



Working Within a Perfect Storm: The Current UK Care Crisis in Community Neurorehabilitation

RESEARCH

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ABSTRACT

Context: Within the UK, there is a shortage of support workers required to meet the needs of individuals with acquired brain injuries who often require extensive care packages.

Objective: This study aimed to identify the issues surrounding support worker recruitment and retention and to identify the impact on the care received by individuals with brain injuries and other complex needs.

Method: Two surveys were sent out to members of the British Association of Brain and Complex Case Management (BABICM) to better understand retention and recruitment issues within their organisations. Cross-sectional data were collected in January 2022 and again in April 2023. Data from the surveys were analysed using qualitative content analysis of the free text responses and descriptive statistics of the quantitative responses.

Findings: The content analysis identified a total of seven themes with associated sub-themes: 1) recruiting suitable and experienced staff, 2) low employment incentives, 3) general impact of the pandemic, 4) unsustainable staffing costs, 5) staff burnout, 6) family burden and 7) safeguarding.

Limitations: Findings from this study were obtained from BABICM members, meaning issues within statutory social care are not directly reflected here, although discussion is included about the implications for the United Kingdom statutory social care services.

Implications: The current crisis in support worker recruitment is leading to reduced support choice for individuals with brain injuries as well as increased costs. Family members are experiencing a greater burden of care. The situation has led to an increase in safeguarding issues.

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INTRODUCTION

Support workers are individuals who form part of a wider care team and who are responsible for looking after the daily well-being of people (Manthorpe et al., 2010). A range of organisations employ support workers to aid clients with a variety of difficulties, including mental health problems, learning disabilities, acquired brain injuries, physical disabilities and those with other complex care needs.

Acquired brain injury (ABI) can be categorised as any injury to the brain occurring since birth (Headway, 2023). Causes of ABIs include strokes, tumours, or external traumas to the head (traumatic brain injuries; TBI) (Headway, 2023). ABI can affect many aspects of an individual's cognition (e.g., memory, information processing), emotion (e.g., personality changes, anxiety and depression) and behaviour (e.g., lowered inhibition) as well as physical and sensory impairments (Maas et al., 2017). ABI places significant pressures on the health and social (long-term) care services of countries around the world (Dewan et al., 2018; Peeters et al., 2015).

The aim of neurorehabilitation following ABI is to improve functional outcomes by restoration, compensation and adaptation (Turner-Stokes et al., 2015). Reintegration into the community, undertaking roles that are considered important and playing a part within a family and community are often most valued (Clark-Wilson, Giles and Baxter, 2014). A rehabilitation team may consist of physiotherapy, speech and language therapy, occupational therapy and psychology, as well as other allied health professional input and the inclusion of support staff. It is important to note that support staff are a crucial part of the team, as all other aspects of rehabilitation would be difficult, if not impossible, to implement without them (Redhead, 2010). While this is the case for most teams supporting those with care needs, those with ABI require specialist input, meaning support workers need to be highly trained to meet their needs effectively. Since 2010, there have been difficulties with recruiting support workers across the United Kingdom (UK) (Shutes and Chiatti, 2012). These generic recruitment issues were exacerbated by events that have occurred nationally and globally since 2016, including Brexit, COVID and the UK cost of living crisis.

In a referendum in 2016, the UK population voted to leave the European Union (EU), in a move widely referred to as 'Brexit'. Under the EU freedom of movement regulations, the UK had benefited from staff from the European Economic Area (EEA) working within health and social care sectors, particularly within support worker roles (Clifton et al., 2014), with approximately 60,000 staff from the EEA employed in social care (Cory et al., 2017). This reliance came because of low pay and poor working conditions within the sector that made the job market less

attractive to UK nationals (Cavendish, 2013). Since Brexit, the UK has been seen as a less stable place to work, and many EEA migrants have returned to their home countries (Portes and Springford, 2023). This loss of workforce was further exacerbated by the travel restrictions imposed following the outbreak of the COVID-19 pandemic in 2020 (Portes and Springford, 2023).

Since the easing of COVID-19 restrictions in the UK, the country has continued to experience a state of economic upheaval brought about by a combination of the ongoing effects of Brexit and COVID-19 and a general slowing of economic growth across global markets (Clark, 2023). As a result, the UK experienced what was labelled a 'cost of living crisis,' with high rates of inflation increasing the cost of living above a level that wages for most workers have been unable to keep up with. Additionally, wages in social care have not kept up with inflation over the last 10 years due to UK 'austerity' measures by central government-imposed cuts on spending (Bottery and Mallory, 2023). Consequently, many individuals have left the care sector in search of better-paid jobs in other industries (The King's Fund, 2022).

This combination of factors has led to a 'perfect storm' of recruitment difficulties within rehabilitation and case management supporting those with ABI and complex care needs. The aim of this study was to identify the issues surrounding support worker recruitment and retention and to understand the impact on the care received by individuals with brain injuries. With this perfect storm in mind, the authors undertook an online survey of members of the British Association of Brain Injury and Complex Case Managers (BABICM) to ascertain any difficulties they may have experienced with recruiting support workers in the UK. BABICM is a membership organisation for professionals working in ABI and case management.

METHOD

DESIGN

The study employed a cross-sectional survey design that consisted of a series of Likert scales and free text responses. This approach was employed to gather national data quickly to capture the recruitment issues happening in real time. Data were collected at two points to assess whether recruitment issues at the first time point were still present after the removal of all COVID-19 restrictions.

PARTICIPANTS

An invitation to complete the survey was sent to all members of the BABICM in February 2022 and April 2023, with a total of 944 eligible members invited to take part at both time points. A total of 202 participants

took part in the survey at time one. At the second time point, 101 participants responded to the survey. Of the 202 respondents, 130 identified as having ‘case manager’ in their job title, 65 were managers or owners of organisations providing support to people with ABI and 22 were healthcare professionals (see [Figure 1](#) for more details).

The aim of the recruitment strategy was to target case managers, as these individuals are usually responsible for recruiting support workers to specialist care teams and therefore have experience of the complexities associated with recruitment in this area. Brain Injury Case Managers (BICMs) provide private care to clients within the UK, usually through insurance or litigation claims. Therefore, the data presented here reflect experiences outside of the UK statutory health and social care systems, though the systems overlap and often share similar recruitment issues. Ethical approval was granted from the University of Plymouth, Faculty of Health and Human Science Research Ethics Committee, reference number 3945.

PROCEDURE

The online survey was administered via the survey platform Survey Gizmo. The survey was designed by the BABICM research group to capture key pieces of information relevant to the recruitment of support workers within the sector (see Appendix A for a full version of the survey). The survey contained both qualitative free text sections and quantitative questions taking the form of predominately Likert scales. BABICM members were sent the link to the online questionnaire via an email from BABICM. The survey was only open for six days at stage

1 between 19 January 2022 and 25 January 2022 and then for a period of 4 weeks in April 2023. The number, speed and content of responses indicated the topic of the survey showed high levels of interest and concern for a current and evolving situation.

DATA ANALYSIS

The data were analysed using both quantitative and qualitative approaches, with the quantitative data being analysed using descriptive statistics. The qualitative data from the free text responses were analysed using Conventional Content Analysis (CCA) ([Hsieh and Shannon, 2005](#)). This approach was employed because there is limited literature exploring the reasons for recruitment difficulties among ABI support workers in the UK, and CCA allows researchers to better understand unique experiences without using preconceived theories ([Hsieh and Shannon, 2005](#)). While the authors felt the social, economic and political factors noted in the introduction were likely to have caused many of the issues surrounding recruitment, we decided that due to a lack of previous research data, we would not use a pre-defined deductive framework for analysis.

Analysis began by reading responses question by question repeatedly ([Tesch, 1990](#)). Exploratory comments were written, and then responses were read again to derive codes within the data that captured key thoughts and concepts ([Miles and Huberman, 1994](#)). These codes were organised into related categories and then meaningful clusters ([Patton, 2002](#)) across the data set rather than question by question, which identified the master themes. A validation analysis of the codes was conducted by another member of the project team.

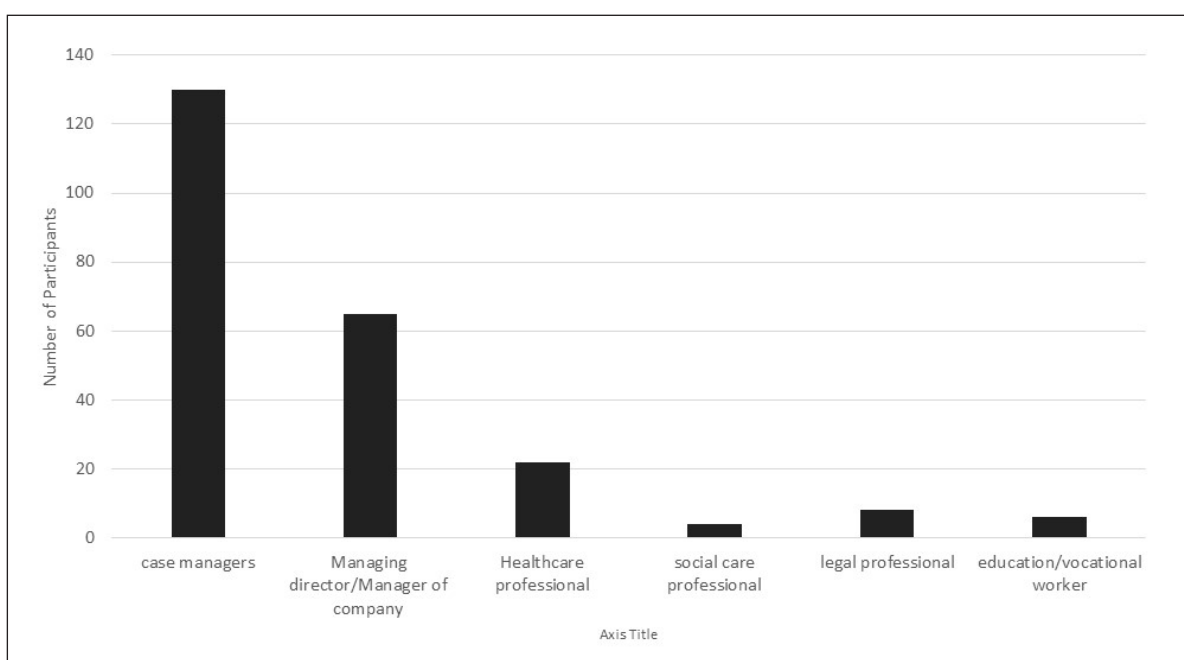


Figure 1 Breakdown of participants in the survey at time 1.

RESULTS

Respondents were asked whether they had experienced any difficulties in recruiting support staff to their organisations. A total of 199 responses were received at Time 1, of which 180 (90.45%) agreed that they had experienced increased difficulties in recruiting staff since the beginning of the COVID-19 pandemic. At Time 2, 95 (94%) out of the 101 respondents still reported increased difficulties with recruitment, with 67 (72.8%) out of 92 respondents stating that recruitment problems were worse than at Time 1. Similar difficulties were noted for recruiting agency staff, with 63 (65.6%) respondents highlighting that recruitment of agency staff was more challenging than in January 2022, whereas 24 (25%) felt the difficulties were about the same, and only 9 (9.4%) had noted improvements. The data for staff retention showed that 32 (32.3%) respondents stated retention was worse than in January 2022, with 44 (44.4%) rating it about the same and 23 (23.2%) identifying an improvement across the time points.

Seven themes with associated sub-themes were identified through the CCA analysis, namely: 1) recruiting suitable and experienced staff; 2) low employment incentives; 3) general impact of the pandemic; 4) unsustainable staffing costs; 5) staff burnout; 6) family burden and 7) safeguarding (see Figure 2). Data from the second survey were compared against the themes identified from the first data collection stage. The data still matched the initial analysis, so no additional themes were added to the analysis. Numbers of responses

reported below come from those collected at the first time point unless otherwise stated.

THEME 1: RECRUITING SUITABLE AND EXPERIENCED STAFF

The lack of suitable/experienced applicants represented the most repeating theme, with 83 respondents identifying this as the main issue. It was noted that there was a general shortage of applicants and an increase in the availability of job vacancies, made more challenging by the need for highly skilled and trained support workers to work with those with complex needs within the community. Often those who applied to vacancies did not have relevant knowledge, training or experience in the field and lacked specific rehabilitation or specific injury expertise. Recruitment was particularly challenging in more rural parts of the UK.

Over recent months in particular, it has become increasingly difficult to source appropriately trained support staff due to staff shortages. [...] Support workers are becoming like gold dust! (Respondent 178)

Lack of skilled and quality carers. Rural locations of my clients and availability of support staff that can travel. Poor pay rates. Competition with other sectors with better pay rates and terms and conditions. (Respondent 166)

In the follow-up survey, respondents highlighted that those candidates for jobs continued to be of a lower

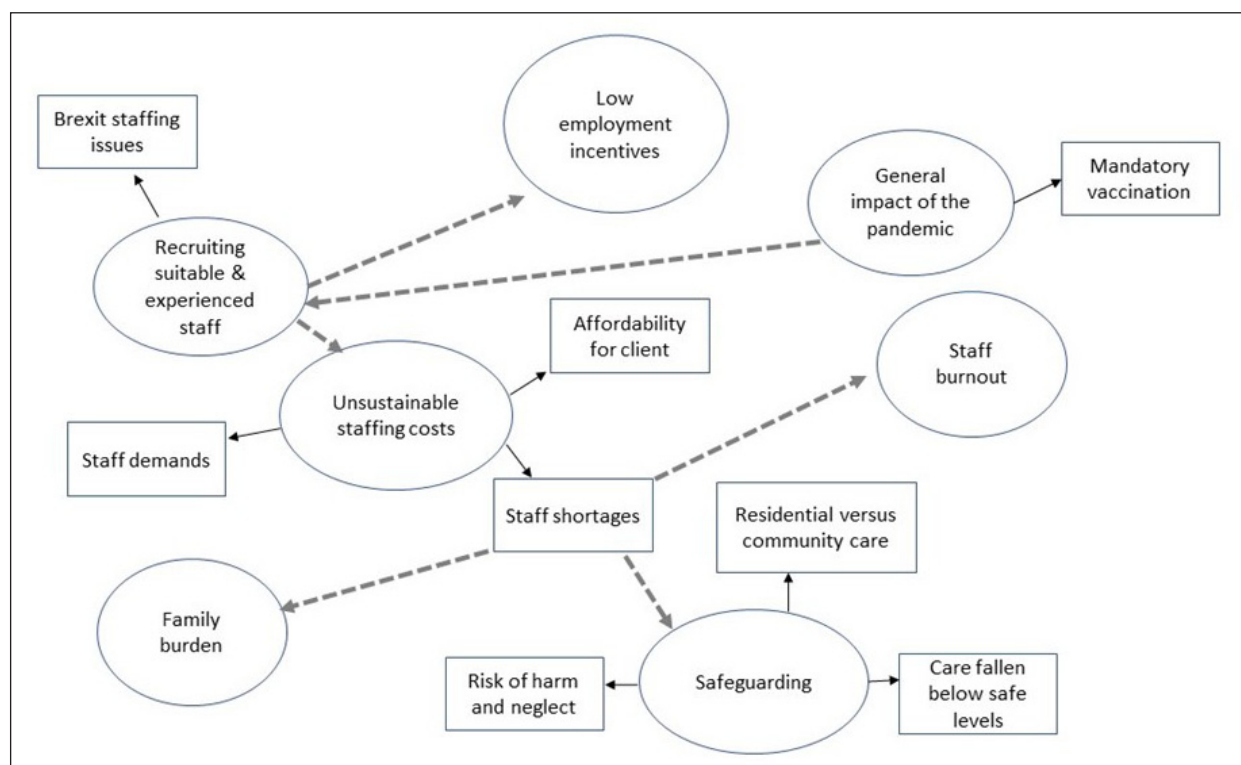


Figure 2 Thematic map outlining the key themes and links within the data.

calibre, had fewer skills and required more supervision time to support appropriately. In the second survey completed in April 2023, respondents were asked about any changes in recruitment practices since January 2022. Of the 98 respondents, 48 (49%) reported making changes to their recruitment approaches. Of these, 21 (21.4%) noted that they were relying more heavily on agency staff due to difficulties with recruiting individuals directly. Four respondents (8%) specifically highlighted needing to increase wages and offer 'more attractive' employment packages not just to attract staff but to retain them.

While many factors were implicated in the current staffing crisis, Brexit was noted as a major one further aggravating the shortage of high-calibre candidates as well as the loss of existing 'excellent' staff.

We don't have more vacancies than we have had previously just the void left by existing EU care staff. (Respondent 172)

Respondents were keen to highlight the previous reliance of the care industry on a significant proportion of staff from the European Union and beyond. The implementation of Brexit meant that many staff had returned to their countries of origin. This had an additional unexpected consequence that more agency staff were being recruited from overseas countries, outside of the EU, which brought with it complications with communication related to levels of English literacy and comprehension.

I think pay rates will need to increase in order to attract staff, and recruitment issues have actually worsened since Brexit and the impact of this. The cost of living crisis will serve to put additional pressure to raise pay rates and I think mandatory vaccination is not the root cause of recruitment difficulties. (Respondent 122)

Poor English as most staff appear to be recruited from overseas. (Respondent 54)

THEME 2: LOW EMPLOYMENT INCENTIVES

Sixty-seven respondents reported that hourly rates of pay for care and support workers were not competitive enough compared with other sectors (such as hospitality, supermarkets, etc.). Therefore, people were less incentivised to work in social care and instead opted for alternative employments with higher pay and better working conditions (e.g., less demanding work with fewer responsibilities). An increase in pay rates was identified as necessary to attract potential candidates into the care industry.

Pay is a huge factor! We are losing support staff to other non-care industries who are paying significantly more. (Respondent 32)

Other factors that were identified by respondents included unsociable working hours and poor working conditions, which meant that the incentive to work in the industry was low. These factors were exacerbated by the increased pressure and responsibilities on care staff that arose during the COVID-19 pandemic (see theme 3). This theme links closely with theme 5, staff burnout.

Recruitment and retention has been impacted by working conditions. I have seen increasing pressures on support staff by care agencies so staff are over working to fill in gaps in the package and to cover sickness. This has led to long term care team members leaving packages and clients that they really do want to work with because of the risk to their own wellbeing and mental health if they remained. (Respondent 75)

Respondents (17) also highlighted that there was a lack of recognition and appreciation of the profession by the public. Working as a carer/support worker is perceived as an unskilled position with little to no career progression. This has led to the role being undervalued in society. This lack of appreciation has led to a greater interest in moving to jobs in other sectors.

Social care has always been the poor relation, the "bum-wipers", when we know that being a social worker for a complex person with an ABI in the community is incredibly difficult and very skilled. (Respondent 82)

More recognition is required for the role of support staff/care workers. They need to feel valued and respected, they should be held in the same esteem as NHS Trust based staff. (Respondent 66)

THEME 3: GENERAL IMPACT OF THE PANDEMIC

Many of the respondents (67) stated that COVID-19 had exacerbated pre-existing difficulties in recruitment and led to further shortages. Self-isolation rules and COVID-19 restrictions were also associated with reduced job satisfaction, reduced interest in working in care and financial loss.

Fewer people seem to be interested in care and support work since the Pandemic. I am aware of carers leaving due to the amount of extra work they have done to provide cover these last 2 years. (Respondent 71)

Since the beginning of the pandemic, carers and support staff have been under greater pressure and stress with increased workloads. Poor working conditions, e.g., poor access to personal protective equipment (PPE), changing restrictions and increased workload due to covering staff

shortages associated with the pandemic have resulted in many people experiencing ‘burnout’ (see theme 5) and leaving the profession.

The job itself is less pleasurable with mask wearing, a lack of community access, fear of infection, etc. (Respondent 81)

Being a support worker has been a boring job over the pandemic: many hours sat in the house of a client. (Respondent 67)

At the time of the initial survey, the UK government was still intending on bringing in mandatory vaccination, with any health or social care workers who had not been double vaccinated forced to leave their posts by the beginning of April 2022. Respondents (50; 26.2%) indicated that the introduction of mandatory vaccination had exacerbated the pre-existing difficulties in the recruitment of suitable candidates.

This hesitancy in taking the Covid 19 vaccines has now been exacerbated by legislation to “force” the compliance of those who may be unwilling to get it but are working in the social care industry. (Respondent 104)

Associated with the risk of losing highly trained staff was that of the concern of a greater possible risk to clients from catching COVID-19 from unvaccinated care staff.

A severely disabled client asked me to consider whether if faced with the choice of being stuck in bed, not being repositioned, developing pressure sores that lead to further complications or being helped out of bed and assisted to do their activities of daily living with an unvaccinated but mask wearing support worker what I would choose. (Respondent 126)

THEME 4: UNSUSTAINABLE STAFFING COSTS

Respondents who utilised agencies to source staff noted that they had increased difficulties as agencies were unable to attract and recruit staff. Of 196 respondents, 127 (64.8%) identified that they were having to pay increased agency rates to access staff.

At the first point in time, respondents were asked about current rates of pay for support staff. A total of 163 responses were received. Rates varied and costs between directly recruited staff and agency staff. The average hourly cost cited was £27.60 based on 112 responses that provided actual costs. Further scrutiny of these figures identified that standard pay to directly recruited staff varied between £13 and £21 per hour. Agency rates were higher, with a general range from £20 to £40. The highest hourly rates were noted for urgent

cover or covering over holiday periods, with figures as high as £100 per hour.

At the second time point, 95 out of 98 respondents identified that staff costs for directly recruited individuals had increased since 2022. A further 94 respondents provided an estimate of that increase, with 13 (13.8%) estimating wages had risen between 1–3%, 24 (25.5%) estimating increases of 3–6%, 29 (31%) estimating increases of 6–9% and a final 28 (29.8%) suggesting increases of over 9%. Respondents reported the range of wages for directly employed staff in their geographic location in April 2023 (see Figure 3). Wages ranged from an average of £13.75 in Scotland to £34 in the Southeast of England. The range for agency staff was far greater, with respondents reporting wages as low as £9.90 per hour in the Northwest of England and up to a maximum of £55 per hour in the Southeast of England (Figure 4). Overall, 46 (47%) respondents identified that they were spending more on recruitment in April 2023 than in January 2022; 17 (17.3%) reported no change in costs and 35 (35.7%) reported a reduction in costs.

The surveys, at both time points, asked respondents to comment on examples of the difficulties associated with increased pay or the reasons for such increases. Three sub-themes were identified that were leading to higher costs: a) staff shortages, b) staff demands and c) affordability for clients.

Sub-theme 4a: Unsustainable staffing costs – Staff shortages

A total of 42 respondents identified that staff shortages were driving up rates of pay and agency fees in numerous ways. Firstly, agencies were lacking available staff to cover shifts and were therefore paying staff higher rates to retain them. Recruitment difficulties in rural areas led to increased rates of pay that were more competitive in comparison to other industries. Issues with failed recruitment drives and an inability to source agency staff led in some instances to a reliance on family cover or community-based individuals having to move into residential care. The recruitment crisis is impacting case management costs (see themes 6 and 7).

We increased the cost per hour for a recruitment drive. With no success. We are now looking at an agency which is £16p/h more expensive than what we were offering a directly employed worker. (Respondent 91)

I have had to authorise payments of up to £34.27 per hour for agency staff cover when a support worker left to go back to the EU. Support for the client is for 7hrs p/day costing the client about £959.56 per week as opposed to £392.00 with employed worker who has now left. I have been unable to source suitable replacement and

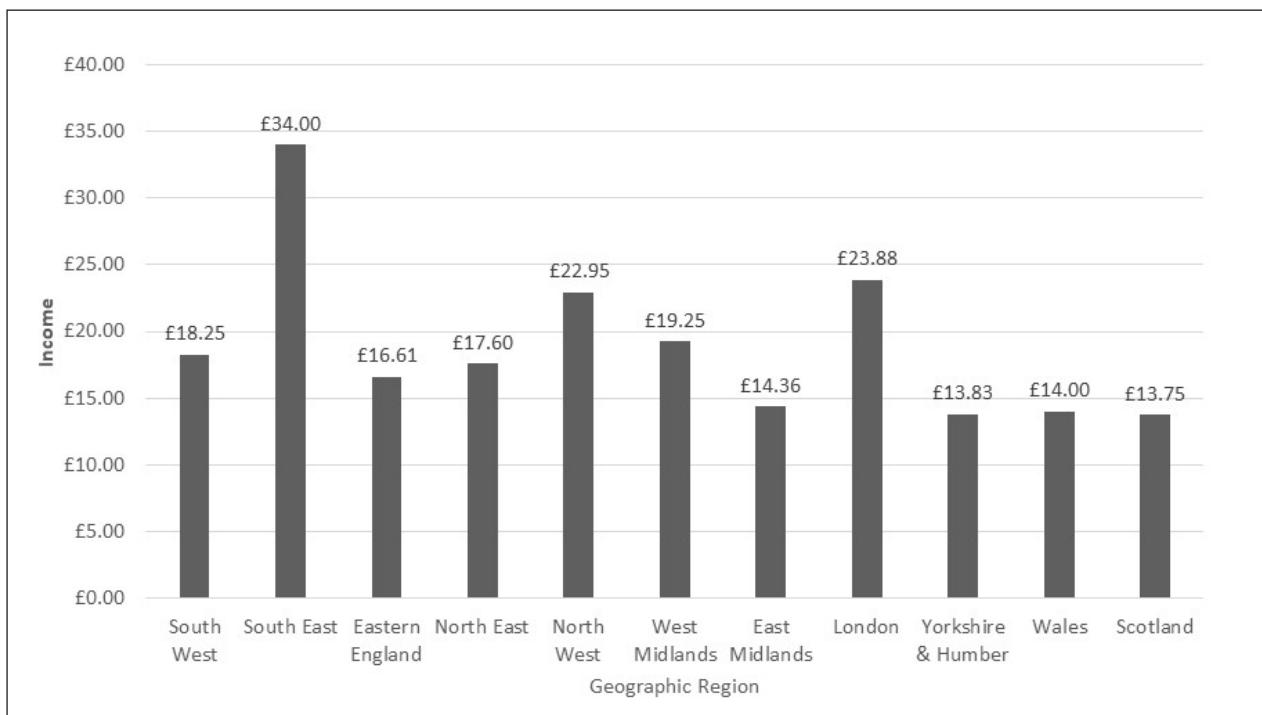


Figure 3 Average Salary Across UK Regions.

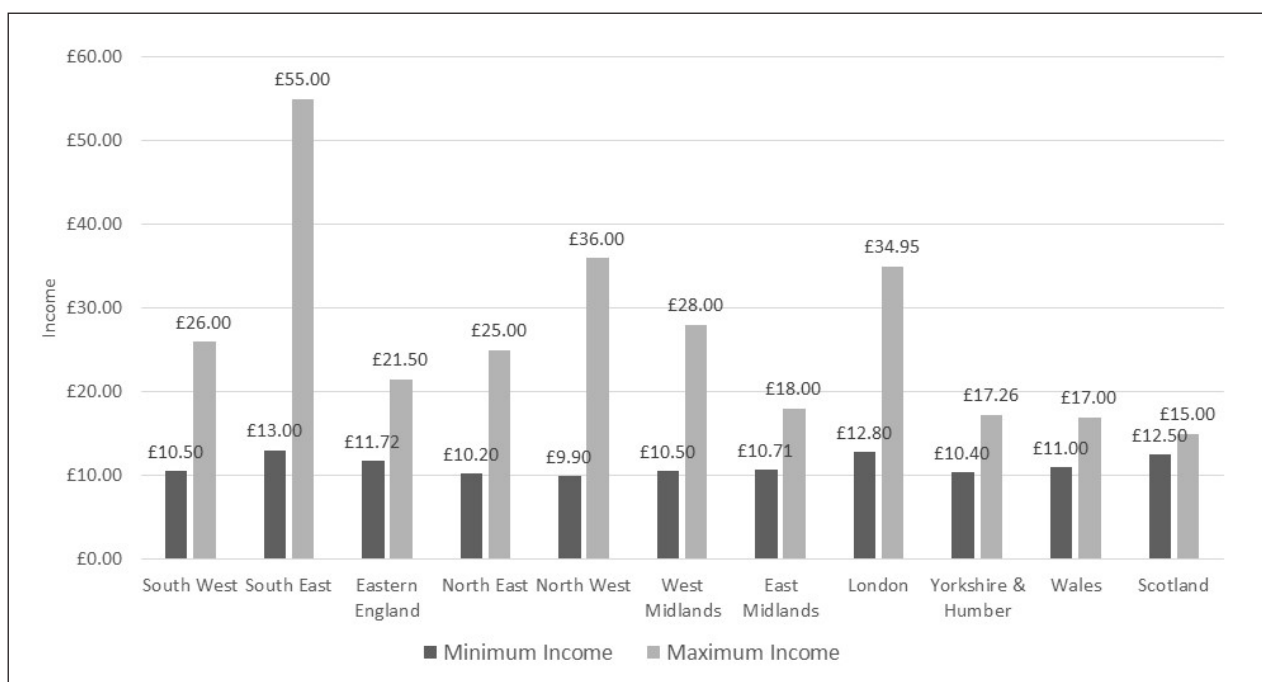


Figure 4 Minimum and Maximum Salaries Across UK Regions.

the recruitment drive is adding to the current care costs. (Respondent 96)

Sub-theme 4b: Unsustainable staffing costs – Staff demands

With staff working long hours with limited breaks and having to cover shifts of others due to self-isolation, vacancies or sickness, 18 respondents identified that staff were demanding higher rates of pay. Staff had also started to request other benefits, such as travel

costs to cover the increased cost of living that they were experiencing in the current economic situation, as well as greater flexibility in hours.

We have seen requests for 45% increases in pay. Given the need to occasionally use “emergency” cover agencies because of covid clients have had to pay over £40.80 per hour. We have had to provide greater incentives for staff to cover shifts at times this has included paying time and

a half for emergency cover, double time and even offering triple time on Christmas day £61.60. (Respondent 77)

Sub-theme 4c: Unsustainable staffing costs – Affordability for clients

Thirty-two respondents identified that increased rates of pay meant rising care costs for clients with those with limited financial resources finding it difficult to secure continuity of care, especially in the long term. Clients with settled litigation claims to cover the costs of their care were finding that their settlements did not cover the increased costs of retaining support staff. In many instances clients had started to rely on support from family to avoid paying additional costs. This has led to a higher burden on family members and left clients potentially at risk due to lower staffing levels.

Costs have arisen significantly since the case was settled three years ago. Nobody would work with my client for 10.00 per her hour and the council refuse to top up the amount they pay despite his 117 status. The battle for increased funding continues. (Respondent 131)

THEME 5: STAFF BURNOUT

In many instances, case managers were finding it difficult to cover care packages for clients (see theme 7 below). In cases where care was being appropriately covered, this was often reported to be at the expense of the well-being of the staff fulfilling the care needs, who were experiencing increasing levels of burnout due to long working hours.

Remaining staff are having to work extra hours to cover the gaps in the package. (Respondent 153)

Existing staff are asking to reduce their hours as exhausted. (Respondent 187)

Respondents showed concern for the care and support staff in their teams, outlining that the health and social care system was 'broken' with social care being particularly 'fragile' due to an overreliance on exhausted and overworked staff.

[...] I think social care is a very fragile sector at the moment and is on the brink of breaking down, the sector needs urgent support to prevent burnout and the system collapsing entirely. (Respondent 95)

As well as burnout of care staff, one respondent highlighted the very real likelihood of losing case managers from the profession too.

Case managers are already under enormous pressure...we may start seeing case managers

leaving the role if they are repeatedly unable to secure suitable care for their clients. (Respondent 155)

THEME 6: FAMILY BURDEN

Respondents reported additional burdens being placed on family members to engage in care work when no other staff were available. This was reported by 26 case managers, with many expressing concerns about the impact on family members.

Luckily family always step in and cover shortfalls in staff but this cannot continue. (Respondent 144)

Families struggling due to increased pressure for them to provide care in the absence of formal support, leading to effects on their wellbeing as well as their family member. (Respondent 117)

THEME 7: SAFEGUARDING

Safeguarding issues refer to situations where an individual's health, well-being or human rights may be at risk through harm, abuse or neglect. Of the 160 responses, 103 (64.4%) respondents highlighted that they had not experienced any specific safeguarding issues with their clients. However, these responses were often caveated with a recognition that safeguarding issues seemed inevitable. Some actual safeguarding issues were noted, but, more regularly, less-than-ideal care, reliance on staff working extended hours and reliance on family were noted. Impact upon quality of life for clients and increased risks were also highlighted. These raise concerns about the sustainability of good-quality care, with concerns for future safeguarding issues.

Three specific sub-themes emerged relating to safeguarding: a) care fallen below safe levels (34 responses), b) neglect or risk of harm taken place (20 responses) and c) reliance on residential care.

Sub-theme 7a: Safeguarding – Care fallen below safe levels

Respondents reported on clients being unable to receive the appropriate level of care needed due to a lack of staff availability. An example was given where one carer was assigned to a client who required 2-to-1 care due to the personal care needs and manual handling requirements of the role.

Manual handling has had to be done with 1 person, when it should be 2. Client kept getting left with insufficient and quite frankly useless care staff. (Respondent 59)

In some instances, the lack of staff has resulted in case managers having to complete care responsibilities themselves, or cases requiring greater case management involvement to maintain safe levels of care.

Having to carefully risk assess/monitor. Increased case management time/input. (Respondent 16)

Sub-theme 7b: Safeguarding – Neglect and risk of harm

In some instances, this lack of appropriate support led to emotional or physical neglect of clients or was identified as opening them up to the risk of abuse. In other circumstances, safeguarding issues had narrowly been avoided. This was largely due to family members taking on additional carer responsibilities (26 responses) or staff working longer shifts and more hours (19). In other cases, clients had been moved into residential care (9 responses; sub-theme 7c) or had been given increased case management time to fill the gaps in care support (5 responses).

A client in XX [location] has a vacancy in his support worker rota thereby leaving him vulnerable to self-neglect and abuse from general public.

I think individuals are at high risk of emotional and physical neglect due to lack of care and support. (Respondent 14)

Sub-theme 7c: Safeguarding – Residential versus community care

While residential settings are sometimes suitable places for clients with brain injury, generally case managers prefer to offer clients the opportunity to be supported in their own homes, where possible. This provides greater flexibility and the ability to live a meaningful life (Clark-Wilson and Holloway, 2015). As a result of the staff shortages, nine respondents specifically noted having had to move their clients out of their own homes and into a residential setting due to the staff shortages.

A long-standing client of ours, who spent 13 years in locked units before we managed to house him in the community, has had to return to residential care. (Respondent 71)

DISCUSSION

The study aimed to identify the issues surrounding support worker recruitment and retention in the UK and garnered the views of brain injury case managers on the impact of this on the care provision for individuals with ABI and other complex needs (such as spinal cord injury), the impact upon families and case managers and costs. This was achieved through a cross-sectional survey of BABICM members launched in January 2022. The study identified a range of factors that were directly impacting support worker recruitment and retention, including

low employment incentives, a lack of suitable and experienced staff and the general impact of the COVID-19 pandemic. The impact was seen by many respondents as an increase in staff burnout, unsustainable staff costs, increased family burden, increased costs of case management and increased safeguarding issues.

The survey identified that one of the major issues with recruitment is the low employment incentives available for support workers. In the qualitative sections of the survey, respondents discussed the lack of career progression, low wages and poor benefits that led to individuals finding support worker roles less attractive than jobs in other sectors. This, coupled with the lure of better-paid jobs in, for example, retail and hospitality, has meant that support worker roles have become far less desirable (Ryan et al., 2021). Respondents believed this had been exacerbated by a general belief among the population, and sometimes other professionals, that support worker roles are not socially important or something to strive for as a career, leading to a sense of inequality (Ryan et al., 2021). This has led to further low job satisfaction among support workers, leaving little incentive to remain in their jobs.

While according to this survey, pay has increased dramatically for support workers, particularly those who are well trained and highly experienced, the COVID-19 pandemic saw a huge increase in the hours that many support workers were being expected to work to cover staff shortages due to self-isolating and sickness due to COVID-19 (White et al., 2021; El Haj et al., 2020). This led to a situation where staff worked back-to-back shifts without days off, leading to staff burnout (White et al., 2021; El Haj et al., 2020).

The lack of staffing has also had a detrimental impact on family members. In many cases, it is the family members of those with ABI who must take responsibility for the day-to-day support roles their loved one needs in the absence of appropriate support workers. As support staff shortages have increased, relatives have increasingly been expected to pick up the shortfall in care. Family members often already experience high levels of stress, anxiety and depression (Harris et al., 2001; Blake, 2008; Connolly and O'Dowd, 2001; Wells et al., 2005; Holloway et al., 2019) due to the impact of living with someone with an ABI. These difficulties are intensified when they are expected to take on a major role in caring for their loved one, leading to considerably reduced quality of life for family members (Tramonti et al., 2019). This also has an economic impact in that it prevents family members from pursuing employment themselves due to their caring responsibilities (Barnes et al., 2018).

The survey points to a 'perfect storm' of factors that has left the support worker sector unable to fulfil the role required of them. A combination of the global COVID-19 pandemic, Brexit (and associated difficulties

with immigration) and poor working conditions has led to the current situation. Furthermore, as more staff experience extreme burnout due to poor levels of staffing, the worse the situation will become. At the heart of this are individuals with ABI and complex needs who require, often round-the-clock care. It is, therefore, not surprising that the survey also identified serious safeguarding issues caused by poor staffing levels, leading to an increased risk of abuse, harm and self-neglect. It is important to note that this is a population that has already been found to be at risk from a range of abuse and safeguarding issues (Moore et al., 2019). A previous review of Safeguarding Adults Reviews following brain injury identified that a lack of understanding of the needs of individuals with ABI can put them at increased risk of harm, and in the cases reported, of death (Holloway and Norman, 2022). These risks are increased when individuals do not have access to appropriate levels of support (Holloway and Norman, 2022; Moore et al., 2019).

STRENGTHS AND LIMITATIONS

A limitation of the study was that it recruited purely through the BABICM. This means that the picture painted by the results does not necessarily reflect the situation regarding support workers recruitment through statutory services such as social care and the National Health Service (NHS). However, the findings from this study are also supported by the recent Skills for Care (2023) report that showed high rates of staff turnover within the statutory care sector and increased wages as well as a vacancy rate of around 10%.

An important strength of the survey was the importance of it to respondents. The survey was open for only 6 days, from 19 January 2022 to 25 January 2022, and received over 200 responses. Answers were extensive, with most participants providing detailed qualitative responses.

IMPLICATIONS FOR PRACTICE

While the findings from the survey paint a grim picture of the state of support worker provision in the UK, it does provide the opportunity for recommendations to existing practice.

- There is a need for appropriate rates of pay, working conditions and employment benefits alongside a national campaign of awareness-raising around the importance of the role of the support worker in society to attract greater numbers of individuals to the profession.

- There is a need for insurance companies and litigation firms to understand the impact of recruitment and retention difficulties upon case managers and case management costs.
- An urgent review of immigration policies is required, and a clearer understanding that it is often those from outside of the UK who are willing to take on such support roles that are vital to the running of social care services within the UK.
- There is a need for better understanding of the impact of living with ABI on family members given the reliance upon them to pick up the mantle of care when the systems in place start to fail.
- There needs to be a better understanding of the safeguarding risks that exist around individuals with ABI that mean they require structured support systems around them to enable them to live fulfilling lives safely.

To summarise, the study has demonstrated that the impact of recruitment difficulties is felt in terms of increased costs to service users and funders, reliance upon family support, increased case management time and costs and increased risks and safeguarding issues. Without real investment in the care sector, the situation is only likely to worsen under the growing economic burden faced by individuals living in the UK.

ADDITIONAL FILE

The additional file for this article can be found as follows:

- **Appendix A.** Survey Time 1. DOI: <https://doi.org/10.31389/jltc.336.s1>

COMPETING INTERESTS

While there are no direct conflicts of interest to declare, it must be noted that many of the authors of this paper are brain injury case managers who actively work within the social care system with people with acquired brain injuries.

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