Written evidence submitted by the Association of Directors of Adult Social Services (ADASS) (EPW0028)

1) The Association of Directors of Adult Social Services is a charity. Our objectives include:

- Furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time
- Furthering the interests of those who need social care services regardless of their backgrounds and status and
- Promoting high standards of social care services

Our members are current and former directors of adult care or social services and their senior staff.

2) ADASS welcomes the opportunity to respond to the Health and Social Care Committee Expert Panel call for evidence in its evaluation of progress Government has made against its commitments to develop and support the social care workforce.

3) Social care is an essential part of the fabric of our society: it transforms lives. It enables millions of us to live the lives we want to lead, where we want to live them. It supports people at the most critical times, in all stages of their lives, but with the same core objective of providing the care, support and safeguards which we need to live good lives and die good deaths.

4) The Covid pandemic has highlighted how outstanding the adult social care workforce is and how crucial it is to the lives of many people who draw on care and support and we must do all we can to support, grow and develop the workforce going forward.

5) The Expert Panel is evaluating against seven commitments across three broad policy areas. Not all of these areas are directly relevant to ADASS so our response only relates to those areas which we feel has direct relevance.

Background

6) The workforce crisis in social care is not a result of the pandemic (though the pandemic and wider labour market issues worsened it), it is the consequence of many years of underinvestment in adult social care by successive Governments from all sides of the political divide.

7) There were over 110,000 social care vacancies pre a pandemic which temporarily brought adult social care to the public's attention more than at any time before. Covid however also exposed the fault lines which were in existence and worsening pre pandemic.

The following captures workforce data pre Covid 19:

- The estimated turnover rate of directly employed staff working in the adult social care sector was 30.4%, equivalent to approximately 430,000 leavers over the year. Around 66% of jobs were recruited from other roles within the sector
- It is estimated that 7.3% of the roles in adult social care were vacant in 2019/20, equal to approximately 112,000 vacancies at any one time.

- Around a quarter of the workforce (24%) were on a zero-hours contract (375,000 jobs). Almost half (42%) of the domiciliary care workforce were on zero-hours contracts.
- 82% of the adult social care workforce are female, the average age of the workforce is 44 years and 27% of workers are aged 55 and above.
  7% (113,000 jobs) of the workforce had an EU nationality[1].

8) Low pay, poor terms and conditions, lack of career development, EU Exit, staff burnout, trauma, lack of recognition and constantly being an afterthought to NHS staff, vaccination as a condition of deployment and competition from other sectors are all critical factors on their own but combined, they created a perfect storm.

9) During the pandemic social care staff were heroic, working extra hours, taking personal risks to care for people and in the knowledge that the care sector had one of the highest mortality rates of any sector. Many ADASS members believed that recruitment and retention in the sector was the worst that they had experienced, and this had subsequent implications for the care and support which could be provided. The infection control and testing funding which ended in March this year certainly helped and enabled the payment of sick pay where people were unwell or isolating.

10) In May 2022 ADASS published the results of a snap survey of our Membership. This followed a series of previous surveys throughout 2021 with each showing concerning worsening trends over time. Key results were:

- More than six in 10 councils that responded (61%) say they are having to prioritise assessments and are only able to respond to people where abuse or neglect is highlighted, for hospital discharge or after a temporary period of residential care to support recovery and reablement.

- 506,131 people were waiting for assessments, reviews, and/or care support to begin.

- There has been a 16% increase in the numbers of hours of home care that have been delivered since Spring 2021, but that dipped from a high of over 41m hours in Autumn 2021 in the first quarter of this year as staff vacancies and sickness impacted.

- Almost 170,000 hours a week of home care could not be delivered because of shortage of care workers during the first three months of 2022 (4). That is a dramatic seven-fold increase since Spring 2021[2].

11) In the ADASS Budget and Comprehensive Spending Review submission (September 2021) we called for Government to implement a new employment deal for care staff, including a workforce strategy, adult social care minimum wage, enhanced training, development and career progression, recognition and regulation. In this we recommended the introduction of a specific Adult Social Care Living Wage that is level with Band 3 NHS of approximately £11.50. We still believe these would be steps to take us forward in a positive way though £11.50 as a rate will inevitably change

[1] The state of the adult social care sector and workforce in England (skillsforcare.org.uk)
[2] https://www.adass.org.uk/media/9215/adass-survey-waiting-for-care-support-may-2022-final.pdf

12) If we truly respect our social care workforce and value the life enhancing and life-saving role they play, then we need to move away from referring to care as a minimum wage occupation. One thing has become abundantly clear during the pandemic, if we continue to rely upon a minimum wage offer then our competitors for staff (retail, hospitality) will always pay more and offer better conditions.

Planning for the workforce

Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs.

13) The Adult Social Care workforce consists of over 1.5 million people working in over 1.65million jobs in a wide variety of settings. There are many more not considered social care workers but none the less doing social care and support work, including those in hostels, refuges, and night shelters, in community and contracted voluntary sector schemes.

14) Social work and social care mean prevention in relation to mental health, diversion from custody, release from the criminal justice system, substance misuse and addiction, domestic abuse, mental ill health and parenting, more focus on transitions and supporting people in setting up home, involvement in employment, relationships, and transitional safeguarding as well as personal care and help to wash, dress, eat etc. It is about social and community support rather than an medicalised model of care and treatment. The concept of 'prescribing' care is a contradiction of everything that is personalised in social care.

15) Therefore, when considering whether adult social care has the workforce it needs, we need to think about social care in its widest possible sense, dispelling the image often portrayed that social care is only about hospital discharge and care homes for older people.

16) For too long the skilled and compassionate adult social care workforce has been undervalued, particularly when compared to NHS colleagues. Unlike the NHS, adult social care has not had a national workforce strategy which sets out a vision and practical steps to plan for the workforce of the future. Health Education England was commissioned by the previous Minister of State for Care, Helen Whately, to work with partners to review long term strategic trends for the health and social care workforce. For the first time ever, this work will include registered professionals working in social care, like nurses and occupational therapists. This is a welcomed step but as previously noted this is only a small part of the social care workforce and does not constitute a workforce strategy.

17) The lack of a national workforce strategy is a huge gap that must be addressed. As part of the long term reset and rebuild of adult social care, we must prioritise social care work. The recent publication of 'People at the Heart of Care: adult social care reform white paper' contains a sector entitled 'Our strategy for the social care workforce'. Whilst we recognise and welcome the intentions in the white paper to develop and support the workforce it does not go nearly far enough to solve the long-term systemic issues which blight the sector.

18) In the 1970s older people had support from district nurses and home helps, care homes were rare, and the last resort was the geriatric hospital. There is now a changing expectation of the NHS on ASC. Care staff undertake many of the supports that would previously have been given

in community hospitals but with dreadful pay and minimal, sometimes cursory supervision and support. The nature of ASC being very much 'outside; a clinical governance structure also means the workforce take more responsibility and significant decisions on risk which is not reflected in the T & C's, learning and development and supervision and support of ASC staff.

19) There is nothing in the white paper which sets out a strategic plan about what is needed from the workforce in a reformed social care system, what roles are required and in what number and what the skill mix should be. A reformed health and social care system based around the individual will see a continuation of the shift from NHS care to social care and support increasingly delivered in the community requiring new roles with transitional skills with education, training, and workforce development essential to this. This requires significant financial investment to make this work. Again, this isn't addressed in the white paper.

20) Critically, there are also no commitments in the white paper around raising the salaries of social care workers other than reference to an increase in the national minimum wage. With respect, training and development are important but without forecasting, planning and the resources to pay staff decent wages and a pay structure that retains them this workforce section of the paper is not a strategy.

21) There is a vacancy rate of 10% of care staff currently, significant increases in people waiting for care and for assessments, planning and review. Reforms relating to needs and financial assessments will fail without addressing these issues.

22) The proposals for workforce development and wellbeing in the ASC White Paper are very welcome but sit uncomfortably with the inability of many providers to pay full sick pay.

23) Without a long-term workforce strategy, the year-on-year short term crisis funding will continue and Government's reform initiatives will flounder. As an example, the reform white paper sets out plans to introduce Fair Cost of Care and charging reform without addressing the huge shortfall in capacity which already exists (as demonstrated in point 9). Significant resources are required to support adult social care recovery before demands of new policy implementation.

Building a skilled workforce

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

24) The specific manifesto pledge of £1billion extra every year for more social care staff and better infrastructure, technology and facilities isn't something which ADASS currently recognises from Government policy announcements or implementation albeit that the pandemic changed the circumstances radically.

25) Investment has been announced through the new Health and Social Care levy (although by far the majority of the funding goes to the NHS) which will see £5.4billion invested into adult social care to fund the reforms over the next three years as below:

- £3.6 billion will be used to reform how people pay for social care. This includes £1.4 billion to help local authorities move towards paying a "fair cost of care" to care providers.

- £1.7 billion will be used to support wider system reform.

26) Even taking these figures into account only £1.7b has been allocated to system reform of which £500m will be used for workforce reform. This funding is welcomed but falls well short of the £1b per year pledge. ADASS would welcome a conversation with Government about any additional funding allocated to adult social care.

27) Planning for the workforce and building a skilled workforce are inextricably linked as only by planning for the future can you understand what capacity and skills mix the sector will need. The sector is currently in a position of trying to build a skilled workforce without understanding what the future need and strategic direction is.

28) Building a skilled workforce needs to be based upon a reformed social care system, matching the changing expectations from those directing their own care and support to live the lives they want. This will see changes in models and levels of care as we see a further progress made in planning alongside people for more housing based, personalised forms of care and support. This will mean a return to the true values base of preventative community based social work and social care rather than solely an intervention at a time of crisis response. This will be supported by improving digital solutions to supporting people to remain independent.

29) There needs to be recognition that social care is far more diverse than supporting older people in residential care or facilitating hospital discharges which is often the political and public perception of care. The workforce of the future needs to reflect this and therefore needs to have the skills to deliver it.

30) We must take the learning from Covid as we plan for the long-term future of social care and its workforce. It must be viewed as importantly as Doctors and Nurses are in acute hospitals. Covid will leave a societal legacy of increasing health and social care demand for some time to come.

31) During the pandemic we could see the hugely significant role Care Home Registered Managers played yet we know they are in short supply and the experience of Covid may see a number leave the roles. Excellent leadership is a key factor in the delivery of high-quality care and the sector can simple not afford to lose Registered Managers now or in the future. We need to encourage staff working in care to want to become Registered Managers offering a clear career pathway for them whilst also recognising the contribution of those currently in the role and offering incentives to stay. For these reasons we support the specific focus on Registered Managers in the white paper.

32) The sector has struggled to recruit and retain adult Social Care Nurses who can work in the NHS for better pay, terms, and conditions. Social Care Nurses feel unrecognised and undervalued compared to the public support offered to NHS nursing staff. We need equity for Nurses to work in social care who will become ever more important as we see a greater shift to care and support in the community with increasing acuity of those people living in social care settings requiring greater nursing input and care in the future. 2021 announcements of 3% pay increase for NHS nurses, but not for ASC nurses, is another example of the lack of parity and equity between the NHS and social care staff which creates divisions. In May 2022 Government announced the rate payable to care homes for NHS funded nursing care was to rise by 11.5% for 2022-23. Providers are also to receive a retrospective uplift of an extra £87 million for nursing care during the pandemic in 2021-22.

33) This rate reflects the challenges of providing nursing care in a sector troubled by workforce shortages, rising agency costs and the increasing acuity of people receiving care and support in

nursing homes. This funding will hopefully help to attract and retain Nurses into social care if the funding finds its way to the front line. However, we must seek longer-term solutions to the national nursing shortage and the difficulties the sector has recruiting nurses and slowing the rates of attrition.

28) Social Workers have worked tirelessly throughout Covid, but their efforts have been largely unrecognised outside of the sector. They have continued to support people in the most difficult circumstances – when they are experiencing abuse or neglect, at risk of deprivation of their liberty or human rights, when doctors are considering compulsory admission or treatment. Social Workers are key in supporting strength-based conversations to assist people to remain an integrated member of their local community. They also provide the link for individuals and families as they broker conversations across communities, and this again will be ever more important in a reformed social care system and there is recognition of the need to improve recruitment to social work roles in this in the white paper.

29) ADASS welcomed the workforce retention grants which Government provided to the sector during the pandemic to help address current staffing shortages although they were too little and too late to make a significant impact. The grants followed a call from ADASS for Government to provide funding to award social care staff a £1000 bonus to help retain staff in the sector over the Winter period to reduce the leak of staff to other better paid but often lesser skilled work. The quantum of the funding provided was not sufficient to facilitate this, however local authorities worked incredibly creatively with Providers and with ICS systems to recruit new staff and to offer incentives including NMW rises being brought forward or smaller bonus payments introduced. Ultimately these are again attempts to plug a wider gap and to offer short term fixes when the real issue is long terms reform of pay, terms and conditions.

Wellbeing at work

Listen to the views of social care staff to learn how we can better support them – individually and collectively.

30) The Covid pandemic has highlighted how outstanding the adult social care workforce is and how crucial it is to the lives of many people who draw on care and support yet.

31) many care workers felt let down by the support they received during the pandemic. Care workers report high levels of stress, anxiety, being burnout and suffering from PTSD. Access to PPE in the care sector did not match that of the supply of PPE to the NHS and care staff did not receive many of the benefits or recognition which their NHS colleagues received. A key aspect of staff wellbeing would be equity with NHS colleagues as the social care workforce feels unappreciated and an afterthought.

32) A dedicated app for the social care workforce was launched during Covid to support care workers get access to guidance, learning resources, discounts and other support all in one place. It also offered support on mental health and wellbeing through toolkits and resources. This is a positive development but ADASS is unaware of take up and use of the app by the social care workforce so we can not comment on how successful the app has been.

33) Similarly, the white paper identifies initiatives to provide wellbeing and mental health support to care staff and to improve access to occupational health to support staff resilience and recovery following their role in the pandemic. Again, this would be an encouraging development for social care workers and we await further details.

34) An area where we do need change is creating a workforce which represents the community and making social care a welcoming environment to work in where opportunities are available to everyone.

35) The adult social care workforce in 2019/20 comprised 82% female, and only 18% male workers. The average age of a worker was 44 years old, and over a quarter of workers (410,000 jobs) were over 55 years old. Black, Asian, and Minority Ethnic (BAME) workers made up 21% of the adult social care workforce. This was more diverse than the overall population of England (14% BAME) however people from a BAME background are not equally represented in leadership roles.

Conclusion

36) It has become ever more apparent that the sector cannot continue to limp along, from crisis to crisis, relying upon a social care workforce largely paid the minimum wage whilst performing a crucial and highly skilled role. Social care requires a long-term workforce plan which is fully resourced rather than a series of promising initiatives which lack cohesion.

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