



Workforce Manifesto: Dimensions' plan for the social care workforce

1. Introducing James*

“Last week I was in hospital, visiting my sister who is PEG-fed (via a tube through her abdominal wall and direct into the stomach.) None of the senior nurses there were confident in how to keep her PEG clean. I support a person with a PEG every day and had to tell them how to do it. They’re paid about double my wage...” James*, support worker, Barnsley.

Every day thousands of support workers like James undertake complex delegated nursing tasks. They work to understand and tackle the causes of distressed behaviour, often by finding unique ways to listen to a person who communicates without words. They support people to gain choice, control and agency over their life. They maintain family relationships, help with friendships, support employment, deliver personal care. They are skilled, professional workers.

James is going to leave Dimensions. Not because he doesn’t love his job, the people he supports, his team. But because he has his own young family to think about. James knows he can walk into a better paid role in the NHS tomorrow and with the cost of living crisis to consider, his decision, in his own words, ‘is a no-brainer.’

Several things will result from James’ decision:

First, whilst trying to replace James we’ll almost certainly have to use agency staff. Agency profit margins eat into precious social care funding especially during a workforce crisis.

Employed colleagues tend to resent better paid, less expert agency staff who can pick and choose their shifts. An increased use of agency may prompt more colleagues to leave, increasing the agency’s penetration and profits.

Second, the rest of the team will do more shifts. Hilary, for example, is still recovering from a 70-hour working week when colleagues were

absent with Covid-19 and no agency staff were available. She’s a rising star but however good our career progression and colleague wellbeing programmes are, she’s also a prime candidate for burnout. Who could blame her for following James out of the door?

Third: the team will be chewing through precious hours trying to recruit good people with the right values who are well matched to the people they’ll be supporting. All that time is money.

Last, but most certainly not least. James’ departure will make the people he supports, such as profoundly disabled Michael, anxious. It has taken months for Michael to be comfortable in intimate and in social situations with his current staff team; stability is essential if we are to make a positive impact on Michael’s life.

*Names and places have been changed.





2. The national picture

Sector after sector is reporting workforce crises. More than a million workers have left the UK workforce compared to the pre-pandemic trend and about 400,000 of these are no longer working because of health factors, such as long Covid, disruption to health care and declining mental health (source: IPPR).

New survey findings from ADASS (Association of Directors of Adult Social Services) show that more than half a million people are now waiting for an adult social care assessment, for care or a direct payment to begin or for a review of their care. Indeed, almost 170,000 hours a week of home care could not be delivered because of a shortage of care workers during the first three months of 2022 - a seven-fold increase in a year.

And whilst the NHS has stopped collecting Delayed Transfer of Care statistics due to Covid-19, we expect that the 40 % increase in transfer delays from 2010 to 2020 will have accelerated in the past two years, and in large part due to lack of social care availability.

Echoing this and SkillsforCare data, the Migration Advisory Committee told us in May 22 that demand for labour in the sector is outpacing population growth: social care employs around 2 % of the working-age population today and

may need to employ 4 % to fulfil demand by 2033. The committee notes:

“...One cannot seriously address the workforce issues in social care unless pay is improved...What is needed is a minimum pay rate for care workers that is fully funded by Government and is above the NLW...”

Sectors that can afford to pay more are doing so; a sales assistant has gone from earning 13pph less than a care worker to 21p more (source: Skills for Care.) We all wish that support workers would do the job for love but try bringing your family up on 9.50 per hour, knowing you could earn £10.50 working at a supermarket, starting tomorrow. Try telling your children they can't have such-and-such because you've chosen to earn less than you could. Then try telling them that you can't be home for them, again, because there's a staffing crisis and the person you support simply cannot be left alone.

Without a social care workforce, both the care sector and the health sector cease to function. Right now, government must take workforce issues in social care seriously.

3. What must now change

3.1 Benchmark minimum support worker pay at NHS Band 3 (£11.67 - £12.45 per hour outside of London in 2023-4.)

Band 3 includes clinical support workers, therapy assistants, pharmacy assistants, administrative workers and clerical staff. James' skills and professionalism are at least the equal of any of those.

Alongside this, we must also achieve pro-rata increases for registered managers and other more senior positions.

Benchmarking James' (and others) pay against NHS pay scales will achieve five things:

1. It will ensure James earns a wage commensurate with his skills and responsibilities.
2. By demonstrating parity of both esteem and pay, it will encourage James to continue working in social care.
3. More values-driven people like James will feel able to begin a career in social care in preference to (say) retail. Both the NHS and social care will benefit.

4. By removing pay as the primary determinant of James' decisions around his job, it will place additional pressure on employers to improve non-pay elements: helping James plan his career paths, offering training beyond the minimum, providing meaningful wellbeing offers and so on.
5. It will ensure that social care providers can make use of the care worker visa to recruit from overseas – the minimum salary for which is currently below typical social care pay levels
6. It will largely stop social care funding leaching out into agency profit margins

Yes, it'll cost the country more. A lot more. But with all the agency and recruitment savings described in the case study, together with savings as some people require less support over time, we can expect considerable off-payroll savings.

Dimensions is far from a lone voice in this. The [Association of Directors of Adult Social Services](#), [Future Social Care Coalition](#), the [Migration Advisory Committee](#) and other providers such as [CIC](#) have all made similar calls.



3.2 Establish a Skills Framework

A Care and Support Work Skills Framework – as envisaged in existing plans and perhaps administered by SkillsforCare - will underline the skilled nature of James' role. It will lessen his need for retraining in the event he's TUPE transferred to another provider. His skills can be benchmarked against and recognised by all 23000 social care providers in the UK.

Our concern is to see it done properly.

The focus must encompass not just entry-level skills but also the hard and soft skills required of great registered managers. CQC asserts, and we agree, that strong local leadership is the primary characteristic that underpins good performance in care and support settings. Great leadership training, alongside pay in proportion to responsibility, will allow the sector to grow its own leaders and also attract them from elsewhere.

Beyond care-specific skills, digital skills in particular are core to the development of the health and social care workforce, with many routine activities now requiring a level of digital literacy that some people's personal lives may not afford them. These include updating rotas, logging vaccination statuses, undertaking e-learning and managing digital support records on apps.

We note that last year's social care white paper acknowledged the importance of developing digital literacy in the workforce in order to fulfil government ambitious around healthcare digitisation more generally, and we look forward to hearing more about initiatives that will achieve this.

3.3 Prepare people for work

This is a wider point about the state of the UK economy.

Like James, three quarters of working age adults in the UK are now in work, close to record levels. What about the remaining quarter? Isn't it a stunning societal failure that so many people cannot, choose not, or are not wanted to work?

Work readiness programmes

Nationally we seem to be quite good at the 'stick.' Job seekers allowance isn't generous, for example. But where are the carrots? Where is the vocational training in schools? Where are the high quality work readiness programmes for adults who would like to enter the workforce, especially in shortage or 'key' occupations? Where are the incentives for employers to recruit people from non-work backgrounds?

At Dimensions, very few of the people who apply to work with us through job centres make it through the process. Often they haven't the right values, or attitude. People like James aren't easy to find.

Employing more disabled people

Despite the government's stated aim to halve the disability employment gap, figures have barely budged even at a time when employers across all sectors are short of workers.





The ONS tells us that 21 % of working age adults are now classed as disabled, up from 19 % last year. That's an extra 693,000 working age disabled adults in a year. And believe it or not, an extra 2m since 2010 when the disability rate in working age adults was 15 %.

The inescapable conclusion is that disability across the UK population is at crisis level.

In the rush to label more people disabled, and celebrate the increase in the number of disabled people with jobs, those who need the most support to work can be overlooked.

Fewer than 6 % of working-age adults with learning disabilities, for instance, are in employment – despite Dimensions research revealing that 65 % of people with learning disabilities want to work. The picture for autistic people is only somewhat better.

Have we also collectively given up on enabling disabled people to join the workforce?

Apprenticeships

We would like Government to remove the restrictions on apprenticeship funding that currently require recipients to have lived in the UK for at least three years. These rules have halted the development of many good colleagues who have been unable to access the costly diploma-only alternative.

If we wish to tackle desperate labour shortages across key professions – teaching, medicine, care, social work and so on – and in the context of a national desire to minimise immigration – our entire national education and training system

needs a reboot with lifelong vocational learning at its heart.

We must get these fundamentals right. Yes, it's hard. But it'll make more difference than a Government-led recruitment advertising campaign.

3.4 Target integrated health and care

We hear a lot about integrating health and social care.

Imagine a national workforce of highly trained care workers like James, ready and able to support people with complex health needs out of hospital more quickly. There would be less bed blocking. Fewer ambulance queues out the front. Less burnout across the hospital workforce. And far better person-centred care for those who need it, likely resulting in reduced need for care for some over the long term.

We're not there yet. Nowhere close. But we can get there, if government is prepared to adopt a bold vision around pay, training and wider workforce as set out here. Let's make integrated healthcare a reality.

3.5 Undertake an annual workforce plan for social care

It is extraordinary to us that government is resisting formal workforce planning in social care. How else can it make good decisions? Once government has grasped the nettle of workforce funding and training as above, formal workforce planning can become a constructive tool to ensure that we sustain a health & social care workforce to be proud of.

4. About Dimensions

Dimensions is, by some measures, the UK's largest not-for-profit support provider for working-age adults with learning disabilities and/or autism. As Chief Executive, I am proud that Dimensions is independently recognised as a great place to work by the Great Places To Work Institute. Yet we, like the rest of the adult social care sector, are experiencing unprecedented workforce challenges.

Overcoming these challenges was one of my main priorities when I became Chief Executive earlier this year, and that will remain the case as long as the sector struggles to recruit and retain staff. Our colleague turnover rates are roughly half the sector average, but there is still plenty of room for improvement, and the situation in the sector as a whole is simply unsustainable. ADASS, Providers and membership organisations such as the NCF, VODG and the Future Social Care Coalition are all calling for this to be addressed.

Our 6,000 Dimensions colleagues work with more than half of the country's local authorities, supporting people to live fulfilling lives in their communities. Based on our experience of colleague recruitment and retention, I believe this is a proposal that can guide the Government in resolving the workforce crisis in adult social care.

Rachael Dodgson





Better Lives for More People

Dimensions provides evidence-based outcomes-focussed support for people with learning disabilities, autism and complex needs. We help people to be actively engaged in their communities.



Find out about our Pay Fair for Social Care campaign

Website: <https://dimensions-uk.org/dimensions-campaigns/pay-fair-social-care-campaign/>

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