards and support for workforce health, there is currently no unifying guidance for the social care sector. Such guidance could have two significant benefits. First, the fragmented sector needs cohesive guidance around workforce health to protect staff and the people we support. Second, improving workforce wellbeing and strengthening the appeal of social care work will go some way to tackling the recruitment crisis.

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³ Shemtob and Asanati (2022) 'Why workforce health should have a place in UK care reform' published in the Journal of the Royal Society of Medicine.