

Written evidence submitted by Skills for Care (WBR0071)

1.0 About Skills for Care

1.1 Skills for Care is the employer led expert voice in workforce, skills and development for the adult social care (ASC) workforce in England. Our Adult Social Care Workforce Data Set (ASC-WDS) goes through a rigorous Government Digital Service process, and the information coming from it is widely used, and recognised as the most authoritative source of data on the workforce. ASC-WDS covers more than half of the workforce (700,000 people) giving a breadth and depth of sector insight. In addition, our local networks cover all of England reaching more of the workforce than any other body and our expertise in social care is broad and deep, including our Board of independent Trustees, covering all delivery models, all elements of workforce and leadership and all English regions.

2.0 Executive Summary

2.1 The adult social care workforce undertakes vital work with individuals and families and supporting strong and inclusive communities. It employs over 1.52 million people (more than the NHS workforce, which is around 1.2 million in England), including:

- Employees working in statutory organisations with responsibility for ASC functions;
- Those commissioned by councils and employed by care providers to deliver care and support;
- Those employed through direct payments i.e. personal assistants;
- Care staff employed as part of any integrated arrangements with health;
- Informal and unpaid carers and volunteers (not included in this context or submission).

2.2 We want people with care and support needs to receive consistent, high quality help, support and safeguards that take account of their individual needs to ensure that they can live fulfilled lives in their own homes and communities.

2.3 Adult social care contributes £40.5 billion annually to the English economy (ICF 2018)¹, but the workforce has rarely been given the recognition and attention it deserves.

2.4 Before COVID-19, there were 122,000 vacancies in adult social care in any one day. Registered Managers in particular, of which there are 20,000, were already under pressure as highlighted by their vacancy rate of 11.4% and turnover rate of 22%.

2.5 During COVID, the people who work in adult social care have proved extraordinarily resilient, but it has come at a cost and the challenges have not passed.

2.6 From data submitted to ASC-WDS, our analysts found the percentage of days that have been lost to sickness has almost tripled from 3% to 8% from March to July compared to usual levels. If we apply that figure to the whole workforce, it equates to around 6.35 million more days lost to sickness than would be usually expected in that period.

2.7 More research with social care staff to find out the depth of the impact of COVID on their wellbeing, and what is needed to support them during and after the crisis would be welcomed.

2.8 While there are more people working in Adult Social Care than in the NHS, the sector is very dispersed with the 1.52 million workers employed by 18,200 employers, and 70,000

¹ The Economic Value of the Adult Social Care sector – UK, ICF, 05 June 2018

individuals who employ their own staff. This variation underlines how important it is for a joined up, partnership approach in thinking about the long-term future of the social care workforce.

- 2.9 Employers, government and improvement bodies all have roles to play to develop a sustainable Social Care People Plan which takes a strategic approach to the workforce. Employers must understand and implement best practice to support and develop their staff.
- 2.10 Central Government should be setting national frameworks, ensuring there is enough funding in the system, supporting improvement infrastructure and setting the national vision for social care including any policy or legislative changes.
- 2.11 Local Government should develop local workforce strategies, being clear what is needed locally, supporting local employers to implement what is needed and working with Central Governance where we need a central approach.
- 2.12 Improvement bodies like Skills for Care will support employers and Government to understand best practice, provide the resources and tools to implement best practice and innovate so that outcomes for those accessing social care are improved.

3.0 How resilient was the NHS and social care workforce under pre COVID-19 operating conditions, and how might that resilience be strengthened in the future?

- 3.1 The adult social care sector across England has been operating under strain for several years. The resilience, commitment and professionalism of individuals in the workforce has played a key part in keeping services running, both prior to the COVID-19 crisis, and during the pandemic but the system is creaking. A survey of over 2,000 care professionals for Carehome.co.uk early in the pandemic found 26% of care homes in full lockdown had staff moving in with residents to minimise the risks. Skills for Care received similar accounts of staff moving into services during the crisis, through our engagement with Registered Managers.
- 3.2 Prior to the crisis, data from our Adult Social Care Workforce Data Set (ASC-WDS) showed that there were already significant recruitment and retention issues.
- 3.3 **Vacancies:** Skills for Care estimates that 7.8% of roles in adult social care are vacant, this gives an average of approximately 122,000 vacancies at any one time. The vacancy rate has risen by 2.3 percentage points between 2012/13 and 2018/19. There is currently a vacancy rate of 9.9% in social care nursing across England. This rate has increased (with variation) from 4.1% in 2012/13 to 9.9% in 2018/19 as both the supply of nurses has dropped and demand for care has increased.
- 3.4 **Directly employed staff turnover:** Skills for Care estimates that the staff turnover rate of directly employed staff working in the adult social care sector was 30.8% in 2018/19. This equates to approximately 440,000 people leaving jobs over the year. Most of these leavers don't leave the sector as 66% of recruitment in social care is from other roles within the sector. Turnover rates have increased steadily, by a total of 9.1 percentage points, between 2012/13 and 2018/19.

4.0 What has the impact of the COVID-19 pandemic been on resilience, levels of workforce stress, and burnout across the NHS and social care sectors?

- 4.1 While there is no firm data available, our networks report that experienced staff are struggling to cope with the significant additional pressures of COVID-19.

- 4.2 Our Market Intelligence (MI) data showed factors such as the physical and mental deterioration of residents due to lockdown (and not being able to see loved ones), fear of catching the virus (passing it on to family and or having to isolate and miss out on pay in some cases) were stressful issues for care staff. In addition, Registered Managers having to provide additional support to staff to help manage anxieties, cope with additional workload in terms of time required for digesting changing guidance, data requests from several agencies, sourcing PPE.
- 4.3 Some Registered Managers provided front line care where there were staff absences or refusal to work with COVID-19 positive residents (fear of catching the virus). To contain the spread of infection some care workers and managers temporarily moved in to care homes - many being away from their loved ones for days or even weeks at a time with no time off from duty.
- 4.4 Care staff have witnessed the deaths of people they support and their colleagues, which is likely to have a negative impact on their mental health, Registered Managers are having to support staff and residents who are struggling with grief. Some Registered Managers are saying that they are unlikely to remain in the sector, but we do not know yet how widespread this is.
- 4.5 We do know that people, particularly Registered Managers, are accessing more support than ever which might indicate an increased need. For example, we support more than 150 registered manager networks and 88% have increased the support they are providing due to increased need, our webinars on COVID have had more than 7,000 views and the feedback is that people want more of this type of support. We might also expect a small number of people to need more bespoke and personalised support.
- 5.0 What is the current scale of workforce burnout across NHS and social care? How does it manifest, how is it assessed, and what are its causes and contributing factors? To what extent are NHS and care staff able to balance their working and personal lives?**
- 5.1 It is too early for our Workforce Intelligence team to provide definitive data on how workforce burnout will impact on people deciding to leave the sector once they perceive the crisis is over.
- 5.2 But in previous evidence to the committee we indicated the vacancy and absence rates are expected to worsen, perhaps not in the immediate future as unemployment rises, but in the medium to longer term. We already know that absence rates are increasing which adds strain to staff who remain. Using data submitted to ASC-WDS our analysts found the percentage of days that have been lost to sickness has almost tripled from 3% to 8% from March to July compared to usual levels. If we apply that figure to the whole workforce, it would equate to around 6.35 million more days lost to sickness than would be usually expected in that period.
- 5.3 **Registered Managers:** Registered Managers are paid on average £30,600 in the independent sector and £38,900 in local authority roles, which is low pay for the responsibilities they carry. The role is varied and requires managers to complete a broad range of tasks. It also frequently has a dual nature, requiring expertise in both business management and care provision who have a legal and practical responsibility for people's quality of life and physical/mental wellbeing.
- 5.4 Perhaps because of the low pay and the complexity of the role, there are high vacancy and turnover rates (11.4% and 22% respectively).

5.5 The expectation is that a more difficult operating environment was emerging for care providers and that, as a result, RMs were likely to have ever greater challenges in the future.

6.0 What are the impacts of workforce burnout on service delivery, staff, patients and service users across the NHS and social care sectors?

6.1 Since the start of the pandemic we have been collecting and capturing views and qualitative evidence from the sector through MI reports. These are suggesting that mental health remains an issue with some services struggling to cope with the effects of anxiety and PTSD among staff. Additional pressures appear to be influenced by fewer experienced staff to do the work which means that additional responsibilities fall on those who are at work. It includes the additional requirements of testing, putting new procedures and ways of working in place to protect staff and people accessing support which can be hard to enforce (such as quarantine or reduced visiting) and of trying to juggling work and home life.

6.2 There are likely to be ongoing issues because of a lag in experiencing trauma and the manifestation of any psychological issues, but also because of the sheer length of time that staff have been working in challenging conditions.

6.3 We don't yet know if this indicates isolated issues or a deeper trend across the sector which we will continue to monitor. We think that there needs to be more research into what is happening with the wellbeing of the workforce so that any interventions can be impactful and targeted.

6.4 There has been a recognition that there are inequalities in COVID-19 outcomes for BAME populations. Feedback also suggested that there is a need for leadership, education and support for those in adult social care from BAME backgrounds, and indeed for all in adult social care to understand BAME issues better.

6.5 Hays annual wellbeing report (2020)² appears to support some of the evidence we are collecting. For example, it reports a 33% drop in wellbeing amongst social care staff after lockdown was implemented.

6.6 Skills for Care has continued to offer support both through our online tools and through our national network of locality managers who have long established links with employers.

7.0 What long term projections for the future health and social care workforce are available, and how many more staff are required so that burnout and pressure on the frontline are reduced? To what extent are staff establishments in line with current and future resilience requirements?

7.1 In 2019/20 there were 18,200 organisations with 38,000 establishments and a workforce of around 1.65 million jobs in ASC. The number of full-time equivalent jobs was estimated at 1.16 million and the number of people working in adult social care was estimated at 1.52 million³. The number of adult social care jobs has increased by 9% since 2012 (by 130,000 jobs). The number of jobs increased by around 1% (by 17,000 jobs) between 2018/19 and 2019/20.

7.2 Skills for Care forecasts show that if the adult social care workforce grows at the same rate as the projected number of people aged 65 and over in the population, then the number of adult social care jobs will increase by 32% (or by 520,000 jobs) to around 2.17 million jobs by 2035.

² <https://www.hays.co.uk/wellbeing-matters>

³ <http://www.skillsforcare.org.uk/sizeandstructure>

8.0 To what extent are there sufficient numbers of NHS and social care professionals in training for service and resilience planning? On what basis are decisions made about the supply and demand for professionals in training?

- 8.1 Employers, government and improvement bodies will all have roles in developing a sustainable Social Care People Plan that takes a strategic approach to the workforce.
- 8.2 There's a clear need for professional career development journey for staff in social care, and investment in their skills development, working with education bodies to build these skills for the future. We must develop a shared and consistent career pathway so the supply side can meet current and growing demand, and this must take into account the new skills that are needed in social care including more delegated health tasks and digital skills.
- 8.3 In 2019/20 HEE spent around £4.2 billion and in 2019/20 we are estimating the Workforce Development Fund (WDF) spend to be around £11.1 million. Employers want to support the learning and development needs of their workforce and really value the support they get from WDF.
- 8.4 Skills for Care will work with employers and other partners to increase the take-up of apprenticeships in adult social care and to support the alignment of them with any new sector workforce development framework.
- 8.5 Work also needs to be done in partnership to develop a programme that supports people moving from other sectors – or looking for work – to see social as a rewarding long-term career option.

9.0 What further measures will be required to tackle and mitigate the causes of workforce stress and burnout, and what should be put in place to achieve parity for the social care workforce?

- 9.1 The COVID-19 crisis has highlighted some of the existing fragilities in a complex and disparate sector. To help mitigate the impact we need to **respond** to the immediate and current impact on current social care staff, support people to **recover**, we need to **react** to prevent any future negative impacts during the continuing crisis, and we need longer term **reform**.
- **Immediate response:** We need to provide immediate support to the social care workforce to deal with any negative impacts of COVID-19 on their wellbeing and mental health. This includes improvement bodies supporting employers to understand best practice in how to support their workforce. We must do more research to understand the actual impact and what will work to support people's wellbeing.
 - **Prevention:** We need to make sure that there are enough staff to deal with current demand and the expectations of a second wave and winter pressures. To achieve this, we will need to recruit more people into the workforce, retain the current workforce and make sure they have the right skills and values. This will need:
 - The continuation of the DHSC national recruitment campaign
 - Local Government social care recruitment campaigns
 - Consideration of increases in pay so that we attract people (employer increase in pay or a national agreement on a higher minimum wage for care workers with associated increases in ringfenced funding)
 - Investment in the Workforce Development Fund by central Government
 - Investment in workforce development by employers

- Investment in new skills to respond to the new context such as delegated health tasks
 - A strategic approach to targeting support to people seeking work or moving from other sectors to move into social care
 - A raised profile and parity of esteem for social care. We need to find ways to recognise and reward people and we need to find ways to help the public understand the value of social care and what it means. This could be a public awareness campaign linked to social care funding reform for example as they did in Australia – if we want people to pay more for social care it is vital that they understand and value it.
- **Reform:** Central and local government, employer bodies and improvement bodies need to work in partnership to develop a sustainable Social Care People Plan. This Plan needs to be clear on the different roles and responsibilities of employers, Government (central and local) and improvement bodies. It needs to be accompanied by social care funding reform so that the system is adequately funded. It needs to be anchored in the vision of improving the quality of life of the people who access care and support. In the context of wellbeing, the People Plan must include a focus on:
- Career development which helps people feel valued and helps them to see social care as a valuable career.
 - Raising awareness of employers on how to support the health and wellbeing of their staff.
 - Supporting commissioning teams to build workforce wellbeing into local workforce strategies because they know how not addressing issues like stress and can impact outcomes for people with care and support needs.

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