

The care staff crisis: exploring its impact



“There needs to be a culture shift about care worker roles. They need to be seen for what they are – a wonderful job with amazing job satisfaction. They are not unskilled workers.”

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Summary

Recent workforce analysis by Skills for Care has revealed the number of unfilled care jobs rose by 52% in a year. This is the fastest rate on record¹. Due to the ever-growing staff shortages within the sector, more than half a million adults in England are currently waiting for social care assistance². The growing numbers of people needing care and the increasing complexity of their needs coupled with the current recruitment and retention shortfall means demand is far outstripping capacity³. This is having a detrimental impact on the people who need care, unpaid carers and on all health and care services and staff⁴.

To explore the impact the lack of access to paid care is having, Healthwatch North Yorkshire ran three short surveys, one for individuals who need care and unpaid carers, one for care home and domiciliary care staff, and one for other support organisations.

Key findings

Recruitment and retention

The challenges that the sector is facing in recruiting and retaining staff is:

- Having a detrimental impact on the physical and mental health of the people who need care.
- Placing significant pressure on unpaid carers, mentally, physically, and financially.
- Increasing the stress and pressure placed on care home and domiciliary care staff.
- Perpetuating capacity issues in hospitals due to delayed discharge.

Unless urgent action is taken, these problems are only going to worsen as the number of people who need care increases, the number of care workers continues to fall, and the cost-of-living crisis deepens.

¹ [The state of the adult social care sector and workforce in England \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

² [Association of Directors of Adult Social Services \(ADASS\): Waiting for Care Report May 2022](#)

³ [Social care crisis leaves 500,000 adults waiting for care - Integrated Care Journal](#)

⁴ [The Damage care in crisis web.pdf \(unison.org.uk\)](#)

Recommendations

We recommend that:

1. Structured reform is required nationally to recognise the value of social care and the integral part it plays across our health system. This includes:

- Increased funding, improved staff pay-scales and training in line with the NHS.
- Additional support for social care staff such as tax relief, access to affordable housing, key worker status etc.
- Increased recognition and investment for social care as a profession and career opportunity.
- Increased support and recognition for unpaid carers.

2. Our MPs act on behalf of their constituents and those people working in social care. They ask the Secretary of State for Health and Social Care, Rt Hon Steve Barclay MP, to bring about urgent reforms to the social care system.

3. Our commissioners and providers work collaboratively across North Yorkshire to bring about effective solutions, involving those people delivering and receiving care, and the community, voluntary and social enterprises (CVSE) sector, such as the Independent Care Group (ICG).

4. Humber & North Yorkshire and West Yorkshire (includes Craven) Integrated Care Systems prioritise improvements in the social care workforce to bring about increased staffing levels, retention, well-being, training, and career opportunities.



Action taken by North Yorkshire County Council

Supporting the social care system

The care sector has worked incredibly hard during the COVID-19 pandemic and since the end of restrictions. Over the past year, there has been a step-change in the labour market as care services have had to face massive competition with retail, hospitality, and logistics.

During the pandemic, they put in place a 100-strong council-wide team to support care providers and, in turn, people who live in care homes or who use home care services. Support was provided to source PPE and testing. Payments made kept care providers operational.

The Quality Improvement Team (who support care homes and home care services) was expanded and has helped numerous services when they have been struggling. It has also worked with care home residents and their families to support them when there have been quality issues which have led to service closures.

In 2022, the Council has invested an additional £6m of local funding to bring forward increases to care worker pay, to recruit new social workers and care staff, to tackle waiting lists and to intervene in the care market to keep services running in places where there is limited provision.

Breakdown of our survey responses



This report provides a snapshot of the widespread impact of the care staff shortages across North Yorkshire and calls for immediate and significant action to deal with these issues and future proof care services

Whilst our findings are limited by the numbers of people and organisations that we heard from, they paint a stark picture of much wider issues facing many people, and particularly the most vulnerable people within our society. We received 93 valid responses to our surveys. To capture more in-depth experiences, we also had one-to-one conversations with unpaid carers and care staff.

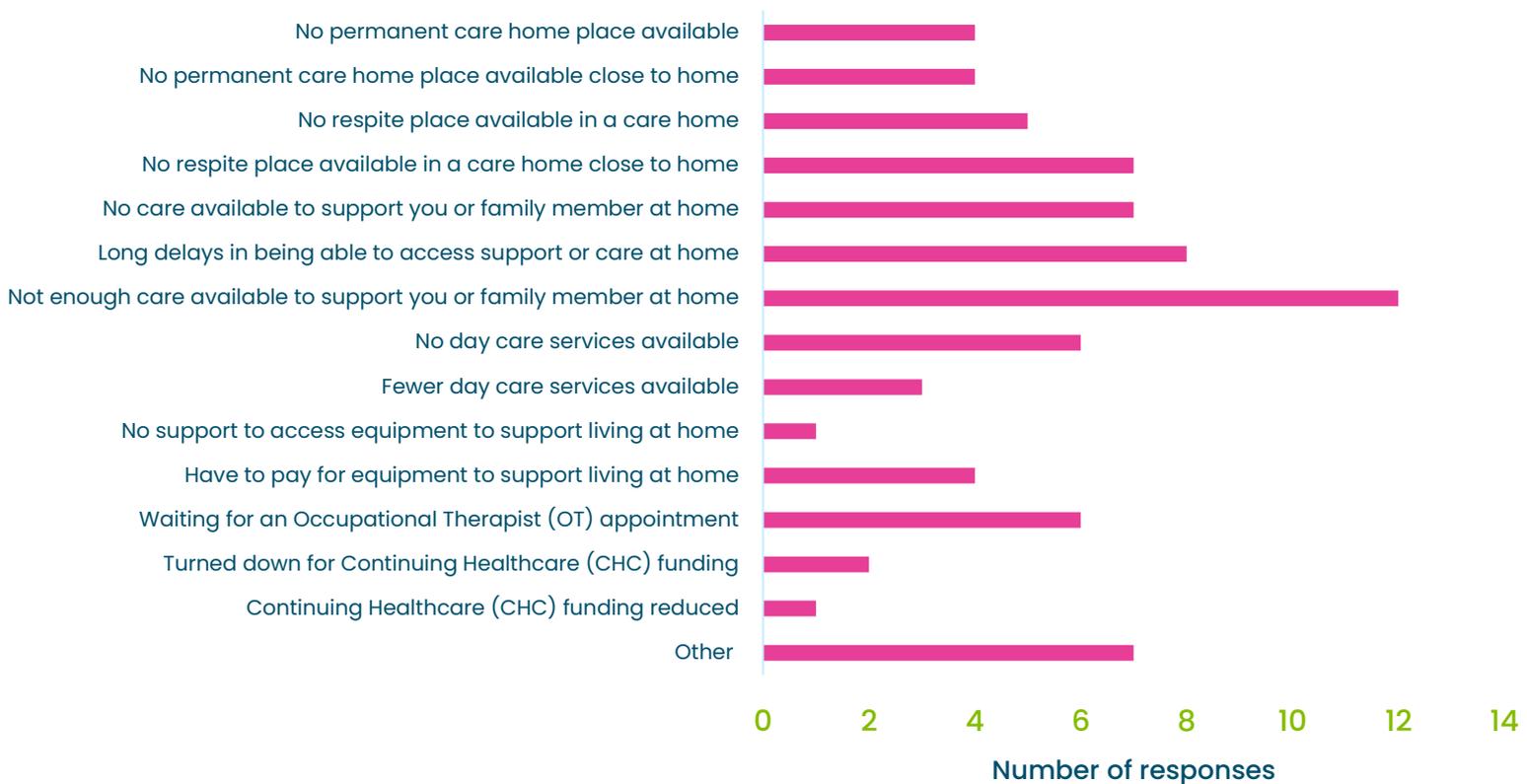
Care staff shortages

What has been the impact?

We asked if they or any of their family members have struggled to access paid for care services (e.g., places in care homes, care at home, access to day centres) in the past 12 months, 52% of respondents said yes. Of the organisations who responded, 74% said they have heard reports of people struggling to access paid for care resulting in delayed discharge from hospital, people having to go to care homes (rather than receive care at home) or going to a care homes a long way from where they live.

The main issue individuals raised is that there is not enough care available to support themselves or their family member at home. Other issues included long delays in being able to access support or care at home, no day care services being available and no respite places available in a care home close to home. Recent research agrees with these findings; with a report published by ADASS (Association of Directors of Adult Social Services) revealing that during the first three months of 2022, an average of 170,000 hours a week of home care could not be delivered due to workforce shortages⁵.

Issues due to lack of access to paid care



⁵ [Association of Directors of Adult Social Services \(ADASS\): Waiting for Care Report May 2022](#)



"I have no access to respite care for my disabled child."



"We are unable to get a place in day care nearest to home as it is deemed out of our area even though it was where we had had attended before."



"My husband was promised support when I became ill. He was visited once and promised support that never happened. He was ignored afterwards. After he got in touch, they said they would investigate it, but never did. So, he gave up."



Some care home managers said the issue is not that they don't have beds available, the problem is that they cannot accept any more people if they don't have enough staff. This means beds are left empty.



"We have four enquiries for every empty bed, but we can't accept anyone until we have full staffing."

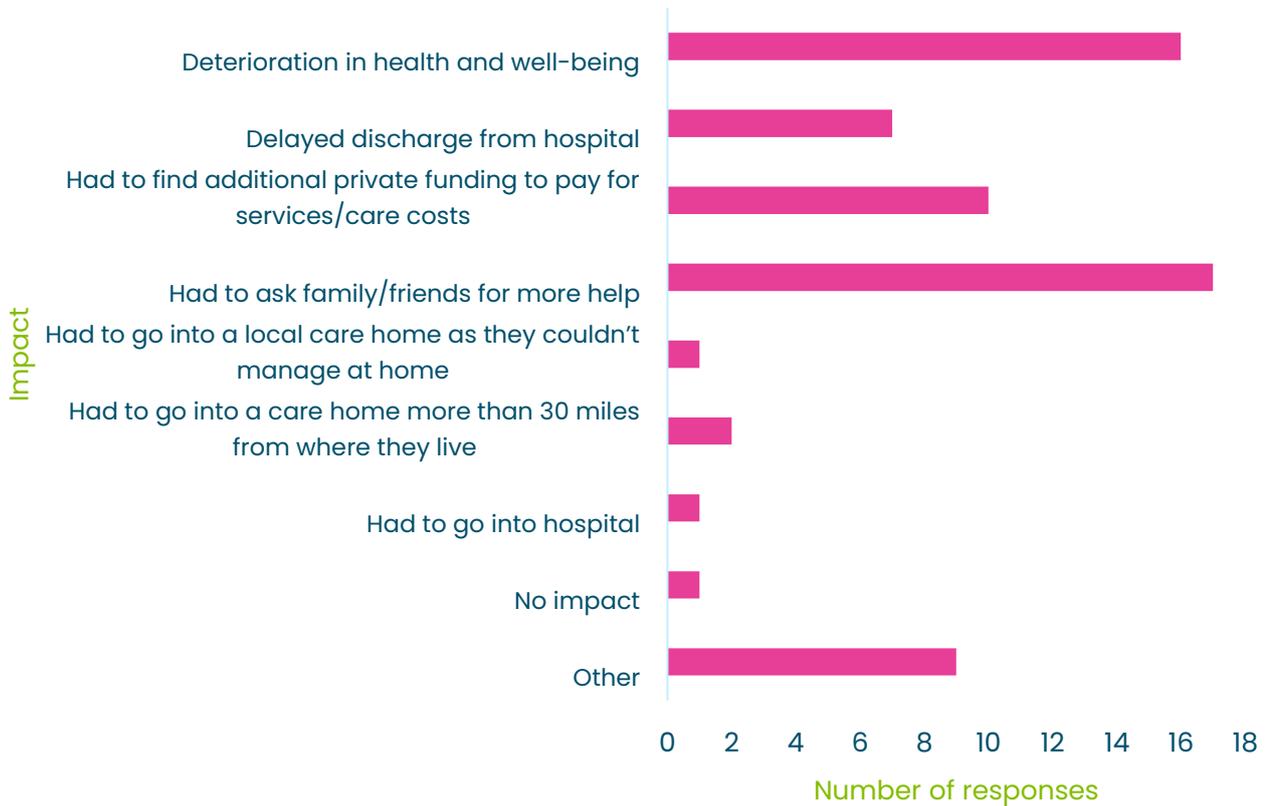
"We have empty beds. We are ready to take more people, but we can't accept anyone when we don't have the staff. So, we are turning people away. If we can't resource it, we can't offer it."



The people who need care

What does the staff shortage mean for them?

The care staff shortage is having a detrimental impact on the people who need care, with responses revealing that people’s health and well-being is deteriorating as a result. People are also facing financial strain due to having to pay for private services and many are having to ask their family or friends for more help too.



Some people commented on the difficulties of attending hospital appointments without a personal assistant. The issue of having different carers who do not understand the patients’ complex needs was also raised. These constant changes to routine and staff result in stress and confusion for people who need care, especially those with dementia. One respondent said the individuals they support are unable to verbally communicate, so heavily rely on staff to spot changes in their 'normal' behaviour which relies on them having staff that know them well. Due to the staffing challenges and increased use of agency staff this may well mean that staff miss signs of illness.



“Without a personal assistant I have to attend hospital appointments on my own and communicate with the NHS on my own with systems that do not fit my needs.”



“My care agency seems to have trouble retaining staff, so I am seeing different carers and as I am deemed to require complex care, it’s difficult to keep reminding carers what they need to do.”



“The individuals we support (adults with learning disabilities) have felt the impact of staff shortages and support having to be delivered on safe minimum levels.

These shortages can cause anxieties and increased behaviours of concern due to their uncertainty of staff support and sudden changes to routines and plans, including unknown staff and agency workers”



“Irregular hours due to a lack of staff confuses and upsets elderly and dementia patients.”



There are also fewer activities taking place in care homes due to staff shortages. We were told that on several occasions fewer activities were taking place. As the basic care and safety of residents comes first, this often means activities and trips out are limited which in turn has a negative effect on both the physical and mental health of the residents.



“The lack of staff has at times meant that regular activities, socialising, interactions and being part of the wider community have not been possible to cover and support. This is having a negative impact on their mental well-being, losing enthusiasm to want to plan and enjoy new experiences due to the fear of being let down or anxious as to whether these will happen.”



“Mental health is impacted as they are trapped in their home, choices are limited. Events have been missed, quality of life is becoming increasingly poor for a person who likes people and socialising. Hits very hard, especially after COVID-19.”



“We need more staff per resident so we can do more activities and get them more active. Safety comes first but we know the positive impact that activities and engagement can have for residents. We know activities can improve someone’s mental health and self-esteem. For example, taking an able person for a daily walk is beneficial, but not something we can do very often.”



The case study on the next page highlights the impact of the care staff shortage on the person who needs the care, with the respondent’s mother firstly experiencing delayed discharge from hospital and now unable to go home due to not having a care package in place.



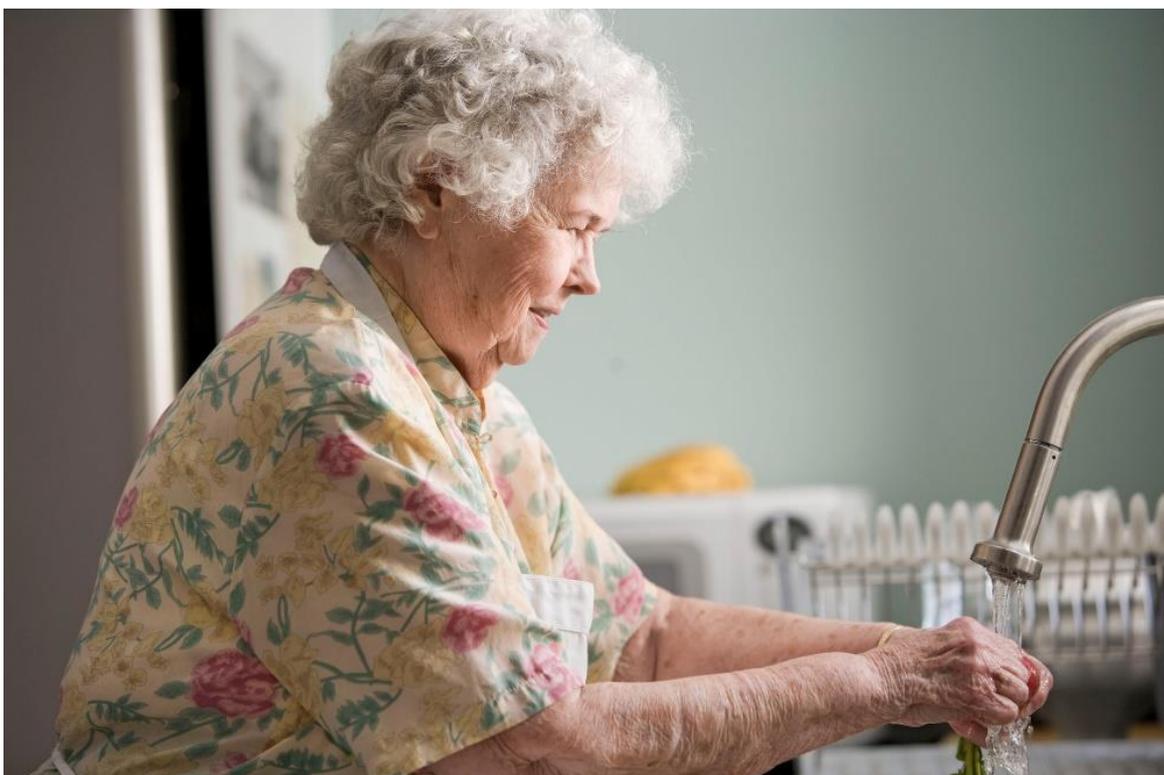
“My mother, who is 92, had a fall in January and was taken to hospital and later to another one as they didn’t have the bed for her after she had COVID-19. She was ready to be discharged but could not be as they couldn’t find a care home to take her.

The plan was for her to go into a care home for her to recover more and then to go home with a care package. They did find a care home where we live, and she has been well looked after there. However, she wants to go home and that is the plan or would be if the social worker could find someone to provide the four visits a day she needs at home.

I wait for a call every week with an update, but it is always that there’s isn’t anything yet. My mother asks for updates, but when I tell her, she thinks I am spinning her a line.

And while she is waiting to go home, my mum is having to pay Council Tax. She is paying the care home fees and Council Tax even though the Council is the one stopping her going home as they can’t get the care package sorted.

Then, my brothers and I have put adaptations in place at my mother’s home ready for her to come home. It includes a £2,750 stair lift, but I’m not sure that she will ever get home to use it.”



One respondent commented on the difference the support of carers can make on someone's quality of life. This highlights how invaluable even small amounts of support can be, for both the person who needs the care and their family.



"I got one visit a day at approximately 5.30 – 6pm. It was for 15 minutes if there were two carers or 30 minutes if just one. They put medication on my legs, made my tea and bed and helped tidy up if I hadn't done it. Them coming made a huge difference to me. I knew someone was coming and it was a relief for me and my daughter and son.

I spoke to someone from social services and said it would be useful to have a later visit to help me get ready for bed. I am OK dressing but struggle undressing. That started on 1 September at about 8.30 – 9pm and again has made a lot of difference. I don't need them to put me to bed, just help me get ready. It is great as I really struggled before.

The carers are great and really know what they are doing. It is so much better with them coming."



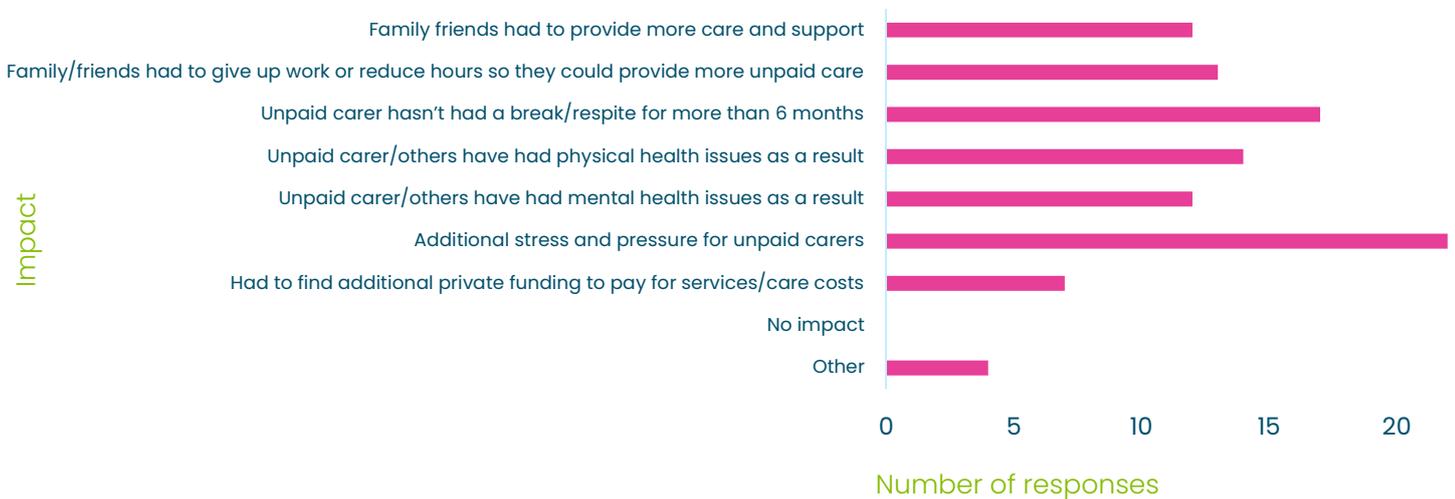
Unpaid carers

What they told us

Around 55% of respondents said their family and friends have had to help more due to the lack of access to paid care. This means many more people are becoming unpaid carers. Recent research by Carers UK has revealed that the number of unpaid carers remains higher than before the pandemic with one in five of the UK's adults (approximately 10.5 million people) supporting a relative, close friend or neighbour because of chronic illness, including mental ill-health, dementia, disability, or older age⁶.

The strain was apparent in the responses we received, with 63% of respondents saying they have faced additional stress and pressure due to their caring role. Many also said they often have no break or respite from their caring duties which is resulting in both physical and mental health issues. Research conducted by NHS Digital reinforces these findings; their survey of almost 40,000 carers found 63% reported feeling stressed and 48% reported feeling depressed⁷.

The impact on unpaid carer(s), family, or friends



⁶ [Carers Week 2022: Rising pressures on unpaid carers as public backing for greater support grows - Carers UK](#)

⁷ [Personal Social Services Survey of Adult Carers in England, 2021-22 - NHS Digital](#)

Respondents commented on the burnout and well-being issues they have faced because of their caring duties. The issue with the lack of practical help, support or respite for unpaid carers was also mentioned. In the recent NHS digital survey just 13% of respondents said the person they cared for accessed services that allowed them to take a break for more than 24 hours (this was down from around 20% in 2018-19)⁸.



"I am worried about not being able to continue with my caring responsibilities due to carers' burnout, physical health and wellbeing and mental health due to the lack of ongoing practical help and support."



"The impact on unpaid carers is that they become unwell and deteriorate quicker, they are often frail themselves as they're caring for a partner. Unpaid carers are often eligible for carers assessment but aren't being assessed routinely. When they request an assessment, this isn't happening."



The cost of care was also raised as a significant issue. The state of caring report from 2021, carried out by Carers UK, found 31% of carers said they were struggling to make ends meet. A further 18% are in or have been in debt because of caring, and 6% cannot afford utility bills like electricity, gas, water, or telephone bills⁹. The financial impact of caring is only going to increase as the current cost-of-living crisis worsens.

⁸ [Personal Social Services Survey of Adult Carers in England, 2021-22 - NHS Digital](#)

⁹ [CUK State of Caring 2021 report digital.pdf \(carersuk.org\)](#)



“The cost is high – how do people afford this care? We have attendance allowance – but it’s a drop in the ocean compared with what we will have to pay.”

“The sky rocketing inflation and cost-of-living prices is the final nail for unpaid carers and loved ones.”



Some people told us they must reduce their work hours so they can provide more unpaid care. One person said they have been looking for a care home for their father but due to the lack of spaces and paid care the son has reduced his work hours to look after him.



“When looking for a care home the person found only one in Settle which is a nursing home with a dementia focus. But it is 15 miles from the person’s wife, who doesn’t yet need care, and there is no public transport. She is struggling to visit her husband and is on a 5-year waiting list for sheltered accommodation. She is 89. Her son fears that she will either need care before she gets to the top of the list or will live there briefly and then need to move again.”

“There aren’t many care homes – I feel it is a desert of care.”

“I have reduced my work hours to four days a week to be able to support my parents. Trying to find the right care has impacted on my mental health, my partner’s and my parents.”



One respondent commented on the fact that professionals and society do not understand the responsibilities and stresses that unpaid carers face daily.

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“All professionals need to be re-educated in what unpaid carers do rather than make our lives more complicated by not allowing us the same rights as paid workers. We are overstretched and overwhelmed with everything and everyone else. It's unreasonable and unrealistic to continue our caring responsibilities and it is unsustainable to continue to prop up social care services. It is stressful and unrealistic of the government to have unrealistic and unreasonable expectations of unpaid carers.”

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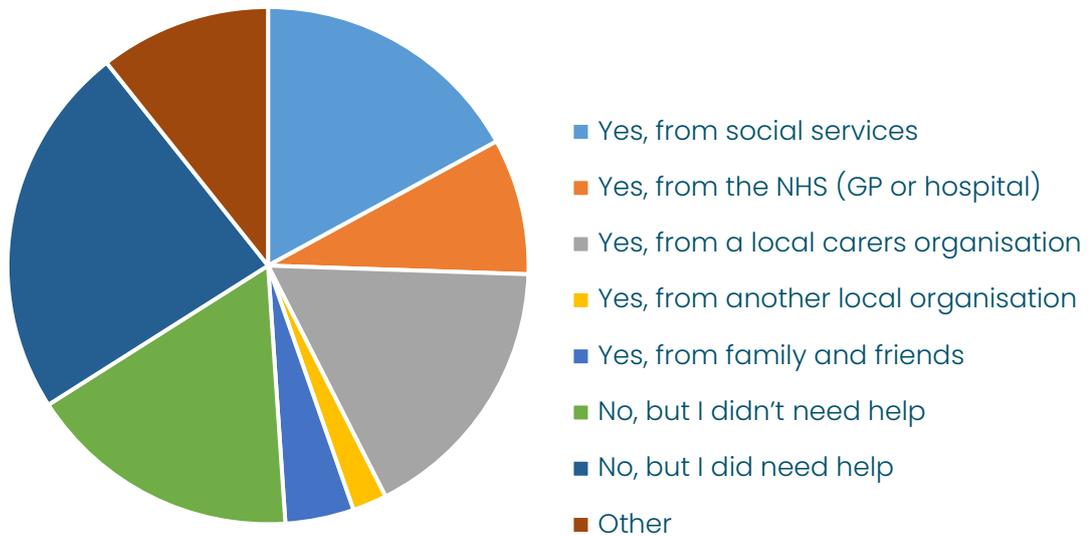


Have people had any help to find paid for care?

What individuals told us

When people were asked if they have had any help to find paid for care services the responses were mixed, as illustrated in the graph below. While people have had some help, from social services, the NHS and local carers organisations, 23% of respondents said they have not had any help.

Have you had any help to find paid for care services?



"I have asked a couple of organisations if they know of anyone, but nothing has gone anywhere. I was told there was a shortage of personal assistants in the area."

"There is no help and support available – you're just passed from one service to another."

"It's hard to make contact; calls are not returned for days and there is no feedback from assessments made. Dad was in a discharge to assess bed and we had to call to find out what would happen next."



However, there was praise for organisations such as Dementia Forward and Alzheimer’s Society and one respondent gave positive feedback about the dementia care co-ordinators at their GP surgery.



“The Dementia Care coordinator at my GP surgery and the leader at Dementia Forward have been helpful. Both are excellent.”

The Alzheimer’s Society was also invaluable. Without their help and advice, I could not have coped. However, more funding is needed for private care.”



You've Got the Rest of your Life to Live



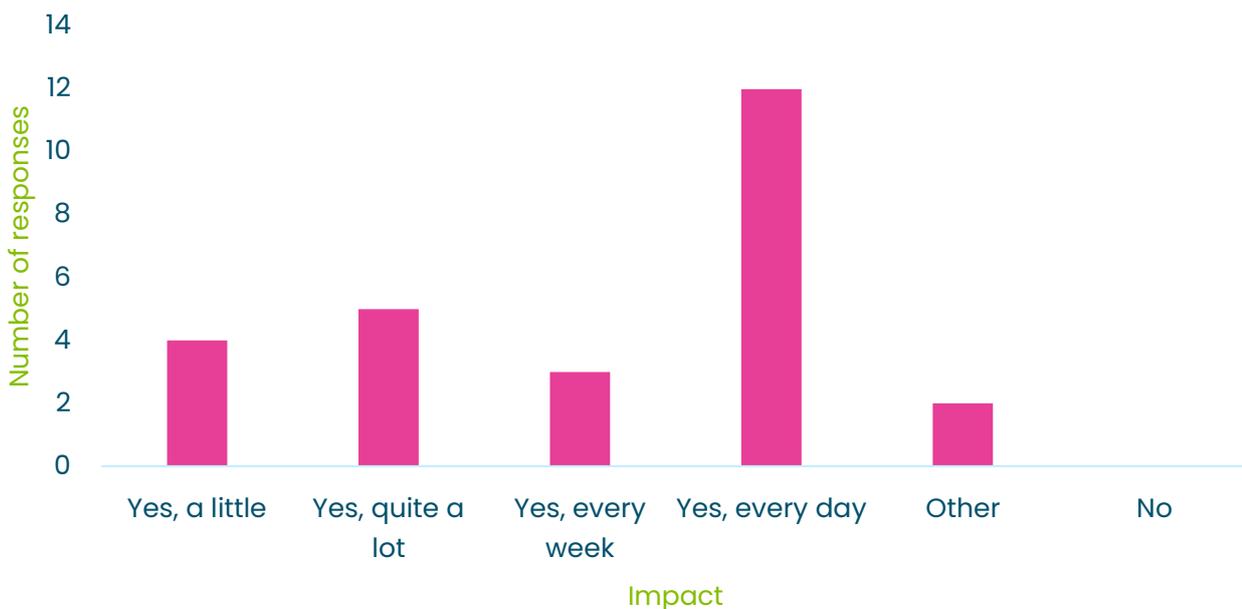
Care home managers and staff

The staffing shortage

Less staff is having a detrimental impact, not only on care home residents, but also on the managers and their staff. When they were asked if they have felt the impact of the lack of paid care staff where they work almost 50% said they feel the impact every day, with no-one saying they have felt no impact.

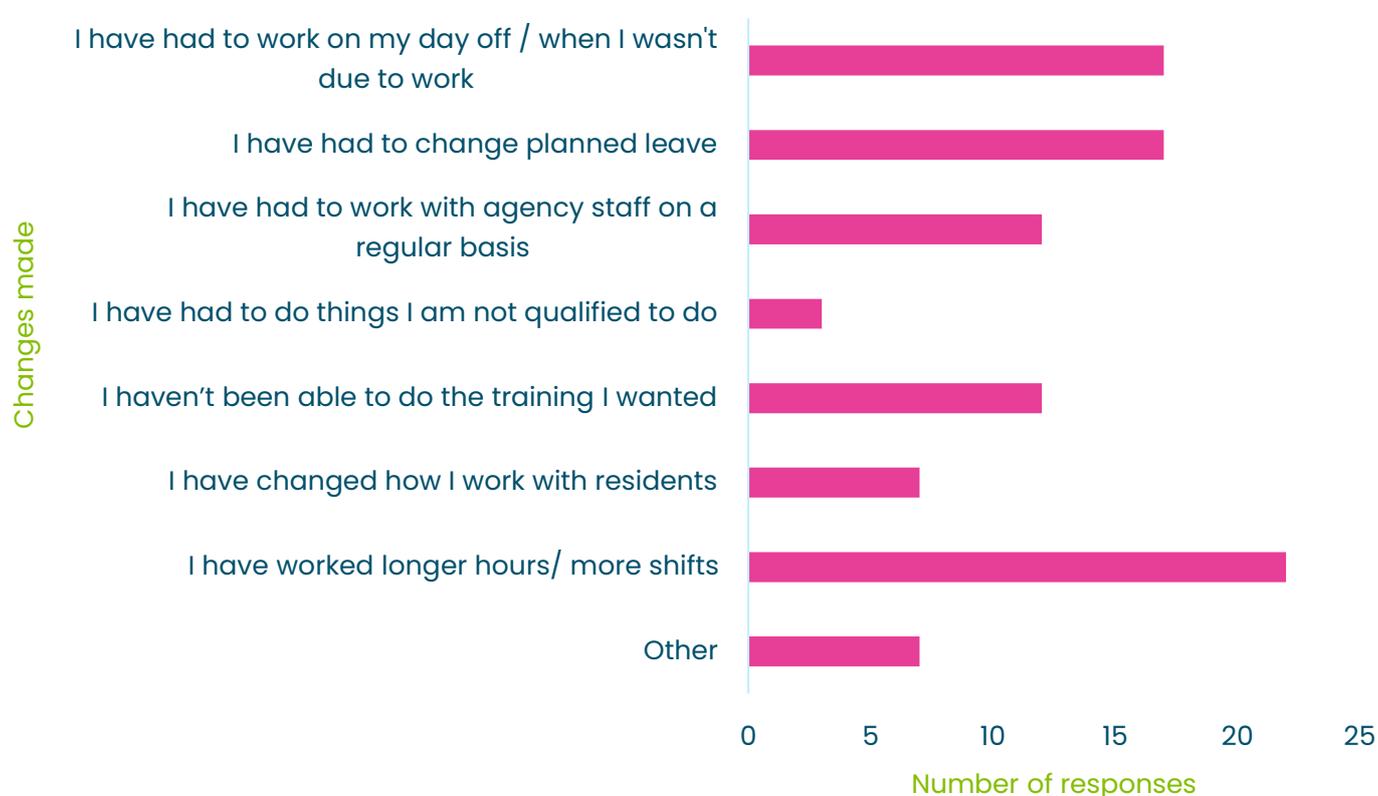


Have you felt the impact of the lack of paid care staff where you work?



Many care home staff said they have had to change the way they work because of the staffing issues. For example, by working more shifts/longer hours, working with agency staff, changing annual leave, and working on their days off. Other changes included having to decrease in size as a care provider and staff coming back to work from sickness too early. It is also concerning that some staff were unable to do the training they would have liked due to the staffing shortages.

Have you had to change the way you work because of staffing issues (including sickness)?



We were also told that in other areas there were shortages in district nursing teams and paramedic teams, which had a knock-on effect on care homes. This means staff were sometimes required to carry out tasks they are not qualified to do. For example, one care home manager said staff have struggled with stoma care or where people have feeding tubes (PEG) due to the lack of district nurses available. In one instance a PEG had been pulled out and the staff couldn't get a district nurse to come and replace it. In the end the manager had a video call with a district nurse and managed to put it back themselves, but other staff say that they are not trained to do that.

All these additional pressures have had a detrimental impact on both the physical and mental health of care home staff. One respondent expressed the mental stress they have felt as well as physical issues they have experienced with their knee due to the long hours they have worked with no break. Another said the increasing pressures are impacting not only on their mental and physical health at work but also on their family life too.



“There are never enough staff on shift. Another staff member and I had to care for seven guests. This leads to stress, and I suffer not only mentally but physically. I spent the next few days in agony with my knee. This was due to being on my feet and never having a break. It needs sorting as soon as possible. Staffing levels are horrible.”



“The overwhelming responsibility to offer myself for additional shifts so that the individuals we support can try to maintain any regular activities and continue living their best lives has had a huge impact on me personally, both mentally and physically. I experience periods of fatigue and poor mental well-being.



This has also had a knock-on effect on my family life and not being as present and available to be a mother and wife. I have worked in health and social care for 18 years and love the job that I do, but recent pressures have tested everybody's resilience at times.”



Concerns were also raised with the increased reliance on agency staff and the inability for staff to take time out to complete necessary training.



“The lack of staff and struggle to recruit to support worker positions has had a massive impact on myself and the team: increased hours we are having to work to ensure the individuals we support remain safe; a constant battle with ourselves as we are tired and overworked but we are still not providing the care and support we would like to as we are understaffed; and heavily relying on expensive agency staff who don't share our same values and commitment to the people we support.”

“I am always working my days off and having to rearrange annual leave to ensure that the service remains safely staffed. I haven't been able to complete extra training for my own professional development due to not being able to come away from my shift to complete this. It's a constant battle to ensure our staff have time complete their training.”

“We have 60% agency staff on every shift. We have all had to change the way we support our individuals as we don't have the time to support them as we would like to, we haven't been able to spend valuable 1:1 time with them.”



A survey carried out by Unison further highlights these issues. It found 97% of care staff who responded said their care employer is currently experiencing staffing shortages, with burnout, overwork, and low pay (or better pay elsewhere) being the main reasons why¹⁰.

¹⁰ [Staffing levels in care 'dangerously low' with dying residents denied dignified end, says UNISON survey | News, Press release | News | UNISON National](#)

One care home manager we spoke to outlined the four main reasons why they think there are issues with the recruitment and retention of care staff.



“There are several reasons why people go to work, but most of these are being compromised in the current crisis:

1. To have a purpose – but if you are constrained and restricted in what you can do by regulation and short staffing you struggle to see the purpose.
2. To live – but with a job at the lower end of the pay scale where you work more and one which might make you feel ill, you will soon stop or find something else.
3. As part of your identity – but when that identity is seen publicly as low skilled and at the bottom of the workforce you don't feel valued.
4. For promotion – but that no longer looks attractive and even the opportunities to move into health are just as bad.”



The case study on the next page highlights the impact the staff shortages is having on registered managers and their staff teams.



"I worked four weekends in a row (on top of the weeks), but I know taking time off will just generate more issues. The more a registered manager does, the more expectations there are on that person to continue doing that. It pushes a manager's resilience. There are still gems of great practice, but the chance to say thanks is increasingly limited.

There are significant dents on staff morale. They are so drained. And people are struggling. They are more critical, and the small issues are more difficult. There are more challenges and more unrest. People recognise change is needed but they don't have the energy for change even if the aim is to improve things, including for them. They don't have the time to understand any new ways of working and feel they are being asked to do even more.

I staff feel undervalued. There are high expectations but low reward, recognition and pay. Staff wages are low, so often they are the second income at home. So, if someone is needed to care or there is a crisis at home, they will do it so the impact on that household's income is less.

Currently there is a lot of reliance on good will. This includes people working on their day off. But the ongoing, relentless demand is eroding the good will and some staff are becoming bitter. They can no longer see why they wanted to do the job and why they enjoyed it.

Roles changed during COVID-19 and focused on keeping people safe. People's lives were in our hands and staff sacrificed a lot in their own lives to reduce the risk for our residents. But that sacrifice was never recognised. A lot of the reasons why people do the job were lost - the opportunity to develop people, the relationships, the community events, and the joy from our residents. These are lost and replaced by the frustrations of low pay and feeling undervalued. We are fighting hard to get those positives back."



85% job satisfaction in the care sector

Despite all the difficulties and challenges faced by care staff, when asked about current job satisfaction, 85% of respondents said very good, good, or ok.

There was a mix of responses when asked if they see themselves working in the care sector in the future. Some people said they don't want to leave the sector but if things don't improve, they would consider it. This shows that despite the difficulties faced, many still enjoy their job and working within the sector, but urgent action needs to be taken to address the current challenges.

Domiciliary care organisations

How are those delivering homecare services affected?

The care staff shortage is also having a negative impact for those delivering homecare services. The vacancy rate in homecare is now estimated to be 13.5%, which is the highest ever recorded¹¹. Due to this, domiciliary care organisations are struggling; they are having to turn down new clients and managers are having to cover shifts. The escalating petrol and diesel costs are also impacting on domiciliary care workers. Research suggests, collectively, they drive over 4 million miles per day for work¹². The rising costs means commuting to work is becoming unmanageable for many. This is a particular issue for North Yorkshire due to the rurality of the area.

The case study below explores the issues one domiciliary care organisation is facing due to staffing challenges.



“We are turning down clients when it isn’t cost effective or because we can’t deliver the care due to staffing. Our management team will step in and deliver care until our staff are back from leave, fully trained etc. This can only be done on a short-term basis when we know there will be staff to deliver the care.

We have just been asked to support someone about to come out of hospital with complex psychological issues. We had provided two days’ care – including all the setup, assessments, and forms before they went into hospital. They now need support when they are home again, but we can’t provide four visits a day including weekends at the moment due to staffing numbers, so we’ve had to say no. It is particularly bad over the summer with people on holiday and some sickness, but generally we can cope.

What is particularly hard is the increasing hourly rates for staff. We have always paid towards the top of the salaries, but we are feeling the impact with other rising costs. We are now paying bonuses and are looking at increasing mileage payments. We did increase our costs for clients in January but won’t be looking at any further increases until at least January 2023.”



¹¹ [Vacancy information - monthly tracking \(skillsforcare.org.uk\)](https://skillsforcare.org.uk)

¹² [New research shows homecare workers are leaving in droves due to insecure pay and rising cost of living \(homecareassociation.org.uk\)](https://homecareassociation.org.uk)

Hospitals

The impact on hospital discharge is a cause for concern

The knock-on impact that the care staff shortage is having on other services such as hospitals is also a cause for concern. There are often delays in people being discharged from hospital as there are no care home beds available or a home care packages in place for them. This leads to the hospital keeping patients longer than medically needed, contributing to their own capacity problems.

Research highlights the scale of this issue, with almost 250 NHS leaders who responded to a recent NHS Confederation survey saying that patients are being delayed in hospital much longer than they should, with the knock-on impact resulting in higher demand on A&E departments and longer ambulance response times¹³.



“We get a daily update on the numbers of medically fit patients in the acute bed base awaiting care placement or packages and for this site it runs at between 50-65 every day which is over two wards full of patients who do not need to be in hospital. On top of this there are 15 medically fit patients sitting in a community unit awaiting the same (who are essentially discharged but still under our care). This clearly impacts massively on the running of the hospital and directly causes the long waits in the emergency department.”



There were also comments about unsafe discharges from hospital where people are going home without the appropriate care provision in place.



“People are staying in hospital longer when they don't need to and there are unsafe discharges because people will say anything to get home - even if that means they go home without the care they need to stay safe.”



¹³ [System on a cliff edge: addressing challenges in social care capacity | NHS Confederation](#)

The case study below highlights the impact the staffing shortage is having on hospital capacity as well as the person affected and their family. If they could not have cared for their mum they would have been in hospital for a much longer time, resulting in strain on both the hospital and the family.



"A person we spoke to told us that their mum had a fall and had broken her elbow. She went to hospital and had to wait on a trolley overnight for an assessment. She was then in hospital for two weeks waiting for the operation and a week after the operation while she had physiotherapy.

She was then ready for discharge but there was no care package in place so she couldn't be discharged, and nothing seemed to be happening. So, the daughter said she would provide the care. She was then called at 6am to say her mother was ready for discharge as she could stand up. The daughter had to check if her mum had had anything to eat or drink, which they checked, and she had.

She then was taken home, but if her daughter could not have provided care, she may have been in hospital for at least another three weeks."



What could be done to improve the situation?

Three main themes emerged from those we spoke to:

1. Increase funding for the sector, including better pay for care staff and more financial support for unpaid carers

Many respondents said the pay for care staff needs to reflect the responsibility of the job. The recent workforce analysis by Skills for Care revealed four out of five jobs in the wider economy pay more than the median pay for care workers¹⁴.



“We need to be able to pay professional wages for a professional role and reduce staff pressures at work.”



“We do our best under the circumstances, but we know that Aldi and other supermarkets pay more. And that job doesn’t carry the same responsibilities and is not often as demanding. I do the job because I am dedicated, not for the money. But the pay doesn’t recognise our qualification level, skills, or responsibility.”



The disparity between the funding given to health staff in comparison to social care staff was also raised. The Skills for Care workforce analysis supports this. They found the average care worker gets £1 an hour less than a newly hired NHS healthcare assistant¹⁵.

¹⁴ [The state of the adult social care sector and workforce in England \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

¹⁵ [The state of the adult social care sector and workforce in England \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)



“For the future there needs to be more recognition of the importance of the role of carer. During COVID-19, the supermarkets prioritised NHS workers, but not carers.”

There is a blue light card that is accessible to people working in care and that gives discounts to a range of high street and online shops, but other things could help including priority parking for carers, discounts on fuel and other things.

During Covid the government gave carers two payments of £150 to recognise their work. That could be continued.”



2. Raise the profile of the sector and more skilled workforce recognition

Respondents expressed their frustration with the lack of appreciation and recognition of the fundamental role paid and unpaid carers play within society. This suggests more needs to be done to help raise the profile of the sector.



“There needs to be more understanding of how fundamental social care is to a functioning society. A measure of the quality of a society is how they look after the most vulnerable people. We need to elevate priority and understanding of the role of social care.”



“MPs should experience more and see the reality. But they need to be open to hear what it is like. We need the government to make it mandatory for anyone working in the Department of Health and Social Care to do at least two shifts in a social care setting to really understand the issues. It would be great to see more positive stories about social care on TV and radio. We need to show care matters and paint a different picture.”





“The government should value this workforce who care for such a vulnerable section of our society and acknowledge the sheer hard work done by carers.”



“There needs to be a culture shift about care worker roles. They need to be seen for what they are; a wonderful job with amazing job satisfaction. They are not unskilled workers.”



3. More opportunities for training and career progression

More training and support for care staff is needed to help with retention and to help with career progression. The Skills for Care workforce analysis has revealed care workers with five years' experience get just 7p an hour more than new recruits¹⁶. This suggests a more clearly defined career pathway needs to be developed, linked to training and higher levels of pay. Having apprenticeship schemes was also suggested.



“Care staff should be accredited and their skills acknowledged. They should also get training and support from district nurses linked to their care home or care provider to help develop their skills and enable them to move to roles in healthcare. There is currently no career progression. This will stop a lot of people working or continuing to work in care.”



“More staff should be employed and supported. When I started, I had to beg for training. I had no shadowing shifts, no mentor and I've still not completed my care certificate or had adequate probationary meetings. Staff morale is down and if we are not given recognition then many services will see a bigger agency input.”



¹⁶ [The state of the adult social care sector and workforce in England \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

The need for more training and more clearly defined career pathways has been raised in another report we recently produced for North Yorkshire County Council. This report explored the support and development requirements of registered managers who work in in adult social care settings¹⁷. In this report, respondents said it would be beneficial to have more training around the new CQC requirements, increased leadership, and management training (especially for new registered managers), well-being training (focussed on resilience) and additional digital support training. Those spoken to also highlighted the need for better funding to help support professional development. Also raised was the need for improved integration between the NHS and social care. This is a priority for the new Integrated Care Systems (launched in July 2022).



“The NHS and social care should be more closely intertwined as one cannot work without the other and by bringing the two together will improve services for the individuals.”



“A complete overhaul of health and social care is needed to reduce the divide. We also require radical changes in how the current care system operates to be made.”



¹⁷ [Registered managers in adult social care report \(Healthwatch North Yorkshire\)](#)

Conclusion

Despite the hard work and commitment from all those people involved in the commissioning and delivery of social care services, including North Yorkshire County Council, care home and domiciliary providers, social care staff, and unpaid carers, family, and friends, the significant lack of qualified and available staff is having a devastating impact on the provision of care for those people across North Yorkshire who most need it.

We will feed back from those we have spoken to those who design, deliver and commission services and will continue to work with stakeholders and organisations to support and influence improvements in social care services. This includes care providers, North Yorkshire County Council, and the integrated care systems in both the Humber & North Yorkshire as well as West Yorkshire (includes Craven).

Credits

Thank you to everyone who responded to our surveys and contributed feedback. Your voices help inform and shape health and social care services in North Yorkshire.

Further information

If you would like to participate in our regular Pulse Reports, please sign up for the [individual network](#) or the [organisation network](#).



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healthwatch

North Yorkshire

Healthwatch North Yorkshire
Jesmond House
33 Victoria Avenue
Harrogate
North Yorkshire
HG1 5QE
www.healthwatchnorthyorkshire.co.uk
t: 01423 788 128
e: admin@healthwatch.co.uk
@HealthwatchNY
[Facebook.com/HealthwatchNorthYorkshire](https://www.facebook.com/HealthwatchNorthYorkshire)