

COMMITTEE	Care Scrutiny Committee
DATE	29 September 2022
TITLE	Recruiting and Retaining Adults Care Staff
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PURPOSE	To update the Care Scrutiny Committee on the worsening staffing crisis in the field of adult care.

1 Purpose of the report

- 1.1 To update the Care Scrutiny Committee on the worsening staffing crisis in the field of adult care. We aim to ensure that the committee members are fully aware of the current challenges in providing and delivering what matters to our residents. The report highlights the issues and the gaps, and reports on what we are doing in response in order to limit the impact as much as we can.

2 Background:

- 2.1 For some years, social care staff recruitment and retention has been problematic and challenging. A report was submitted to the Scrutiny Committee on recruitment difficulties back in June 2019. Since then, the pandemic has exacerbated the situation, and we see that the pressures that staff have been under and continue to face has led to people leaving the sector.
- 2.2 Filling these gaps is becoming increasingly challenging and contributes even more to the work pressure on others. Undoubtedly, failing to fill jobs does create pressure, but, the unavoidable consequence of this, having to move staff from other tasks and priorities, also contributes further to the situation.
- 2.3 Representatives from Local Government Authorities in Wales recently reported to the Welsh Government that the pandemic was having a 'devastating impact' on a number of staff in the care sector, and their well-being and mental health continues to be a concern.
- 2.4 The challenge of establishing a suitable care workforce for the future has been identified as a priority for us as an authority since 2018, but the situation we are facing now in terms of staff deciding to leave their jobs and failing to attract new staff is taking us to a different and very concerning place. Many who work in the field are of the opinion that this current challenge is more serious and far-reaching than the staffing challenges faced during Covid.

3 The situation in the Adults field

- 3.1 Based on the most recent information, 12% (113 jobs) of jobs in the Adults, Health and Well-being Department are vacant, with some services affected more than others with staffing

shortages as high as 35%. This information is based on all full-time and part-time jobs within the Department, with the exception of casual jobs and the internal Domiciliary Care Service. It should also be noted that work is ongoing to verify this information and establish a procedure where we can regularly monitor the situation. For general comparison, it was reported in light of recent research that the National Health Service's staffing shortage across Wales and England is 10%.

- 3.2 Our front-line care provisions are reliant on casual jobs to fill in for contract staff when they are on annual leave, training and off sick. We make regular use of casual staff across our services and we are currently seeking to give staff better security wherever possible by securing regular working hours for them. At the same time, we also know that we need to increase the number of casual staff that we have across our services to lift the pressure and the dependency there is on the remainder of the workforce.
- 3.3 The Domiciliary Care Service in particular is excluded due to the nature of the service. The service staff do have permanent contracts that note the fixed hours of work, however the number who work for the service changes according to the demand for home care across our communities. The situation in terms of recruiting and retaining staff within the service is critical. Therefore, note also that the 12% figure does not take into account the additional staff that would be needed to respond to the waiting list for domiciliary care across the County.
- 3.4 On 7 September, 2022, we had 106 individuals on the waiting list for domiciliary care. The numbers waiting for domiciliary care are always changing, nevertheless, when comparing the situation with how things were eighteen months ago, the number waiting for home care across the County has more than doubled. To be able to meet the needs of these individuals and support them in their own homes, the Council's internal Domiciliary Care Services and the County's independent providers need to appoint additional staff.
- 3.5 There are waiting lists for service in other services such as Mental Health and Learning Disabilities. Note that filling all the vacant posts we have in these services would not necessarily mean that we would be in a situation to respond fully to the demand.
- 3.6 The staffing gaps in the Department in terms of Social Workers and Occupational Therapists contribute to the number of residents who are waiting for reviews or initial visits. In 2021-22 only 55% of our reviews were completed on time. This was a deterioration of the situation in 2020-21 (58%). We know that this, along with the shortage of care available in the community, contributes to our ability to respond appropriately to individuals' situations. For instance, individuals who need to move from a residential care home to a home that offers nursing care/dementia nursing care, or to facilitate hospital patient discharge arrangements.
- 3.7 There has been a reduction in recent years in the number of people who work as Social Workers in Wales. Strikingly, there was a 42% reduction in the number of individuals who applied to qualify as Social Workers across Wales this year, when compared with the figures for 2016. The number of Social Workers in relation to the population size is lower in Wales than it is in England, Scotland and Northern Ireland.
- 3.8 We are now therefore in a situation where we are competing with other local authorities or other organisations in the public sector to attract Social Workers, Occupational Therapists and specific roles as well such as Quality Assurance Officers. It is also believed that the nature of the competition is different and possibly greater in north west Wales with the need to provide services through the medium of Welsh being crucial. Salaries can also differ, the most obvious example being the fact that the salaries of Occupational Therapists who work for the Health Board locally are higher than those of the equivalent posts within Local Authorities. Between

01.04.21 and 31.03.22, nine staff members from the adults care social work teams left to work for other local authorities, and four other members of staff left to go to other jobs outside the sector.

3.9 Posts advertised by the Adults, Health and Well-being Department between 01.04.22 and 18.07.22

Service	Number of adverts	Percentage of applicants per advert				
		0 applications	1 application	2 applications	3 applications	4 applications
Jobs in front-line care provision	81	44%	27%	17%	10%	1%
Social Work Jobs	29	34%	31%	24%	7%	3%

3.10 The table above reflects how challenging the current situation is in terms of filling vacant jobs in the field. Ideally, we would aim to have healthy competition for jobs, but we see that we are starting from a very challenging point with a very high percentage of adverts not attracting any applicants (44% and 34%). There are only a few times where more than two applications have been submitted. It should also be highlighted that the information does not include situations where more than one post have been advertised within the same advertisement - it is therefore likely that the actual situation is more serious.

3.11 The reasons why individuals decide to leave their jobs or why we do not succeed to attract more staff through recruitment are of course very wide-ranging, but we have tried to identify the main themes that we believe contribute to the situation. Note that information is reaching us from informal conversations with staff, what they report to our managers, along with staff exit interviews:

- Salaries are not considered adequate in relation to the responsibilities
- Salaries in other sectors are comparatively better
- Other organisations in the field pay comparatively better salaries, such as the Health Board.
- The impact of the pandemic on the workforce in terms of exhaustion and work pressure, which is unfortunately continuing.
- Cost of living, and fuel costs specifically force individuals to consider the pros and cons of certain jobs.
- Expectations of care jobs, especially front-line care providers, have increased as the needs of our population intensify.
- Lack of recognition of the value of jobs in the care sector
- The general trend seen during the pandemic, which has continued since, is that individuals are re-evaluating their priorities in relation to their work-life balance. For example, people are deciding to change careers or retire sooner than originally intended.

4 Providing Adult Care Services

4.1 Although the themes noted in section 3.11 of this report are relevant to front-line care provision services, there are matters that should be considered in further detail.

4.2 The jobs considered to be front-line care provider jobs are:

- All jobs in Care Homes - care jobs, catering, cleaning and managing/leading.
- Community carers and their support structures - Domiciliary Care Services staff and Supported housing mainly.
- Support Workers who support individuals within the Learning Disability Services and the Mental Health Service mainly.

4.3 The perception of front-line jobs in care can very often be a negative one and unfortunately this is not a true reflection of the role. The job is seen as a job where its main purpose is to carry out specific tasks such as personal care, washing and toileting. Unfortunately, the image that exists does not reflect the satisfaction of supporting residents to achieve what matters. It does not give the deserved recognition of the expertise and skills needed to care for our most vulnerable residents. Although they include very similar tasks, front-line jobs are often considered secondary to equivalent jobs in the health field.

4.4 For years now, as a provider we have seen our staff regularly attracted to work for the Health Board to have more favourable terms and conditions, such as higher pay scales and a higher income from working on weekends. By now, we are also seeing our staff being attracted to work for independent care providers across the County. This year, for the first time, a number of these providers are offering higher salaries than the Council offers. Although there are broader advantages to working for the Council such as the pension contribution, in light of the increase in living costs, it is possible that the other factors are not as influential as the hourly pay rate in people's decision. This is a message that is reported to us when staff leave to work in other jobs.

4.5 Another well-known factor we are aware of in the field of care and health is that new appointments very often involve appointing someone who already works in the field. Therefore, although it solves the problem or fills a gap in one place, it often creates another and shifts the problem. We therefore know we need to focus efforts and investment to ensure that we are able to attract a broader range of applicants for jobs in the care field in the future.

4.6 In addition to this unfortunate competition within the care sector itself, opportunities in other sectors are also attractive to staff in the care field. We see other sectors such as retail, leisure and hospitality offering relatively high salaries for jobs that have considerably lower responsibilities than what are expected of our care staff. It must be acknowledged of course that these sectors also find it increasingly difficult to recruit with matters such as Brexit being obvious influences. They are in a situation where they have no choice but to offer higher salaries to attract staff and then we see the impact of this of course on the care sector.

4.7 In competing with the Health Board or other sectors unfortunately one of the aspects what continues to need attention and investment on every level is the need to highlight and formalise potential career paths in the field. Although there are excellent examples, it is believed there is room to make it clearer for individuals at the start of their careers what steps and paths they could follow within the field.

4.8 The increase in the cost of living is affecting everyone, but specifically in terms of the care workforce the recent increase in fuel costs have meant that we have seen home carers leaving their posts stating that it is not cost effective for them to continue in their jobs. Domiciliary care workers and support workers specifically are entirely reliant on filling their own tanks with fuel to do their jobs. Unfortunately we have had several examples of individuals who have left their

posts as a home carer to work in a care home or to work for employers who are not in the care field.

- 4.9 How we care for residents has changed dramatically over the last decades. Needs are more intense and therefore our staff are expected to possess a wide range of skills, from knowing how to use specialist equipment for the manual handling of individuals to caring for and supporting individuals with dementia. It is of course expected for these trends to deepen further as our population continues to age. We also see how our collaboration with the Health Board in recent years has highlighted opportunities to make more efficient use of resources. For instance the arrangements that are in place for administering medication to residents. Alongside this, an element that is promoted by us to ensure that we are truly able to deliver what matters to individuals is to ensure that our staff have the appropriate level of responsibility to be able to make decisions there and then if needed.
- 4.10 Given these factors that have changed and developed over recent years the risks of things that can go wrong has also increased. Although measures to mitigate the risks such as increasing staffing levels, specialist training etc. have been put in place it is not possible to escape the fact that there could be serious consequences for our workers.
- 4.11 Nowadays, we often find that staff do not wish to take the next natural step in their career by applying for more senior jobs within our structures. The financial advantages and the personal development they would get from stepping up to the next level is not seen as enough for many when compared to their additional responsibilities and the work pressures that would accompany a more senior role. For example, the managers of our care homes report that staff are more likely to work more hours rather than take on lead roles that pay more.
- 4.12 The uncertainty and the fear that existed at the beginning of the pandemic has undoubtedly affected our front-line workers who had to continue to care despite the circumstances and the risks that existed. Research has been carried out recently looking at the impact Covid19 had on the health of 24 care workers in Wales, 34% of them received care on the basis of a mental health diagnosis in the time between February and June 2021. In addition to this stress, for extended periods of time the staffing gaps and the staffing shortage that have occurred in light of self-isolation arrangements and Covid sickness levels have meant that a substantial number of our staff have consistently worked more hours than their contracts. Staff have been prepared to do this to ensure that sufficient levels of staff are available to care for our residents. This exhaustion over an extended period of time is without doubt a factor we have seen that contributes to the crisis.
- 4.13 Another consideration that could contribute to making recruitment more challenging is the fact that there are robust and important arrangements that need to be followed in the care field meaning that individuals are not often able to commence their work immediately. Similarly front-line care workers are now also required to register with Social Care Wales and commit to the associated expectations. This is a positive step to rationalise and formalise the role, however, the commitment can have a negative impact in some situations - individuals who might only be interested in working a few hours. Unfortunately, this makes it more difficult for individuals to begin to provide care gradually and see whether the job is something they enjoy before they commit to it. Another aspect that managers report is the fact that this recent requirement places an additional responsibility on staff.
- 4.14 We are in a situation to report in detail on our experiences as internal care providers but, in this field we also commission the independent sector to provide care on our behalf. We know from regular discussions with care providers in Gwynedd that they are also faced with the same

challenges and a number of them are now reporting that they have never seen the situation as bad as this. Nevertheless we also know that some of our providers have seen some success in attracting new staff to work for them, by carrying out local recruitment campaigns and increasing pay scales to a more competitive level.

5 What is being done to respond to the situation?

- 5.1 The Department carries out recruitment campaigns regularly and uses various methods to do so. The campaigns are held locally by targeting specific areas and towns. At other times we hold campaigns across the county that are linked with concurrent national efforts. The success of these events is varied.
- 5.2 Alongside our partners we are constantly seeking to change the perception that exists in terms of jobs in the care sector. We take opportunities to seek to highlight the wide range of opportunities that exist, the flexibility of the contracts that are available and also the benefits for staff.
- 5.3 The ongoing work to find a response to this situation is very extensive and there is close collaboration with a variety of partners on what we are aiming to achieve - be they national organisations or locally based enterprises. Close collaboration also takes place across local authorities e.g. Regional workshops were held for social workers to better understand how the pandemic has affected their way of working seeking to establish what needs to change to attract more workers to the field.
- 5.4 One aspect in particular that should be highlighted is the collaboration that is ongoing with partners to seek to further develop career pathways within the field. We appointed an officer in December 2021 to lead on this aspect and also to support the work programme in terms of holding events, various marketing methods, creating original and bespoke material, and identifying opportunities to improve work processes. Temporary funding was used to fund the post in question, and we now see the need to ensure that a permanent funding arrangement is put in place.
- 5.5 Other matters that we have addressed in-house include re-establishing the exit interviews when staff leave their jobs in the field - this enables us to better understand the reasons and factors that attract staff. We have also reviewed the process of appointing new staff and amendments have been made to simplify the process and make it quicker e.g. simplifying the application form. Work is also under way to link student courses to the requirements of the world of work in the care field, and improve the work experience opportunities that are offered in the field.
- 5.6 There is a recognition nationally that staff shortage has now reached crisis point. We have recently seen efforts made nationally such as the commitment to increase the salary levels of all care workers to the Real Living Wage of £9.90 an hour. We have also seen one-off financial contributions made to staff in the care field. Although we welcome them, unfortunately we must emphasise that the efforts so far have not been enough and they are far from the mark in terms of making the difference that is needed. On a promising note, we can report that it is likely that the latest pay settlement will be agreed during autumn of this year for 2022/23. Note that the employer has offered an additional £1925 on every salary point within its establishments, which equates to a 9.99% increase on the highest point for a number of our front-line care staff, and 10.19% for individuals who are on the lowest point (therefore a minimum salary of £10.75 an hour). We will have not seen such an increase in salaries for some time.
- 5.7 It should be noted that salaries in this field are recognised as a matter that needs to be addressed on a Wales and UK level. The problem is therefore not unique to Gwynedd and we

should highlight that there is collaboration on a national level in Wales to seek to address these matters.

- 5.8 Work has commenced in-house recently to look at the duties and responsibilities of our care workers across various fields. This is done based on the need to consider the change that has been and how care is provided over the recent years, and also how we see our services develop further in future in the interest of our residents. This process of reviewing job descriptions could therefore lead to an increase in salary scales.
- 5.9 The Department's Management Team and the Cabinet Member are constantly seeking to speak with staff on these matters, by visiting their workplace or by asking them specifically for a chat. The themes and the messages are consistent across the County and are reflected in this report.
- 5.10 There are differences in the way other Local Authorities provide care services, with some of them mainly reliant on commissioning the independent sector, however we can report from ongoing discussions and collaboration that other authorities are also experiencing increasing difficulties in recruiting and retaining staff.
- 5.11 This report highlights that the situation has deteriorated in recent years, and it appears that the situation is not likely to improve any time soon. We know that we need national guidance and intervention on the matter, however we must ensure that we as an authority do everything within our ability to improve the critical situation we are now in.