

## Written evidence submitted by the Care Workers' Charity (EPW0025)

Evaluation of the progress the Government has made against its commitments in the area of the health and social care workforce in England

Response by Karolina Gerlich, CEO of The Care Workers' Charity (CWC)

### About us

The CWC is the only UK charity which exists for the sole purpose of supporting people who work in the social care sector, providing essential grants which prevent them falling into financial hardship. Since 2009 we have supported thousands of care workers to help them cope with emergencies such as loss of income, illness, homelessness and bereavement. We strive to support as many care workers as possible, and to raise the profile of the social care profession to ensure they are properly valued and recognised.

In 2021, we awarded over £1 million in grants which directly benefited 1,897 care workers. The majority of applications were for our Covid-19 Emergency Fund which we launched in June 2020 and our Crisis Grants which this year increased by 27%, mainly due to increasing living costs, changes to Universal Credit and little or no increase in pay.

We have now expanded our ambitions and support to protect both the financial and emotional wellbeing of those employed in social care, providing access to free counselling through our partners Red Umbrella. Long hours, coping with unexpected deaths and a constant level of anxiety have caused an increase in mental health problems in the social care workforce and we are seeing more applicants approach us for support with their wellbeing at work.

### Planning for the Workforce (1)

- *Was the commitment met overall?*

It is difficult to evaluate the progress the government has made against its commitments for the social care workforce, as there are no numerical targets for staffing or detailed plans for how to address the shortages in the sector. The latest projections from [Skills for Care](#) (July 2021) suggest that the sector will need 490,000 additional jobs by 2035 to keep up with increasing demand and yet workforce supply issues as it concerns care workers do not appear to warrant specific and measurable policy commitments.

The adult social care sector lost significant numbers of staff with the introduction of the vaccine mandate in November 2021, which was revoked before it was due to impact wider healthcare settings in March 2022. This political experiment weakened staffing levels in a sector which is already dangerously below capacity, and struggling to recover from the effects of the pandemic. The government's own [adult social care workforce survey](#) (December 2021) demonstrates that vaccination policy, low pay and working conditions are pushing people out of care and into other sectors, and we know that they are turning not just to health but sectors such as retail and hospitality because in many cases they offer higher wages and better working conditions than adult social care.

- *Was the commitment effectively funded?*

Covid-19 continues to exacerbate the workforce issues in adult social care, with care workers at breaking point due to the impact of excess deaths, both within the workforce itself and of people who draw on social care and support. The £462.5 million of extra funds for workforce retention and

recruitment during the pandemic was not enough to fill the gaps in provision left by unfilled vacancies and increased absences due to self-isolation and burnout. Furthermore, a lack of central government direction on retention bonuses in England created a postcode lottery for care workers and led to providers turning down the funds from some Local Authorities where they could not ensure equal provision for workers across regions. This inequality extended to Personal Assistants, who as far as we know were not considered in discussions around retention bonuses despite the fact that they provide the personalised care in the “right way” and at the “right time” which the government is so keen to encourage. Overall, the benefits of pandemic-related funding are not being felt on the frontline, leading some providers to comment that it has been ‘ten people in, ten people out’ in adult social care.

- *Was it an appropriate commitment?*

The rebranded Department of Health and Social Care suggests the government are serious about social care reform, and yet workforce commitments to date have been health-led and despite continued calls from experts and practitioners across adult social care for better data to support workforce planning, there is no ‘People Plan’ for social care. Furthermore, amendments to the Health and Social Care Act proposing regular and detailed workforce data and projections were rejected by the Commons. It is striking that even in this HSCC call for evidence, the language is more reflective of health than social care, where the terminology of ‘patients’ and ‘service users’ is outdated or inappropriate for those who draw on social care. Given the speed at which the government u-turned on vaccine mandates when proposed for wider rollout in the NHS, and the timely recruitment drive for healthcare assistants in the NHS while the vaccine mandate was in place for care homes, it is not surprising that many care workers feel that as far as the government is concerned the NHS comes first.

- *Did the commitment achieve a positive impact for patients and service users?*

There is not sufficient funding available to address the scale of the workforce challenges facing adult social care which are such that supply cannot keep up with demand, and lives are increasingly at risk. Desperate pleas from the sector to address low pay and unfair working conditions have been ignored and the government refuses to acknowledge their accountability within the system. National Minimum Wage increases will inevitably impact the ability of providers to agree to a ‘fair cost of care’ with Local Authorities, making it even less likely that care workers will receive a fair wage for essential work that is increasingly in demand across the UK. Given that there are 1.67 million jobs ([Skills for Care 2021](#)) in adult social care, significantly more than the NHS, the ‘blame game’ occurring between providers and central and local government is not only unhelpful, but unacceptable.

## **Building a Skilled Workforce (2)**

- *Was the commitment met overall?*

The £1 billion per year promised to the social care sector in pre-pandemic circumstances for staffing, better infrastructure, technology and facilities has never been delivered. This has been replaced with a drastically reduced commitment of half a billion over three years for workforce skills and £150 million over three years for digitisation of the sector, to be raised from the new Health and Social Care Levy. This level of funding is barely sufficient for tackling one of the government’s long list of priorities such as improved training or wellbeing, let alone whole systems reform.

- *Was the commitment effectively funded?*

To help deal with the additional crises caused by Covid-19, the government provided various rounds of funding for infection prevention, control and testing in care settings. However, this essential funding exacerbated issues in the sector due to poor timing and delivery. Often the funds came late to Local Authorities and had to be spent in impossibly tight timeframes. While the total provided over two years reached over £2.5 billion, it was hurriedly announced in much smaller chunks with three month turnarounds, preventing the sector from being able to adequately plan and prepare over the medium and longer term. Often money was spent for the sake of meeting ill-considered government deadlines rather than contributing to workforce improvements. The funding failed to create a safe environment for care workers, many of whom did not get financial support to self-isolate. Our charity was forced to create a specific Covid-19 Emergency Fund where grants covered this loss of income, plugging the gaps where care home providers were unable to cover wages. In 2020, we provided £1,981,858 to 2864 care workers, and last year we provided £611,426 to 1121 care workers. We continue to be inundated with requests for help while the government insists the crisis is over, prematurely deciding to close all Covid-19 related funding in April 2022.

- *Was it an appropriate commitment?*

An unprecedented crisis requires unprecedented levels of funding, and the adult social care sector was arguably in crisis before the pandemic. Workforce supply issues threaten our ability to provide an adequate quality of care to UK citizens and these issues are becoming insurmountable. Data from the [CQC](#) (October 2021) shows the staff vacancy rate increasing steadily from 6.0% in April 2021 to 10.2% in September 2021. Experienced care workers and managers have left the sector due to stress and burnout because the government is constantly shifting the goalposts, announcing changes to guidance without briefing the sector and promising funding that is either never delivered, or poorly delivered. The new funding commitment from the Health and Social Care Levy is unlikely to support a full recovery from the pandemic, not least an ambitious programme of social care reform.

### **Wellbeing at Work (3)**

- *Was it an appropriate commitment?*

As the only UK charity dedicated to supporting care workers we are only too aware of the increasing demand for mental health and wellbeing support. High vacancy rates, sickness and presenteeism have meant that an increasingly stretched workforce are shouldering the burden of complex workforce supply issues which have been made considerably worse over the last two years. However, the commitments from government regarding wellbeing at work are not applicable to the social care workforce, and a vague commitment to a listening exercise has not resulted in meaningful data or action.

- *Was the commitment effectively funded?*

The CWC would welcome an approach by government to support them to discover the views of social care staff. However, to date there have been no specific commitments or funding made available for this purpose. Without any data or a mechanism for collecting this data, it would be difficult to conclude that there is a sufficient level of ambition in regards to improving wellbeing for people working in social care.

- *Did the commitment achieve a positive impact for patients and service users?*

Policy decisions impacting the adult social care workforce, from temporary vaccine mandates to unlawful hospital discharges, have failed to take into account the views of those on the frontline often resulting in confusion and impacting their ability to provide quality of care. Managers were

more likely to hear about changes to guidance for visiting care homes from BBC Breakfast than they were from the DHSC, demonstrating a complete lack of regard for the wellbeing and resilience of this essential workforce. The impact is felt in terms of low morale and high rates of burnout, leading care workers to feel abandoned and let down by government and therefore far less likely to believe that they will be listened to, or that any listening exercise will result in changes that will benefit them.

#### **Additional notes**

The People at the Heart of Care White Paper suggests that this government is willing to discuss much needed social care reform and deliver a vision over the longer term, with associated funding and support. This vision will only deliver real transformation if it takes into account the views and experiences of those who provide care and support, and this must include care workers. We provide a lifeline to care workers in a time of crisis, and have a unique perspective on the challenges they face.

Outside of the scope of this inquiry, we would like to support government to deliver essential workforce transformations ensuring that care workers are fairly paid, emotionally resilient, financially stable and well resourced to provide a high quality of care.

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