

**What if you need care at home and there's no one to provide it?**



## **Introduction**

Our social care system was already struggling with serious workforce issues, but over the last 18 months it has been ravaged and further undermined by the pandemic. Stories from the front line shine a light on the worsening situation within homecare where staffing issues are threatening the ability of some services to keep running, with disastrous consequences for older people, their families, and the NHS.

Over the last few months, members of Homecare Association (formerly United Kingdom Homecare Association, UKHCA) and other social care providers have expressed growing alarm and concern about inadequate workforce capacity to meet the demand for home-based support and care<sup>1</sup>. In tandem, Age UK has continued to hear from concerned older people and their loved ones about the system's inability to fully meet their needs and the terribly difficult situations this can leave them in.

This short report seeks to highlight the experiences from providers on the front line who are being forced to pull out the stops to find and keep hold of staff to make sure they can provide care, and the impact that a dwindling homecare workforce is having on older people, their carers and loved ones. It considers some of the key reasons why homecare providers are struggling more than ever before and calls on the Government to act decisively and quickly to address these issues.

### **1. What is homecare and why is it important?**

Homecare, or 'domiciliary care' as it's sometimes called, is the term for care and support services provided to older and disabled people in their own homes, usually by care workers employed by a homecare agency. It is a lifeline for hundreds of thousands of older people, who rely on these services to keep living a full life at home, for as long as possible. Professional carers can visit anywhere from once a day up to 7 or 8 times in exceptional cases, in order to help people with vital everyday activities such as getting out of bed, washing and dressing, eating and drinking, using the toilet and managing medication. The work of paid carers typically supplements the unpaid caring contributed by loved ones and enable informal carers to rest, take a break from caring or carry out other important tasks such as going to work. However, for some older people their care workers are the only people they routinely see and there is no one else to help them.

By the age of 85, one in three people live with some level of need for care and support and more than 60% have a diagnosed long-term condition<sup>2</sup>. In 2019/20, more than a million older people requested help from their local authority for social care support and many more will have paid for care themselves or needed social care at home to support them upon discharge from hospital. Homecare is a vital element of the support older people need, and as we grapple with the long-term consequences of the pandemic on people's health and independence the importance of homecare is perhaps more critical than ever before.

Recent research from Age UK shows that older people's physical and mental health has deteriorated considerably in the last 18 months, and for many it is likely that this change will be irreversible<sup>3</sup>. Concurrently, many older people and their families stood down services and support during the pandemic and have been coping with their ongoing health and care needs alone. Many have chosen to keep going for as long as they can at home with informal care arrangements rather than risk catching Covid-19 from visiting carers or in a care home.

Emerging evidence suggests that people's preferences for social care are changing and that the pandemic has caused something of a crisis in confidence in care homes. A survey, commissioned from YouGov by the Homecare Association, shows that these preferences are particularly driven by choice and lifestyle, for example being able to see loved ones<sup>4</sup>. Nearly 30% of people aged 65+ are now much less likely to seek residential care for themselves than they were before the pandemic<sup>5</sup>. This has only contributed further to the growing demand for care at home, which is already outstripping supply.

There is acute concern about how this growing need will be met in the short and the long term, especially since it could already be really difficult to secure homecare even before the pandemic. In some parts of the country we had begun to see what Age UK terms 'Care Deserts' where regardless of your ability to pay people were unable to get homecare<sup>6</sup>. This was most often due to the lack of available staff. Isolated rural areas were highly vulnerable to this because there are fewer people living nearby to provide care and it isn't worthwhile financially for them to travel a long way to do so.

## **2. Why are the workforce issues so bad now?**

Some homecare providers say they have never experienced such difficulty in recruiting and retaining staff, and fear for the well-being and safety of older and disabled people as they experience a deepening workforce crisis. In a recent survey of UKHCA members in August 2021, 95% of providers said that recruitment is harder now than before the pandemic and 78% said it is the hardest it has ever been, a worsening position since a previous survey of homecare providers in July 2021<sup>7</sup>.

All the evidence is that these workforce issues continue to deepen despite the Government's social care recruitment campaign in 2020. In addition, even though many people have faced insecure employment in the wake of the pandemic, the furlough scheme is coming to an end, and emerging evidence that the general public are more open than ever before to working in the sector<sup>8</sup>, workforce numbers continue to fall. Skills for Care monthly tracking data show a steady increase in vacancies in domiciliary care<sup>9</sup>.

Providers are reporting that they are seeing workers leave the sector at a higher rate than usual and that some services are closing as a result<sup>10</sup>. Questions are arising about our ability to maintain safe services across the country, as we head into winter.

### **Low pay & poor terms and conditions**

Despite the vital nature of their role and the dedication and commitment required, care workers are very poorly paid. In fact, 90% of care workers are paid less than the real living wage<sup>11</sup> and the median hourly rate of pay for a care worker in 2019/20 was just £8.50<sup>12</sup>, below average pay rates in competing sectors such as retail and hospitality<sup>13</sup>. Due to the nature of homecare work, in practice pay can fall below the level of the national minimum wage<sup>14</sup>. This is because workers are often unpaid for aspects of their role such as travel time between clients, training, maintenance of uniform and low pay for overnight 'sleep in' work. In addition, social care lacks a pay structure which rewards experience, with workers who have 5 years under their belt paid just 12p an hour than those who are entirely new.

Alongside poor pay, many care workers are on zero-hours contracts. The social care sector has the highest prevalence of zero-hours contracts compared to other care intensive jobs such as nursing<sup>15</sup>. The majority of care workers on zero hours contracts work in homecare, where nearly half the workforce is employed in this way<sup>16</sup>.

While these types of contracts are essential to delivering care work in an environment that demands flexibility to cover staff absences and manage peak demand, workers who are already low paid can find themselves without a secure regular income, or guaranteed hours<sup>17</sup>. The terms and conditions on offer in social care certainly typically fall far short of those in the NHS for people carrying out quite similar roles. Research conducted by Kornferry Hay on behalf of Community Integrated Care, estimated that many social care workers would be paid up to 39% more – an additional £7,000 – if they worked in equivalent roles in other public funded sectors<sup>18</sup>.

Care employers have limited scope or capacity to improve pay, especially if they want to compete locally and provide services commissioned by the local authority - which are vital sources of income. After more than a decade of underfunding, local authorities have had to manage significant budget shortfalls by reducing the payments they make to care providers. In fact, Homecare Association data shows that only one in seven councils were paying at least the UKHCA Minimum Price for Homecare per hour<sup>19</sup>. This has left providers seriously exposed and in a precarious financial situation. This is perhaps the biggest risk to improving the ongoing recruitment and retention issues faced by the sector. Recent findings from the ADASS Survey suggest that this is recognised by Directors of Adult Social Services too, where an increase in salary for care workers is acknowledged as the most important factor in aiding recruitment and retention<sup>20</sup>.

### **Lack of prestige**

It is well understood that social care lacks the status and prestige of many other care intensive careers within the NHS. In a recent National Audit Office report, local authorities, providers and Skills for Care all reported this to be a significant barrier to recruitment. This was often because people viewed providing personal care as unpleasant and demanding, compared to other occupations of equivalent or slightly higher pay<sup>21</sup>. It certainly carries higher risk. We know that many care workers see their job as a vocation that is personally rewarding, yet even they sometimes report feeling under-appreciated, sapping their commitment as a result.

During the course of the pandemic this was further intensified by the fact that care workers were not always acknowledged as key workers. Despite the dedication and commitment they showed during a time of national crisis, their counterparts in the NHS remained the focus of attention and gratitude among most senior politicians and decision makers.

### **Better prospects elsewhere**

Although social care is a high value, highly skilled occupation, the poor terms and conditions prevalent across the market mean providers operate in direct competition with less skilled employment. Providers often find themselves squeezed between sectors such as retail on the one hand – generally offering similar or better terms and conditions for less high-risk roles – and local NHS services grappling with their own workforce challenges on the other – also offering better pay and prospects. The majority of UK supermarkets pay more than the average hourly rate for care work as also do jobs in sales, retail and cleaning<sup>22</sup>. The NHS not only offers higher pay for equivalent jobs but also secure terms and conditions and improved opportunities for career progression.

The lure of better jobs elsewhere is not a new phenomenon for care providers to have to deal with, but it is clear that this is a particular problem at the moment and the main driver of the intensifying workforce crisis in social care, coupled with shortages in the labour market more widely. Employers in other sectors, who are themselves dealing with their own workforce problems, are responding with additional incentives, including sometimes better pay, to attract potential workers into roles. The precarious finances of the social care sector, which has been underfunded now for more than a decade, mean that in contrast, homecare providers lack the flexibility to compete in this way. For example, Amazon, which is short of warehouse staff, has just offered a £1000 signing on bonus.

### **Burn out from the pandemic**

The homecare workforce is at breaking point and providers are reporting that this is forcing some care workers to leave the sector. The last 18 months working on the front line, in a sector that was already dealing with high workforce vacancies, has been extremely challenging. Care workers have been asked to step up and deliver care in stressful and sometimes deeply distressing situations, putting themselves and their loved ones at risk. The high levels of staff sickness due to Covid-19 or self-isolation made a bad situation even worse for those care workers who were still able

to work. Many told us that they felt under huge pressure to try and keep those they look after safe, risking their own physical and mental wellbeing in the process. Tragically, many have also had to watch the people they care for and about die from Covid-19 and occasionally their colleagues too. All in return for the minimum wage.

Even prior to the pandemic, many care workers were being asked to deliver more care than was feasibly possible as providers tried desperately to meet growing demand. A survey by Unison of homecare workers suggested the majority feel they do not have enough time to do their job, and that many feel they are unable to meet all the needs of the person they care for. One in three workers suggested they often don't have enough time to provide personal care and that it's a challenge to find the time to prepare a meal or help with washing and toileting<sup>23</sup>.

The current workforce shortages that the sector is experiencing is only further intensifying this situation and for some care workers the pressure or burn out they are experiencing is too much to keep going.

### **Brexit and migration policies**

Since the new UK migration system was introduced, providers have reported a significant reduction in the number of care workers they have been able to retain. Dedicated and experienced care workers have been lost after choosing not to apply for settled status or deciding to leave the UK during the pandemic and, in the midst of the workforce crisis currently being experienced, this has been a significant blow to the sector.

As the policy does not include social care work on the 'Shortage Occupation List' the only route for providers to employ care workers from outside of the UK is if those roles have a salary of over £25,600 per annum and require A-level equivalent or above. In a sector where nearly 90% of workers were paid below the 'real' living wage and limited qualifications are needed the ability to recruit care workers via this route is virtually non-existent. Costs of bringing careworkers in from abroad are also prohibitive in a sector where fee rates paid by many councils are inadequate to cover costs.

The introduction of this policy has had serious consequences for providers who have previously been quite reliant on overseas staff. It has limited the pool of workers they can recruit from to people resident in the UK, against a context in which we know care work is viewed as low status and unattractive. In 2019/20 18% of homecare workers were non-British nationals and were vital to maintaining service provision. In some parts of the country such as London, non-British nationals made up over nearly 40% of the social care workforce.

### **3. Experiences from the front line**

#### ***A letter from a UKHCA member on their recruitment concerns (unpublished)***

*Just a bit of info on our current situation - recruitment.*

*We are having to speak to our legals about suspending granting requests for annual leave at least till the end of October, to reduce the risk of failing to provide continuity of services. We do not have the space to allow carers off for weeks at a time. If anyone goes sick.....well!*

*Earlier this month with 24 hours to go I had to abandon my weeks annual leave. It now looks like I will have to cancel ..another.. two weeks. I cannot possibly ask staff to make sacrifices if I swan off on holiday.*

*Over the last three weeks we have had to refuse all new referrals as we cannot take on new work. These included terminal cases and hospital discharges, people we could not help. Had we been able to take on the new work we would have doubled in size.'*

### **An excerpt from a UKHCA member's letter to their MP on their recruitment concerns**

*I have been approached and am currently working in two other counties providing emergency workforce cover as there are insufficient workers to cope with the provision required. I have received letters from other counties we work with, asking what capacity we may have in our services to support care in the community as they are struggling with insufficient carers to manage the demand.*

*I have one county that has approached me as they have lost their EU workforce, hospitality is unable to open (due to no workers) and any hospitality that can open is offering large bonuses to work in the sector. This has denuded the care sector and they are at least - their words not mine- over 100 carers short in the community care provision with no capacity in any of their Care Homes which are also struggling. They have phoned today to state they need to relocate 60 residents from a care home as there are insufficient staff to cover the work. This will require 60 ambulance trips to take the residents from the home to the local Hospital- this at a time when the NHS is only just managing to control capacity and numbers and we are moving out of lockdown potentially on Monday?*

### **A quote from Vic Rayner's blog on the care workforce**

*"We let this moment pass at our peril. Early indications from members show that the trend for exiting social care is higher than normal, that some services have to close or be reorganised as a result of these shortages, and that we have a workforce that is stressed, burnt out and looking for the door. We simply cannot sit back and allow this to happen because people rely on having the care and support they need when they need it."<sup>24</sup>*

### **4. Experiences of older people and their loved ones**

#### **A story from Sharon, whose mum Jean needs care and support at home to help her remain independent.**

*"My mum, Jean lives in the centre of London. She's lived there all her life, she's lived in the same house since she was two. Mum is 89 years old and she's lost her*

*mobility now. She has carers who come in four times a day, and carers have been coming in and helping her for about five years. In the last six months she has gone quite downhill, I don't think the pandemic helped. She's lost all her confidence. It started with a couple of small falls, but a recent fall where she fell off the toilet made her really scared."*

*It's hard because the carers don't get paid a lot of money and there's good and not so good carers. For the last 15 months or so mum was used to the same people, but all of a sudden she's had all new carers, and they're not the same. It's awful to see the change and the stress in mum. It's very hard for us to keep track of who's coming, and some of the new carers aren't very experienced.*

*We've had to take things into our own hands and pull out all the stops, because the care company's hands are tied – they've only got a limited amount of carers who want to do certain slots.*

## **5. The action required and how the Government's social care proposals match up**

The problems facing the care workforce are not new but there is widespread agreement among those in the field that over the last few months they have got very significantly worse. They are impacting on care homes and homecare alike, but with some demand at least temporarily switching towards homecare, as a result of the pandemic, this area of provision is arguably under even greater pressure now.

On September 7<sup>th</sup> the Prime Minister announced his plan to reform and refinance social care. The establishment of a cap on catastrophic care costs is the centrepiece, to come into force in October 2023. Some other provisions were also announced, including an extra £500 million to strengthen the social care workforce. So far it seems that the Government's intention is to invest this entirely into more training and qualifications for care workers, as well as supporting careworker well-being.

Welcome though this is, it doesn't do anything to improve the pay of care staff, and nor does the establishment of a cap. We understand that Government officials hope that if care staff are better trained than their employers, predominantly private companies, will want and be able to pay them more. However, there is no reason to suppose this will happen if fee rates paid by councils do not increase sufficiently to cover an increase in wage costs, and any other increase in costs due to policy changes, for example the increase in both employer and employee National Insurance Contributions and enhance PPE requirements. Arguably it is unlikely, unless and until the overall finances within social care become rosier, that terms and conditions will improve. This in turn will depend in large part on the outcomes of the Spending Review at the end of October 2021 and whether the Chancellor decides to give local councils a generous funding package for the next three years. Again, there is no guarantee that he will do this and the wording of the Government document accompanying the Prime Minister's announcement seemed designed to lower expectations in this respect.



Meanwhile, it is notable that unlike their counterparts in the other UK nations, care workers in England are not being given a bonus to thank them for their fantastic work during the pandemic – another slap in the face many will feel.

There is a great deal to do to stabilise and rebuild the social care workforce. There is a need for more training, higher standards, and a proper career structure – all means of helping to professionalise and raise the status of this under-appreciated group, the overwhelming majority of whom of course are women – surely not a coincidence. At Age UK we believe that a register of care workers who are employed in regulated settings has a part to play too.

However, the most pressing need at the moment is to make care roles more competitive financially vis a vis those in other sectors which tend to vie for the same people: retail, hospitality and the NHS. Nothing in the Government's social care proposals even tries to do this. It may be that some policymakers are hoping that the ending of furlough and unemployment boosted by the pandemic will encourage more UK citizens to give care work a go. This seems very optimistic and meanwhile the care workforce continues to haemorrhage staff.

We cannot go on like this. Unless the flood out of care work stops or sharply reduces further Government action to support the care workforce seems unavoidable. The NHS's Discharge to Assess policy is already proving less effective than it did a year ago because of problems sourcing homecare, these in turn being the result in most instances of insufficient staff.

On top of this, the government may choose to implement vaccination as a condition of deployment in homecare, following its consultation ending on 22 October 2021. As of August 2021, an average of 81% of homecare workers have received the first dose of the COVID-19 vaccine and almost 70% the second dose. The averages, however, mask substantial variation – for example in London that number falls to 73%<sup>25</sup>. The homecare sector thus risks losing a further 20% of the workforce if vaccine uptake does not increase substantially, however the impact will not be evenly spread with some areas at risk of losing substantially more than others. If this were to happen, who would care for older and disabled people in their own homes? Too often a lack of care leads to a crisis, and a crisis leads to hospital. A lack of available home care then impedes timely safe discharge.

With Winter on the way and the stresses on the NHS certain to intensify the Government would be well advised to seize the opportunity the Spending Review provides to incentivise care workers to stay in their jobs – before it's too late.

<sup>1</sup> <https://www.homecareassociation.org.uk/resource/homecare-workforce-shortages-continue.html>

<sup>2</sup> [https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/age\\_uk\\_briefing\\_state\\_of\\_health\\_and\\_care\\_of\\_older\\_people\\_july2019.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/age_uk_briefing_state_of_health_and_care_of_older_people_july2019.pdf)

<sup>3</sup> [https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/coronavirus/impact-of-covid-19-on-older-peoples-health\\_one-year-on.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/coronavirus/impact-of-covid-19-on-older-peoples-health_one-year-on.pdf)

- <sup>4</sup> <https://www.laingbuissonnews.com/care-markets-content/news/homecare-offers-wider-sense-of-independence-and-control/>
- <sup>5</sup> <https://www.ippr.org/blog/ippr-policy-exchange-social-care-polling>
- <sup>6</sup> <https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/care--support/care-deserts---age-uk-report.pdf>
- <sup>7</sup> <https://www.homecareassociation.org.uk/resource/homecare-workforce-shortages-continue.html>
- <sup>8</sup> <https://ukhcablog.com/blog/a-third-of-uk-jobseekers-considering-a-career-in-social-care-according-to-new-report/>
- <sup>9</sup> <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/COVID-19/Vacancy-information-monthly-tracking.aspx>
- <sup>10</sup> <https://www.homecareassociation.org.uk/resource/homecare-workforce-shortages-continue.html>
- <sup>11</sup> <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/Pay-in-the-adult-social-care-sector.pdf>
- <sup>12</sup> <https://www.ippr.org/blog/ippr-policy-exchange-social-care-polling>
- <sup>13</sup> <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Pay-rates.aspx>
- <sup>14</sup> Hayes, L.J.B. (2015), Are the minimum wage rights of homecare workers at risk under the Care Act 2014? *Industrial Law Journal* 44 (4): 492–521.
- <sup>15</sup> <https://www.nao.org.uk/wp-content/uploads/2018/02/The-adult-social-care-workforce-in-England.pdf>
- <sup>16</sup> Skills for Care. (2019). Workforce Estimates 2018/19. Accessed via <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>
- <sup>18</sup> <https://www.unfairtocare.co.uk/>
- <sup>19</sup> <https://ukhcablog.com/blog/funding-and-workforce-ukhcas-submission-to-the-health-social-care-select-committees-inquiry/>
- <sup>20</sup> <https://www.adass.org.uk/adass-spring-survey-21>
- <sup>21</sup> <https://www.nao.org.uk/wp-content/uploads/2018/02/The-adult-social-care-workforce-in-England.pdf>
- <sup>22</sup> <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/Pay-in-ASC-sector-2020.pdf>
- <sup>23</sup> Unison, (2017), Home Care Survey, Accessed via: <https://www.unison.org.uk/content/uploads/2017/09/UNISON-home-caresurvey-2017.pdf>
- <sup>24</sup> <https://www.nationalcareforum.org.uk/ncf-press-releases/the-care-workforce-at-breaking-point/>
- <sup>25</sup> <https://www.gov.uk/government/consultations/making-vaccination-a-condition-of-deployment-in-the-health-and-wider-social-care-sector/making-vaccination-a-condition-of-deployment-in-the-health-and-wider-social-care-sector>