

Care and Support West

Market Sustainability Report



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For and on behalf of Care and Support West (www.careandsupportwest.com)

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Acknowledgements

I firstly want to thank all those busy providers who found the time to respond to our survey. We know that this is 'an ask' ... and we can see from your responses how stretched you are. Big respect to you. Thank you for making the time.

I also want to thank respondents for their level of honesty. It is tough out there and a provider being open and honest and 'telling it like it is' is essential, but also leaves them vulnerable to victim blaming. Overwhelmingly the nature and scale of many of the challenges facing adult social care providers are the result of external constraints which are imposed upon them. They should not be chastised or penalised if these constraints result in them having no option but to fall short.

Lastly, I want to thank Kath Young for her help with designing and putting together the electronic survey we used.

Preface

This report sets out in detail the dire situation providers of adult social care face whether they be a building-based organisation or one which operates from an office into the community – for example home care. The situation is not a new one --- for many years we have, as a Care Association, been reporting the increasingly desperate circumstances ASC providers have found themselves in.

Both local and central government acknowledge provider organisations are not funded appropriately but the necessary actions to increase that funding to create a sustainable care market place have not followed. The situation we now find ourselves is extremely perilous. Urgent, sustainable funding is required to ensure that providers are able to continue to provide the services that are so needed.

We recommend you use this report as evidential support for all your funding negotiations with commissioners in both the care and health sector. We will be challenging those same commissioners, as well as the elected members who lead on care matters in the local authority and local Members of Parliament to take account of this report and increase the available funding to adult social care to create a sustainable care market place.

We support and fully endorse the content and recommendations in this report.



David Smallacombe
Care & Support West CEO



Deian Glyn
Care & Support West Chair

Executive Summary

The problems

This report is about the sustainability of the social care market ... and it's not looking good. We invite (advise) you to at least read this 'Executive Summary' and the quotes from providers, to get a proper feel of the reality 'on the ground'.

Inability to recruit and retain staff

In terms of ensuring adequate staff recruitment and retention, the current external circumstances are not delivering the workforce social care needs. By external circumstances we mean: the current price being paid for social care, the perception within society of care and support work as low skilled and low status, and the inability (due to current funding levels) of the sector to be able to pay staff at rates that both reflect the demands of the work and attract the staff needed to do it.

Our research indicates that pretty much every social care provider is struggling to staff their services. The perception is that although it has always been difficult for the sector to find the staff needed, for many, the situation is getting steadily worse.

Social care providers are not only unable to recruit the staff they need; they also can't retain them. The staff turnover rates provided by the majority of the respondents are really concerning. 87% of responses indicated a staff turnover figure over the national average of 15%. 31.8% of respondents indicated a staff turnover figure over 51%.

The inability to recruit and retain staff is the widespread experience of providers right now in this area ... and the situation is getting worse.

Over reliance on agency staff

68% of respondents indicated that they were regularly using agency staff. Providers are becoming increasingly reliant on agency staff and this impacts on the continuity of care they can provide and it has a huge impact financially. For many providers, agency use is now a day-to-day occurrence ... and the price of agency staff has been going up. This is not a sustainable situation.

Working excessive amounts of overtime

73.5% of respondents indicated that they were reliant on staff working excessive amounts of overtime. The sector is overly reliant on the good will and commitment of a core of dedicated employees. These people are getting fed up and burnt out and it is impacting on their wellbeing, their work life balance, and the quality of their work.

They are already leaving the sector and they will continue to do so. Again, this situation is not sustainable.

Managers covering shifts and not having the time they need to carry out their management tasks

91% of respondents said that shifts are being covered by managers diverting their time to provide direct support. Managers are not only working excessive hours, but they are also increasingly having to deliver direct care and support themselves. This 'dedication' leaves them feeling pressurised, stressed, and burnt out. They are struggling to find the time needed to ensure that regulatory requirements are being effectively met, to secure new business and recruit new staff. They are trapped in a vicious circle.

They are leaving the sector and others are increasingly reluctant to take on the 'poisoned chalice' that is their role. Again, this situation is just not sustainable.

Having to run short staffed

Over two thirds of respondents acknowledged that they have had to run services short staffed (at times) in the previous 12 months. They had no option but to do this despite using significant amounts of agency staff, being overly reliant on staff picking up excessive overtime and managers being diverted from their key responsibilities in order to provide cover.

Acknowledging that they have no choice but to run short staffed is actually a very brave thing for providers to do. It effectively acknowledges that they are (at that time) unable to deliver the service being asked of them and that its quality and safety are (to some degree) being compromised. They need to be applauded for their openness and honesty, not penalised. The current crisis the sector faces in relation to staffing, is not of its making.

Having to reduce or cancel services

A similar picture emerges in relation to providers having to cancel or reduce services ... and for similar reasons. They just don't have the staff they need to meet current requirements for social care.

Approaching 30% of respondents indicated that they have either had to hand back or close services in their area ... and sometimes both. They were universal in their explanation that lack of available staff is critically undermining their ability to deliver the services that are being requested of them.

If they have to close services (due to lack of staff and the costs associated with building up occupancy), then it is very difficult to reopen them.

Lack of people working as supervisory managers and / or clinical leads

Being in a supervisory role or a clinical lead in social care is complex and demanding, and requires people with the right attitudes, knowledge and skills. 38% of all potential respondents indicated a shortage in these roles.

A lack of managers and clinical leads means a lack of staff oversight and either other leaders becoming even more overstretched, or non-ideal candidates acting up into roles, or a combination of both. Some positions are in such short supply that it prevents the bringing on board of new services and / or the continued operation of existing (often more specialist) services.

Along with a shortage in these positions, staff who see what their managers are going through, often don't have the appetite to step into these roles when they become vacant.

If social care has an aging workforce and is unable to attract sufficient new staff ... and existing staff take one look at vacant management positions and say 'no thanks', how are we going to build the social care workforce of the future?

The chronic undervaluing of what frontline social care staff actually do

All those who responded to this question (33 out of 34 potential respondents) felt that the skills required to be an effective social care worker are just not being properly recognised or rewarded. They described their work as challenging, complex and demanding.

Examples respondents gave included:

- ❖ Dealing with complex health needs.
- ❖ Monitoring changes of health ... recognising and responding to any slight decline.
- ❖ Supporting people to access healthcare appointments and attending these appointments with them ... advocating on their behalf.
- ❖ Administering medication including controlled drugs.
- ❖ Dealing with life and death on a daily basis ... verifying death over the phone with GPs.
- ❖ Providing social and emotional support and physical and mental stimulation to some of society's most vulnerable.

- ❖ Supporting people with autism or advanced dementia and / or with challenging behaviour.
- ❖ Keeping people safe and well while also encouraging them to take risks and to live a full life.
- ❖ Operating without the support of GPs, District Nurses and paramedics ... having to make clinical decisions without access to medical advice ... Having to assess and apply dressings.
- ❖ Operating hoists and other equipment.
- ❖ Supporting people with intimate personal care.
- ❖ Assisting people with eating and drinking.
- ❖ Keeping a whole range of clear, accurate and up to date records.

The extent to which social care is undervalued is marked. Unfair to Care calculate that Support Workers would require a total pay rise of 41.1% to achieve parity with their NHS counterparts.¹

The inability to recruit staff of the right calibre

It is not just the skills and competencies required of social care workers that is being significantly underestimated, it is also the human qualities that these workers need.

To look after society's most vulnerable, we don't need (and you don't want) just anyone working in social care. The sector knows full well the problems associated with just employing anyone in a frantic attempt to address staff shortages. It causes more problems than it solves, therefore we need the right people.

We need people who are not afraid of hard work, who are willing to step up, to take responsibility, to be genuinely caring and compassionate, to step in when people need help, to step back when they need to be encouraged to do things for themselves. People who are innately respectful, people who can build high quality personal relationships, people who are team players. We need people who understand boundaries and can apply them effectively to themselves and others, people with common sense, with maturity and with insight.

A lack of ability to recruit sufficient staff of the right calibre is an ongoing issue. It overstretches and demoralises competent and conscientious staff and is undermining the sector's ability to deliver services to the standard expected of us and to which we aspire.

¹ <https://www.unfairtocare.co.uk/wp-content/uploads/2022/12/Unfair-To-Care-22-23-Full-Report.pdf>

79% of respondents indicated that they had issues relating to the quality of the staff they employ. The extent of this varied, but almost half of these respondents (46%) indicated that they had concerns around the quality of between 10 and 20% of their staff team. 60% of the respondents who said they had concerns, indicated that they felt the situation was getting notably worse.

The sector will not be able to function as it needs to unless it can both attract staff in the necessary numbers and of the right calibre. Currently its ability to do this is being compromised on both counts. We are dramatically underpaying social care workers for the work that they do and the qualities they need. It is a tough job requiring patience, dedication and understanding.

Current pay rates in social care are not reflective of the demands of the work and the skills and attitudes required. People can find work elsewhere which pays the same (and very often more), is less demanding and is less disruptive of their work : life balance. And that is what they do.

Cost Pressures and inadequate annual uplifts

Since 2011/12, RPI has risen by 44.84% and CPI by 32.92% (see Appendix 2). For the past decade providers have been telling us that even RPI did not adequately capture the actual inflationary pressures that they are subjected to. They have quite a bespoke basket of costs.

Different local authorities have awarded different annual uplifts for different service types over this period but cumulatively, these have been nowhere near even the CPI figure. For years providers have already been expected to just absorb costs.

On top of this, providers have currently got unprecedented cost pressures coming at them from all angles.

Their main concern in relation to staffing costs is the forthcoming increase of 9.68% in the NM/LW. If, as a minimum, this is not fully covered in the 2023/24 annual uplift, then that is going to actively undermine the ability of some providers to be able to continue for much longer.

Respondents also expressed concerns about their increasing reliance on agency staffing and the financial implications of this for them. If this is not addressed, potentially by compensating individual providers for these additional costs, many will see their financial viability undermined and be forced out of business.

Rates of inflation since around October 2021 are unprecedented in living memory and this is having a huge impact. Inflation is a major concern and has had a constraining effect on all but the very wealthy.

The issue for care businesses, particularly those that are accommodation based is that they can't cut the heating, or the electric, or the food. Domiciliary Care and other community-based services can't just cut fuel use.

Providers are exposed to the full extent of a range of double digit (and a times triple digit) cost rises. This comes on top of operating against a well documented backdrop of cost constraints for over a decade. Many were already on their knees.

57.5% of respondents highlighted mortgages and property financing costs as a key concern. If they can't make significantly increased payment requirements (and occupancy and income levels are going to have a critical part to play here), and they can't renegotiate lending arrangements, they are going to be at increased risk of failure.

One respondent talked about property leasing arrangements being linked to CPI. Manageable when it is running at 2% ... not so much when it is running at 10%.

In terms of developmental costs, even in better times, investing in anything other than essential infrastructure and improvements from highly squeezed profit margins is a challenge for many. At the moment, the comments indicate that these investments are nigh on impossible.

It is our view that if something is a 'requirement', then it needs to be properly funded and included as an identifiable cost line within the price paid for services.

Although inflation will hopefully start to come down significantly in 2023, it needs to be remembered that any inflation will be 'in addition to' the historically high inflation rates that we have recently been experiencing.

Respondents indicated that they are really struggling financially on a variety of fronts and are looking at the future with real uncertainty. All eyes are on the forthcoming uplift. Indications are that it will make or break many.

Against this backdrop it is not surprising that providers cited uplift figures of 15%, 20% and 22% just to keep going.

Market sustainability

Over 37% of our respondents indicated that, unless their cost pressures are significantly relieved, they have 12 months or less left until they have to close completely or significantly scale back their services. Another 9% gave themselves between 1 – 2 years.

The solution

Very few providers were using the current NM/LW of £9.50 an hour. Currently the mode (most frequently cited) baseline pay rate for frontline staff was between £10.00 and £10.10 an hour. However, across the board respondents were indicating that whatever they could currently afford to pay was not working in terms of enabling them to recruit and retain the staff they need.

19 out of the 34 respondents (55.8%) estimated that in order to recruit the staff they need, they would need to increase their baseline hourly rate by more than £2.00 an hour.

97% of the 34 respondents indicated that there needs to be a salary range to retain staff. Over a third indicated that they felt a range of £3.00 or less between top and bottom of the scale would work.

Respondents also overwhelmingly indicated that staff need to be financially incentivised and rewarded for working antisocial hours and that the sector's ability to retain staff would be significantly improved by more generous benefits packages, in terms of annual leave, sickness and pension arrangements.

In order to properly address the staffing crisis in social care, the sector needs to be able to afford to:

- ❖ Introduce rates of pay that properly recognise and remunerate social care staff for the qualities and skills required of their role.
- ❖ Offer pay rates which create 'clear water' between what people can earn working in social care and what they might earn working in retail, hospitality or other sectors that are deemed to be low skilled.

The sector needs to be able to pay rates that allow us to not only recognise and reward the right staff, but also which enable us to go 'no thank you, you are not what we are looking for at this current time', to people who have not got the qualities we need. The social care sector need pay rates that enable it to be more selective.

From everything we have learnt, we believe that the following suggestions are what is actually going to be required to 'stop social care from failing'.

Revised starting pay rates for working in social care

We would advocate a starting rate of £12.50 an hour to create the necessary clear water between what people can earn as a frontline worker in social care and what they can earn in competing sectors such as retail, hospitality and warehouse work.

We would add that further clear water would be needed for people who work in Domiciliary Care services or services that are supporting more complex or challenging people, to reflect the additional difficulties that these services face with recruitment and retention. Realistically, these services need to be offering a starting salary of around £14.50 to £15.00 an hour to recruit the staff they need.

Proposed salary range

In terms of salary ranges, for front line staff but also for more senior roles, we are advocating £3.00 an hour between top and bottom. We estimate that this would be adequate to retain staff and encourage their development without being excessive.

Anti-social hour enhancements

People don't like working anti-social hours and these are often the most contentious and difficult to cover. We propose:

- ❖ Weekends ... an additional 20% an hour
- ❖ Waking nights ... an additional 30% an hour
- ❖ Normal Bank Holidays ... an additional 50% an hour
- ❖ 'Special' Bank Holidays ... Christmas, New Year and national celebrations ... an additional 100% an hour
- ❖ Evenings after 7pm ... an additional 10% an hour
- ❖ Management on call ... 10% of hourly rate (for every hour on call)
- ❖ An additional 10% an hour for hours worked over the Full Time Equivalent (calculated over the monthly pay period).

% increase needed to implement workable pay rates

If you take a current baseline hourly rate for frontline staff of £10.10 and increase it to £12.50 and then introduce a range of £3.00 an hour (up to £15.50 an hour) you are looking at a new mid-scale point of £14 an hour. This represents an increase of £3.90 an hour on the current baseline rate (£10.10) which equates to 39%.

To work, this level of enhancement would need to be applied across all levels of the social care workforce.

Combined with enhanced rates for antisocial hours and enhanced benefits packages, we are seeing some convergence with Unfair to Care's figure of 41.1% extra for Support Workers to "achieve parity with their counterparts in the NHS doing exactly the same role"²

% needed to reset hotel costs affected by inflation

In terms of inflationary costs, given the sustained cost pressures that providers have been subjected to over many years, a 'reset' figure of 20% for 'hotel' costs is probably realistic.

Additional amount needed from central government

Working on a split of 70% staff costs : 30% 'hotel' costs you are looking at around a 34% increase to 'save the sector'.

It was difficult to find an exact figure of what local authorities spend on social care currently. We found a statement in an NDRS 'Adult Social Care Activity and Finance Report 2021/22' which said the 'gross current expenditure on adult social care by local authorities was £22.0 billion'.³

The Covid pandemic muddied the waters and in addition, some of this spending does not directly relate to clients, but you are probably talking about a gross direct spend on services by local authorities somewhere in the region of £20 billion.

Based on these figures, adding an additional 34%, we would suggest that currently an annual figure of £26.8 billion is what we collectively need to be thinking about in order to 'stop social care from failing'.

Over to you

Rather than committing to properly looking after our society, successive governments are developing a reputation for doing 'too little, too late'.

Underfunding is justified by them, couched in terms of 'taking the tough decisions' and 'making necessary savings' but unless people are directly affected by it, they fail to recognise the insidious impact it has. It not only means that the provision people so desperately need isn't there, it also saps the soul of those committed people who

² <https://www.unfairtocare.co.uk/wp-content/uploads/2022/12/Unfair-To-Care-22-23-Full-Report.pdf>

³ <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2021-22>

are trying to do their best. At the same time, it both ‘bakes in’ problems and removes the capacity to develop solutions.

It creates a long slow slide downwards, everything just steadily getting worse and worse, nobody being in a position to turn things round, people getting burnt out, fed up and leaving, and so the downward spiral continues.

If we were to lose social care, it is not going to just bounce back. If it were to fail (and currently it ‘is’ failing), it will have implications for our society not only in terms of increasingly failing the vulnerable, but also in terms of unemployment levels and the reduction of tax revenues, to an extent to which we haven’t begun to start realising.

We have spoken with providers and their experiences reflect the national picture, about which so much is already known. Social Care is in real crisis.

Our conclusions are not rocket science. Much has been written about the nature and the depth of the crisis facing social care. We have sought the views of providers about their direct experiences and asked them what would need to be in place to resolve the situation. We have then merely taken a logical step by step approach to build a proposed way out.

You can put this report down and ignore it ... or you can take it seriously. But we want everybody who is currently in a position to make or break social care to have the facts at their disposal and to be held accountable for their decision making.

The warning bells are well and truly ringing.

Introduction

As a local Care Association representing providers of adult social care services, Care and Support West has produced an annual cost pressures report in nine out of the last ten years. These have been submitted to local authorities and targeted councillors and politicians for consideration prior to the setting of annual fee uplifts that are due to come into play from 1st April each year. We have done this religiously for the majority of the last decade ... and generally we feel they have been ignored.

Given that local authorities already engaged with a variety of adult social care providers last summer as part of the national Cost of Care exercise, we didn't want to just revisit cost pressures, as this exercise should already have made the situation abundantly clear ... i.e. the price being paid for care is currently well below what it needs to be.

We want to work with our local authorities. We know that they are being tasked to submit Market Sustainability Plans to central government as a follow up to the Cost of Care exercise. This report could help with that. We have engaged directly with providers and asked them for their views and experiences in order to make an informed (and hopefully) constructive contribution to this exercise. Nobody knows how precarious the social care market is currently better than providers themselves.

An overview

The Nuffield Trust highlight the importance of social care to our society⁴. Some of the factors they highlight include:

- ❖ “The sector plays a significant role in local economies”.
- ❖ “It provides skilled and fulfilling work for a large number of people”.
- ❖ “It supports millions of family carers to improve the quality of their lives”.
- ❖ “It provides vital services to other public services like the NHS”.

We would also add that:

- ❖ It provides a critical lifeline to hundreds of thousands of vulnerable people.
- ❖ Not only does it contribute to our economy through the number of people it employs, it also contributes through the number of people who it enables to remain economically active, rather than having to take on a full-time carer role.

A lot is being written about the challenges facing social care and we don't want to just regurgitate all of this. However, the following 'nutshell' is useful for context.

⁴ <https://www.nuffieldtrust.org.uk/resource/the-value-of-investing-in-social-care#seven-reasons-to-invest-in-social-care>

The Office for National Statistics states, “current estimates show that 18.0% of people in England are aged 65 years and over and this is expected to rise to 26.1% in 50 years’ time according to the 2016 based national population projections”.⁵ People are not only living longer, but they are also living longer with degenerative and debilitating conditions that require care and / or support from others to manage.

The UK Labour Market Statistics show that the working population of the UK was calculated as 32.78 million in September to November 2022⁶. In addition, the UK unemployment figures (November 2022) show there are approximately an additional 1.24 million unemployed people in the UK⁷. ... so there is a potential current workforce of 34.02 million.

The Office for National Statistics is also indicating there are currently 1.5 million people working in adult social care in England, covering the equivalent of 1.2 million full-time jobs⁸ ... so adult social care workers make up about 4.5% of the country’s active workforce.

There are some very useful insights provided by Skills for Care in their ‘The state of the adult social care sector and workforce’ report 2022⁹. We would like to just highlight the following:

“The number of vacant posts in adult social care have increased by 52% in one year and it is now the highest rate since records began in 2012/13. This means on any given day there are around 165,000 vacancies ...

We may need an extra 480,000 people working in social care by 2035 to keep pace with demand. In addition, we may lose a further 430,000 people in the next 10-years if those aged 55 and over decide to retire.

⁵<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/demandforadultsocialcareacrosscountiesandunitaryauthoritiesinengland/2018-12-18>

⁶ <https://commonslibrary.parliament.uk/research-briefings/cbp-9366/>

⁷ <https://www.statista.com/statistics/280383/unemployment-figures-in-the-united-kingdom-uk/>

⁸<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/demandforadultsocialcareacrosscountiesandunitaryauthoritiesinengland/2018-12-18>

⁹ <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2022.pdf>

While vacancy rates are growing, and demand is growing, the number of people in the workforce has shrunk by 50,000. So, at a time that we need more people, we have fewer”.

That pretty much sums up the ‘predicament’ we currently face.

Methodology

We individually contacted 112 different providers across the social care spectrum in our area and asked them to complete an online survey¹⁰. This is included as an appendix to this report.

We sought to ask them questions around the areas that would most impact on adult social care providers in relation to their ‘sustainability’ ... i.e. their ability to continue to deliver services and to remain financially viable.

We wanted them to tell us about their experiences in relation to:

- ❖ Their ability to staff their services ... the strategies they deploy ... and the extent to which they find themselves running short staffed.
- ❖ Their ability to recruit and retain sufficient staff of the calibre needed to perform the roles required.
- ❖ The degree to which they are not picking up available packages / handing back packages / or having to close services.
- ❖ Staff pay rates ... what social care providers themselves think would actually work in terms of recruiting and retaining the workforce that the sector and society need.
- ❖ Their current key cost pressures and concerns.
- ❖ Their profitability and sustainability ... how long they think they can carry on as is ... what level of uplift would be needed to ensure their stability.

We also sought to give them the space to articulate what is of greatest concern to them and to effectively provide them with a ‘platform’. Whilst we have put what we see as the key issues on the table, the survey provides respondents with the opportunity to disagree if they wish to. We wanted to hear what they had to say.

We received responses from 34 or equivalent to just over 30% of the providers we contacted. This was a reasonable response rate and provided a reasonable sample size. We got responses from companies across the range of adult social care provision including older people’s residential and nursing services, extra care

¹⁰ <https://xogstctxbgw.typeform.com/to/xWEQ9E2I>

services, domiciliary care services and both residential and supported living services for people with learning disabilities and / or mental health support needs. We received responses from large, medium sized and small organisations.

When the responses came in, we separated them out so that the responses relating to each question were collated together. This was done anonymously so that we could analyse the information without knowing which provider it came from.

We did however give each response an ID number so that we could link back to the provider if we needed to, particularly if we wanted to understand their response in relation to other things that they have said.

Findings

The focus of this report is on market sustainability. The responses to most questions were very clear. For some questions the answers were more varied, due (we believe) to the variety of provision that is adult social care.

We have sought to articulate (often using quotes from respondents) what people said to us, to provide a fuller understanding of their experiences. We have tried to use their feedback combined with a wider knowledge of the challenges facing the sector, to make suggestions about what (we think) might actually work.

Given our wider understanding of the well documented challenges facing social care, it is our view that the experiences expressed in this report are likely to be pretty typical and representative of adult social care providers in this region ... and probably nationally.

In terms of the layout of this report, we have taken each question we asked in turn along with a summary of the response we received (including quotes) and the 'conclusions, reflections and / or learning' that we feel can be drawn from these. At the end of the report, we look at all these question specific conclusions and draw a series of overall conclusions.

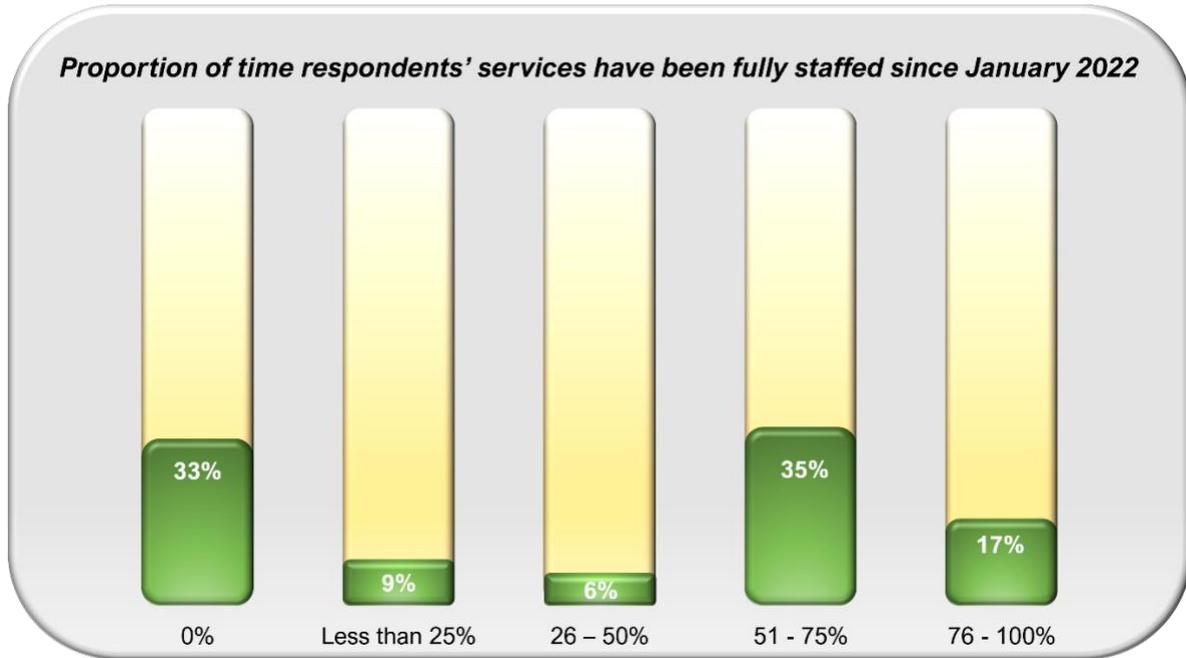
Being fully staffed

Question 1(a) ... the degree to which you are fully staffed

As a percentage, what proportion of time would you estimate that your service(s) have been fully staffed since January 2022?

Summary of responses

Out of 34 responses, 33% said that they had never been fully staffed between January 2022 and January 2023 and only 17% indicated that they had been fully staffed between 76 – 100% of the time.



Question 1(b)

How difficult has it been this year to recruit and retain staff you need compared to previous years?

Summary of responses



Out of 34 responses, 22 (64.7%) gave a score of 8, 9 or 10 to indicate that their ability to recruit and retain staff was becoming even more difficult than it has been historically.

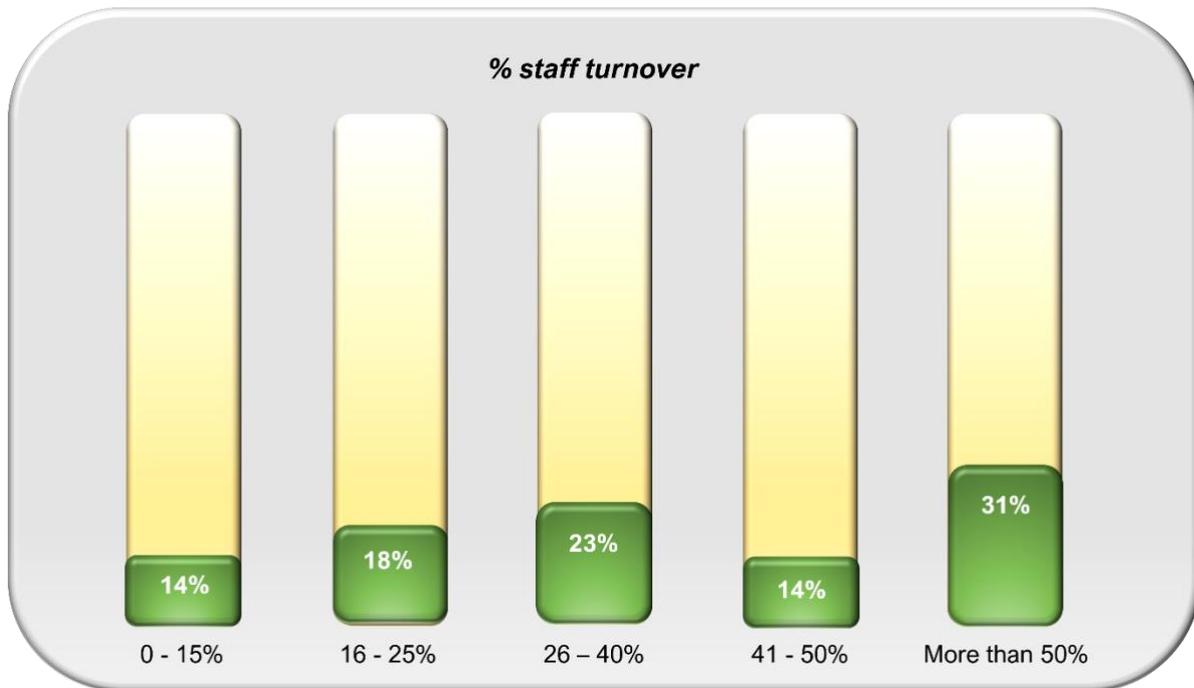
Question 1(c)

Do you have a figure for your 2022 staff turnover?

Summary of responses

Respondents didn't always have their staff turnover figure to hand, but according to Monster, 15% is an average staff turnover nationally, although there is variation between sectors¹¹.

¹¹ <https://www.monster.co.uk/advertise-a-job/resources/workforce-management-planning/employee-retention-strategies/what-is-the-ideal-employee-turnover-rate/>



Of the 22 responses we got, only 3 (13%) provided a figure within this range of 15%. 87% of responses indicated a staff turnover of over 15%. Of these:

- ❖ 5 respondents indicated a staff turnover figure between 26 – 40%
- ❖ 2 respondents indicated a staff turnover figure between 41 and 40%
- ❖ 7 respondents (31.8%) indicated a staff turnover figure over 51%.

Conclusions, reflections and learning

Section 5 (Workforce) in CQC’s ‘The state of health care and adult social care in England 2021/22’ report¹² clearly lays out the depth and breadth of the workforce challenges facing health and social care providers and this was born out by both the data and the comments we received.

In terms of ensuring adequate staff recruitment and retention, the current external set of circumstances is not delivering the workforce we need. Our research indicates that pretty much every social care provider is currently struggling to staff their services. The perception is that although it has always been difficult for the sector to find the staff needed, for many, the situation is getting steadily worse.

We would again draw your attention to the statement in Skills for Care’s 2022 Adult Social Care sector workforce report “The number of vacant posts in adult social care

¹² https://www.cqc.org.uk/sites/default/files/2022-10/20221024_stateofcare2122_print.pdf

have increased by 52% in one year and it is now the highest rate since records began in 2012/13”.¹³

The external set of circumstances means that social care providers are not only unable to recruit the staff they need, they also can’t retain them.

Of those who provided their staff turnover rate, the majority were really concerning. 87% cited a turnover rate above the national average and a worrying 31.8% cited a turnover rate of above 50%.

This is not something that is happening ‘over there’. The inability to recruit and retain staff is the widespread experience of providers right now in this area ... and the situation is getting worse.

Strategies used to cover services

Question 2(a) ... strategies used for covering services

If you are short staffed, which of the following do you do to cover your service(s)? Please choose as many as are applicable.

Summary of responses



¹³ <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2022.pdf>

Of the 34 responses, 68% indicated that they were regularly using agency staff. 73.5% indicated that they were reliant on staff working excessive amounts of overtime and 91% said that they covered shifts by managers diverting their time to provide direct support.

Question 2(b) ... use agency staff

We asked people about the frequency with which they were using agency staff (including on a long-term basis) and the cost implications of this for them. Below are a number of quotes taken from the responses that we received.

Summary of responses

'There are huge financial implications [with our use of agency]. Agency usage has been 3 to 4 times [our previous] average'.

"We have been using agency staff for a year to cover waking night vacancies and agency day support workers for approximately 3 years".

"Agency staff are now used regularly, and the cost implication is great due to agencies inflating their prices due to supply and demand. This has impacted our overall financial performance considerably".

'[We are using agency for] 50-80 hrs a week where it previously was never required or only to cover last minute sickness'.

"Pre pandemic our agency use was less than 5%. In the past year we have had one home running off 50% for a few months. This has become unaffordable".

'[We have used agency] weekly from July to December. Highly costly to the business and disruptive to the care'.

'We use agency frequently and on an ongoing basis. Our agency costs have literally doubled in 4 years from £182,000 in 2019-2020 to a [projected] £375,000 for the year ending in March 2023'.

"We are using 10% agency on a weekly basis just to cover our basic rotas which has a massive cost implication. Up to 3x more expensive than having our own staff in place".

"High levels of agency at prices much higher than previous years. Particular problem with nursing agency which is extremely expensive".

"Several times a week on nights (including sometimes at the weekends). We never used to rely on agency staff to the degree we are currently ... in fact in general we never used agency. The cost implications are significant".

'[We use agency] every day. 30% of our wage cost is agency. We have our highest agency usage in over 20 years of business'.

Conclusions, reflections and learning

68% of respondents indicated that they were regularly using agency staff. Providers are becoming increasingly reliant on agency staff and this impacts on both the continuity of care they can provide, alongside the huge impact financially.

The use of agency staff should be about covering the odd shift or tiding you over until somebody starts in the post or returns from sickness. For many providers, agency use is now a day-to-day occurrence ... and the price of agency staff has been going up. This is not a sustainable situation.

Question 2(c) ... Staff working overtime

We asked people about how dependent they were on their most reliable staff to 'routinely' work over and above their contracted hours and (if so) the impact of this on them. Below are some of the responses that we received.

Summary of responses

"There is a limited number of staff who pick up most of the short shifts. This places a huge burden on them leading to burn out and sickness, and difficulty retaining them".

"We could not operate if they [staff] did not do this. The strain on them is showing and they don't have any spare capacity (mentally or time-wise) for training on top of this".

"We encourage overtime however this year [we] are also finding that staff are now burned out by constant long shifts so less willing to take them on".

"All services are heavily reliant on staff working overtime and good will. This is impacting staff's wellbeing and we are noticing a shift in staff's ability to pick up extra hours".

"If it wasn't for the dedication and commitment of social care staff and managers who are prepared to provide additional cover, the entire social care system would collapse overnight".

"Very reliant [on overtime] over the past 2 to 3 years but the last 6 months has been the worst. The sheer amount has now led to us having to book agency and it is not possible for the staff to carry that on. There is definitely burn out across the team".

“Weekly we rely on our staff to cover shortfalls. Staff break down and [this] affects their conduct and behaviours”.

“Extremely [reliant]. If carers and managers decided they no longer wanted to work overtime we could not cover shifts”.

“We have a core of staff who consistently step in and work over their contracted hours. This is 'relentless' and leads to good staff burning out. It is not sustainable”.

“The impact on them is fatigue, burn out, mental health issues (stress and anxiety), loss of family time”.

“Again, highest ever [amounts of] overtime plus we have doubled the overtime rate from £1 to £2 per hour (on top of normal pay)”.

“We are reliant on staff working overtime, we can see staff becoming fed up. We do not expect them to cover extra shifts however these staff have a sense of personal commitment to the residents therefore they also feel guilty to say no therefore they feel they are not fulfilling their role”.

“[We are] very reliant on overtime. Some staff work 6 days a week and often long hours. 10 hrs instead of 7 or 8 hrs. This means they can be extremely tired”.

“We have two staff members considering alternate employment in a different field”.

Conclusions, reflections and learning

73.5% of respondents indicated that they were reliant on staff working excessive amounts of overtime. The sector is overly reliant on the good will and commitment of a core of dedicated employees. These people are getting fed up and burnt out and it is impacting on their wellbeing, their work life balance and the quality of their work. They are already leaving the sector and they will continue to do so. This is almost the definition of unsustainable.

Question 2(d) ... Managers working shifts

We asked people about how often managers are being required to work shifts to cover the service and the impact of this on them carrying out their management tasks. Below is a sample of some of the responses that we received.

Summary of responses

“[This happens] regularly / weekly. Other work has to be deferred. Audits, supervisions, training are delayed”.

“Weekly, fluctuating as I and my deputies cover shorts and absences”.

“This is a weekly thing currently. It means that management tasks are not being completed. We even have vacancies in the community settings that the managers have no time [to fill] as these are often quite time consuming due to the high needs. Therefore, we are also seeing a financial cost”.

“... creates backlog and unending work [and I spend time] on days off and out of hours, trying to catch up. The manager’s job is not one that focuses on management but does it all now ... working long hours ... [it is] stressful”.

“This happens every week. It puts them (managers) under pressure as they feel they are always playing catch up to complete their own jobs”.

“Presently 3-5 days a week. On average probably 3 days a week. This has a huge impact on our ability to carry out administrative and management tasks”.

“This has been happening regularly (say twice a week) and is the case for four managers. This is a new development and never used to happen”.

“Homes vary, but at [name of home] in [local authority], the manager was doing at least 24 hours per week on the floor shifts every week”.

“I cover several service users. This impacts my ability to support staff and carry out audits, or take time to recruit and also take on new service users”.

“In terms of the residential service I do not know how long I can continue to work the hours I am currently working and covering shifts as I am feeling overwhelmed with the tasks that I am falling behind with and worry about maintaining quality”.

Conclusions, reflections and learning

91% of respondents said that shifts are being covered by managers diverting their time to provide direct support. Managers are not only working excessive hours, they are increasingly having to deliver direct care and support themselves. This ‘dedication’ leaves them feeling pressurised, stressed and burnt out. They are struggling to find the time needed to ensure that regulatory requirements are being effectively met, to secure new business and recruit new staff. They are trapped in a vicious circle.

They are leaving the sector and others are increasingly reluctant to take on the ‘poisoned chalice’ that is their role. Again, this situation is just not sustainable.

Question 2(e) ... other strategies

We asked people about whether they used any other strategies to address staff shortages.

Summary of responses

There were three additional strategies that respondents identified in order to cover shifts. One provider indicated that they use bank staff. Two indicated that they share staff across locations, and two indicated that they pay an enhanced rate when staff have worked over the equivalent of full time hours each week to encourage them to pick up shifts.

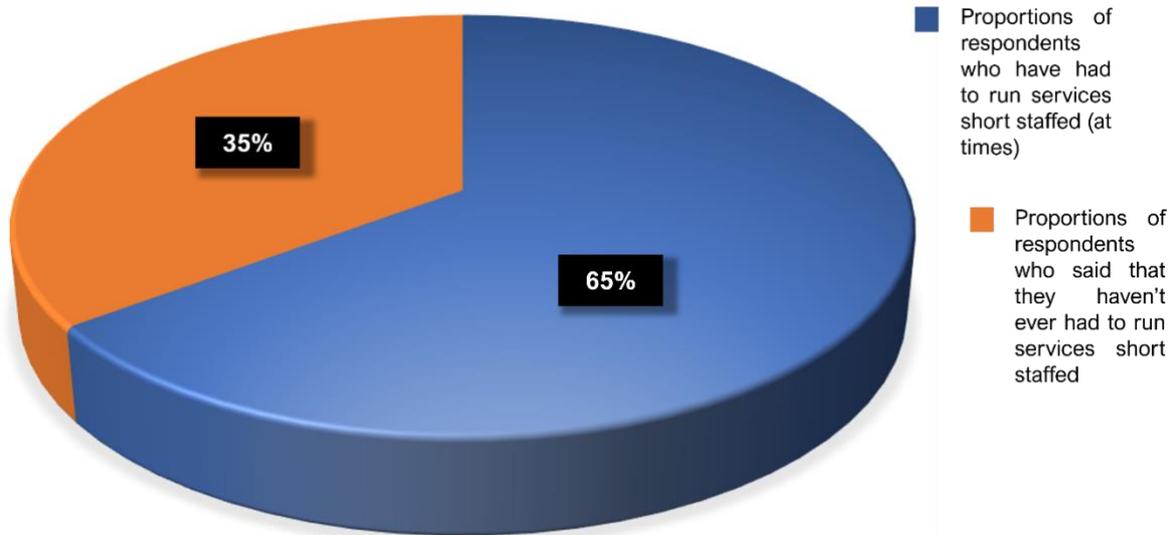
Running short staffed

Question 3(a) ... running short staffed

Have you ever had to run services short staffed in the last 12 months?

Summary of responses

Proportion of services that have had to run short staffed at times



Out of 34 responses, 22 (65%) acknowledged that they have had to run short staffed in the last 12 months. When asked to explain their reasons, the main points they made were ...

“Covid-19 leaving us short staffed. [Staff] having to isolate”.

“This now typically happens due to staff going sick etc last minute. Previously this would have been covered by staff willing to do extra or by agency. Last

minute agency is now very difficult to get. Most staff are already doing too much so there is no flex in the system”.

“If we know a shift needs covering in advance, we can arrange something, even if it is expensive agency. When someone cancels a shift last minute sometimes, we can’t get our own or agency cover. You can’t just pull people out of thin air. We do not often run short staffed, but it does happen from time to time”.

“We plan to cover shifts and with the use of agency, staff working extra and managers stepping in, we generally have the required staffing levels, but it means we are very stretched. If someone then goes off sick (which they do) then we have very few available options. We have contingencies that we follow so that we cover our services as best we can with the staff we have”.

“Unable to recruit to vacant hours, staff sickness, holiday, staff unwilling to pick up the hours, agency unable to supply ... [can all be contributory factors]”.

“This was / can be due to a combination of factors, e.g. staff calling in sick, bank staff already working to capacity, agencies having no availability, as well as issues with recruiting new staff and retaining existing staff”.

Question 3(b)

Is your situation getting worse, better or remaining about the same as in previous years?



We only got 22 responses to this question, 14 (63.6%) of which scored their increased difficulty to operate fully staffed with an 8, 9 or 10 ... which to us indicates that for many providers running their services fully staffed, is becoming notably more difficult.

Conclusions, reflections and learning

Over two thirds of respondents acknowledged that they have had to run services short staffed (at times) in the previous 12 months. They had no option but to do this despite using significant amounts of agency staff, being overly reliant on staff picking up excessive overtime and managers being diverted from their key responsibilities in order to provide cover.

Acknowledging that they have no choice but to run short staffed is actually a very brave thing for providers to do. It effectively acknowledges that they are (at that time)

unable to deliver the service being asked of them and that its quality and safety are (to some degree) being compromised. They need to be applauded for their openness and honesty, not penalised. The current crisis the sector faces in relation to staffing, is not of its making.

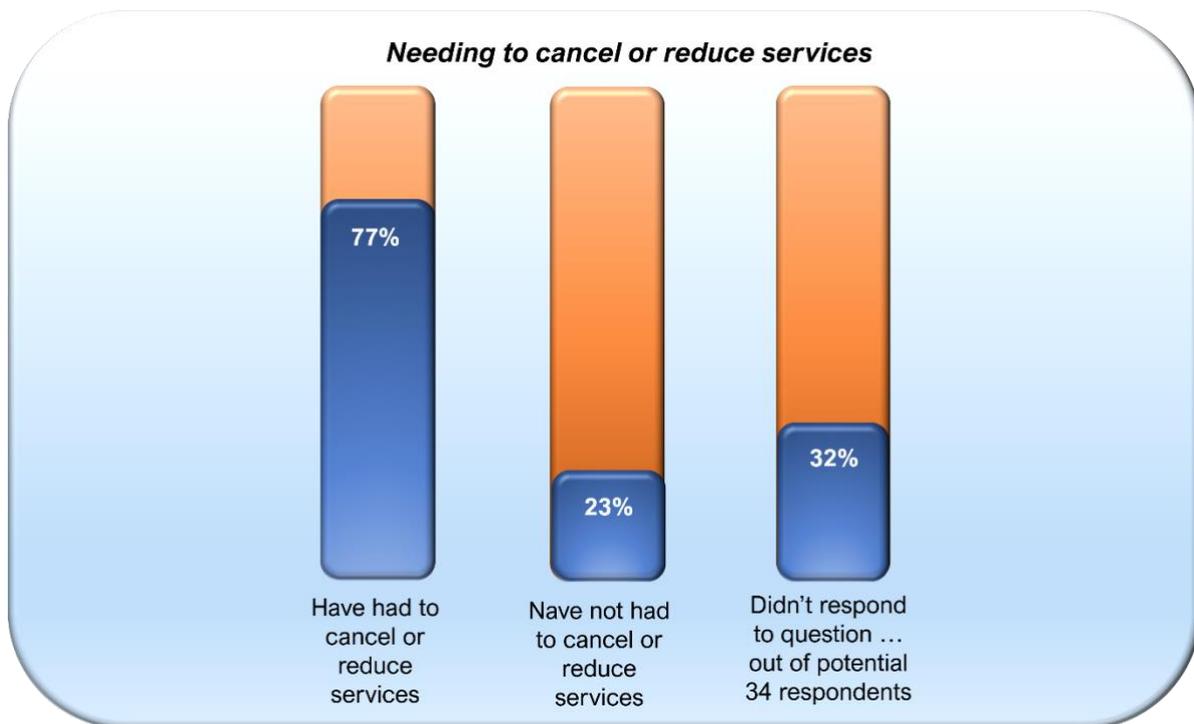
Question 3(c) ... cancelling or reducing services

Have you ever had to cancel or significantly reduce a service because you haven't had the staff to provide it?

Summary of responses

17 (77%) of the 22 people who responded said that they have had to cancel or reduce services because of lack of staff.

These types of cancellation probably relate more to Domiciliary or 'drop in' type Supported Living services. The question therefore doesn't necessarily relate to all service types, which will likely account for why it was only answered by 22 respondents.



In relation to the response, the following comments were made ...

"We have had to cancel and report as cancelled various 1-1 shifts and visits in both of our services due to shortage of staff. This is usually due to last minute emergencies but not always - there is frequently a lack of depth in our on call / standby staffing capacity combined with the inability of agencies to find staff at

short notice. We have on occasion and with supported living service user consent, returned individuals to their parent’s houses”.

“Some of our service users have family support so family carers are having to give more of their time to support shifts we cannot cover. This is exhausting families”.

Conclusions, reflections and learning

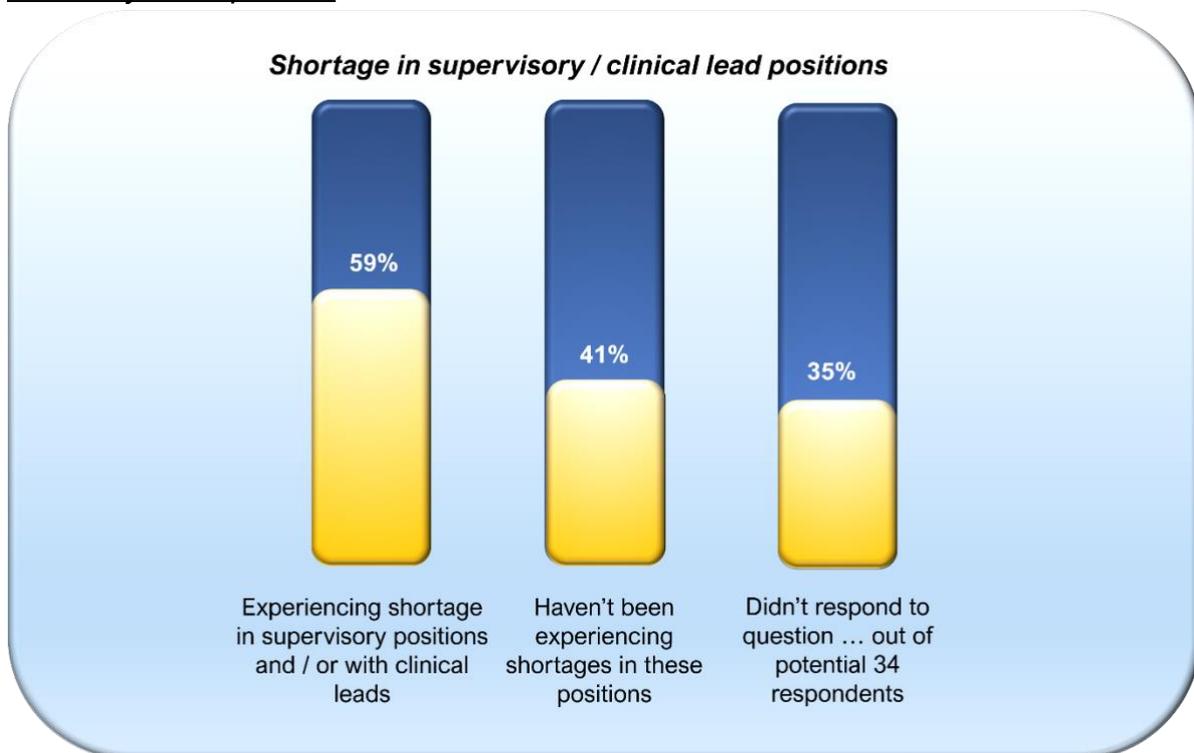
A similar picture emerges in relation to providers having to cancel or reduce services ... and for similar reasons. They just don’t have the staff they need to meet current requirements for social care. Unless there is a dramatic ‘awakening’ by politicians, there will be pretty much nothing left to meet the steadily increasing demand in the future.

Availability of supervisors and clinical leads

Question 4 ... supervisors and clinical leads

Do you have shortages in supervisory positions and / or clinical leads? e.g. Team Leaders. Deputy Managers, Registered Managers, Registered Nurses.

Summary of responses



We were unable to establish why 12 providers (35%) didn’t respond to this question as we would have thought that most providers would have had this information pretty immediately available. However, 22 providers (65%) did respond.

What we can glean from the response is that of the actual respondents, 13 (59%) acknowledged a shortage in supervisory positions and / or clinical needs and often this was causing them significant issues.

Comments made by respondents included:

“Registered Managers and Deputies seem particularly hard to find. I hear many do not want the responsibility of those positions. The costs have also sky rocketed due to the lack of supply”.

“Registered nurses are an issue especially within LD. This is impacting on our agency spend as we rely on them to cover the nursing shifts and they are increasingly expensive. Team Leader vacancies are also quite hard to recruit to and this is impacting the leadership in services”.

“It is very difficult to find people with the suitable skills, experience and attitude for these roles”.

“We have had 3 team leaders step down in the past 6 months, part of the team leader role is to help management when staffing is low, this is happening too frequently for the position to be worth taking. We have no in-house staff that want to take these positions”.

“Very difficult across the board. Even at manager level we had one post for a new build nursing home we just couldn’t fill so had to upskill the deputy with incentives after 6 months of looking”.

“We are block booking registered nurses so we can provide a consistency of care for our service users, it is very expensive. I also have to pick up the care plans that could be done if we had enough nurses”.

“The implications for the outreach service is that a decision may be made to close it and the people we currently support in the community may lose their autism specific support. This may impact on feelings of safety and isolation and some individuals may struggle to remain living in their own homes”.

“Lack of leadership for the team which impacts development of new staff-coaching, mentoring, training, best practices, etc”.

Conclusions, reflections and learning

Being in a supervisory role or a clinical lead in social care is complex and demanding, and requires people with the right attitudes, knowledge and skills. These, (along with a general desire to work in social care), currently appear to be in short supply. Staff

who see what their managers are going through, often don't have the appetite to step into these positions when they become vacant.

The lack of managers and clinical leads means a lack of staff oversight and either other leaders becoming even more overstretched ... or non-ideal candidates acting up into roles ... or a combination of both. Some positions are in such short supply that it prevents the bringing on board of new services and / or the continued operation of existing (often more specialist) services.

If social care has an aging workforce and is unable to attract sufficient new staff ... and existing staff take one look at vacant management positions and say 'no thanks', how are we going to build the social care workforce of the future?

Recruitment of overseas workers

Question 5 ... recruitment of overseas workers

Are you engaged in recruiting overseas workers to address your staff shortages?

Summary of responses



Out of a potential 34 respondents 10 (almost 30%) said that they were actively engaged in recruiting staff from overseas. Comments made by respondents included:

"It's working well in terms of guaranteed hours, however finding accommodation and supporting them to settle is a lot of work. It typically takes at least 12 months

for those staff to feel settled and up to the required standard based on our experience. Cost of sponsorship is also a huge amount. A 5yr sponsorship will cost around £5,000”.

“So far it is working OK but it has been a tremendous amount of work. The process is gruelling and then on top of that, unless people have contacts in the area, it is extremely difficult to help them secure affordable accommodation”.

“The Home office is taking months (3- 6 months) to process and then we are finding it extremely difficult to house the nurses when they finally get work permit. We either have trouble finding the accommodation itself or we find a property and they won't accept them as tenants. More recently the rentals are too high for rooms and it's not worth the nurse to cover all their outgoings to make it worthwhile”.

“Yes working well. 35 new staff in last 9 months. All gained from current staff contacts”.

“Working well now that process is in place, using overseas agencies to support us in the process, long and costly process but we have secured several overseas workers”.

Conclusions, reflections and learning

The recruitment of overseas workers is helpful, but very time consuming, costly and administratively burdensome and is probably beyond the reach of many smaller providers. Whilst there is no shortage of potential candidates, it is a huge commitment (for both parties) and it is important to get it right. This can be difficult when the whole interview and selection process takes place over Skype.

Different cultures operate very differently and whilst many overseas workers may have 'looked after' aging or disabled relatives, they will not have had the experience of working in a professionalised and regulated social care sector. It is therefore worth providers considering whether they are better off targeting candidates with experience of working in healthcare settings in their own country, as this will mean they will be better prepared.

Securing appropriate accommodation here in the UK is a real challenge, and combined with our cost of living crisis, these things can quite easily become 'deal breakers'.

In terms of helping people to settle, to become accustomed to the UK and its culture and to potentially find somewhere to live and share costs, it is advantageous to select candidates who already have existing friends and family in the area. In fact, if

providers are looking to recruit staff from overseas, finding contacts of people who already live here is probably the best place to start.

In conclusion, overseas recruitment is helping to a degree ... but it is a bit like wading through treacle, and managers are already over worked and flat out. These overseas workers should be very much welcomed and supported, but in terms of delivering numbers, they are not likely to compensate for the freedom of movement we lost through Brexit.

The ‘calibre’ of available staff

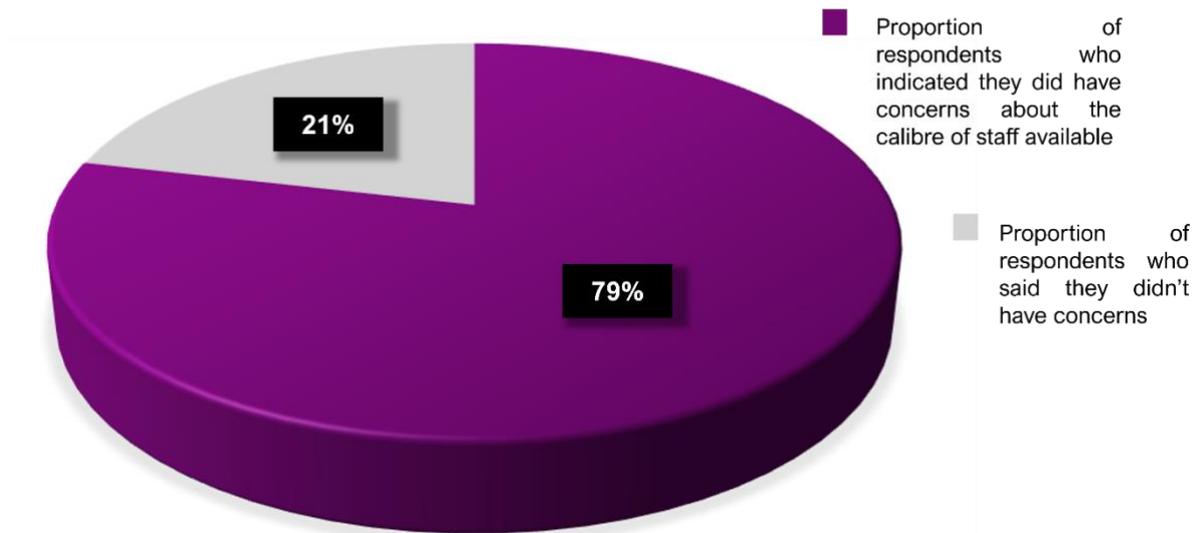
Question 6(a) calibre or quality of staff we need

We have no desire to be disingenuous to the multitude of social care staff who are unsung heroes, but not everyone who works in social care is like that ... it doesn't just 'come with the territory'. We know the quality of staff that providers find themselves having to employ, is a real issue for them at times. We therefore wanted to more fully understand their experiences in relation to this.

Do you have issues relating to the quality and / or resilience of some of the staff you employ?

Summary of responses

Proportion of respondents who indicated concerns about the calibre of staff available



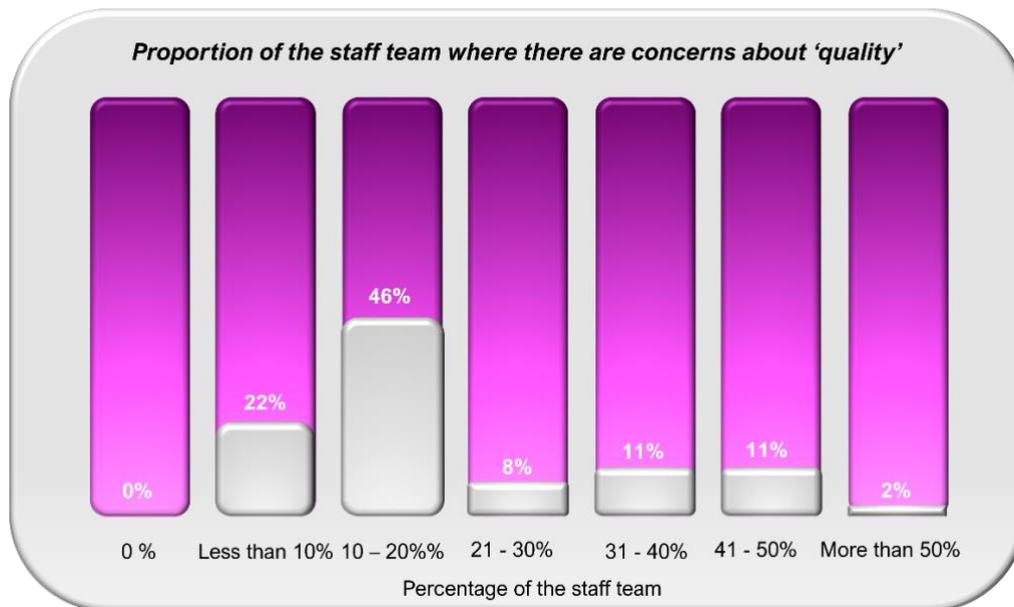
Out of 33 respondents, 26 (79%) indicated that they had issues relating to the quality of the staff they employ ... compared to 7 who indicated that they did not.

Question 6(b)

What proportion of your staff team would you estimate that this relates to?

Summary of responses

It varied but nobody said 0% ... and almost half of respondents (46%) indicated that they had concerns around the quality of between 10 and 20% of their staff team members.



Question 6(c)

Can you provide us with some insights around how it impacts on yourselves as owners and managers and on front line colleagues?

Summary of responses

Comments made by respondents included:

"We are paying the most we can for staff but find alongside the dedicated carers there are many people who are just along for the ride and at the slightest thing will let their residents down. Sometimes their work standards are not up to our expectations but if they are managed in this respect, they often consider it unreasonable and leave".

"Everyone has to work much harder to make up for reduction in quality / competence of staff".

"When we recruit support workers, we endeavour to get experienced staff but the reality is that the candidates are not always fully aware of the responsibilities and tasks they are expected to carry out ... This impacts the staff team as they are already over worked and feel they are 'carrying' new starters and raises our risk ratings around compliance".

“The calibre of new care workers applying for jobs is not where it used to be. It creates a lot more work for us and causes frustration with other staff where new staff are less reliable”.

“There is immense frustration from managers involved in recruiting, training and supporting new staff into practice. Initial cohorts of new staff, despite our best efforts to train and equip, dwindle rapidly in number during induction to around 50% and more are lost in the first weeks and months of practice ...

Many find that there is simply more to the job than they initially realised and move on before performance becomes a bigger issue. Some persist but still seem unable to develop the application to effectively care and support people, becoming unreliable and/or inattentive to those they support despite the support and guidance given them”.

“The most notable issues we have in this regard seem to be around staff’s mental health and resilience. Whilst the majority of our staff are highly committed, reliable and resilient, there have always been some (and we have noticed an increase over recent years) who struggle with their own mental health, personal lives, and unsurprisingly, the increasing economic / societal pressures”.

“We are forced to employ candidates who we would not previously have considered suitable. This has an impact on their colleagues and service users”.

“It can be extremely difficult for some managers to deal with poor attitudes and the way that some care staff will behave or speak towards them. I would estimate that over the past 12 months there has been an average of 10 -15% of staff that we would not have retained if it wasn’t for the near impossible task of replacing them”.

“We have periodically had the occasional staff member that needs extra support and / or took excessive amounts of 'spurious' time off. However, these days it is a notable proportion of the staff team, who are unable to come into work because of their mental health. Sometimes this is because they lack the necessary resilience. Sometimes it is because if they are on Universal Credit, their money gets topped up if they don't come in for a shift, so they don't lose out financially”.

“Recruiting people with the values, skills and experience or even those willing to learn and develop their skills and experience has always been an issue but has become even worse during and following the pandemic”.

Question 6(d)

How do you see the situation going forward?

Summary of responses



15 out of the 25 respondents (60%) indicated that they felt that the situation in relation to the calibre of staff that they were having no choice but to employ was getting worse (scoring it 8, 9 or 10).

Question 6(e)

Any thoughts or insights in terms of the reasons for it?

Summary of responses

Comments made by respondents included:

“Can be lethargy ... [lack of] work ethic”.

“It appears to us that the UK population has deteriorated in terms of education and respect. We see how some school leavers have never appeared to have uniform and behaviour rules applied effectively. This is by no means all, but it is a growing issue”.

“Social Care is increasingly getting more and more people who 'struggle to work'. We need the staff so we accept them, but they often bring with them more problems than they solve”.

“There seems to be a change since Covid ... more people have become work shy”.

“The benefit system doesn't encourage people to work. I have several staff on universal credit who only want to work 15 hrs because they have benefits reduced if they work more but they should and could be working full-time”.

Conclusions, reflections and learning

In response to this, we will paraphrase a section entitled ‘We don’t want just anybody working in social care’ from our 2022/23 Cost Pressures report.

When looking to address the recruitment crisis facing social care, it is often presented as a numbers game ... but the reality is that it is not just a numbers game. To look

after societies most vulnerable, we don't need (and you don't want) just anyone working in social care. The sector knows full well the problems associated with just employing anyone in a frantic attempt to address staff shortages. It causes more problems than it solves. We need the right people.

We need people who are not afraid of hard work, who are willing to step up, to take responsibility, to be genuinely caring and compassionate ... to step in when people need help ... to step back when they need to be encouraged to do things for themselves. People who are innately respectful ... people who can build high quality personal relationships ... people who are team players. We need people who understand boundaries and can apply them effectively to themselves and others ... people with common sense, with maturity and with insight.

It is not just about the range and complexity of the tasks carried out by social care workers and the skills needed, it is equally about their human qualities. The reality is that people of the necessary calibre with the right skills and attitudes deserve and are actually worth significantly more than social care services, (because of their own funding constraints), are actually in a position to pay.

We even found a quote in our November 2017 'The issues we face' report ...

"We find that a good proportion of the people who apply are just not suitable but they need to work. The low pay and the low status of the work is affecting the quality of people who put themselves forward".

A lack of ability to recruit sufficient staff of the right calibre, is an ongoing issue. It overstretches and demoralises competent and conscientious staff and is undermining the sector's ability to deliver services to the standard expected of us and to which we aspire. 60% of our respondents indicated that they felt this situation was getting notably worse. For the sector to survive, never mind thrive, we need competent and committed staff.

Not picking up, handing back or closing services

Question 7(a) ... not 'picking up', 'handing back' or closing services

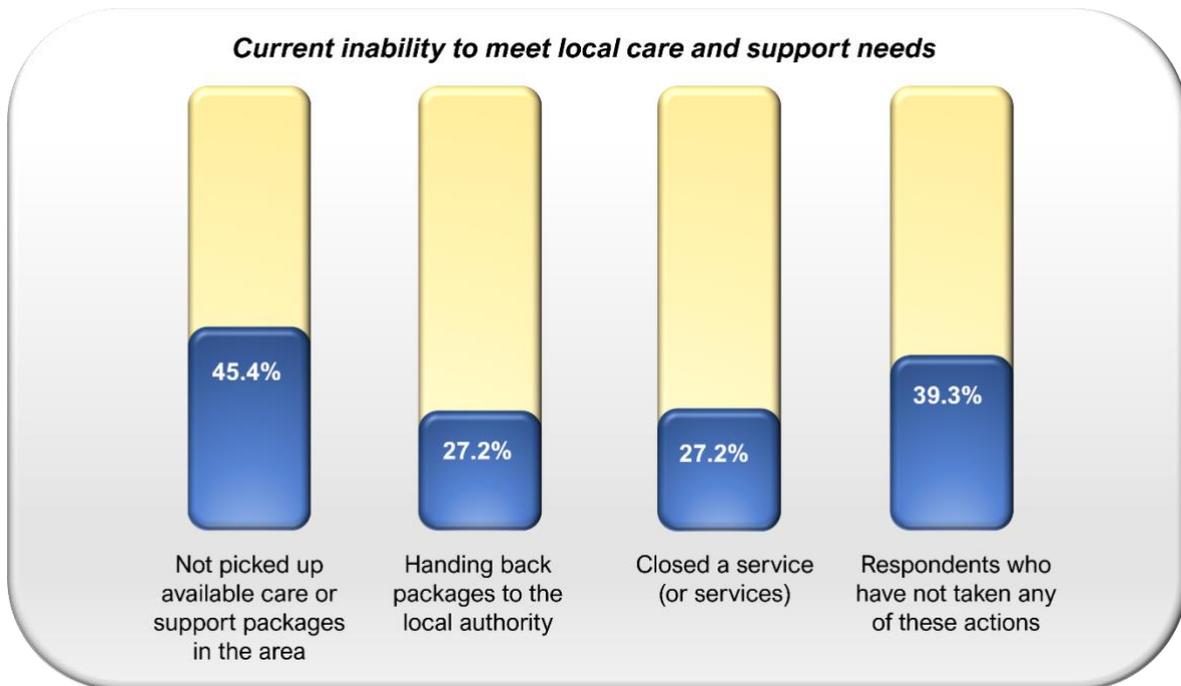
We know that nationally (and locally) there are a lot of people who are not able to find a social care package to meet their needs ... and we wanted to get a sense from a provider's perspective as to the degree that this is happening in this area, and if so, the reasons for it.

Can you tell us whether any of the following situations have happened to you since January 2021.

Summary of responses

Of the 33 responses 15 (45.4%) indicated that they are not picking up available care and support packages in their area. 9 (27.2%) said that they have handed services back to the local authority and 9 (27.2%) said they have had to close one or more services.

Only 13 of the 33 respondents (39.3%) indicated that they have not had to take any of these actions.



The reasons given were:

“Staffing ... unable to cover the hours”.

“Due to staff shortages we are unable to pick up any new packages unless they are to fill a void we already hold”.

“We handed all our community packages in [local authority] back in the past 2 months. Mainly due to lack of staffing and also the hourly rate. The margins had been very small for a number of years, and we probably should have done this some time ago ... The current costs have made us evaluate all areas of the business and we will continue to have to cut services that are not financially viable”.

“The lack of staff has meant that we have concentrated to continuing to service what we have rather than look at taking on additional work”.

“We have been unable to take on the number of new packages we would have liked, and otherwise been able to do, due to lack of available staff / low staff levels. We have closed some service temporarily for the same reason”.

“We have not picked up Domiciliary Care packages ... and have looked at handing others back, because of lack of staff”.

“Due to the current staffing crisis, we have sometimes been unable to replace leavers. We have continued providing a service for as long as possible before it has become unsustainable forcing us to give up packages and close down runs”.

“We have whole wings shut where we cannot staff them. Once the wing has closed, it is very difficult to reopen as you can’t find the staff to open and we are also not willing to lose money whilst we build up the clients again”.

“We have had to hand back challenging clients that require one to one support ... or arrange permanent agency to cover and give bill to the LA”.

“[We are] not paid enough to take on challenging packages, it doesn't make business sense ... some of the packages are complex and you need to be paying higher rates to staff, additional training etc. The costs are high”.

“We have available and / or soon to be available properties for supported living (which has not previously always been the case) but we lack sufficient levels of suitable staff and the financial stability required to actually make full use of them”.

Conclusions, reflections and learning

Approaching 30% of respondents indicated that they have either had to hand back or close services in their area ... and sometimes both. They were universal in their explanation that lack of available staff is critically undermining their ability to deliver services that are being requested of them.

If they have to close services (due to lack of staff and costs associated with building up occupancy), then it is very difficult to reopen them. If we do not sort the staffing crisis out, we will not sort this out and people’s care and support needs will ever increasingly go unmet.

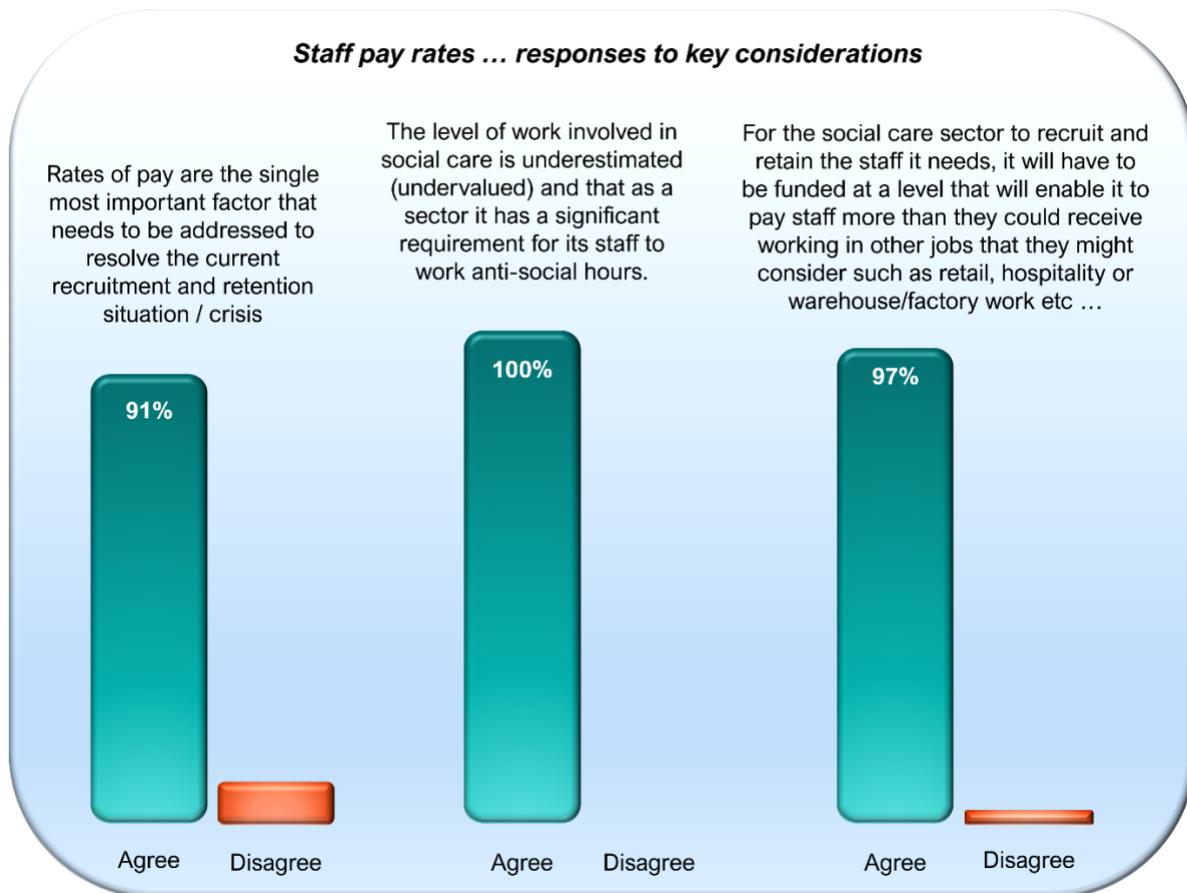
The issue of what social care staff need to be paid

Question 8(a) ... staff pay rates

Rates of pay are the single most important factor that needs to be addressed to resolve the current recruitment and retention situation / crisis in social care. Would you agree with this?

Summary of responses

31 out of 34 respondents (91%) agreed with this statement.



Comments they made included:

“Unless the issue of staff pay rates is satisfactorily addressed in social care, the sector will continue to haemorrhage staff and not be able to attract the new staff that it needs ... and will just become increasingly unable to meet societies social care needs”.

“Workers pay needs to reflect level of responsibility and amount of work training needed to comply to role”.

Even the small minority of respondents that didn't agree were not denying it's importance, but rather highlighting that they felt that the recognition and validation of care and support staff was equally important.

Comments they made included:

"Whilst we agree that low pay is seriously impacting on staff retention and recruitment and should be addressed urgently, we would suggest that of similar or equal importance is the conceptualisation and recognition of e.g. the 'support worker' or 'health care assistant' and associated roles & professions".

"Rates of pay are important but so are flexible shift times, locality & transport, training and development opportunities, a sense of self-worth at work and feeling happy within the team and role".

Question 8(b)

We believe that the level of work involved in social care is underestimated (undervalued) and that as a sector it has a significant requirement for its staff to work anti-social hours. Would you agree with this?

Summary of responses

100% of the 33 respondents agreed with this statement.

Some of the associated comments included ...

In relation to social care workers being undervalued ...

"Support workers at [organisation's name] undertake a highly skilled job and make very complex decisions about people's care and support daily. This is not reflected in pay or public perception".

"The level of respect acknowledged to social care is not comparable with the NHS. Care staff are NOT unskilled, they deal with life and death on a daily basis, provide emotional and physical support, administer medication including controlled drugs, make assessments in changes of health and recognise any slight decline and act upon it. They are very skilled and yet very undervalued in society".

"There is no doubt that the work is undervalued. The responsibility for staff is huge. You cannot compare stacking shelves at Asda and having to support someone with autism and challenging behaviour ... The amount of training and knowledge that staff have to have to work to the standard required must be reflected in the level of pay. This currently is not the case".

“Staff are expected to work with very vulnerable and at times very challenging individuals for the same pay as someone who requires little to no training stacking shelves at Asda”.

“People think that all we do with the physical aspects of care, washing, dressing, bathing and helping with continence issues. However, we deal with complex health needs, monitoring health matters more than we ever had. Social and emotional support. Providing physical and mental stimulation. Paperwork for care plans, key working, attending appointments. Ensuring people get regular support from dentists, audiology etc”.

“The level of knowledge that is expected and the consequences of not carrying out certain tasks correctly is massive in care e.g. medication which is not reflected in the care staff's pay. The amount of training required is also massive for the pay that a basic carer is on”.

“We end up competing with Aldi and other supermarkets, however the work we require staff to do is complex and difficult at times. Only the more complex people are currently being funded for services, they are extremely vulnerable and sometimes challenging individuals. The role of our staff is to keep them safe and well while also encouraging them to take risks and to live a full life. The skills needed to be a good support worker are huge and yet it is considered to be an unskilled, unqualified role”.

“Staff have learnt additional clinical skills and been without GPs, District Nurses and ambulances on many occasions. Having to assess and apply dressings, verify death over the phone with the GPs and make clinical decisions without medical advice. Residential care is now what nursing care used to be. Many residents require hoisting, assisting with meals and drinks and have advanced dementia”.

“Our support staff do an amazing job supporting complex individuals and this should be rewarded with pay scale that reflects the challenging, complex, demanding work”.

And in relation to the need to work antisocial hours ...

“Whilst staff may prefer the shift working aspect during certain periods of their lives, e.g. to fit around studies, parenting responsibilities or other personal commitments, all would certainly prefer to get adequate recognition / pay for 'out of hours working', or they may eventually move on to other jobs with more regular work hours”.

“People are put off by the low pay and expectation that they will work shifts / unsocial hours and therefore we are increasingly struggling to recruit”.

“There is no proper recognition for the unsociable hours worked ... a social care worker gives up areas of their lives to carry out this role working over weekends, missing social events ... working bank holidays and over Christmas etc. When this happens year in year out, it becomes un worthwhile”.

Providers cannot encourage people to work as the hours and travel during work are unsociable where as working in a shop or claiming benefits is less stressful and gives more life work balance”.

Question 8(c)

For the social care sector to recruit and retain the staff it needs, it will have to be funded at a level that will enable it to pay staff more than they could receive working in other jobs that they might consider such as retail, hospitality or warehouse/factory work... otherwise those staff will choose to work in those other sectors rather than in social care. Would you agree with this?

Summary of responses

32 out of 33 respondents (97%) agreed with this statement. Some of the associated comments included ...

“If we don't pay staff more than they can earn in other sectors, they will increasingly choose these sectors over us. Social Care is viewed as low status work. It is more demanding than other work and has more anti social hours / less chance of arranging your work around your life and more of an expectation to arrange your life around your work. People need to be paid extra for that infringement”.

“Care work is hard, unpleasant at times and unpredictable. Factory and shop work usually more controlled and predictable. If they offer better pay and other benefits e.g. money off shopping etc how can we compete?”

“Rates of pay in supermarkets and fast food restaurants are in excess of care wages without the physical or emotional demands of care”.

“Everyone is facing cost of living increases and working in another sector becomes much more appealing if the pay is better”.

“We have lost staff due to this. they can be paid more to work in a supermarket or as a cleaner”.

“Staff see better paid supermarket work. We also lose staff to local authorities and the NHS because they pay more and offer better terms and conditions ... We are not competing on a level playing field”.

“People can work at Aldi / Tesco for similar pay. There are attractive ‘working from home’ opportunities and admin roles in other sectors have grown. All this reduces the pool willing to join and commit to the sector. Pay must be competitive and exceed minimums set by Government”.

Conclusions, reflections and learning

The critical issues that will have to be addressed to ‘fix’ social care are ...

Firstly, we need to introduce rates of pay that properly recognise and remunerate social care staff for the qualities and skills required of their role and secondly ...

We need to be able to pay rates which create ‘clear water’ between what people can earn working in social care and what they might earn working in retail, hospitality or other sectors that are deemed to be low skilled.

We need rates that allow us to not only recognise and reward the right staff, but also which enable us to go ‘No thank you, you are not what we are looking for at this current time’, to people who have not got what it takes to work in this sector.

Fixing Social Care

We asked people to identify the service type they were providing and for which client groups. All respondents answered this question which provided the following breakdown:

- ❖ Learning Disability and / or Mental Health ... 14 respondents.
- ❖ Domiciliary Care ... 6 respondents.
- ❖ Older People Residential and / or Nursing ... 14 respondents.

We called on their experiences in terms of the impact of staff shortages on their services and what their views were about pay rates. We wanted to know what rates of pay they thought would be sufficient to:

- a) differentiate the sector from other sectors and
- b) adequately recognise and reward staff for the standard and complexity of the work being required of them.

We asked them to be mindful that (under our current economic system) the more money that is spent on social care from the public purse, the more money that would need to be raised, either through taxation or government borrowing. We didn’t want respondents to just pluck numbers out of the air. We wanted their views in relation to the ‘minimum’ it would take to fix social care.

Question 9(a)

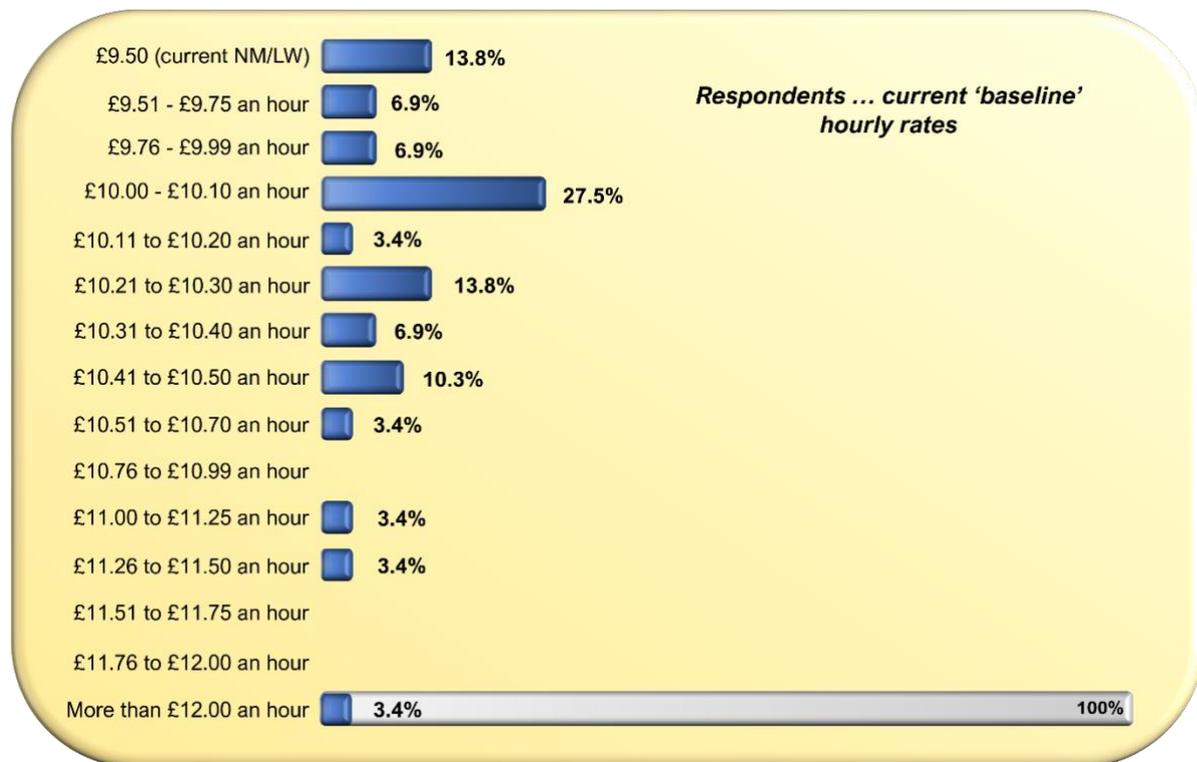
What is your current base line hourly rate for frontline staff?

Summary of responses

Out of the 29 respondents who provided a baseline figure for their frontline staff, only 4 (13.8%) had an hourly rate that was the current National Minimum / Living Wage of £9.50.

There was a cluster of 18 respondents (62%) with a baseline figure between £10.00 and £10.50 an hour. Baseline figures of more than £11.00 an hour were provided by Domiciliary Care providers.

What everyone was saying however, was that their current rates are not working in terms of recruiting and retaining the staff they need.



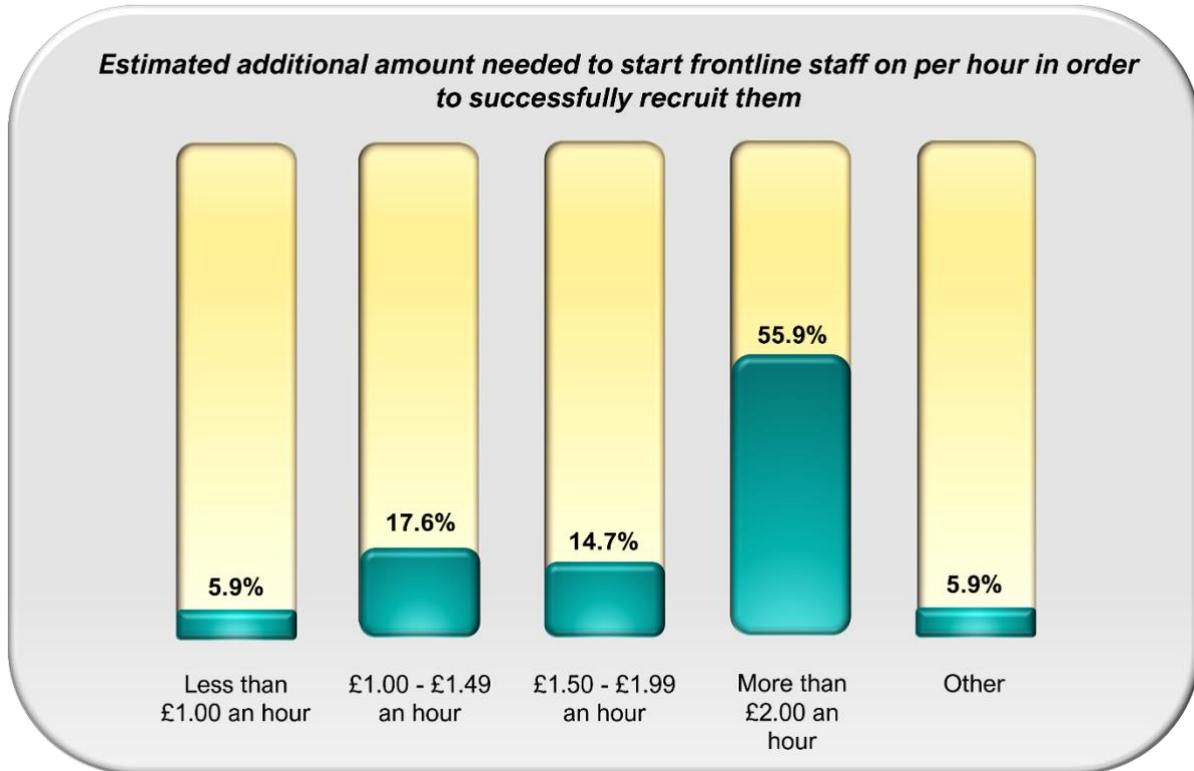
Question 9(b)

How much more would we need to start frontline staff on per hour in order to successfully recruit them ... What do you think the minimum needed would be to make the necessary difference?

Summary of responses

There was a range, but 19 out of the 34 respondents (55.9%) indicated that the minimum increase in baseline hourly rate to fix social care will need to be more than

£2.00 an hour. We would tend to agree with that. Firstly, staff need to be rewarded for the complex and often demanding nature of the work they do, but secondly, there has to be ‘clear water’ between rates paid in social care and rates paid by other sectors competing for the same workers ... otherwise it just won’t work.



The two ‘other’ responses related to an increase of £5.00 an hour.

Question 9(c)

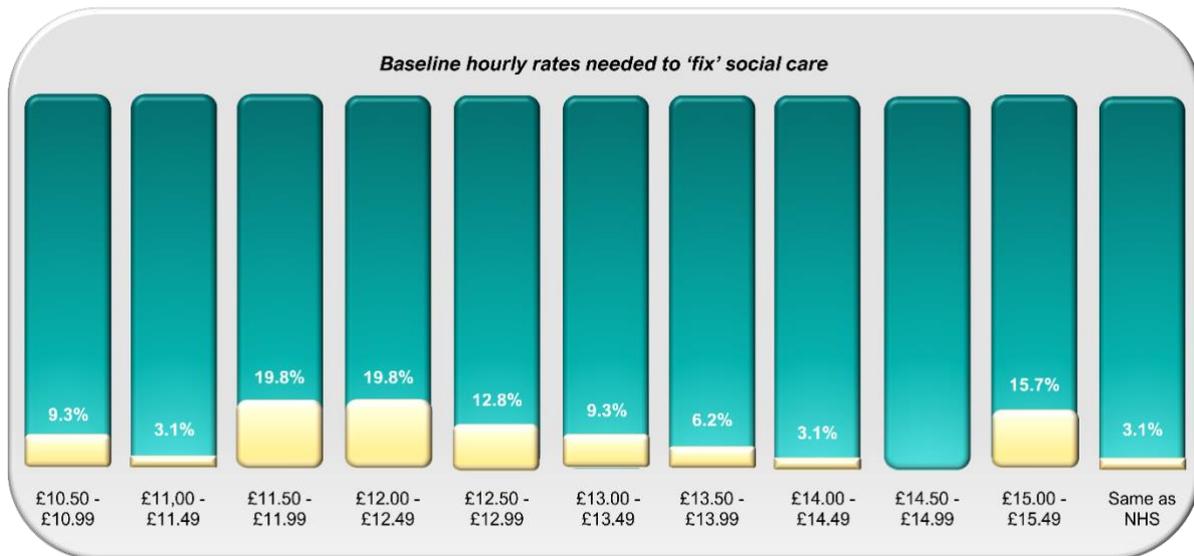
What do you think would be a workable starting salary (hourly rate) for frontline staff?

Summary of responses

There was quite a range expressed and so it was difficult to draw concrete conclusions from the responses to this question. Part of that variation could be reflective of what different service types might need to offer to recruit staff successfully.

For example, we would expect it to be higher for Domiciliary Care services where staff are often lone working, they can be doing split shifts and doing visits out in all weathers early in the morning and late into the evening.

We would also expect the baseline rate needed to recruit staff to be higher in services where people have either very complex needs and / or are challenging.



Even though the range presents as many questions as answers, as with all the responses we received, we have woven them into our thinking in terms of laying out what we believe minimum starting rates need to be to successfully recruit front line staff in social care.

From our perspective (as is highlighted by respondents elsewhere in this report), for baseline hourly rates to work, they will need to provide 'clear water' between rates paid in social care and rates paid by other sectors competing for the same workers.

There were a number of respondents indicating that a basic hourly rate for frontline social care work should be £15.00 in line with TUC suggestions. Whilst we feel that increasingly this might represent a reasonable wage for certain frontline social care staff, the purpose of this question was to try and create further clarity around the minimum rates that would actually be viable.

Question 9(d)

Does there need to be a salary range for frontline staff to reflect experience?

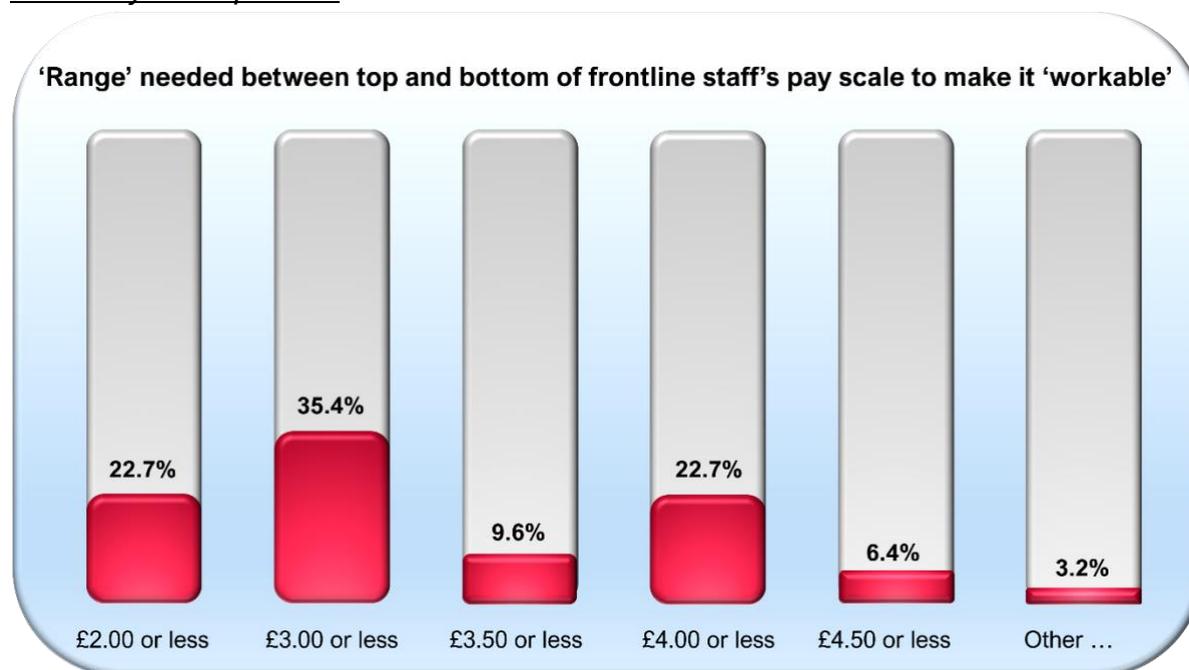
Summary of responses

32 out of the 33 responses given (97%) felt that there needs to be a pay range for frontline staff to reflect their experience.

Question 9(e)

Please select what you think would be the most workable salary range (hourly rate)

Summary of responses



Again, there was quite a range expressed and so it was difficult to draw concrete conclusions from the responses to this question. Part of that variation could be reflective of different service types and exactly what the responsibilities are, associated with the role.

The most frequently suggested range (35.4%) was £3.00 an hour or less between the top and bottom of their salary range. Whilst a wider range might be more effective in specific services, our view is that 'as a minimum', a range of £3.00 an hour between top and bottom of scale would (for the most part), significantly help to address the current problems with staff retention.

The 'other' response was again suggesting parity with the NHS.

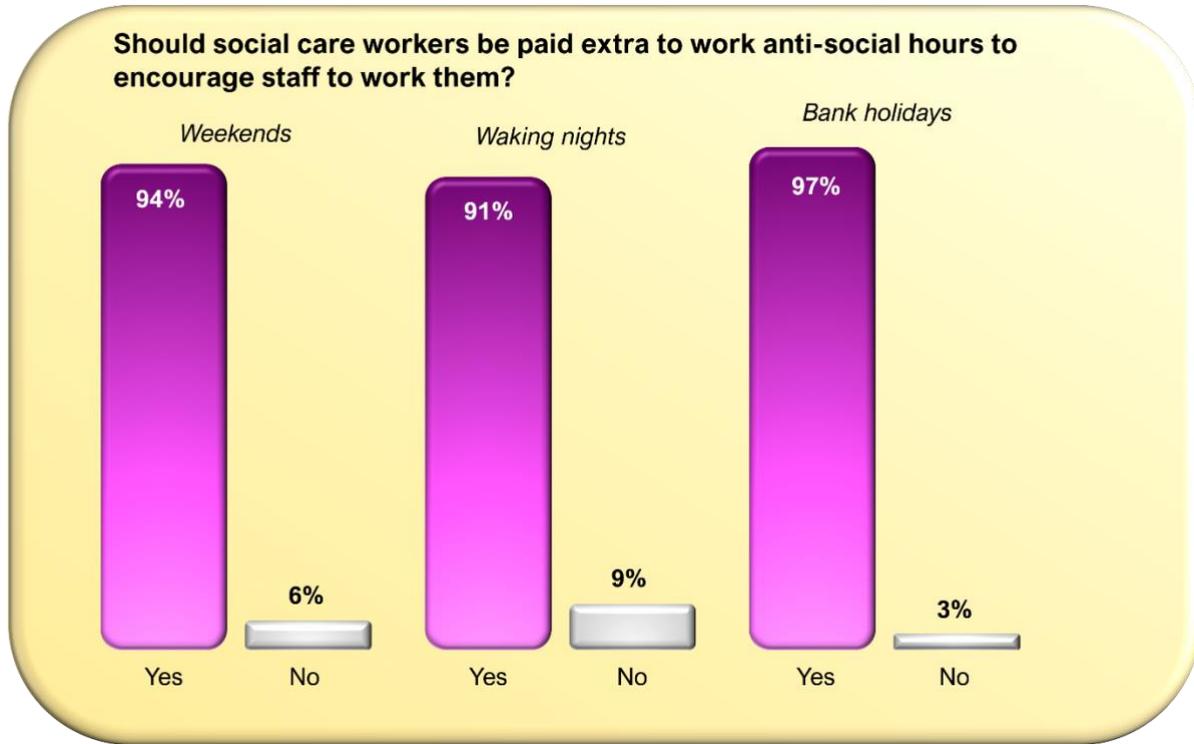
Question 9(f)

Above their baseline hourly rate, do you think the sector needs to be paying extra for anti-social hours to encourage staff to work them?

Summary of responses

Overwhelmingly providers felt that payments were needed to incentivise people to work antisocial hours. There was a lack of detail from providers who indicated that they didn't feel that these payments were necessary. One respondent said that they

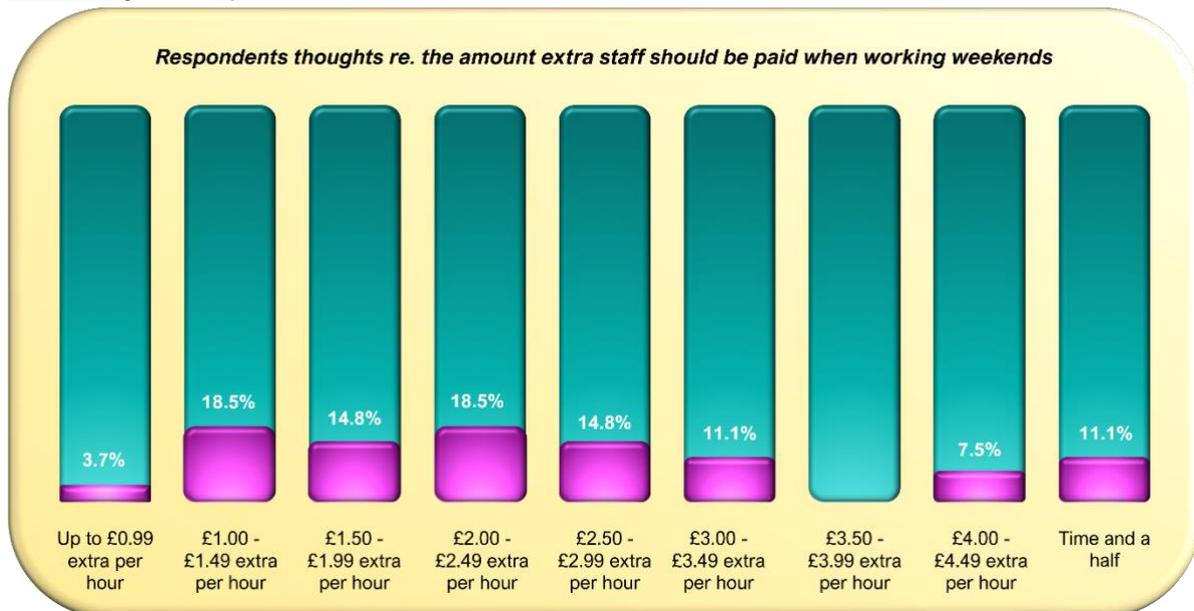
didn't pay extra for night staff because they were performing domestic duties rather than caring tasks.



Question 9(g)

Hour much extra do you think is needed per hour for working weekends?

Summary of responses



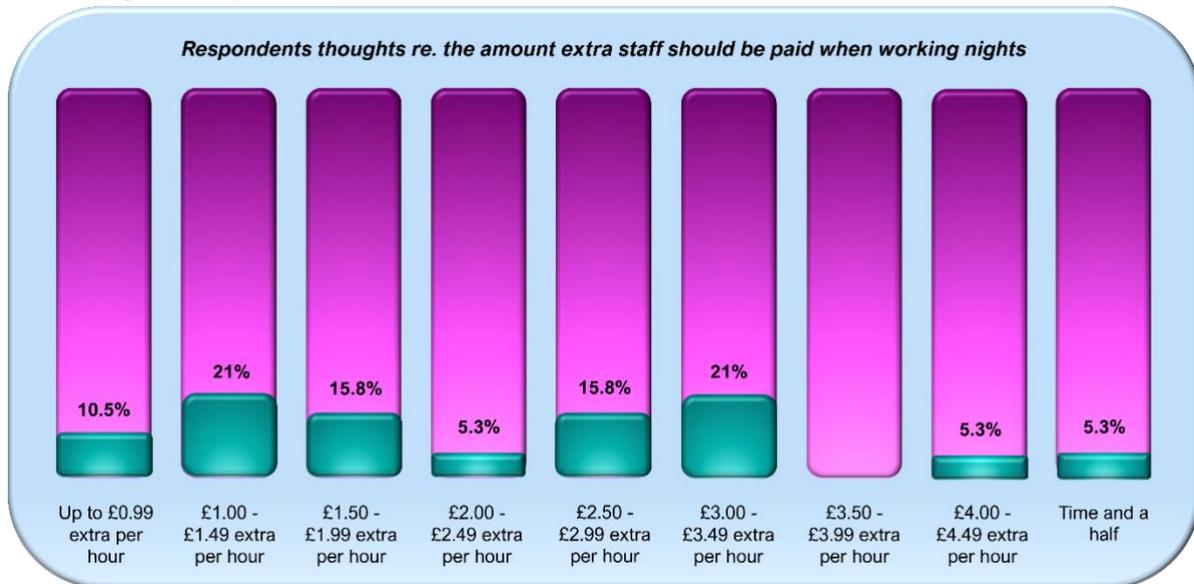
This information is based on 27 responses.

We have included a summary of the suggested ranges for the sake of transparency and completeness, but again there is such a range of ‘opinions’, that there isn’t much we can definitively conclude from the responses. We do however think it is a critical question and so, given people’s overall responses, we will look to suggest a ‘minimum enhancement’ that we feel would go a long way to financially compensating people for the loss of their weekends.

Question 9(h)

Hour much extra do you think is needed per hour for working nights?

Summary of responses



This information is based on 19 responses. The number of responses was lower in large part because a good proportion of the services did not provide waking nights.

Again, we have included a summary of the suggested ranges for the sake of transparency and completeness, but suggestions were relatively evenly spread across a wide range of options, so we couldn’t really draw any definitive conclusions from what was provided.

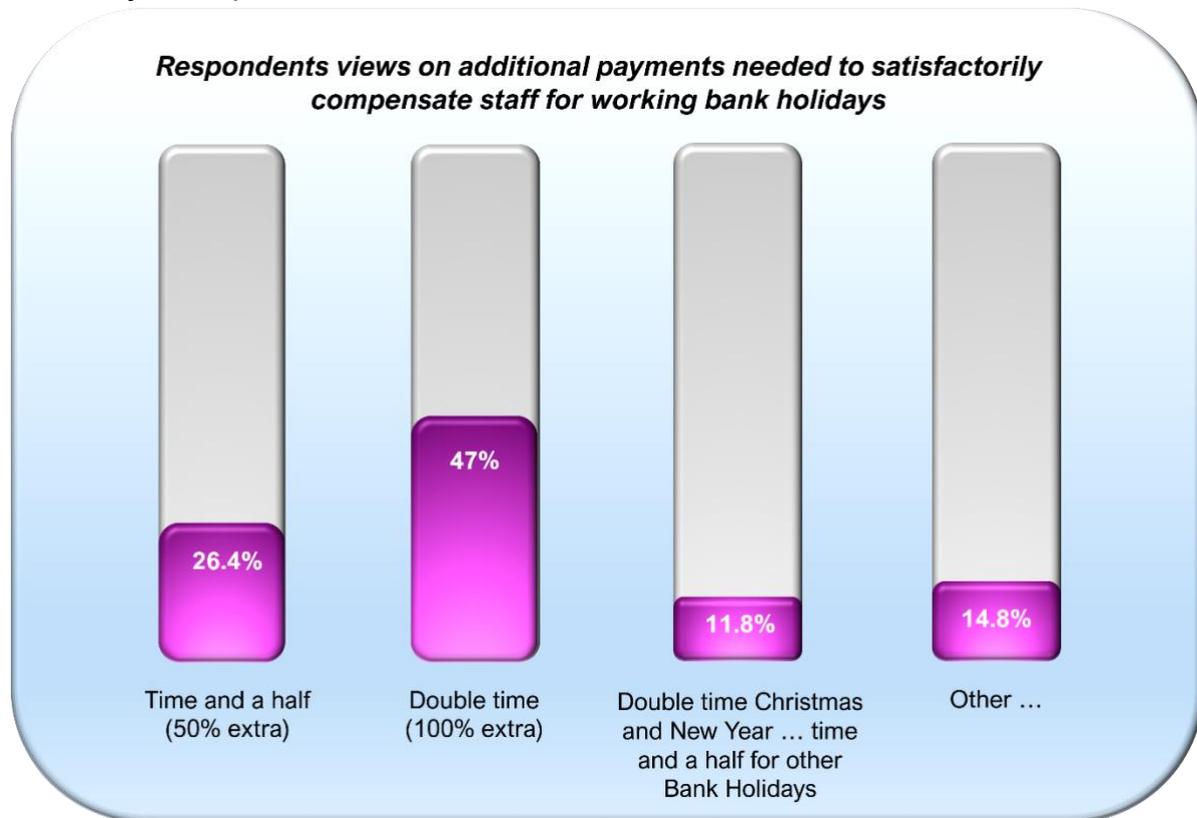
We do however think this is another critical question and so will look to suggest a ‘minimum enhancement’ that we feel would go a long way to financially compensating people for working nights.

People don’t like doing batches of day shifts and then batches of night shifts. Whilst you might do this occasionally to supplement a shortfall, generally you are going to be looking to employ a group of staff who want to (or are prepared to) exclusively work nights.

Question 9(i)

Hour much extra do you think is needed per hour for working bank holidays?

Summary of responses



The responses to this question were much clearer. The most common responses were double time (47%), time and a half (26.5%), and Double time for the key bank holidays (Christmas Day, Boxing Day and New Year’s Day).

In terms of giving up a Bank Holiday and quality time with their family, it is probably reasonable that people should be paid double time. However paying people a minimum of time and a half may be a sufficient incentive for them to agree to work a Bank Holiday without calling in sick.

Are there key bank holidays such as Christmas Day, Boxing Day and New Year’s Day where, if you are not with your family, it would be more keenly felt? Our view would be ‘yes’. So, differentiating these by paying double time and then paying time and a half for the others, might be a viable way to proceed.

Question 9(j)

Are there other anti-social hours that you think the sector needs to be paying extra for to encourage staff to work them. If so, how much extra?

Summary of responses

There weren't many other suggestions but there were three respondents who felt that staff should be incentivised to work evenings.

Another respondent said that incentives (in the form of enhanced rates) should be provided "*if staff have worked over their contracted hours or temp staff have worked over [full time equivalent hours] per week*".

Another respondent indicated that they felt reasonable financial remuneration should be available for the responsibility and additional burden of being 'on call'.

Question 9(k)

Given the range you are advocating for frontline staff, what do you think a viable starting salary (hourly rate) would be for senior carers or senior support workers?

Summary of responses

This didn't work particularly well as a question as suggestions were so widely spread that on their own, they didn't provide a basis from which definitive conclusions could be reasonably drawn.

This probably shouldn't be as surprising as it first appears as it is going to depend on the service type, the exact nature of the role and the level of management responsibility associated with the position.

We do however think this is another critical question and we will look to suggest a 'minimum range' that we feel would go a long way to incentivising people to take on these positions.

Question 9(l)

Given the range you are advocating for frontline staff, what do you think a viable top of their range (hourly rate) would be for senior carers or senior support workers?

Summary of responses

Again, this didn't work particularly well as a question in terms of receiving suggestions on which definitive conclusions could be reasonably drawn. But again, it is a critical question, and so we will try and use 'principles' established during this exercise to

suggest a 'minimum range' that we feel would go a long way to incentivising people to take on these positions.

Conclusions, reflections and learning

Very few providers said they were using the current NM/LW of £9.50 an hour. Currently the 'mode' (most frequently cited) baseline pay rate for frontline staff was between £10.00 and £10.10 an hour. However, we know that these rates (and actually all the other current starting pay ranges that were cited) are just not delivering the staff that are needed.

Whilst the rates themselves are not reflective of the demands of the work and the skills and attitudes required, it is more the case that people can find work elsewhere which pays the same (and very often more), is less demanding and is less disruptive of people's work : life balance. Faced with this choice, unless it is their vocation, why would people choose to work in social care? None of this is particularly difficult to get your head around, it just needs facing up to and properly addressing.

19 out of the 34 respondents (55.8%) estimated that in order to recruit the staff they need, they would need to increase their baseline hourly rate by more than £2.00 an hour.

97% of respondents indicated that there needs to be a salary range to retain staff. Over a third indicated that they felt a range of £3.00 or less between top and bottom of scale would work.

Respondents also overwhelmingly indicated that staff need to be financially incentivised and rewarded for working antisocial hours.

In our overall conclusion, we will use the responses we received along with our own working knowledge of social care provision to propose a minimum pay structure that we believe would actually provide us with a fighting chance of fixing social care.

Question 10

Do you think that one of the reasons local authorities and the NHS are able to retain staff more effectively than the social care sector is because they have better benefits packages in terms of pensions, annual leave, sick pay?

Summary of responses

Of the 34 respondents, 33 (97%) agreed that one of the reasons local authorities and the NHS are able to retain staff more effectively than the social care sector is because they have better benefits packages in terms of pensions, annual leave, sick pay.

Some of the points they made included ...

“We have been able to retain staff much better as we have grown and been able to provide more of these type of benefits. Whilst I think the hourly rate is the biggest factor I also think that this would also help”.

“NHS & LA pay & benefits are generally always above / more extensive than with other sector employers, which seems to 'signal' more security, value, recognition to job candidates/sector workers”.

“Sick pay is something that the NHS offer which would benefit a lot of staff (not all as some staff sickness is not conducive with working in care). A lot of NHS staff I know will not leave because of their pension”.

“If you have good sickness benefits, a good pension scheme and increasing amounts of annual leave over the years then you think twice about moving job. If you don't have these things, then they don't retain you. I have worked for providers who have TUPED staff on NHS terms and conditions. Those staff didn't leave ... they held out for their pension”.

Conclusions, reflections and learning

Respondents overwhelmingly felt that more generous benefits packages, in terms of annual leave, sickness and pension arrangements, would go a long way towards helping to retain staff.

Whilst these ‘generous’ benefits packages may not be available for workers in retail, hospitality, manufacturing etc, they are available to NHS and local authority workers, who probably provide the most ‘direct’ competition in terms of the ‘qualities’ in people that the social care sector is trying to attract.

If you are paid more to work for the NHS or the local authority and you receive more generous terms for conditions, why would you choose to work in social care unless it was your ‘calling’, or you weren’t able to secure a position in these other two organisations?

If it is not your calling and you get paid more working in retail or hospitality and the work is less demanding, if the lack of terms of conditions is the same across these sectors, again why would you choose social care?

The current benefits packages in social care are not generous and people do not give them a second thought when considering whether to leave an organisation. There are a lot of things that need to be done to fix social care, and revising benefit packages

to make them more generous should be one of those things. This is about maintaining a critical workforce (like the NHS ... or teachers) on which society depends.

Question 11

Are there any additional insights that you would like to share in terms of the pay, terms and conditions that would be needed in order to 'fix' social care?

Summary of responses

"[We need to] be able to actively recruit from outside the current pool of care staff".

"We need a long term fix. It's hugely challenging for social care providers to budget and plan for the future without any certainty on funding".

"The sector needs massive funding reform".

"Staff in care homes are perceived by the public as unskilled workers, we are not valued as much as the NHS, there is absolutely no concept of the skilled work and responsibilities we all undertake".

"Currently it seems the sector is only highlighted for its failures ... NHS staff are also represented as "angels", social care is represented as low paid work".

"Pay parity with NHS. Pay fair fees [so providers are] able to pay the fair staff rates".

"If H&SC sector roles were appropriately funded (including training pathways), and staff appropriately paid and valued, it would likely also attract high calibre, committed candidates - of which there are many within society".

Conclusions, reflections and learning

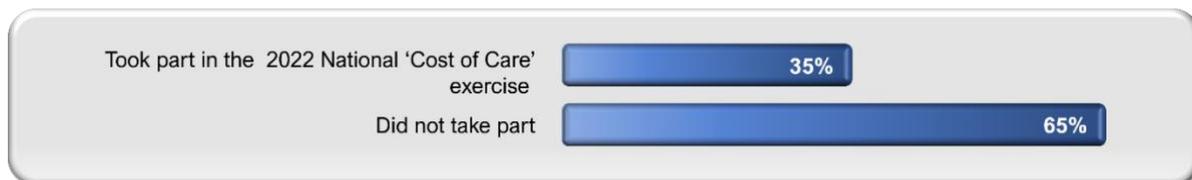
What is becoming clear through the development of this report is that without funding reform to a degree that people are so far failing to grasp, the social care sector is very close to collapse.

2022 'Cost of Care' exercise

Question 12(a)

Did you take part in the recent Cost of Care exercise requested by your local authority?

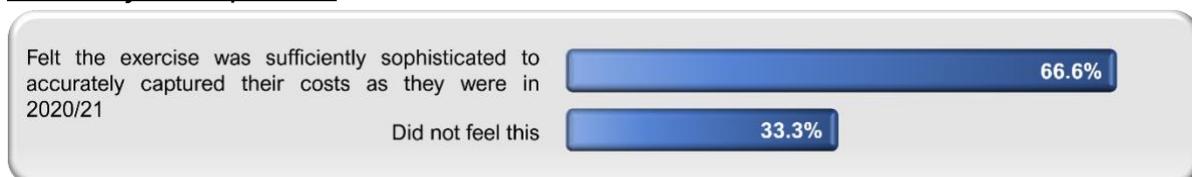
Summary of responses



Question 12(b)

Do you feel that this process was sufficiently sophisticated to accurately captured your costs as they were in 2020/21?

Summary of responses



Question 12(c)

Did the exercise give you the opportunity to highlight the extent of any additional costs that you have been subjected to since the 2020/21 reference period?

Summary of responses



Only 12 (35%) of the potential 34 respondents took part in last year's Cost of Care exercise. Whilst there were some residential and domiciliary care services for older people who were 'eligible' but said they didn't, the number was also low because Learning Disability and Mental Health service providers were not included.

Of the 12 that did engage, 8 (2/3rds) felt that the process was sufficiently sophisticated to capture their costs as they were in 2020/21 ... 1/3rd did not.

And 8 felt that the exercise gave them the opportunity to *highlight the extent of any additional costs* that they had been subjected to since the 2020/21 reference period. 3 did not.

Some comments made included ...

“It did consume quite a lot of time and still no outcome as yet”.

“It was a useful exercise although took place before energy and other inflation increases so inflation assumptions will be too low”.

Conclusions, reflections and learning

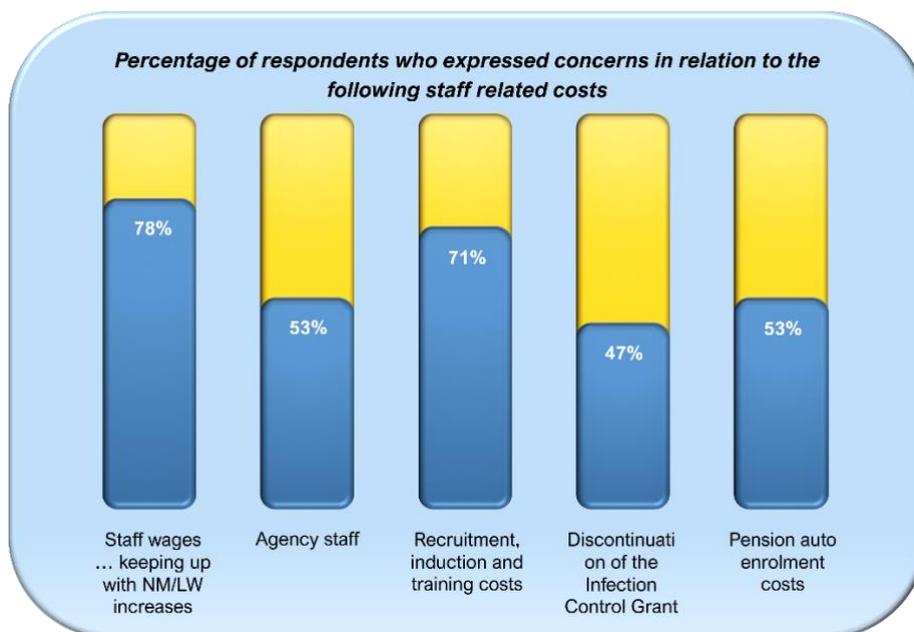
The only point we would to make here is that, this was an important exercise and providers would have appreciated knowing the outcome of what is a very critical area, before now.

Specific cost pressures

Question 13(a) ... staff related costs

Which of the following are causing you concern in relation to the current levels of income that you receive?

Summary of responses



We received 32 responses to this question. To varying degrees all the staff related costs that we put forward were identified as concerning by respondents. The main cause for concern (for 78% of respondents) was the increase in staff wages to stay in line with the National Minimum Wage.

53% cited staff agency costs, 71% cited recruitment, induction and training costs, 46.8% cited withdrawal of the Infection Control Grant and 53% cited pension auto enrolment costs.

23 of the 34 respondents indicated that they were regularly using agency staff and 17 (74%) of these highlighted it as a concern. A number of these made comments that agency costs were in danger of undermining their viability.

Whilst pension auto enrolment costs are only a small element of the total picture, they have never been properly funded by local authorities, so providers are already carrying a significant proportion of these. It also needs to be recognised that because it is paid on a percentage of earnings, the 3% employer contribution rises every time the minimum wage / staff wages go up.

53% of respondents expressed concerns about no longer receiving Infection Control Grants to pay staff to self-isolate if they were to contract Covid. This is important at a time when staff are regularly off work due to Covid. Low wages combined with the cost of living crisis, means they can't afford to be.

No other key staff related cost concerns were identified ... so we can take from that, that these are the key ones.

Some of the related comments that respondents made were:

"Agency costs are reducing our service viability".

"Agency costs are unsustainable. Normal investment in upgrading maintaining fabric of services and future investments are both impacted".

"High cost of agency staff results in a lower investment in permanent staff".

"I am concerned that if we do not see a fair rise in staffing pay the recruitment problems will continue, current staff will leave for other jobs and the pressures will continue. We are under control of what we pay staff from what we receive from the government. I certainly wouldn't stay in this position long term if it continues. I believe the government will have an even bigger crisis long term with regards to having homes available due to the past treatment and funding to the social care sector".

“The increase in the NMW to £10.42 from £9.50 is a 9.68% increase and is going to cost our company in the region of £128K and will deliver absolutely no additional competitive advantage”.

“The NMW this year has increased by over 9%. Although we already pay above the NMW, we need to introduce similar increases in order to attract staff and not increase our agency spend”.

“We are concerned that we still don't know what uplift we will get in comparison to the 10% increase in minimum wage. This is highly frustrating as we need to make these now to enable us to change our recruitment ads for the next few months and provide confidence to staff so that we retain them”.

“We are investing only in the most urgent areas. If costs get much worse, more businesses will fail”.

“We are no longer able to give full pay for covid related sickness since this fund expired. This is very concerning given rising rates in the community and low staffing levels”.

“We have no choice to pay more and make no profit again this year”.

Conclusions, reflections and learning

There were a number of concerns relating to staff costs. The main one related to the 9.68% increase in the NM/LW. If as a minimum this is not fully covered in the 2023/24 annual uplift, then that is going to actively undermine the ability of some providers to be able to continue for much longer.

Also, in the short to medium term (i.e. before someone steps forward and is serious about fixing social care), the financial implications of providers increasing reliance on agency staff needs to be addressed, potentially by compensating individual providers for these additional costs, otherwise many will go out of business and / or just stop operating.

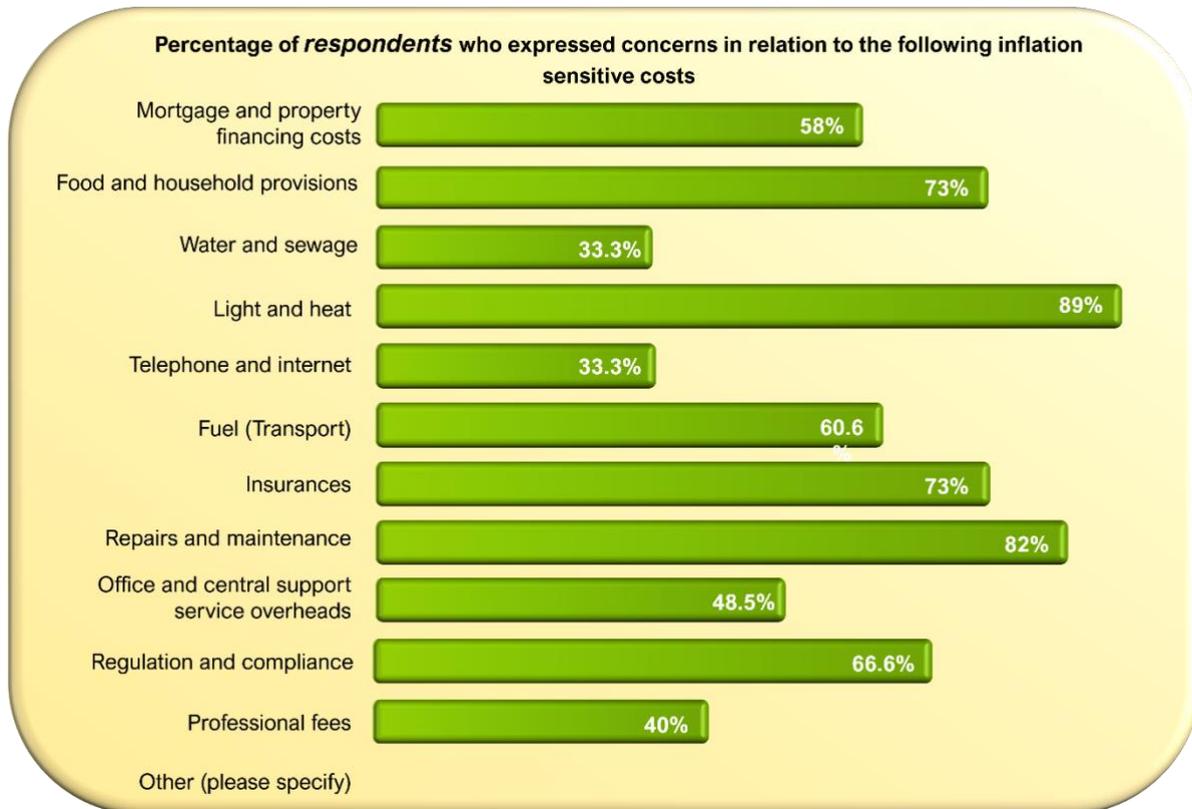
Question 13(b) ... inflation related costs

Which of the following are causing you concern in relation to the current cost of living increases and the levels of income that you receive?

Summary of responses

We received 33 responses to this question. To varying degrees these inflation related costs were all identified as concerning by respondents going forward. The inflationary pressures which received the most concerns were:

The responses indicate that (along with staffing and development costs), the costs identified in this question make up the majority of a social care providers 'basket of costs'. Rather than RPI or CPI, these elements are really what any annual uplift formula relating to them should be based on.



The extent of the impact is probably better reflected in people's comments.

"We have tried to keep costs down but are at stage that without a sharp increase in income that we might not be able to survive another 12 months".

"Fees are not keeping pace with cost increases. Utility costs have risen several hundred percent. Food costs and minimum wages are rising too".

"As we all know our cost increases are far in excess of inflation due to the care home buying basket and main areas of expenditure".

"If uplifts from LA's do not meet these costs, then we may have to consider handing back contracts some of which will have a major impact on the people we support and the stability of the organisation".

"These costs cannot simply be absorbed by the business and so have to be passed onto the client. We try to be appropriate with this. We have one resident move to our care home as they can no longer afford their existing care home rates, as they have increased fees by £500!"

“The cost of items such as the food bill increasing at a rate above what we could reasonably increase our room rates by”.

“Our financial constraints are causing concern and have led to more discussions and more work with lenders. Despite the give scheme around utilities, we are still struggling to see the true impact of whether this support is enough. Many suppliers and brokers still seem to be in the dark about how much the true cost will be following the impact of the gov scheme. This is also again very short term, so still huge concern beyond those timescales”.

“We can't keep up with the rise in costs”.

“In order for services to be sustainable, and to meet the real needs of our service users, funding / LA uplifts would need to match inflationary increases. Our ongoing and increasing challenges are also around service user non-payments, delayed payments, bad debt, and the complexities / inadequacies of the benefits / UC systems, etc”.

“CPI is currently running at 11% and that is an extremely conservative measure for social care services. Food costs are up by closer to 14%. Energy costs have more than doubled. Fuel is up by over 40%. These are significant costs experiencing significant increases and these need to be funded”.

“[Our] gas bill went up 500% this year, interest costs have also more than doubled plus insurance is increasing”.

“We are locked in an energy contract that has increased by 400% this year and is a serious cause of concern re: viability. Repairs and capital works inflation is also out of control”.

“Our bills have all increased especially food and particularly fuel. Obviously, we can't turn down the heating, so this is very concerning. Care homes can't make savings like other people and companies can”.

“Fuel/heating cannot be adjusted - we have few options. Food costs continue to spiral. This reduces margins available to invest in upgrades / adjustments”.

“Fuel costs, staff begging to say they cannot afford to out in fuel and wait for repayment! We cannot afford to pay this upfront!”

Conclusions, reflections and learning

The current and recent impact of inflation is unprecedented in living memory. It has been savage and has had a constraining effect on all but the very wealthy. The issue for care businesses, particularly those that are accommodation based is that they

can't cut the heating, or the electric, or the food. Domiciliary Care and other community-based services can't just cut fuel use.

Providers are exposed to the full extent of a range of double digit (and a times triple digit) cost rises. Far from being very wealthy, providers have been operating against a backdrop of cost constraints for over a decade. Many were already on their knees. 57.5% of the respondents highlighted mortgage and property financing costs as a key concern.

It depends on what a provider's financing arrangements are, but they have all been subject to very low interest rates for the last decade. This has changed dramatically in a very short period of time and if they can't make significantly increased payment requirements (and occupancy and income levels are going to have a critical part to play here), and they can't renegotiate lending arrangements, they are going to be at increased risk of failure.

One respondent talked about property leasing arrangements being linked to CPI. Manageable when it is running at 2% ... not so much when it is running at 10%.

Inflation may come more under control in 2023, but remember, even if it comes down to 5% (which is still high), this is 'in addition to' the historically high inflation rates that we have recently been experiencing.

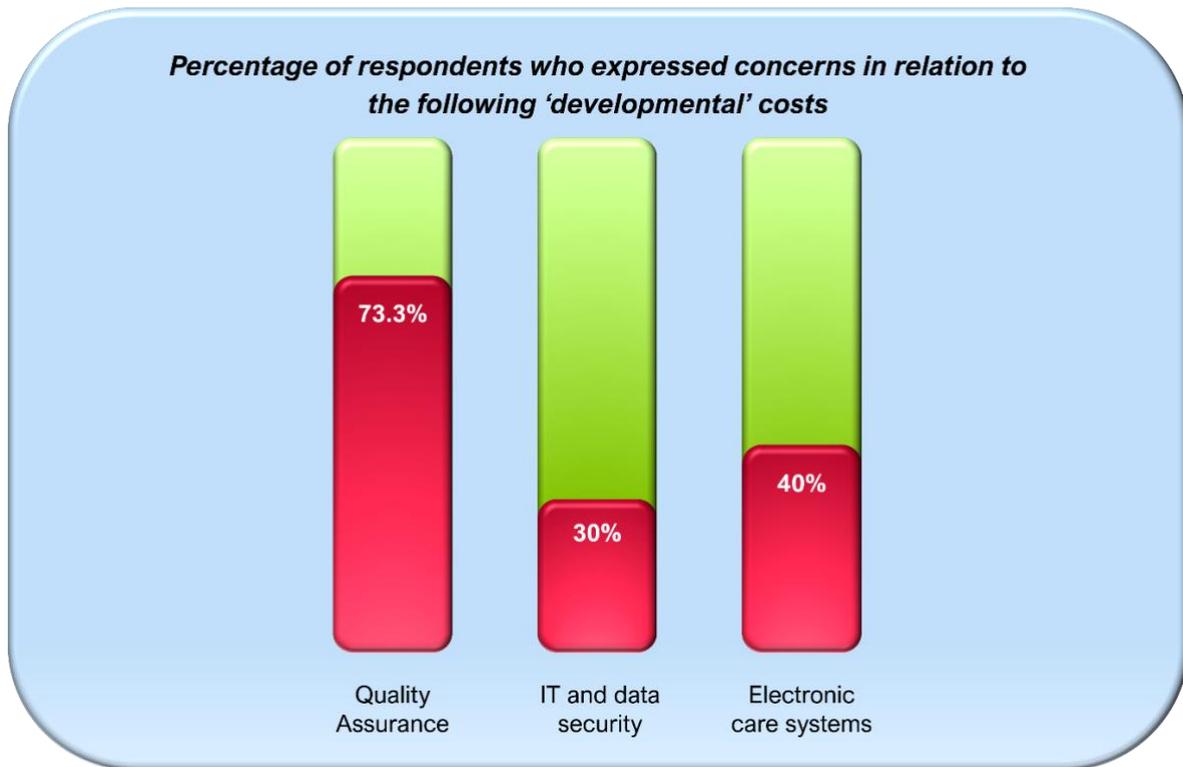
Question 13(c) ... development and Improvement costs

Which of the following are causing you concern in relation to the current levels of income that you receive?

Summary of responses

We received 30 responses to this question. 22 (73.3%) of the 30 respondents highlighted concerns regarding development costs in relation to quality assurance. However, their comments appeared to be less about concerns around the cost of implementing QA and governance systems and more about their concerns about the general state of affairs on their ability to assure a quality service.

9 (30%) of the respondents identified concerns about being able to invest in IT and digital security and 12 (40%) of the respondents identified concerns about their ability to invest in electronic systems.



A selection of the comments made in relation to concerns around 'development and improvement' related costs can be found here ...

"The ability to invest in development and improvements is on a need must basis at the moment".

"Demand is constantly increasing, legislation getting ever more complex and time-consuming, whilst funding does not keep up, the sector and providers can never do more than just 'fire-fight'".

"Currently we do not generate enough surplus ... we put as much back into the home for development as we can, but there is always more to do".

"Workload is constantly increasing without additional funding or capacity to support this".

"Use of agency and lack of staff has a huge impact on quality. Investment in upgrading facilities, IT and management will be affected without any additional funding".

"Difficult to chase quality when 30% of staff are agency. IT systems need upgrading but again a cost and short of labour to deliver and enable".

"The effect of an inadequate hourly rate impacts our ability to provide investment in relation to all of these".

“Quality of care demands are rising constantly. This increases cost base but revenues are stagnant, [especially with] other costs increasing wildly”.

“Increased costs reduce our ability to invest”.

“Each Home has a development plan in place for 2022/2023 but action points are reviewed each month depending on occupancy & income and development is dependent on this”.

“These are increasingly requirements and yet the current expectation is that they are funded from profit which is being savagely squeezed. If they are requirements, then they need to be costed in”.

Conclusions, reflections and learning

In terms of developmental costs, it is our view that if something is a ‘requirement’, then it needs to be properly funded and included as an identifiable cost line within the price paid for services.

Even in better times, investing in anything other than essential infrastructure and improvements from highly squeezed profit margins is a challenge for many. At the moment, the comments indicate that these investments are nigh on impossible.

Profitability and sustainability

Question 14(a) ... profitability and sustainability

If you feel that the cost pressures you are now facing are not adequately addressed, your service(s) will no longer be financially viable, how long do you think that you can realistically continue to operate?

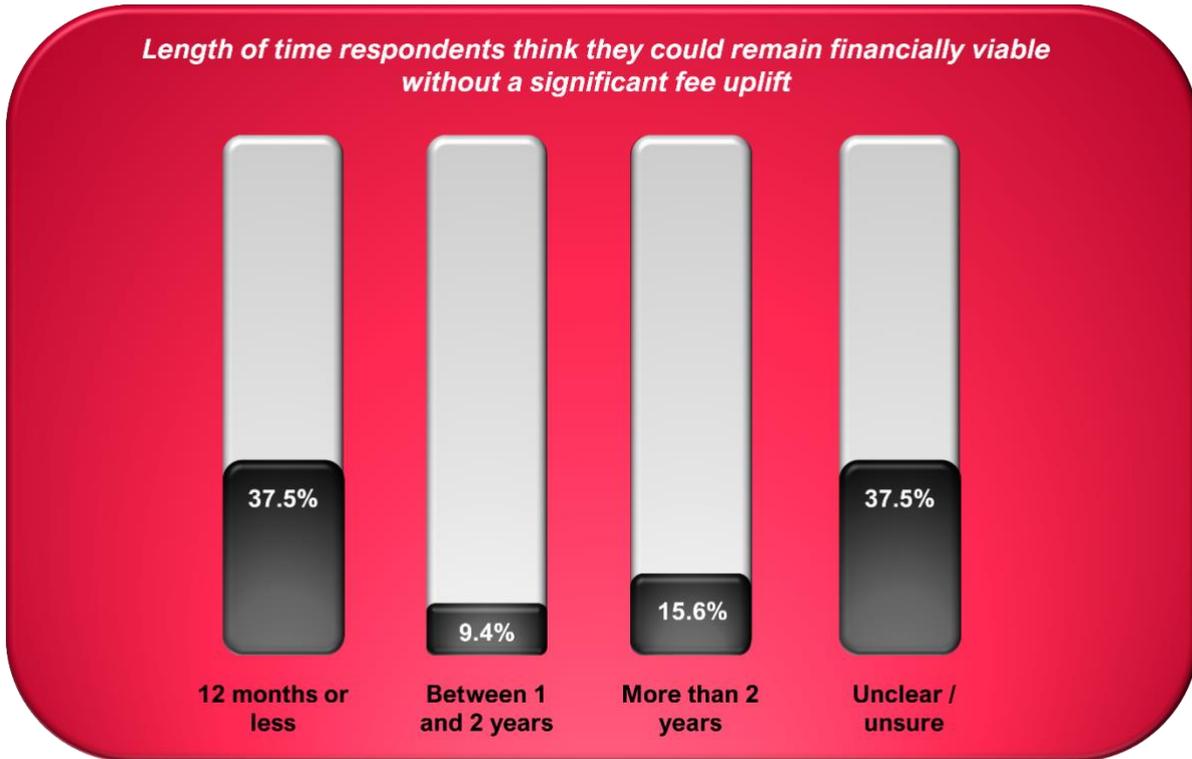
If you feel your financial viability is not currently being compromised, then brilliant, but could you then let us know that as well.

Summary of responses

We had 32 responses to this question.

12 (or 37.5%) of the 33 respondents indicated that unless they receive significant annual uplifts from April 2023, they will either have to cease trading or hand back significant amounts of packages within the next 12 months ... some within the next 3 to 6 months.

There were another 3 who estimated that the maximum they would be able to continue in business was another 24 months.



Comments included:

“We have requested an increase from both the local authority funded and privately funded residents. Hence, we shall not be taking anyone other than those that meet our demand. Depending on how these requests are addressed will determine whether we shall carry on or put it up for sale”.

“Bank covenants to support borrowings have not been threatened for some years, with huge cost increases these are unusual conversations between owners and bank teams”.

“Profits have been continually eroded over the last decade or so, and sustainability is always dependent on occupancy. 90% is now minimum to maintain financial parity with at least 50% of that private clients, even before current costs rises. If we were fully base rate local authority funded, viability would be impossible”.

“We are fortunate enough that we can continue to operate for 2 years by using reserves without which we would be facing a very uncertain situation”.

“We have calculated that we will need to scale back services this year if our hourly rates do not rise sufficiently. Of course generic overheads will remain and may become crippling further down the line”.

“We can remain viable, but the question is how long will we chose to operate with next to no profit. We are a business”.

“For us it will be different timescales for different services. If no adequate uplift for the coming year, we will be forced to consider a number of closures”.

“Three of our homes are already heavy loss making and subsidised by our other homes. in the next 6 months we will probably close at least one of these homes, if there is no change to fees”.

“I know of at least 3 providers who are surviving month to month, wondering if this is the month that they will have to close the doors. Whilst we are not in this position at the moment, if we are unable to either reduce our overheads or increase the hours of care back to what they were, I don’t believe we will be able to continue for more than 12 months”.

“We have become a very small service, so we are hand to mouth operating at this time”.

“I think we have a year at best”.

Conclusions, reflections and learning

Over 37% of our respondents indicated that they have 12 months or less left until they have to close completely or significantly scale back their services. Another 9% gave themselves between 1 – 2 years.

Respondents indicated that they are really struggling on a variety of fronts and are looking at the future with real uncertainty. All eyes are on the forthcoming uplift. Indications are that it will make or break many.

Question 14(b)

If you are in a position where the cost pressures you now face need to be addressed in order to ensure your survival, what percentage uplift do you feel would be necessary to stabilise your situation?

Summary of responses

We had 28 responses to this question. Some of the comments were ...

“A minimum of 10% inflationary increase which would meet general inflation and anticipated increase in the NLW increase, but work on fair cost of care highlighted the gap between what we are currently able to pay our staff and what we should be able to pay our staff is of the order of 25%”.

“To maintain the status quo we would need at least 15-17%. This however will just keep us going rather than fix the issue”.

“We have calculated this at 22%”.

“20% to stabilise, without even addressing proper staff pay rate increases”.

“10% minimum. 15% if last year’s shortfall is to be addressed as well, 30+% if you actually want to fix social care.”.

Conclusions, reflections and learning

We have included the monthly RPI and CPI figures back to January 2008 as Appendix 2 to this report. It is quite a useful exercise to be able to look at them all together.

Points we would like to highlight are:

- a) RPI from April 2021 to March 2022 was 5.77% ... CPI for the same time period was 3.98%.
- b) RPI from April to December 2022 (most recent 12 months) is running at 12.69% ... CPI for the same time period is 9.99%.

As previously stated, we have always argued and will continue to argue that even RPI did not adequately capture inflationary pressures as experienced by providers.

In April 2011, the government at the time decided to switch to CPI rather than use RPI to calculate increases in social security payments and public sector benefits. They did this because in general CPI produces a lower inflationary figure which would therefore result in significant cost savings for them. RPI from April 2021 to December 2022 was running at 18.46% and CPI at 13.97%. There is a 4.49% difference right there.

All too often providers haven’t received inflationary uplifts, and they have been expected to pick up further additional costs, compromising them further financially.

Against this backdrop it is not surprising that providers are citing the need for a 15%, 20%, 22% uplift just to keep going.

Question 14(c)

Can you provide us with your insights into whether you believe the conditions are in place to invest in expansion and / or the development of further services. If you do not feel the conditions are currently there, what are the key things that would need to change.

Summary of responses

“More about surviving than being able to invest”.

“Very difficult to invest in anything other than the most urgent areas”.

“We would love to be able to expand our services. However, the sustainability of our existing services is the priority”.

“Discretionary expansionary investment is not possible in the current climate. Our investment activities are focused solely on any mandatory obligations we need to fulfil”.

“We have grown significantly over the past 12 years but this is the first time that we currently have no plans to make such investments. Indeed, we are considering whether our efforts and assets are best utilised elsewhere in terms of long term investment”.

“I can’t afford to put any more money into the business. I have mortgages to pay and there is personal liability that I am putting my family home at risk”.

“I don’t believe in the present climate that expansion or development for a small business like mine is an option”.

“No one is going to invest in social care with interest rates where they are currently ... and with such financial uncertainty and the sheer inability to recruit and retain the staff needed to deliver the services”.

“We stopped all new development planning. We’ve also mothballed a 27-bed extension ready to go”.

“Running out of steam now. Threats to expansion and even ‘normal’ upgrades to services are real now as costs spiral”.

“I would not invest in services now. The new homes being built are top end luxury and very expensive placements. For those of us providing care for the average individual the outlook is bleak. If someone has no assets or a small portfolio their future choices look grim”.

Overall conclusions

As previously highlighted, this report is about market sustainability. We have heard from social care providers about the extent of the problem they face and have asked them for their thoughts about what it would actually take to fix social care.

From this we would firstly like to propose a pay structure which we believe could fix social care and then we would like to estimate in relation to current spending on adult social care what type of figure would be needed to not only put social care back on its feet, but of more immediate concern, to stop it imploding to such a degree that it all but ceases to function as a sector.

Pay structure

Starting salary

Given our thoughts and respondents’ comments, we feel a starting rate of £12.50 an hour would create clear water between what people can earn as a frontline worker in social care and what they can earn in competing sectors such as retail, hospitality and warehouse work. Below are some figures for comparison provided by Unfair to Care.¹⁴

Basic Retail Salaries	Aldi	£11.00 an hour
	Lidl	£10.90 an hour
	Tesco	£10.90 an hour
	John Lewis / Waitrose	£10.75 an hour
Amazon delivery	Basic	£10.50 – £11.50 an hour
	Overtime	£15.700 – £22.90 an hour
	Night rates	£12.21 - £13.41 an hour
	Benefits package value	£700

We would add that further clear water would be needed for people who work in Domiciliary Care services or services that are supporting more complex or challenging people, to reflect the additional difficulties that these services face with recruitment and retention. Realistically, these services need to be offering a starting salary of around £14.50 to £15.00 an hour to recruit the staff they need.

¹⁴ <https://www.unfairtocare.co.uk/wp-content/uploads/2022/12/Unfair-To-Care-22-23-Full-Report.pdf>

Pay ranges ... difference between top and bottom of scale

In terms of salary ranges for front line staff but also more senior roles, our view (which is consistent with the mode response) is that £3.00 an hour between the top and bottom of their range would be adequate to retain staff and encourage their development, and would not be excessive.

We would therefore propose the following ranges for frontline staff and first line management roles.

Support Worker ... £12.50 to £15.50 an hour (equivalent to £24,375 - £30,225 per year)

Team Leader / Deputy Manager ... £15.51 to £18.50 an hour (equivalent to £30,244.5 - £36,075 per year)

And for workers in Domiciliary Care or supporting people who are challenging and / or have complex care needs.

Dom Care / Complex Service Worker ... £14.50 to £17.50 an hour (equivalent to £28,275 - £34,125 per year)

Care Coordinator / Team Leader ... £17.51 to £20.50 an hour (equivalent to £34,144.5 - £39,975 per year)

Annual salaries based on a 37.5 hour week

Suggested antisocial hour payments

People don't like working anti-social hours and these are often the most contentious and difficult to cover. The following is designed to recognise and incentivise staff for working antisocial hours. It is not designed to be excessive, it is designed to be effective. We think it could work.

Weekends ... an additional 20% an hour

Waking nights ... an additional 30% an hour

Normal Bank Holidays ... an additional 50% an hour

'Special' Bank Holidays ... Christmas, New Year and national celebrations ... an additional 100% an hour

Also for consideration ...

- Evenings after 7.00pm ... an additional 10% an hour
- Management on call ... 10% of hour rate
- Hours worked each week in excess of Full Time Equivalent ... an additional 10% an hour

If you pull the key elements of this together, the following table provides an overview of the types of figures you would be looking at.

Basic hourly rate	Weekend rate (extra 20%)	Night rate (extra 30%)	Bank holiday rate (extra 50%)	Special BH rate (extra 100%)
£12.50	£15.00	£16.25	£18.75	£25.00
£13.50	£16.20	£17.55	£20.25	£27.00
£14.50	£17.40	£18.85	£21.75	£29.00
£15.50	£18.60	£20.15	£23.25	£31.00
£16.50	£19.80	£21.45	£24.75	£33.00
£17.50	£21.00	£22.75	£26.25	£35.00
£18.50	£22.20	£24.05	£27.75	£37.00

So how much would it cost to fix social care?

If you take a current baseline hourly rate for frontline staff of £10.10 and increase it to £12.50 and then introduce a range of £3.00 an hour (up to £15.50 an hour) you are looking at a new mid point scale of £14 an hour. This represents an increase of £3.90 an hour on the current baseline rate which equates to 39%.

To work, this level of enhancement would need to be applied across all levels of the social care workforce.

Providers already pay enhanced rates for antisocial hours ... but the ones we are proposing are slightly more generous. In addition, if social care sectors were going to enhance benefits packages in terms of sickness, annual leave and pension provisions, these would all require additional funding. With the information we have, we can't make a realistic calculation in relation to what these would cost, but we find it interesting to note that Unfair to Care cites a figure of 41.1% extra for Support

Workers to “achieve parity with their counterparts in the NHS doing exactly the same role”. We are seeing some convergence in this area¹⁵.

In terms of inflationary costs, RPI has risen by 44.84% since 2011/12 and CPI has risen by 32.92% over the same time period. Different local authorities have awarded different annual uplifts for different service types over this period but likely nowhere near either of these figures. Given what providers are saying, a ‘reset’ figure of 20% for this element of a services costs is probably realistic.

Working on a split of 70% staff costs : 30% ‘hotel’ costs you are looking at around a 34% increase to ‘save the sector’.

$((40(\text{ish}) \times 70) + (20 \times 30)) / 100 = 34\%$.

34% of what?

It was difficult to find an exact figure of what local authorities currently collectively spend on social care. That might actually be more available to our local authority colleagues. We found a statement in an NDRS ‘Adult Social Care Activity and Finance Report 2021/22’ which said the ‘gross current expenditure on adult social care by local authorities was £22.0 billion’.

The Covid pandemic muddied the waters and some of this spending does not directly relate to clients, but you are probably talking about a gross direct spend on services by local authorities somewhere in the region of £20 billion.

Based on these figures, adding an additional 34%, we would suggest that currently an annual figure of £26.8 billion is what we collectively need to be thinking about in order to ‘stop social care from failing’.

Over to you

Rather than committing to properly looking after our society, successive governments are developing a reputation for doing ‘too little, too late’.

Underfunding is justified by them, couched in terms of ‘taking the tough decisions’ and ‘making necessary savings’ but unless people are directly affected by it, they fail to recognise the insidious impact it has. It not only means that the provision people so desperately need isn’t there, it also saps the soul of those committed people who are trying to do their best. At the same time, it both ‘bakes in’ problems and removes the capacity to develop solutions.

¹⁵ <https://www.unfairtocare.co.uk/wp-content/uploads/2022/12/Unfair-To-Care-22-23-Full-Report.pdf>

It creates a long slow slide downwards, everything just steadily getting worse and worse, nobody being in a position to turn things round, people getting burnt out, fed up and leaving, and so the downward spiral continues.

If we were to lose social care, it is not going to just bounce back. If it were to fail (and currently it 'is' failing), it will have implications for our society not only in terms of increasingly failing the vulnerable, but also in terms of unemployment levels and the reduction of tax revenues, to an extent to which we haven't begun to start realising.

We have spoken with providers and their experiences reflect the national picture, about which so much is already known. Social Care is in real crisis.

Our conclusions are not rocket science. Much has been written about the nature and the depth of the crisis facing social care. We have sought the views of providers about their direct experiences and asked them what would need to be in place to resolve the situation. We have then merely taken a logical step by step approach to build a proposed way out.

You can put this report down and ignore it ... or you can take it seriously. But we want everybody who is currently in a position to make or break social care to have the facts at their disposal and to be held accountable for their decision making.

The warning bells are well and truly ringing.

Appendices

Questionnaire relating to Market Sustainability for providers of adult social care services

Date:	
Type of service(s):	
Organisation (optional):	
Service name (optional):	
Local authority areas to you provide services in	

Local authorities need to submit Market Sustainability Plans to The Department of Health & Social Care early next year. We want to relay from a provider's perspective what is actually going on. We would really appreciate it if you could spare 30 minutes to complete this survey and help us drive the change you need.

Commitment to your confidentiality

We are committed to protecting your personal information and respecting your privacy. Personal information is defined as any details that will enable you to be identified, such as telephone numbers, organisational name, email address etc.

All of the information that you provide will be treated as confidential and will only be used for research purposes. Your comments will not be identified as belonging to you, instead they will be combined with those gathered from other survey participants, and will be analysed as part of a group.

Thank you for your time and insights

What type(s) of service do you offer? (Required)

What is the name of your organisation? (Optional)

What is your service name? (Optional)

Recruitment & Retention

There is a well-publicised recruitment and retention problem in social care. We are trying to get a sense of how ‘deep’ and how ‘widespread’ this is locally. We’d like to understand the amount of time providers consider themselves to be fully staffed. For this section we are asking you to report on ‘direct care or support staff’.

As a percentage, what proportion of time would you estimate that your service(s) have been fully staffed since January 2022.

% of time your service(s) have been fully staffed since January 2022	Please tick your estimated percentage
0%	<input type="checkbox"/>
Less than 25%	<input type="checkbox"/>
25 – 50%	<input type="checkbox"/>
51 – 75%	<input type="checkbox"/>
76 – 100%	<input type="checkbox"/>

How difficult has it been this year to recruit and retain staff you need compared to previous years?

0	1	2	3	4	5	6	7	8	9	10
Less difficult			About the same				Extremely difficult			

Do you have a figure for your 2022 staff turnover?

If you are short staffed, which of the following do you do to cover your service(s)?
Please choose as many as are applicable.

<i>Strategies for addressing staff shortages</i>	<i>Please tick any used</i>
Use of agency staff	
Staff working (excessive) overtime	
Managers redirected to provide direct care or support	
Other (please specify) ...	

Use agency staff

How often are you having to use agency staff (including long-term) and what are the cost implications of this for you?

Staff working overtime

How reliant on your most reliable staff to 'routinely' work over and above their contracted hours and if so, the impact of this on them?

Managers working shifts

How often are managers being required to work shifts to cover the service and how is this preventing them carrying out their management tasks?

Other

Please elaborate here ...

Running short staffed

Have you ever had to run services short staffed in the last 12 months?

--

Please can you explain your answer?

Provide us with some indication as to whether this is because you are just not able to find staff (including with the use of agency etc) or because of last minute situations (e.g. staff ringing in sick) which you don't have the time to cover?

--

Is your situation is getting worse, better or remaining about the same as in previous years?

0	1	2	3	4	5	6	7	8	9	10
Getting better			About the same				Getting worse			

Have you ever had to cancel or significantly reduce a service because you haven't had the staff to provide it?

Yes		
No		

Do you have shortages in supervisory positions and / or clinical leads? e.g. Team Leaders. Deputy Managers, Registered Managers, Registered Nurses.

Yes		
No		

What are the implications and how easy it is proving to find suitable replacements?

--

Are you engaged in recruiting overseas workers to address your staff shortages?

Yes		
No		

How are you finding this? Is it working well for you ... any associated problems ... or advice you would like to share?

--

Calibre or quality of staff we need

We have no desire to be disingenuous to social care staff many of whom are unsung heroes, however, experience and feedback is indicating that alongside not being able to recruit the number of staff it needs, there are times when the sector faces issues relating to the calibre and the resilience of a proportion of staff that it does employ. We would like to understand if this is widespread, or if they are isolated incidents.

Do you have issues relating to the quality and / or resilience of some of the staff you employ?

Yes		
No		

What proportion of your staff team would you estimate that this relates to? Please tick one of the following:

% of your frontline staff who you feel bring with them more problems than they solve		Please tick your estimated percentage (one only)
0%		
Less than 10%		
10 - 20%		
21 - 40%		
41 - 50%		
More than 50%		

Can you provide us with some insights around how it impacts on yourselves as owners and managers and on front line colleagues?

--

How do you see the situation going forward?

0	1	2	3	4	5	6	7	8	9	10	
Getting better				Remaining the same				Getting worse			

Any thoughts or insights in terms of the reasons for it?

--

Not Picking Up / Handing Back Packages

We know that nationally (and locally) there are a lot of people who are not able to find a social care package to meet their needs ... and we wanted to get a sense from a provider’s perspective as to the degree that this is happening in this area, and if so, the reasons for it.

Can you tell us whether any of the following situations have happened to you since January 2021:

	<i>Please tick if you have had this experience</i>
Not picked up relevant available care or support packages in your area	
Handed packages of care and support back to local authorities	
Had to close a service or services.	
Other (please specify)	

Can you also briefly explain the reasons why.

--

Staff Pay Rates

We are arguing (including in previous reports) that the single most important factor that needs to be addressed to resolve the current recruitment and retention situation/crisis in social care is staff rates of pay.

Rates of pay are the single most important factor that needs to be addressed to resolve the current recruitment and retention situation / crisis in social care. Would you agree with this?

Yes	
No	

Could you explain your answer and tell us what other factor(s) you think need to be addressed ahead of it or alongside it with equal determination?

--

We are also arguing that the level of work involved in social care is underestimated (undervalued) and that as a sector it has a significant requirement for its staff to work anti-social hours. Would you agree with this?

Yes	
No	

Can you explain your answer here ...

--

We are arguing that for the social care sector to recruit and retain the staff it needs, it will have to be funded at a level that will enable it to pay staff more than they could receive working in other jobs that they might consider such as retail, hospitality or warehouse/factory work... otherwise those staff will choose to work in those other sectors rather than in social care. Would you agree with this?

Yes	
No	

Can you explain your answer here ...

--

Fixing Social Care

So you are the expert... As a social care provider, you know more than anybody about how staff shortages impact on services. We are interested in your informed views about what pay rates you think would actually be sufficient to a) differentiate the sector from other sectors and b) adequately recognise and reward staff for the standard and complexity of the work being required of them.

What is your service client group?

	<i>Please tick relevant</i>
Learning Disability and / or Mental Health	
Domiciliary Care	
Older Peoples Residential and / or Nursing	
Other (please specify) ...	

We need to be mindful that under our current economic system, the more money that is spent on social care from the public purse, the more money that would need to be raised, either through taxation or government borrowing ... we can't just pluck numbers out of the air.

What is your current base line hourly rate for frontline staff?

(Please provide your answer in GBP)

How much more would we need to start frontline staff on per hour in order to successfully **recruit** them?

What do you think the minimum needed would be to make the necessary difference?

	<i>Please click relevant</i>
Less than £1.00 an hour	
£1.00 - £1.49 an hour	
£1.50 – £1.99 an hour	
More than £2.00 an hour	
Other	

What do you think would be a workable starting salary (hourly rate) for frontline staff?

Does there need to be a salary range for frontline staff to reflect experience?

Yes	
No	

Please select what you think would be the most workable salary range (hourly rate)

	<i>Click relevant</i>
£2.00 or less between top and bottom of their salary range	
£3.00 or less between top and bottom of their salary range	
£3.50 or less between top and bottom of their salary range	
£4.00 or less between top and bottom of their salary range	
£4.50 or less between top and bottom of their salary range	
Other ...	

Above their baseline hourly rate, do you think the sector needs to be paying extra for anti-social hours to encourage staff to work them?

Yes	
No	

Hour much extra do you think is needed per hour for working weekends?

Above their baseline hourly rate, do you think the sector needs to be paying extra for working nights to encourage staff to work them?

Yes	
No	

Hour much extra do you think is needed per hour for working nights?

Above their baseline hourly rate, do you think the sector needs to be paying extra for working bank holiday hours to encourage staff to work them?

Yes	
No	

Hour much extra do you think is needed per hour for working bank holidays?

Are there other anti-social hours that you think the sector needs to be paying extra for anti-social hours to encourage staff to work them, and if so, how much extra?

Given the range you are advocating for frontline staff, what do you think a viable starting salary (hourly rate) would be for senior carers or senior support workers?

Given the range you are advocating for frontline staff, what do you think a viable top of their range (hourly rate) would be for senior carers or senior support workers?

Do you think that one of the reasons local authorities and the NHS are able to retain staff more effectively than the social care sector is because they have better benefits packages in terms of pensions, annual leave, sick pay?

Yes	
No	

Can you explain your answer?

Are there any additional insights that you would like to share in terms of the pay, terms and conditions that would be needed in order to 'fix' social care?

2022 'Cost of Care' exercise

To inform future government funding a survey was sent to local providers (via local authorities) for 65+ residential, nursing care and 18+ homecare to determine a sustainable fee rate for different care settings.

Did you take part in the recent Cost of Care exercise requested by your local authority?

Yes	
No	

Do you feel that this process was sufficiently sophisticated to accurately captured your costs as they were in 2020/21?

Yes	
No	

Did the exercise give you the opportunity to highlight the extent of any additional costs that you have been subjected to since the 2020/21 reference period?

Yes	
No	

Any comments you would like to make in relation to this Cost of Care exercise?

Specific Costs

Please be assured that if you have any concerns in this area and you choose to share them, your anonymity will be protected ... unless you specifically ask us to support you in individual discussions with commissioners.

Staff related costs

Which of the following are causing you concern in relation to the current levels of income that you receive

Staffing cost area	Please tick if concerned
Staff wages ... increases needed to keep up with the NM/LW	
Agency staff costs	
Recruitment, induction and training costs ... combined with high levels of staff turnover	
Continuing to cover Covid related staff sickness without the Infection Control Grant	
Pension auto enrolment costs	
Other (please specify) ...	

Please provide us with any insights you can in relation to any concerns you have around your ability to meet staff related costs

Inflation related costs

Which of the following are causing you concern in relation to the current cost of living increases and the levels of income that you receive

Cost area	Please tick if concerned
Mortgages and property financing costs	<input type="checkbox"/>
Food and household provisions	<input type="checkbox"/>
Water and sewage	<input type="checkbox"/>
Light and heat	<input type="checkbox"/>
Telephone and internet	<input type="checkbox"/>
Fuel (Transport)	<input type="checkbox"/>
Insurances	<input type="checkbox"/>
Repairs and maintenance	<input type="checkbox"/>
Office and central support service overheads	<input type="checkbox"/>
Regulation and compliance	<input type="checkbox"/>
Professional fees	<input type="checkbox"/>
Other (please specify) ...	<input type="checkbox"/>

Please provide us with any insights you can in relation to concerns you have around your ability to meet the above inflationary related costs.

Development and Improvement costs

Which of the following are causing you concern in relation to the current levels of income that you receive.

Staffing cost area	Please tick if concerned
Quality Assurance	<input type="checkbox"/>
IT and Data Security	<input type="checkbox"/>
Electronic systems	<input type="checkbox"/>
Other (please specify) ...	<input type="checkbox"/>

Please provide us with any insights you can in relation to any concerns you have around your ability to meet the above 'development and improvement' related costs

Profitability & Sustainability

This is our final section, thank you again for your time and insights

If you feel that the cost pressures you are now facing are not adequately addressed, your service(s) will no longer be financially viable, how long do you think that you can realistically continue to operate?

If you feel your financial viability is not currently being compromised, then brilliant, but could you then let us know that as well.

If you are in a position where the cost pressures you now face need to be addressed in order to ensure your survival, what percentage uplift do you feel would be necessary to stabilise your situation?

The last question we have relates to 'investment'. Can you provide us with your insights into whether you believe the conditions are in place to invest in expansion and / or the development of further services. If you do not feel the conditions are currently there, what are the key things that would need to change.

Submit >



Appendix 2 – Monthly % changes in RPI and CPI since April 2008

The following is an analysis of the annual uplifts awarded between April 2008 – December 18 by the 4 ex Avon local authorities and the rise in RPI over the same time period.

Table A - % year on year monthly differences in RPI

	Annu al	Ja n	Fe b	Ma r	Ap r	Ma y	Ju n	Jul	Au g	Sep t	Oc t	No v	De c
200 8	4.0	4.1	4.1	3.8	4.2	4.3	4.6	5.0	4.8	5.0	4.2	3.0	0.9
200 9	-0.5	0.1	0.0	- 0.4	- 1.2	-1.1	- 1.6	- 1.4	- 1.3	-1.4	- 0.8	0.3	2.4
201 0	4.6	3.7	3.7	4.4	5.3	5.1	5.0	4.8	4.7	4.6	4.5	4.7	4.8
201 1	5.2	5.1	5.5	5.3	5.2	5.2	5.0	5.0	5.2	5.6	5.4	5.2	4.8
201 2	3.21	3.9	3.7	3.6	3.5	3.1	2.8	3.2	2.9	2.6	3.2	3.0	3.1
201 3	3.05	3.3	3.2	3.3	2.9	3.1	3.3	3.1	3.3	3.2	2.6	2.6	2.7
201 4	2.38	2.8	2.7	2.5	2.5	2.4	2.6	2.5	2.4	2.3	2.3	2.0	1.6
201 5	0.98	1.1	1.0	0.9	0.9	1.0	1.0	1.0	1.1	0.8	0.7	1.1	1.2
201 6	1.74	1.3	1.3	1.6	1.3	1.4	1.6	1.9	1.8	2.0	2.0	2.2	2.5
201 7	3.58	2.6	3.2	3.1	3.5	3.7	3.5	3.6	3.9	3.9	4.0	3.9	4.1
201 8	3.35	4.0	3.6	3.3	3.4	3.3	3.4	3.2	3.5	3.3	3.3	3.2	2.7
201 9	2.55	2.5	2.5	2.4	3.0	3.0	2.9	2.8	2.6	2.4	2.1	2.2	2.2
202 0	1.5	2.7	2.5	2.6	1.5	1.0	1.1	1.6	0.5	1.1	1.3	0.9	1.2
202 1	4.04	1.4	1.4	1.5	2.9	3.3	3.9	3.8	4.8	4.9	6.0	7.1	7.5
202 2	11.53	7.8	8.2	9.0	11. 1	11. 7	11. 8	12. 3	12. 3	12. 6	14. 2	14	13. 4
202 3													

Source of information: Office for National Statistics

Table B - % year on year monthly differences in RPI (adjusted to align with the financial year)

	Annu al	Ap r	Ma y	Ju n	Jul	Au g	Se pt	Oc t	No v	De c	Ja n	Fe b	Ma r
2008/ 09	2.97	4.2	4.3	4.6	5.0	4.8	5.0	4.2	3.0	0.9	0.1	0.0	- 0.4
2009/ 10	0.38	- 1.2	- 1.1	- 1.6	- 1.4	- 1.3	-1.4	- 0.8	0.3	2.4	3.7	3.7	4.4
2010/ 11	4.95	5.3	5.1	5.0	4.8	4.7	4.6	4.5	4.7	4.8	5.1	5.5	5.3
2011/ 12	4.81	5.2	5.2	5.0	5.0	5.2	5.6	5.4	5.2	4.8	3.9	3.7	3.6
2012/ 13	3.1	3.5	3.1	2.8	3.2	2.9	2.6	3.2	3.0	3.1	3.3	3.2	3.3
2013/ 14	2.9	2.9	3.1	3.3	3.1	3.3	3.2	2.6	2.6	2.7	2.8	2.7	2.5
2014/ 15	1.97	2.5	2.4	2.6	2.5	2.4	2.3	2.3	2.0	1.6	1.1	1.0	0.9
2015/ 16	0.97	0.9	1.0	1.0	1.0	1.1	0.8	0.7	1.1	1.2	1.3	1.3	1.6
2016/ 17	2.13	1.3	1.4	1.6	1.9	1.8	2.0	2.0	2.2	2.5	2.6	3.2	3.1
2017/ 18	3.75	3.5	3.7	3.5	3.6	3.9	3.9	4.0	3.9	4.1	4.0	3.6	3.3
2018/ 19	3.06	3.4	3.3	3.4	3.2	3.5	3.3	3.3	3.2	2.7	2.5	2.5	2.4
2019/ 20	2.58	3.0	3.0	2.9	2.8	2.6	2.4	2.1	2.2	2.2	2.7	2.5	2.6
2020/ 21	1.2	1.5	1.0	1.1	1.6	0.5	1.1	1.3	0.9	1.2	1.4	1.4	1.5
2021/ 22	5.77	2.9	3.3	3.9	3.8	4.8	4.9	6.0	7.1	7.5	7.8	8.2	9.0
2022/ 23	12.6	11. 1	11. 7	11. 8	12. 3	12. 3	12. 6	14. 2	14	13. 4			
Total													

Rise in RPI since 2011/12 is **44.84%**

Table C - % year on year monthly differences in CPI

	Annu al	Ja n	Fe b	Ma r	Ap r	Ma y	Ju n	Jul	Au g	Sep t	Oc t	No v	De c
200 8	3.6	2.2	2.5	2.5	3.0	3.3	3.8	4.4	4.7	5.2	4.5	4.1	3.1
200 9	2.18	3.0	3.2	2.9	2.3	2.2	1.8	1.8	1.6	1.1	1.5	1.9	2.9
201 0	3.31	3.5	3.0	3.4	3.7	3.4	3.2	3.1	3.1	3.1	3.2	3.3	3.7
201 1	4.48	4.0	4.4	4.0	4.5	4.5	4.2	4.4	4.5	5.2	5.0	4.8	4.2
201 2	2.84	3.6	3.4	3.5	3.0	2.8	2.4	2.6	2.5	2.2	2.7	2.7	2.7
201 3	2.57	2.7	2.8	2.8	2.4	2.7	2.9	2.8	2.7	2.7	2.2	2.1	2.0
201 4	1.46	1.9	1.7	1.6	1.8	1.5	1.9	1.6	1.5	1.2	1.3	1.0	0.5
201 5	0.04	0.3	0.0	0.0	- 0.1	0.1	0.0	0.1	0.0	-0.1	- 0.1	0.1	0.2
201 6	0.675	0.3	0.3	0.5	0.3	0.3	0.5	0.6	0.6	1.0	0.9	1.2	1.6
201 7	2.68	1.8	2.3	2.3	2.7	2.9	2.6	2.6	2.9	3.0	3.0	3.1	3.0
201 8	2.48	3.0	2.7	2.5	2.4	2.4	2.4	2.5	2.7	2.4	2.4	2.3	2.1
201 9	1.76	1.8	1.9	1.9	2.0	1.9	1.9	2.0	1.7	1.7	1.5	1.5	1.3
202 0	0.85	1.8	1.7	1.5	0.8	0.5	0.6	1.0	0.2	0.5	0.7	0.3	0.6
202 1	2.575	0.7	0.4	0.7	1.5	2.1	2.5	2.0	3.2	3.1	4.2	5.1	5.4
202 2	9.05	5.5	6.2	7.0	9.0	9.1	9.4	10. 1	9.9	10. 1	11. 1	10. 7	10. 5
202 3													

Source of information: Office for National Statistics

Table D - % year on year monthly differences in CPI (adjusted to align with the financial year)

	Annu al	Ap r	Ma y	Ju n	Jul	Au g	Sep t	Oct	No v	De c	Ja n	Fe b	Ma r
2008/09	3.77	3.0	3.3	3.8	4.4	4.7	5.2	4.5	4.1	3.1	3.0	3.2	2.9
2009/10	2.25	2.3	2.2	1.8	1.8	1.6	1.1	1.5	1.9	2.9	3.5	3.0	3.4
2010/11	3.52	3.7	3.4	3.2	3.1	3.1	3.1	3.2	3.3	3.7	4.0	4.4	4.0
2011/12	4.32	4.5	4.5	4.2	4.4	4.5	5.2	5.0	4.8	4.2	3.6	3.4	3.5
2012/13	2.66	3.0	2.8	2.4	2.6	2.5	2.2	2.7	2.7	2.7	2.7	2.8	2.8
2013/14	2.31	2.4	2.7	2.9	2.8	2.7	2.7	2.2	2.1	2.0	1.9	1.7	1.6
2014/15	1.05	1.8	1.5	1.9	1.6	1.5	1.2	1.3	1.0	0.5	0.3	0.0	0.0
2015/16	0.11	-0.1	0.1	0.0	0.1	0.0	-0.1	-0.1	0.1	0.2	0.3	0.3	0.5
2016/17	1.12	0.3	0.3	0.5	0.6	0.6	1.0	0.9	1.2	1.6	1.8	2.3	2.3
2017/18	2.83	2.7	2.9	2.6	2.6	2.9	3.0	3.0	3.1	3.0	3.0	2.7	2.5
2018/19	2.27	2.4	2.4	2.4	2.5	2.7	2.4	2.4	2.3	2.1	1.8	1.9	1.9
2019/20	1.70	2.0	1.9	1.9	2.0	1.7	1.7	1.5	1.5	1.3	1.8	1.7	1.5
2020/21	0.58	0.8	0.5	0.6	1.0	0.2	0.5	0.7	0.3	0.6	0.7	0.4	0.7
2021/22	3.98	1.5	2.1	2.5	2.0	3.2	3.1	4.2	5.1	5.4	5.5	6.2	7.0
2022/23	9.99	9.0	9.1	9.4	10.1	9.9	10.1	11.1	10.7	10.5			
2023/24													
Total													

Rise in CPI since 2011/12 is **32.92**