**Individual – disabled person and carer**

I am raising two issues:

1. Shocking rise in malnutrition

https://metro.co.uk/2021/11/08/malnutrition-doubles-to-over-10000-cases-under-tory-rule-15564794/?fbclid=IwAR3NmFZVMQcHw1KuxqPzR0HhJ7AJt6vi3IKZJeik5Fj2BCpiw\_9Rsob1q9Y

1. one of the recommendations was that Brexit should not be allowed to negatively impact on disabled people so here's 2 links to staffing shortages

<https://www.communitycare.co.uk/2021/10/21/providers-report-17-vacancy-rate-as-staff-shortages-threaten-to-overwhelm-the-sector/>

 Sajid Javid has been urged to immediately boost care worker pay after a survey found most providers were having to turn down requests for care with their vacancies running at 17%.

The call came in a l[etter to the health and social care secretary](https://www.nationalcareforum.org.uk/ncf-press-releases/care-sector-pushed-to-brink-by-staffing-catastrophe-say-unison-and-national-care-forum/) from UNISON and the National Care Forum, after a [survey of 340 registered managers found two-thirds had had to limit or stop taking on new residents or home care users due to staff shortages.](https://www.nationalcareforum.org.uk/ncf-press-releases/stark-reality-care-workforce/)

This included 33% who had been forced to limit or stop admissions from hospitals, found the survey by the NCF and The Outstanding Manager Network. Overall, managers estimated they had turned away 5,000 people from their services since the start of  September.

Ahead of the government’s spending review next week, which will set public spending limits for the next three years, UNISON and the NCF urged Javid to increase pay and provide a retention bonus for existing care staff, as the shortages threatened to “overwhelm the sector”.

<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

 We estimate that, on average, **6.8% of roles** in adult social care were vacant in 2020/21. This is equivalent to 105,000 vacancies being advertised on an average day. The staff turnover rate of directly employed staff working in the adult social care sector was 28.5% in 2020/21.

 Also attached some case studies at end of letter. Plus I've just been in touch with a woman in Wiltshire where social services have tried 26 care agencies and none can support her.

For further evidence please see below template letter circulated by DPAC

 Dear xxxx

As I’m sure you are aware Brexit and loss of freedom of movement coupled with the pandemic has quickly led to a major and growing staffing crisis in social care and support for independent living for disabled people. The low pay and low status of social care work is yet a further issue affecting recruitment post- Brexit as in rural areas especially it is possible to earn much more as cleaners or in the hospitality sector.

For individual disabled people who employ PAs directly either through Direct Payments or Personal Health Budgets it is now almost impossible to recruit new staff and many DDPOs and other organisations are finding their members are reporting the same throughout the UK. Organisations which introduce PAs, such as PA Pool, have seen the number of new PAs joining drop dramatically from several hundred new PAs a month in January down to about just 80 in July. Coupled with this the majority of their PAs are now asking for as much as £285 a day which is far more than most individual DP and PHB users receive from their funders and far more than they are able to afford.

In the past, especially for those needing live-in care, many people used specialist care agencies which also provided a safety net while people were recruiting replacement PA staff but this route too no longer exists and many agencies have been forced to refuse new clients particularly those which support people with high support needs such as Spinal Cord Injuries.

While it would never be the choice for most PA users or disabled people even the possibility of respite in a Care Home seems a dwindling possibility in an emergency as many of those establishments are also refusing new admissions due to lack of staff.

Hospitals too are overwhelmed by Covid cases and a large backlog of other cases so it seems unlikely that even an admission to hospital would be a possibility leaving anyone who is dependent on human help to survive with an insoluble problem and at grave risk.

For disabled people with high support needs without family or with older or unfit family members the lack of any alternate support is terrifying and impacting already on peoples’ mental wellbeing.

The quality of social care staff is also a further problem and earlier this week an 80 year old lady we know well was literally abandoned by a PA while on the toilet in only her bra and teeshirt for several hours due to police involvement with the PA’s children, others have been forced to recruit PAs they felt weren’t particularly suitable and faced verbal abuse as a result from them.

ADASS has also stated that over 70,000 disabled people have been waiting for over 6 months for an assessment of their support needs. This is nothing short of scandalous and while discussions about long-term reform are welcome they remain meaningless without a commitment to long-term funding increases,.

We would like an urgent meeting with you to discuss the re-opening of recruitment from outside the UK at least until MAC has completed their consultation more funding for better pay and conditions for PAs and social care staff.

Here are a number of case studies which will give you a clear understanding of the scale of this crisis:

Case Study 1 - From an email from a live-in social care agency June 30th 2021.

 In the last week, the number of carers who want to work has plummeted. Some carers want a break, some carers are doing something else, some are cancelling their booked work with their clients to have a rest.

Is this happening elsewhere?

Yes. I have talked to about 15 of my competitors, and they are seeing exactly the same thing.

What does this mean to you?

It means that we are extremely short of carers. If a carer is ill or has a family emergency, we will find it extremely hard to find the replacement you’d like (though we are confident that we will find a replacement if needed). We will do our best.

I am sorry about this. The situation has moved unimaginably fast. Last week we had 40 spare carers. This week we have none. In the 11 years I have been at xxxxxx Care I have never seen such a fast change in carer availability.

Case Study 2 - From xxxxx September 2021-09-20

Dear Client.

I never thought I would ever have to write you an email like this.

xxxxx and I founded xxxxx 20 years ago and prior to that xxxx had 10 years spinal care provision experience from elsewhere. In our work for the last 20 years, recruitment of good PAs has always been difficult and we have struggled to attract British staff. This has resulted in some 70-80pc of our PA workforce being foreign nationals. Over the years, changes in immigration rules have steadily made recruitment even harder. With BREXIT/the end of EU freedom of movement, which fully happened at the end of June this year, recruitment problems have gone from bad to worse, as it finally cut off new EU nationals from working here.

On top of BREXIT has been COVID-19, with its fear, illness and travel restrictions. The combination of the two has led to an utter collapse in recruitment across the whole UK economy and there are currently 1 million unfilled job vacancies in the country. In social care alone, there are over 160,000 unfilled vacancies. We foresaw recruitment problems post-BREXIT and last year, we instigated a full recruitment marketing development project. This is being rolled out. However, since June, we have noticed an 85pc-plus drop in recruitment ad responses, despite increasing budgets and this is, by far, the worst recruitment crisis we have ever seen.

We are members of the United Kingdom Homecare Association/UKHCA, and they are pressing the Government to change immigration rules urgently to enable people from outside the UK to apply for care work in the UK. We are of course hoping that something good will come of that effort – and fast!

We do not wish to worry or frighten you unnecessarily, but as we approach the always-challenging Christmas/New Year period, we feel we must be completely honest with you and keep you informed about the staffing problems currently facing us.

Despite our best efforts on reducing PA turnover and improving PA retention and us not having taken on any additional clients for quite some time, the current recruitment problems mean that during the coming months it seems that we will be very, very tight on carer availability and, on occasion, there is a chance that we may not be able to provide care cover ourselves. We fully understand our duty of care obligations and arranging cover for our long-term fulltime Fully Managed Care contract clients will be prioritised. Respite care contracts and agreements are short-term and only for the duration of the individual assignment and we will do our absolute utmost to cover our Respite clients thereafter. When discussing Respite placements going forward with you, your Care Manager will talk to you about the current situation; bearing in mind that things change very rapidly at present.

We absolutely know the fear, worry and problems this recruitment crisis is causing, and we will continue to try our best for find suitable carers/PAs for everyone. As part of these efforts, in addition to maintaining our own on-call service, we have made contact with an emergency nursing agency so, in extremis, another safety net should be in place for all clients. There may be an extra charge if this service is called upon.

I do wish to assure you that we and the whole team are doing ALL we possibly can to maintain care cover for all our clients and will continue to do so, but we felt you should know so you at least have some time to review any contingency plans you have in place and/or find other sources of care provision if the worst case scenario were to occur whereby we would not be able to provide cover.

As I began, I never thought I would ever have to write you an email like this, and I am so, so sorry to have to do so now.

Yours sincerely

Case Study 3- August 2021 -I can confirm that I have anecdotal evidence from PA Users who directly employ their own PAs that everyone is experiencing similar difficulties in recruitment at present regardless of the number of hours, level of work involved, hourly rates, location – it is not simply a case of being poorly paid work (which it is, but still one used to be able to recruit people) or indeed the location or a “difficult” individual – It is that there is no one applying.

 In relation to ILA and our workforce – we would advertise quite widely – Gov.UK; Gumtree; Indeed; CV Library; The Guardian; Proud to Care; etc and would attract around 50 people enquiring and then would be interviewing around 10 people to finally get the 3-4 good candidates. Now, we find that we can get a handful of enquiries and maybe 2-3 returned application forms with a high drop out rate as people either find alternative employment or they decide that they don’t want to work the antisocial hours required for the low remuneration. Having said that, it is not simply a case of increasing rates as we have experimented with offering higher salaries and it does not increase the number of applicants for interview.

Case Study 4 - I also only had one interviewee March 2020 ( who was not really suitable in terms of driving & attitude but I had no choice but to take her on) she has recently walked out, after verbally abusing me, hence recent recruitment with just one applicant who I have taken on.

Case Study 5 - I'm really struggling with hiring suitable PAs and have found out this week that one has been sharing personal information with her other clients and family and telling some of the most awful lies about me. She has done this in text messages so I have screenshots of what she said. Since then I don't want to see anyone, talk to anyone, eat, sleep and feel deeply humiliated, ashamed and embarrassed.

there is a terrible shortage of PAs and carers in my area. I have called.the main disability charity hub and they confirmed how it is.

Case Study 6 - Had a job advertised one month only two people applied both didn’t turn up.

Case Study 7 - In over 20 years of employing PA's this has been the worst time ever. Have 1 PA who left awhile back have been unable to recruit. Now another has left (long story) but situation was difficult. I have tried Facebook job pages, indeed, gumtree. We are quickly using up the good will of remaining PA's who are having to cover shifts.

Case Study 8 - So my agency hasnt found any staff to cover shifts and are looking for nursing home placement - what happens if i dont want to go ? Can my care hours get reduced?

 Case Study 9 - Well, i've been running a job advert since July, about 8 weeks ago, and had about 5 applicants, 3 were unemployed pressing the button just to keep getting their benefits, 1 the shifts didn't suit him and the other couldn't drive. Didn't get to the interview stage. I'm just lucky my other 2 PA's are covering the extra shifts for the time being, but it's not worth them doing tbh as the extra they earn, half of it is taken in tax.

 Case Study 10 – from PA Pool a PA introduction agency - PA numbers have been declining significantly since Brexit. In the month of January this year we had 280 new PAs join the website. This has reduced to a mere 48 in the month of August. PA User numbers have been steadily increasing which suggests people are struggling to recruit and trying all avenues open to them. There has been a rise in elderly and people with mental health conditions joining PA Pool since Covid when families needed to outsource care of relatives when they were unable to do this themselves due to Covid restrictions. Also a rise in agency’s using PA Pool to recruit for their clients. This all suggests that the numbers of people now looking to privately employ care support in their own homes will continue to increase, therefore it is imperative that every potential source of PAs needs to be utilised in order to fulfil demand. Proportions of PAs to PA Users should be 2/3 PAs to 1/3 PA Users in order to fill the recruitment needs.