



Homecare Association

Autumn Workforce Report 2022

April 2023 to March 2024

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Executive Summary

Demand for homecare is outstripping supply. Councils are reporting high levels of unmet need in the community and NHS hospitals are struggling to discharge people back home.

Our [four previous workforce surveys](#) across 2021/22 painted a clear picture of worsening workforce shortages in the homecare sector. The [Skills for Care data](#) for 2021/22 shows a decrease of 50,000 filled posts in social care and a vacancy rate of 13.8% in homecare, which is the highest ever recorded. However, our latest member survey findings from September 2022 suggest this situation is continuing to escalate and urgent action is needed to address these issues if winter pressures are to be met.

Inadequate capacity is contributing to greater burdens on the NHS, including more people with deteriorating health; longer ambulance waits; inability to respond fast to all emergencies; cancelled clinics; cancelled operations and difficulty in reducing waiting lists.

A [quarter of delayed discharges from hospital](#) are due to people waiting for homecare, as there is a critical shortage of homecare workers. This hinders the ability of hospitals to admit new patients, contributing to increased ambulance response times and NHS waiting lists of [over 7 million](#) people.

In the community, unmet need is high and rising. Councils have waiting lists for assessments, direct payments and care services of [more than half a million](#). [Over 1.6 million people](#) need support with care at home and are unable to access it due to insufficient funding and workforce capacity.

Lack of timely access to health and social care services is contributing to further constraints in the labour market. And a record number of people are [economically inactive due to ill health](#). National data also shows that 27.6% women and 7.4% of men have left the workforce to care for older family members or children, due to unavailability or unaffordability of care provision.

Many factors, both long and short-term, influence retention and recruitment of homecare workers and thus workforce capacity. Inadequate government investment in state-funded homecare and poor commissioning practices have led to low pay and substandard terms and conditions of employment. The sector has also been adversely affected by Brexit, COVID-19 and international conflict. Alongside the tightening of labour markets, pressure on supply chains and rising energy costs all contributing towards increased inflation. This has led to a rapid rise in business costs and cost of living, placing further pressure on low-paid workers and their employers. Unlike other business sectors, where increased costs can be passed to consumers, state-funded homecare agencies are unable to charge councils high enough fees to cover rising costs. Some local authority fee rates for homecare do not even enable compliance with the legal minimum wage, before considering escalating operational costs, such as wages, sick pay and fuel.

To understand the current impact of workforce pressures on our members, we conducted a survey of Homecare Association members during September 2022, representing just over 58,500 careworkers supporting over 100,000 people in their own homes.

- Homecare providers are finding it extremely challenging to recruit staff, with 84% of providers reporting that recruitment was harder than this time last year and nine out of ten of providers (89%) agreeing that recruitment is the hardest it has ever been.
- Homecare providers are also experiencing high levels of staff turnover, with over half (59%) of providers saying more careworkers are leaving than this time last year and two thirds saying 66% more careworkers are leaving than before the pandemic.

- The most common reasons given by careworkers for leaving were: needing to earn more or wages / cost of living pressures (67%); needing to travel /cost of travel (58%) and feeling burnt out, stressed or exhausted (52%).
- Homecare providers feel they are unable to improve pay and working conditions in the state funded market, with 80% of providers saying that local authority and NHS fee rates were too low to cover costs and this was preventing them from making changes to staff pay and conditions that they wanted to make.
- Workforce shortages were impacting on the amount of care being delivered, with nearly half of providers (47%) reporting that they were providing less care than this time last year.
- 1 in 5 (20%) respondents said they had sponsored visas for careworkers since careworkers were added to the shortage occupation list in February. And 30% had not seriously considered sponsoring visas.

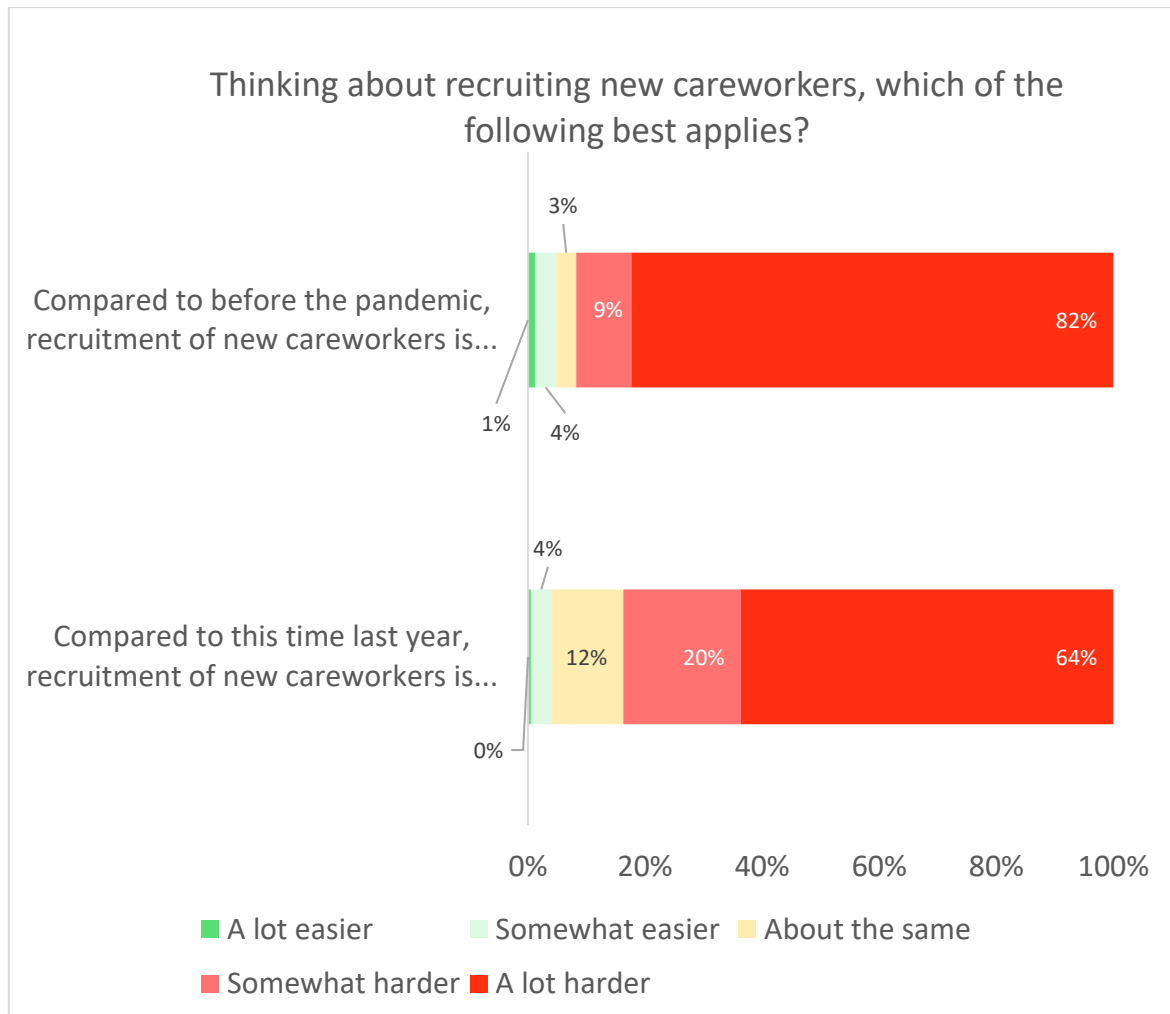
The homecare workforce is highly skilled, responsible and committed. Their true value is known by everyone involved in the sector. Supporting people in their own homes can be rewarding and varied; and we need more people to do it. Investment in homecare is vital to recruit and retain the workforce to meet the needs of an ageing population.

We continue to urge the government to:

1. **Provide sufficient funding to address the rising cost of delivering care** - and recognise the high inflationary costs being experienced by homecare providers, including a 9.7% increase in the National Living Wage, and higher fuel prices (which have resulted in additional costs to the sector of £107m p.a), ensuring these are adequately accounted for in the Local Government Settlement.
2. **Invest in homecare to maintain and build workforce capacity** - social care urgently needs a sustainable financial footing. It is paramount that the fair cost of care exercises being undertaken by local authority commissioners reflect the true amount needed to recruit, support, and retain a skilled, competent and compassionate workforce. Deficits identified must be shared openly and addressed quickly.
3. **Workforce strategy** - ensure the government works with the sector to develop a credible 10-year workforce strategy for social care, aligned with the NHS People Plan.
4. **International recruitment** – reduce the complexity and cost of the process and find ways to support providers with ensuring recruits have affordable accommodation and transport.

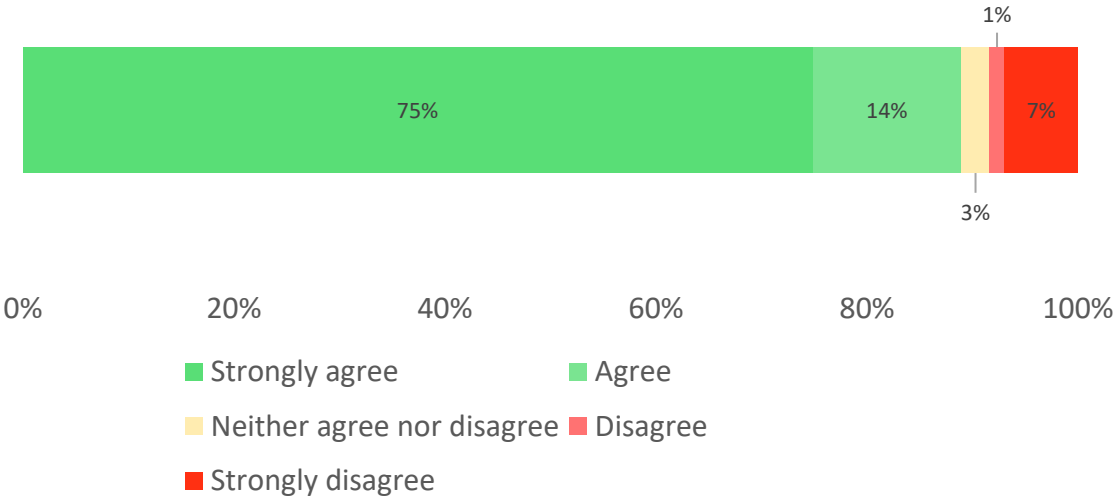
Current recruitment picture

84% of respondents felt the recruitment of new careworkers was harder than this time last year, with 64% saying it was 'a lot harder'. 92% of respondents felt that recruitment of new careworkers was harder than before the pandemic.; with 82% saying it was 'a lot harder'.



89% of respondents agreed that "recruitment is the hardest it has ever been" with 75% strongly agreeing.

To what extent, if at all, do you agree or disagree with the statement "Recruitment is the hardest it has ever been"?

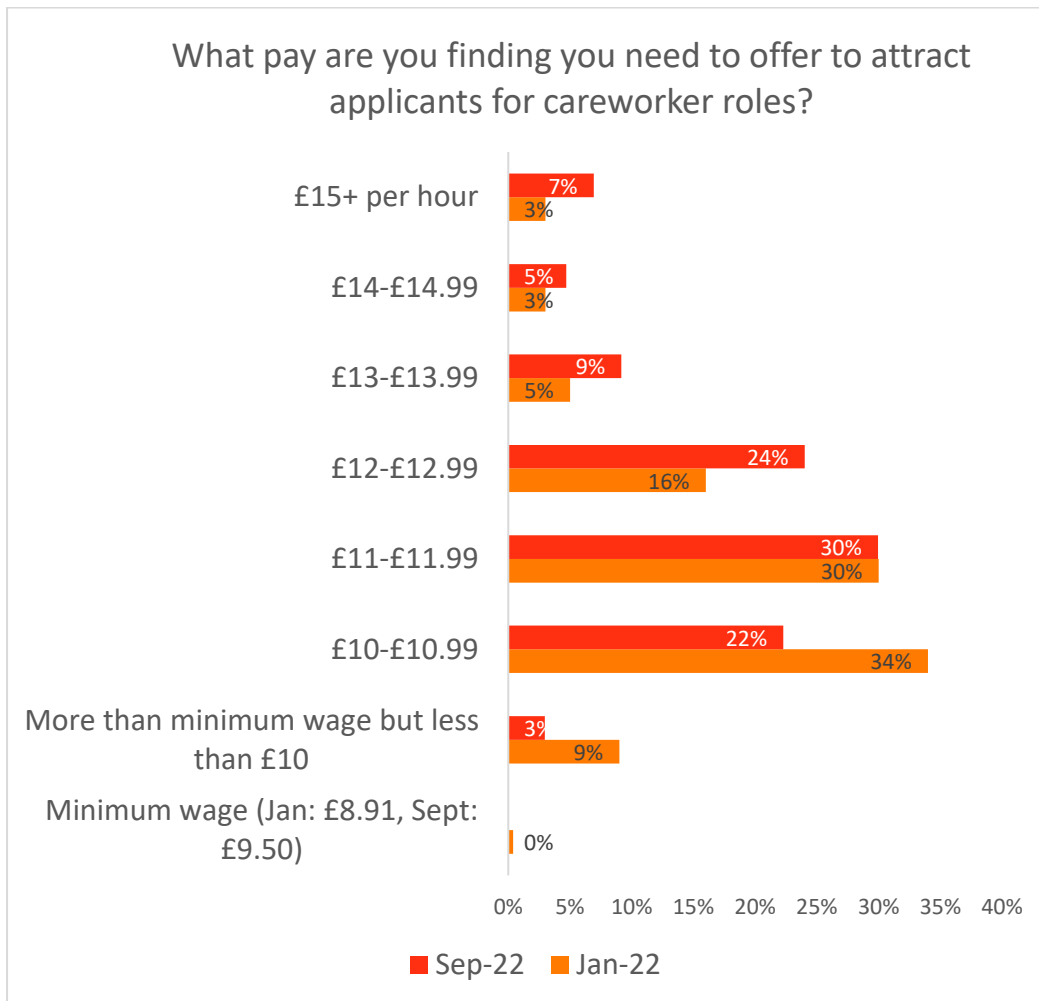


While not directly comparable as the question framing has been developed, this does suggest that the situation has not significantly improved since our earlier surveys in 2021/22 where 81% of respondents said recruitment is the hardest it has ever been.

Pay

When asked: “What pay are you finding you need to offer to attract applicants for careworker roles?” 22% of providers said they needed to offer £10.00-£10.99 per hour; 30% of providers said that they were needing to offer £11.00-£11.99; and 24% of providers needed to offer £12.00-12.99 per hour.

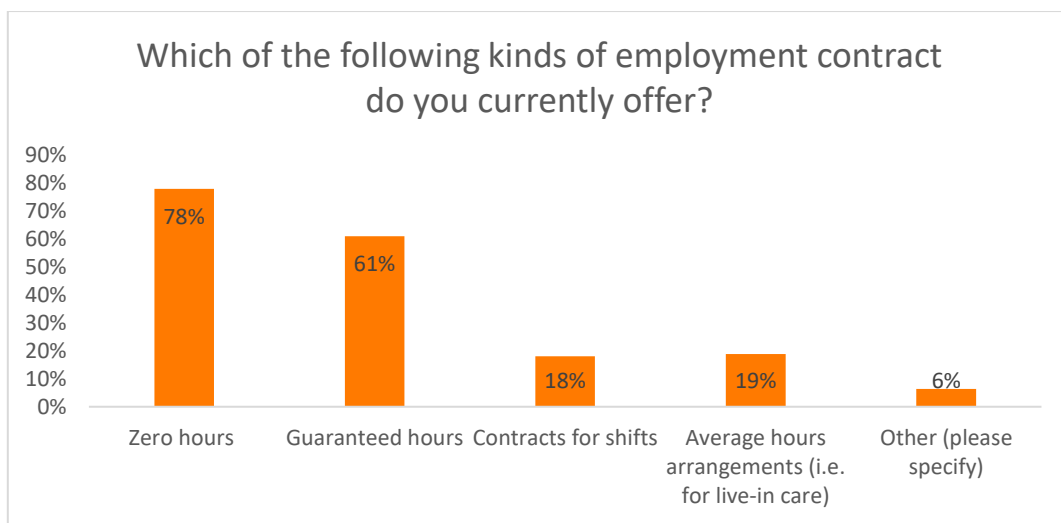
We asked the same question in our January 2022 survey and we can see that the amount providers are reporting that they need to offer has risen since then.



Working patterns

When asked what kind of employment contracts were offered, 78% of respondents reported that they used zero-hour contracts; 61% guaranteed-hour contracts and 18% had used contract for shifts. Average hours agreements – used by 19% tended to be used by live-in care providers.

Those who selected 'other' were providers who used salaried contracts and variable hours contracts. One respondent commented that the type of contract offered didn't seem to have a significant impact on recruitment and retention. Some found that careworkers chose zero-hours arrangements.

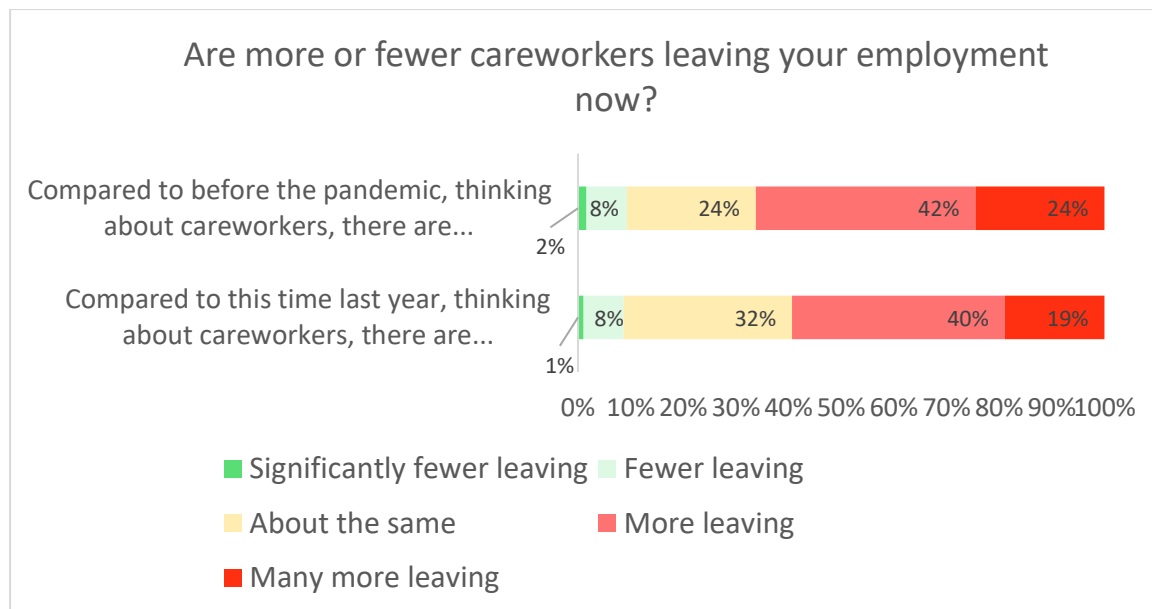


When asked whether their organisation was using certain contract types more or less than a year ago, respondents suggested a greater use of guaranteed hours (47% of respondents were using more while 8% were using less) or shift-based working arrangements (39% were using more while 16% were using less) and marginally less frequent use of zero-hours contracts (12% were using more while 20% were using less).

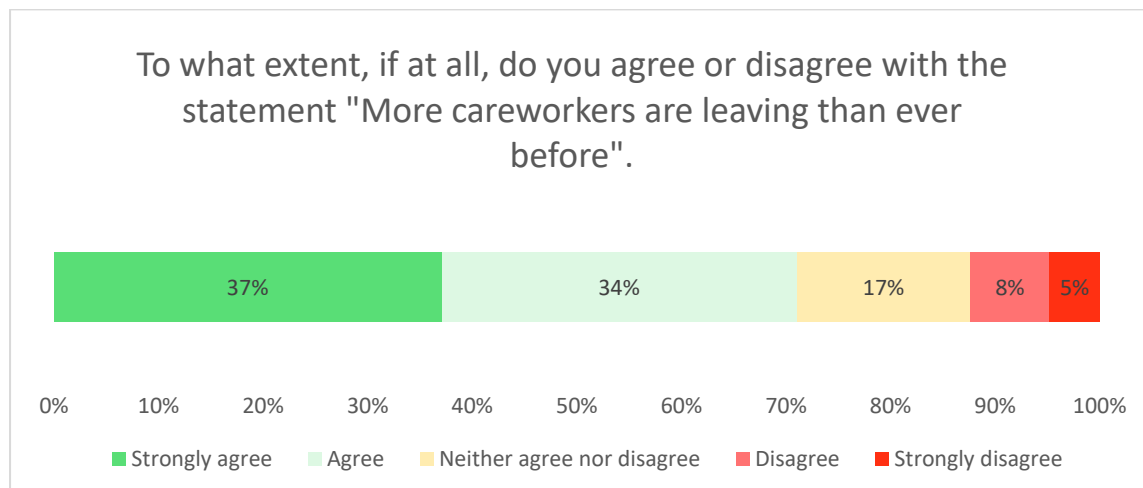


Retention of careworkers

59% of respondents said that more careworkers were leaving now compared to this time last year. With 66% of respondents saying that more careworkers were leaving now compared to before the pandemic with a quarter (24%) saying that 'many more' careworkers were leaving.



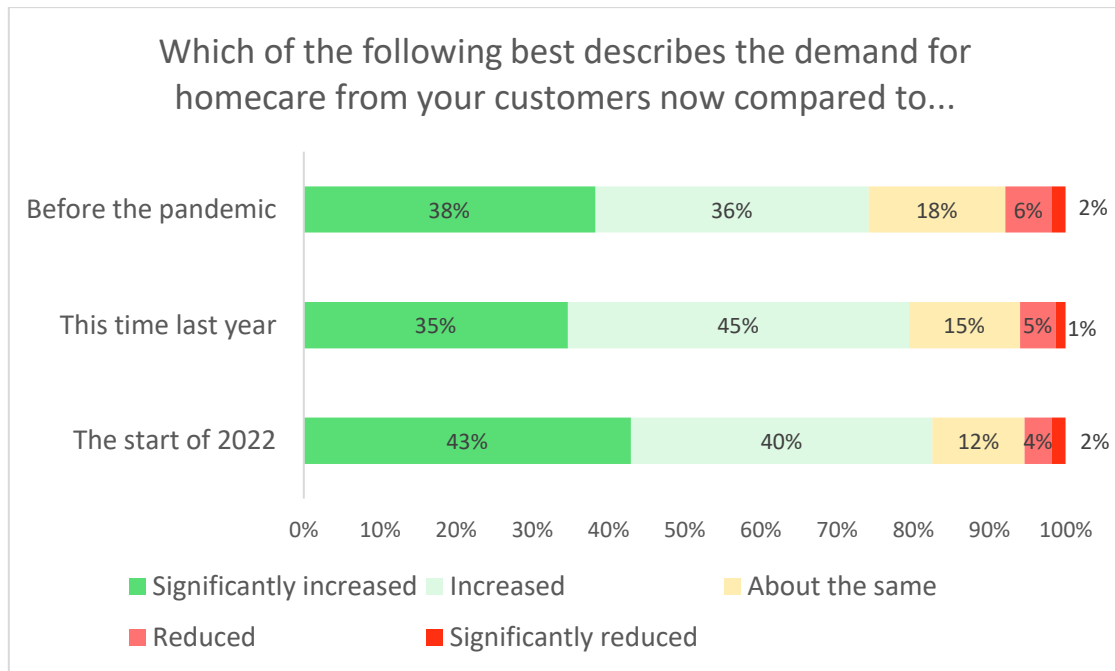
71% of respondents agreed with the statement more careworkers are leaving than ever before, with 37% strongly agreeing.



While not directly comparable as the question framing has been developed, this does suggest that the situation has not improved, and may have worsened, since our earlier surveys in 2021/22 where 43% of respondents were saying more careworkers were leaving than ever before.

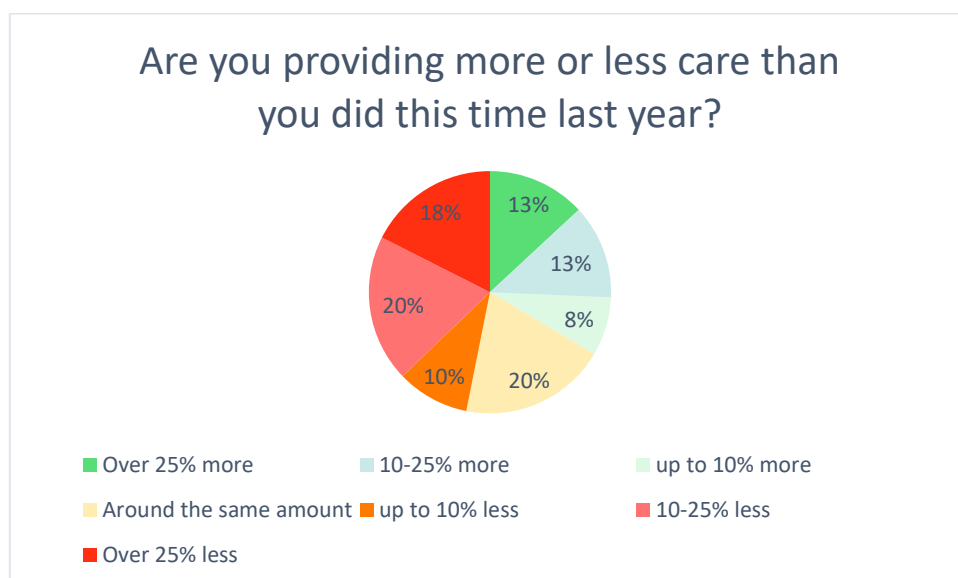
Demand for care services

83% of respondents reported that demand for homecare increased since the start of 2020, with 43% saying it had increased significantly. 79% said that it had increased since this time last year and 74% said it had increased since before the pandemic.



Despite the increased demand reported above, nearly half of respondents reported that they were providing less care (47%), while a third reported they were providing more care (34%).

Other research has shown the increasing gap between supply and demand for homecare. Skills for Care showed a [decrease of 50,000 filled posts](#) in the workforce and [ADASS reported](#) that 542,002 people were awaiting assessment, review, start of a service or direct payment.



Push and pull factors

We asked providers what was having the greatest negative impact on recruiting and retaining homecare workers. A third of providers said that: “pay in homecare is unattractive”, the second most significant factor was “fuel costs / need to travel is unattractive” (selected by 17%) and the third was “the way people view care staff / lack of respect” (11%).



Many of the responses to the ‘other’ category said they felt that all the factors listed, or a combination of factors, were making recruitment and retention difficult.

Several responses suggested it was getting harder to recruit people to work at unsociable hours. Several felt that the level of responsibility in the roles is a deterrent.

It was also felt that little reward (in terms of pay or terms and conditions of employment) for more experienced workers and a lack of progression was also a concern.

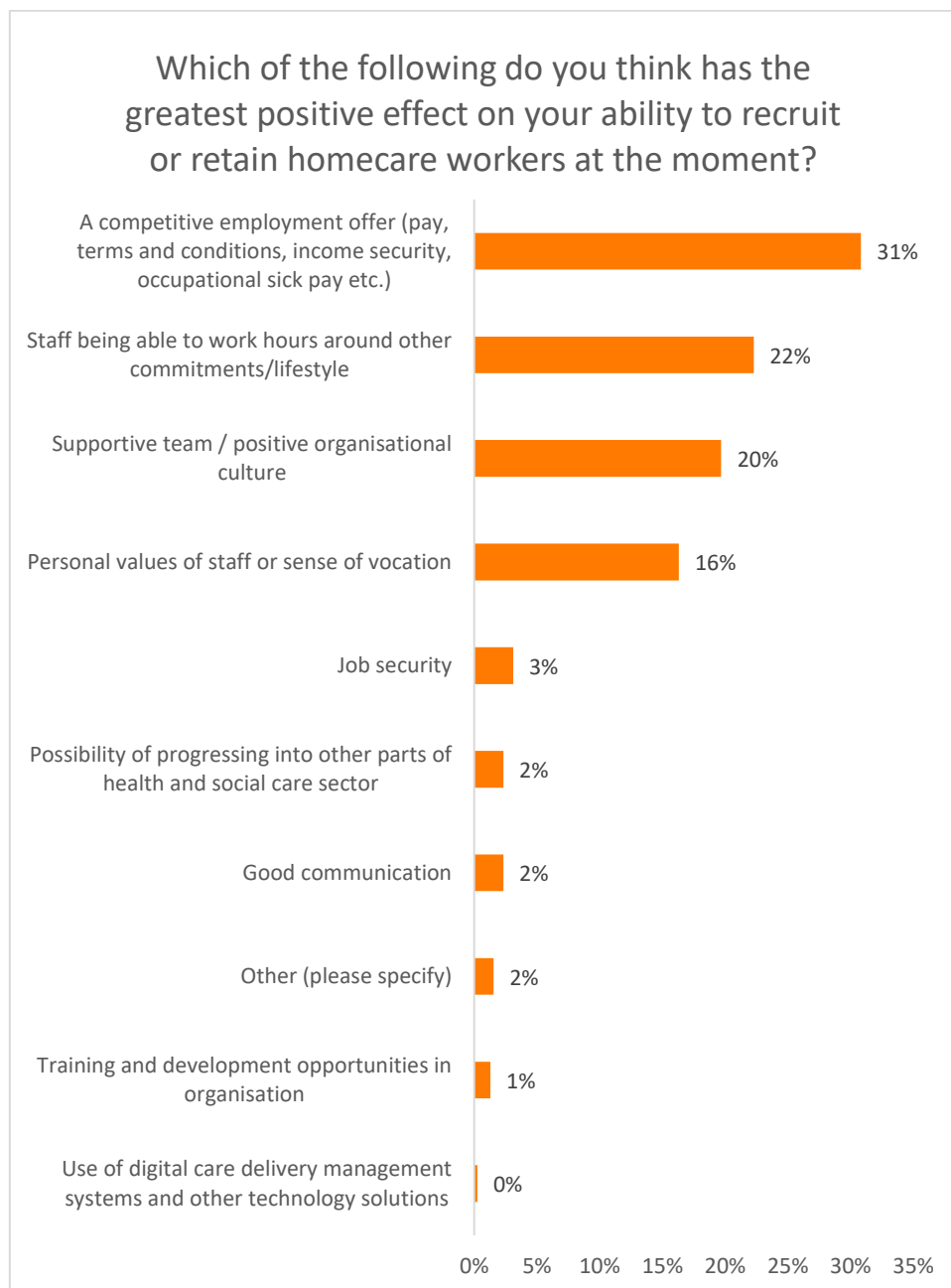
The way pay interacts with the benefits system for people on low incomes was also mentioned.

As expected, some common issues came up as root causes:

“Simply cannot compete with NHS (overtime rates, holiday and sick benefits) and other industries (e.g. supermarkets where the pay might be the same but not same need to work evenings and weekends).”

“The council pays low prices and pays per contact.”

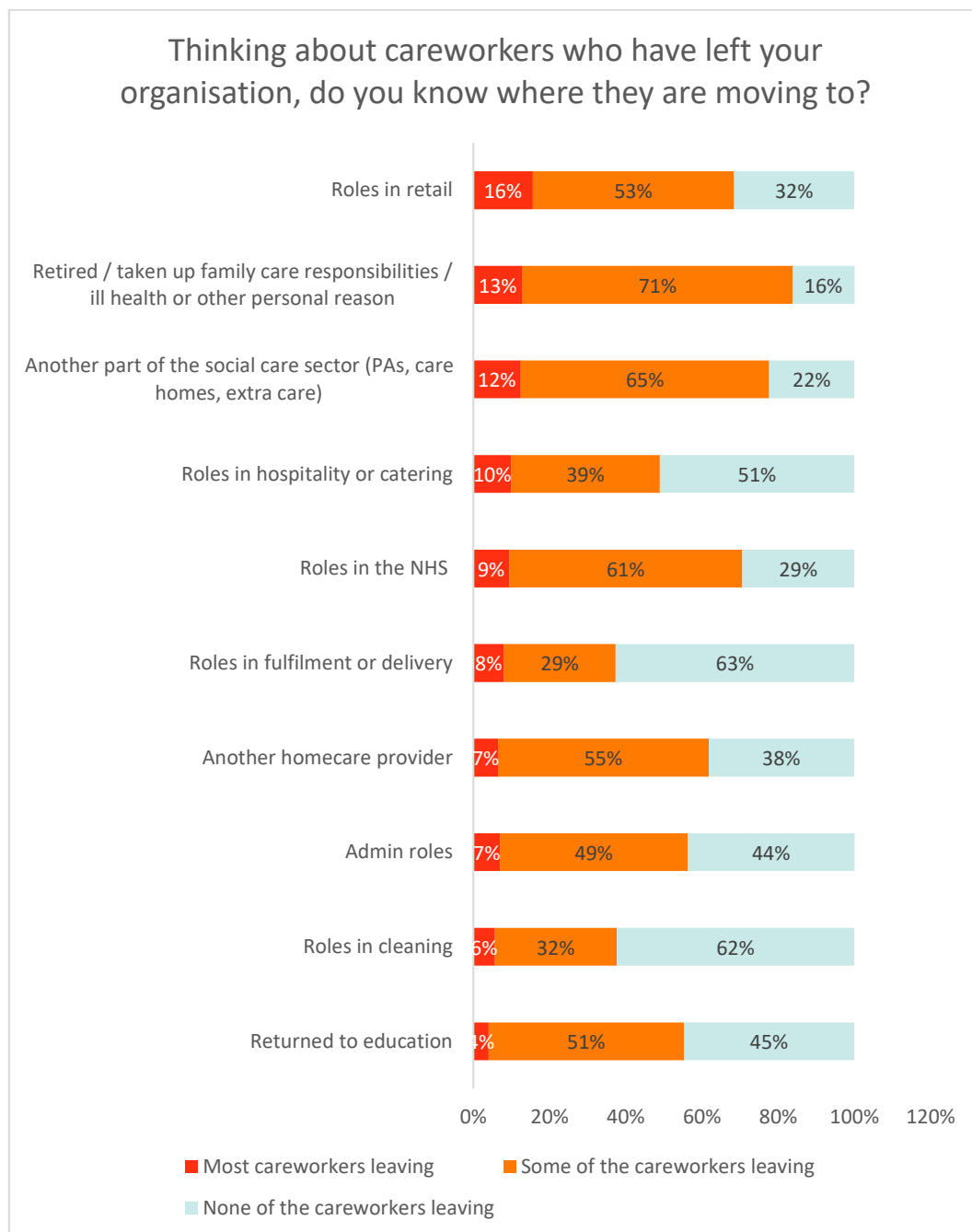
The most selected factor which was having a positive effect on recruiting and retaining homecare workers was: “a competitive employment offer” (selected by a third / 31% of respondents). The second most significant factor was: “staff being able to work hours around other commitments/lifestyle” (selected by 22%) and the third was: “supportive team / positive organisational culture” (20%).



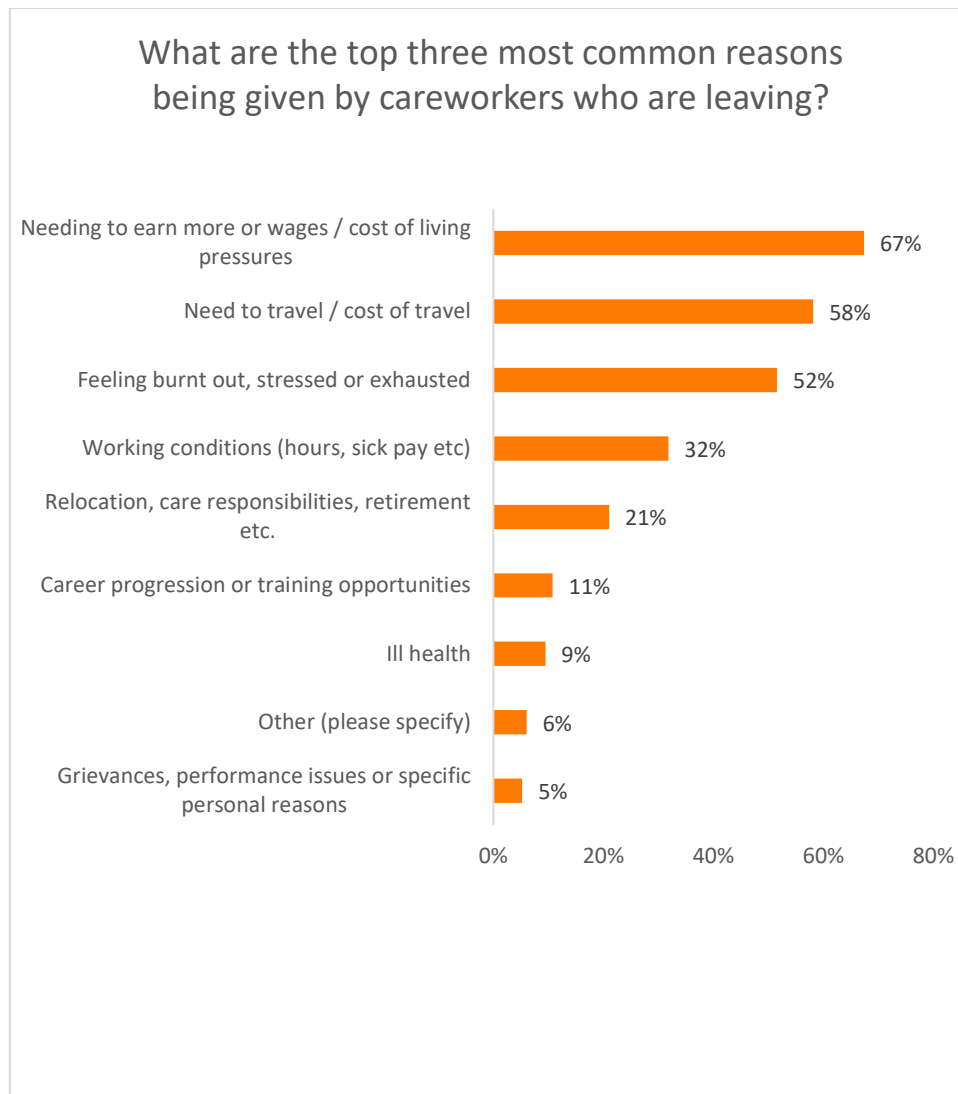
There is some variation in where careworkers are moving to, with no clearly predominant answer in terms of where ‘most careworkers’ were going.

The sectors where more providers selected the ‘most careworkers leaving to’ option included roles in retail (16% of providers selected this); retired / taken up family care responsibilities / ill health or other personal reasons (13% of respondents identified) and movement to other parts of the social care sector” (12% of respondents identified). However, it’s clear that there are also careworkers moving to care homes and roles in the NHS.

Based on anecdotal feedback from our members, the sector that is the main competition for labour can be highly localised (for example, where supermarkets or restaurants open nearby and offer higher wages).

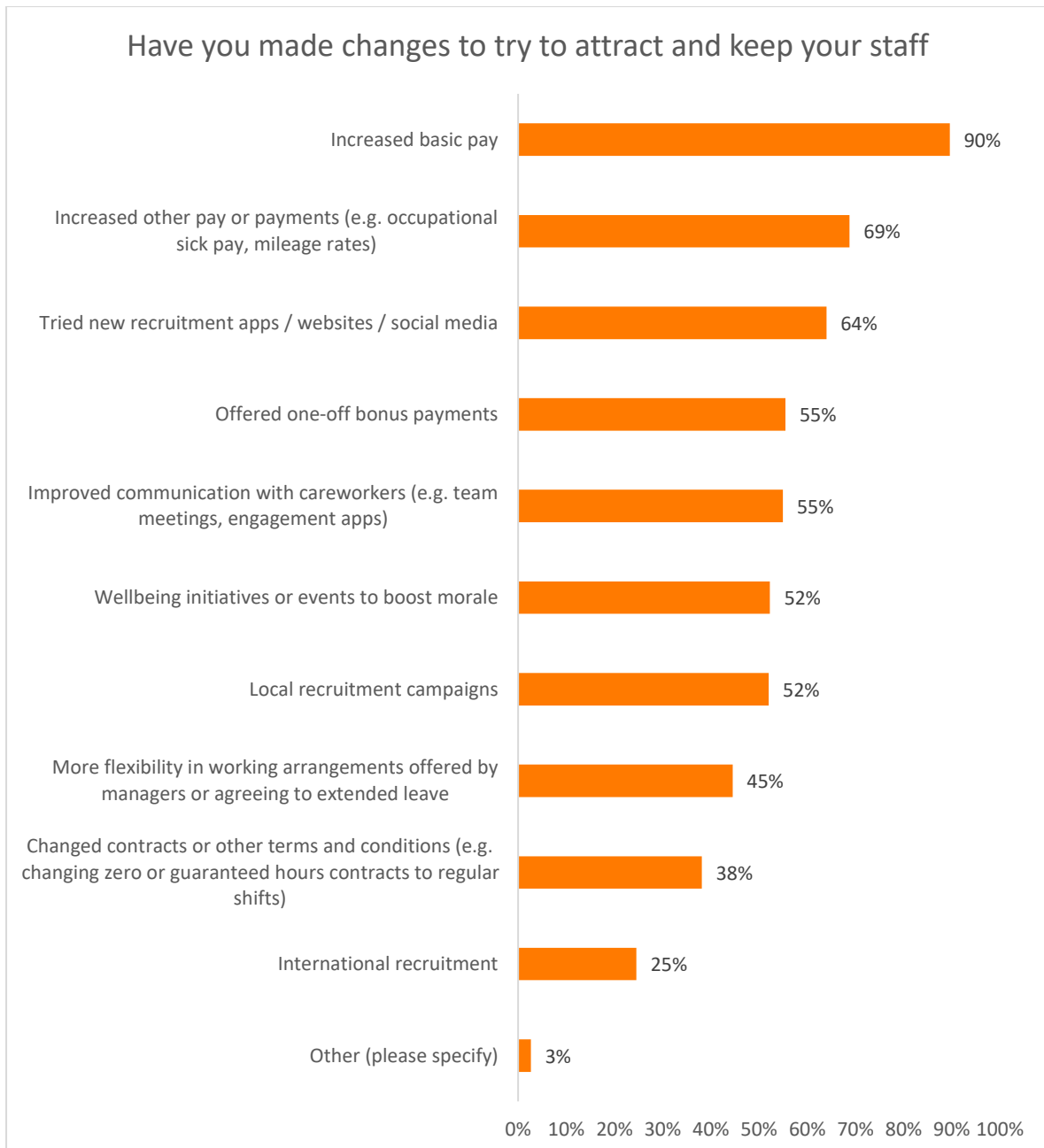


The most common reason being given by careworkers for leaving was: “needing to earn more wages / cost of living pressures”, with two thirds of respondents reporting this (67%). It was closely followed by: “need to travel / cost of travel” (58%) and “feeling burnt out, stressed or exhausted (52%).



In the ‘other comments’, several mentioned the interaction between work income and benefits and moving to self-employment was also mentioned. Some mentioned the status of care workers, and how valued they are. Some respondents hadn’t had any staff leave or hadn’t noticed any trends. Unsociable hours came up as a factor (as in the earlier question). One respondent noted having to wear facemasks.

When asked what changes they had made to attract and keep staff, 90% said they had increased basic pay. A further 69% said that they had increased other pay or payments (e.g., occupational sick pay, mileage) and 64% said that they had tried new recruitment apps / websites and social media.

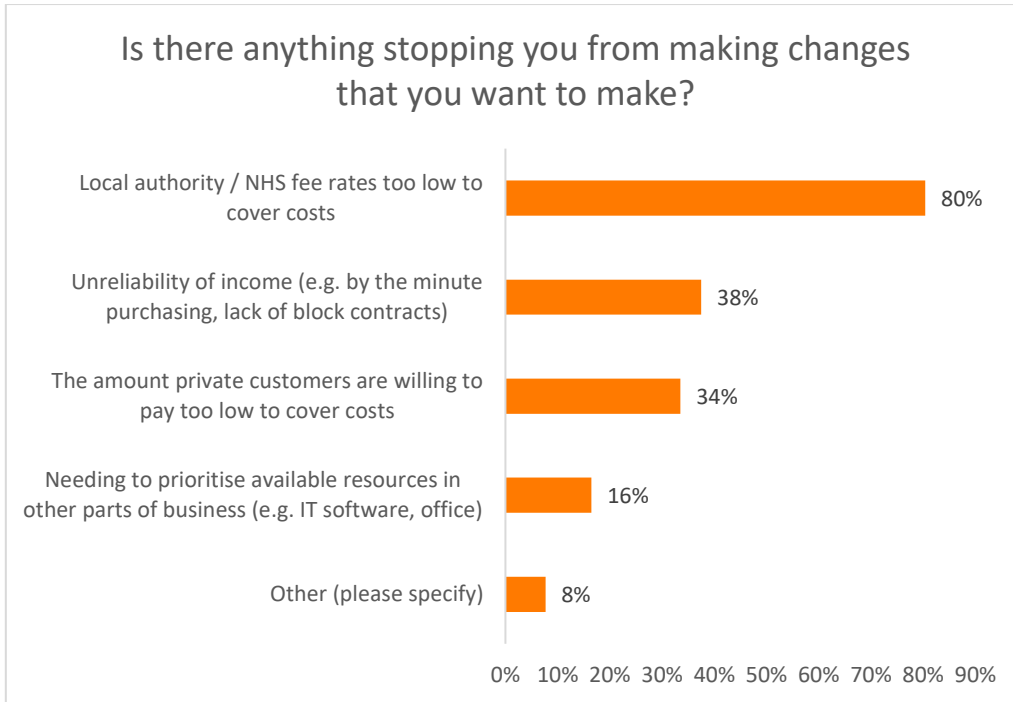


Other changes made included:

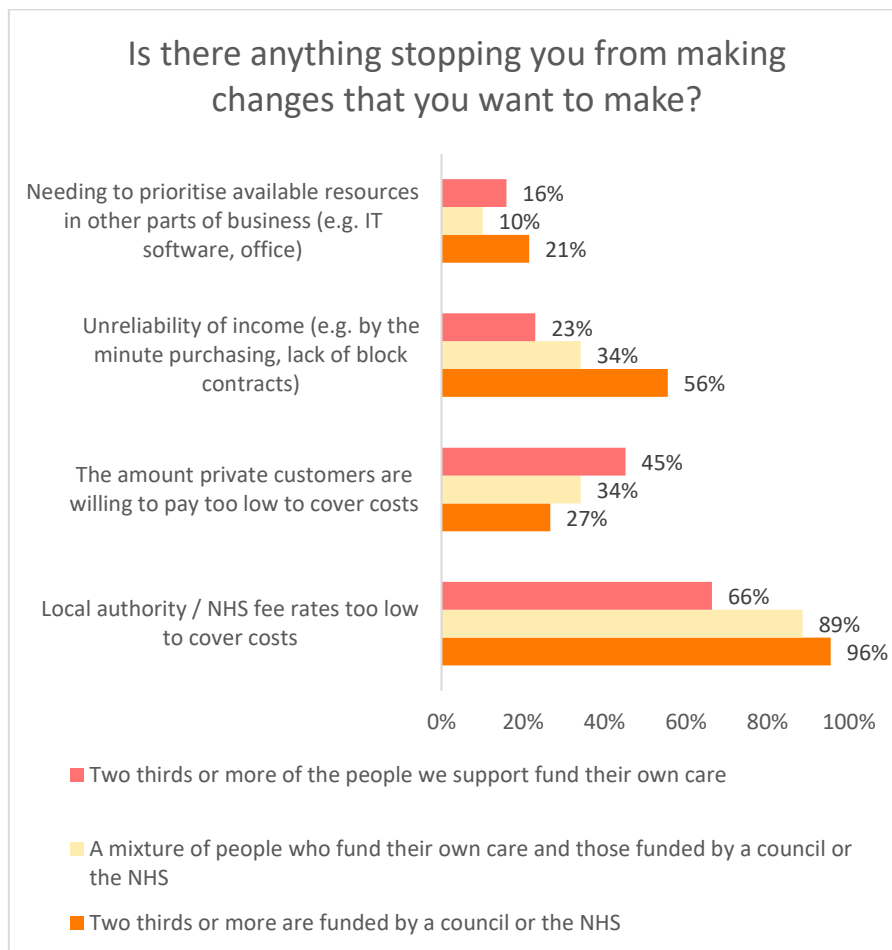
- Recruiting a staff engagement manager
- Offering use of a vehicle
- Working with the Local Authority adult education services
- Offering zero-hours contracts so staff can decide when to work
- Payment towards MOT.

Most respondents (80%) said that fee rates from local authority and NHS commissioners were too low to make the changes that they wanted to make.

Unreliability of income and the amount private clients were willing to pay were also selected by around a third of providers.

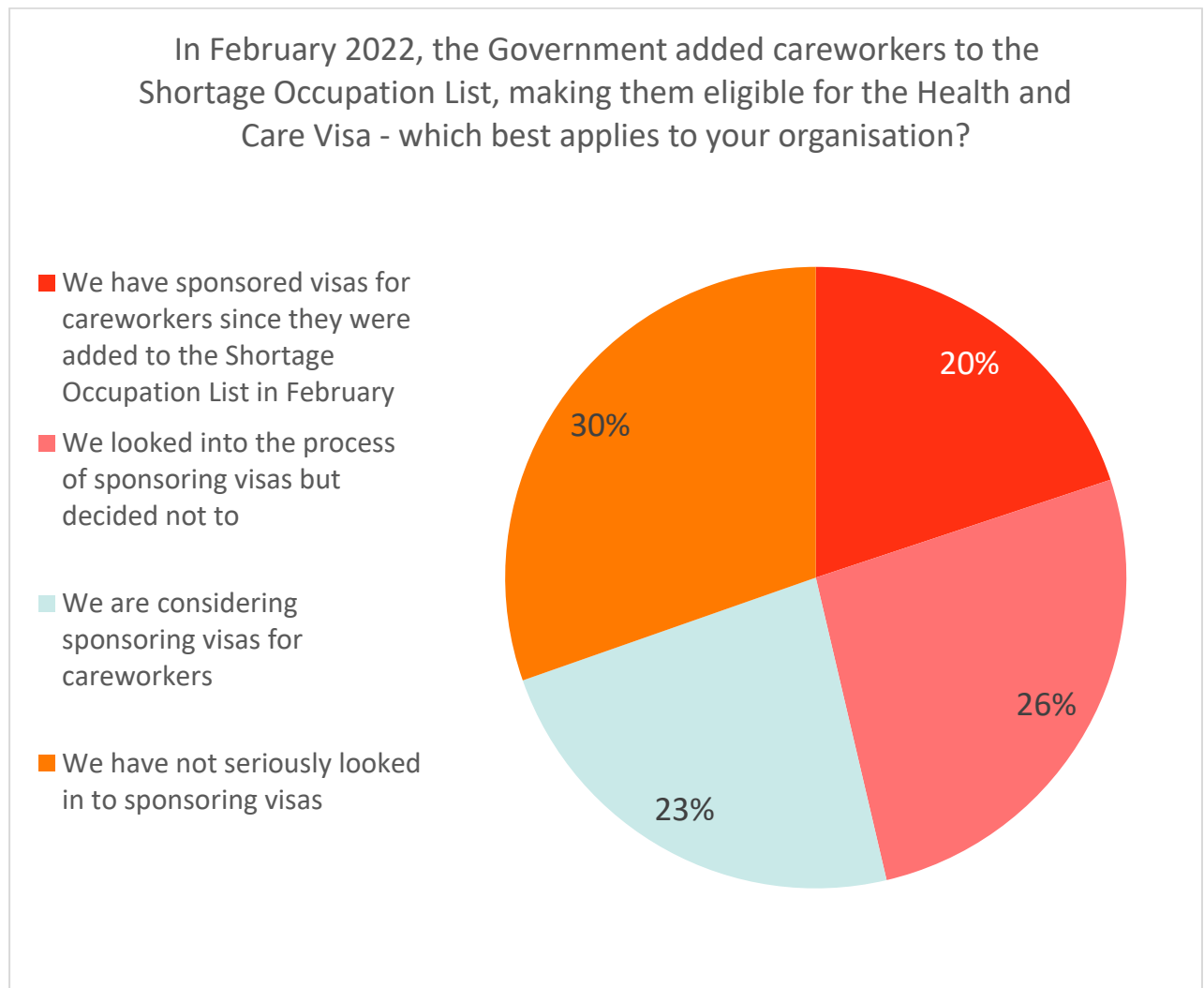


As expected, the issues with local authority fee rates were more pronounced for providers who took a high proportion of work funded by the public sector.



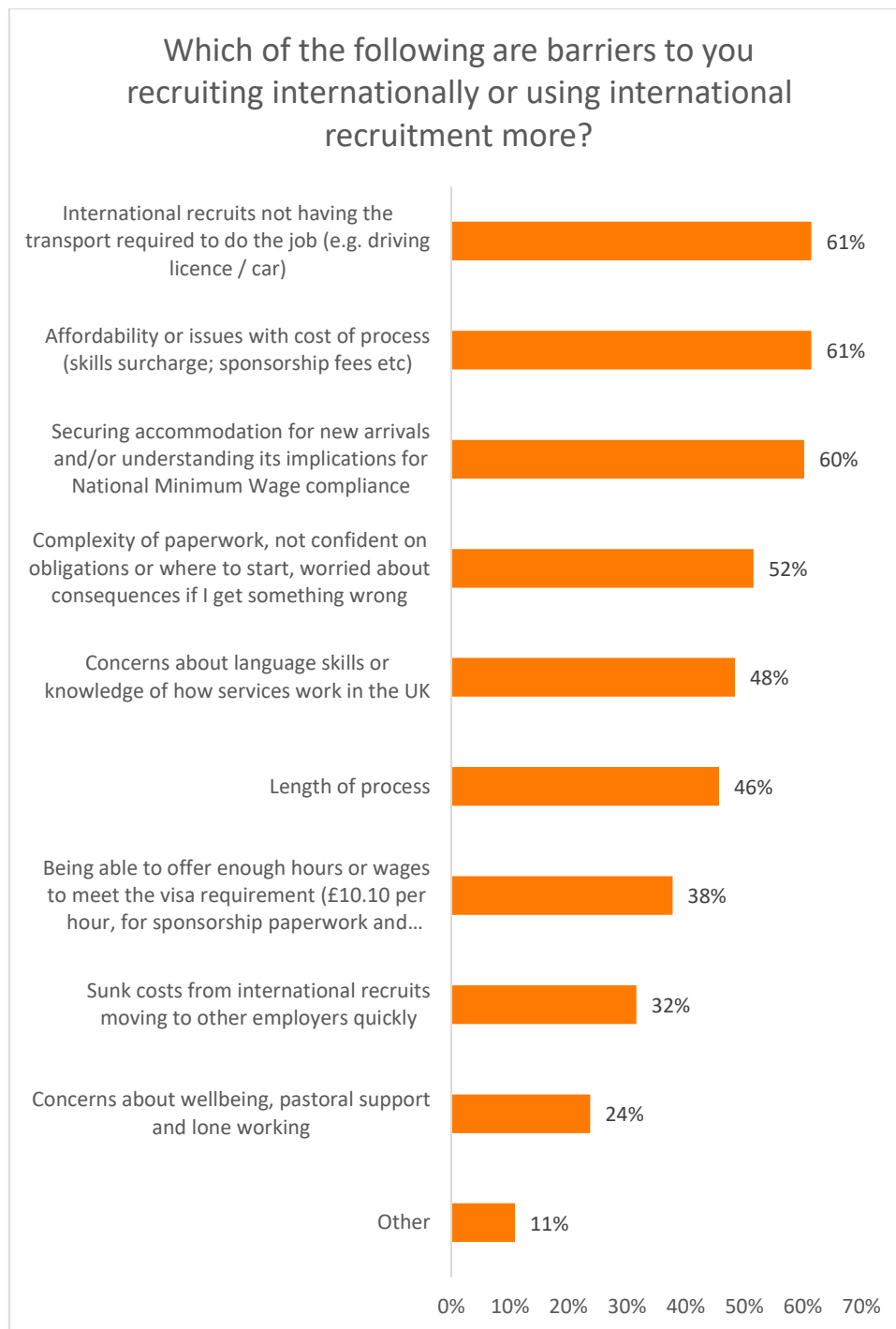
International recruitment

In February 2022, the Government added careworkers to the Shortage Occupation List, making them eligible for the Health and Care Visa. 20% of respondents said they had sponsored visas for careworkers since this route became available. While 30% had not seriously investigated sponsoring visas, 26% had explored sponsoring visas and decided not to and 23% of respondents were considering sponsoring visas for careworkers.



The most common barriers to using or increasing international recruitment were:

- International recruits not having transport required to do the job (e.g. driving licence/car) - 61%
- Affordability or issues with cost of process (skills surcharge, sponsorship fees, etc.) - 61%
- Securing accommodation for new arrivals and/or understanding the implications for National Minimum Wage compliance (60%)



International recruits could have specific, more intensive training needs: One provider said:

“We simply do not have the capacity to train and induct staff into both the job and cultural life in the UK.”

To illustrate this, one provider commented that one of their recruits had *“never seen a toaster because in the country of origin they do not have toast”*.

Providers were struggling with the complexity of the application process. They reported that the Home Office is *“a complete nightmare”*; *“slow due to lack of staff”*; and they were encountering *“impenetrable bureaucracy”*.

Another provider said: *“We applied for a sponsorship certificate in March 2022, it is now September and we are still waiting. Telephone calls to the Home Office are fruitless with us being told again and again to “phone next week”.*

The complexity of recruiting overseas was a barrier for some. Providers noted that doing pre-employment checks for overseas recruits was harder. Sometimes the costs for applicants in terms of demonstrating their language skills, for example, were felt to be prohibitive for candidates. One commented that the costs and benefits of international recruitment were hard to predict and it was unclear whether the investment would pay off.

Some found it hard to provide sufficient hours/income to new recruits to meet the income threshold when the recruits were also trying to sort out their transport, accommodation and settle in.

Ethical questions about overseas recruitment and how this would affect labour markets in other countries were mentioned.

While some felt that international recruitment was not appropriate for their businesses and preferred to look locally, others felt that it was vital:

“We had no choice than to recruit from overseas. We now have 60 staff and despite the issues some of our customers have with these staff members they have made a huge difference to our workforce. It’s expensive and it’s hard work introducing them to our culture.”

“International recruitment has saved our business, the key to good international recruitment is to be very, very clear about what your offer is and what the International recruit is responsible for in terms of their move to the UK.”

We asked members how the Government could make international recruitment work better for them.

159 responses were received and suggestions were made:

- About a third of the responses mentioned concerns about the need to reduce costs; some suggested that the process should be free. A few mentioned specific costs that could be waived (such as the immigration skills surcharge or cost of the sponsorship license).
- About a fifth of the comments made reference to the fact that the process was too complex, and this needed to be easier to use. Specific concerns were raised about the user experience for the Sponsor Management System which was felt to be *“long-winded”* and *“clunky”*. It was felt that the website was *“built for 1998”*.
- Just over a tenth of the comments referenced the need to make the process faster. A couple mentioned that delays in issuing Certificates of Sponsorship had led to them losing recruits.
- Just under a tenth felt there needed to be more support with finding accommodation for recruits.

Other themes mentioned by respondents included:

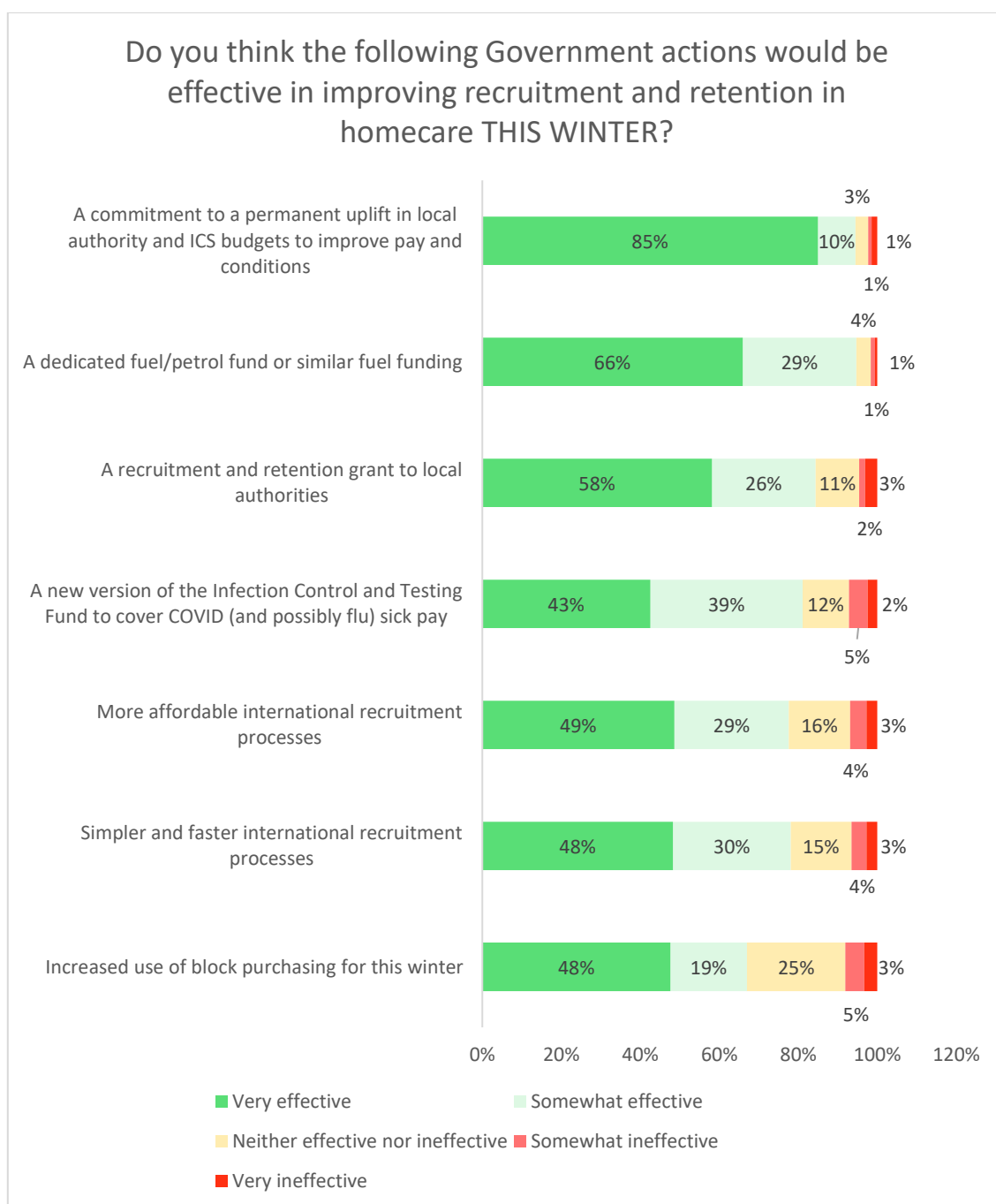
- Reducing the required salary threshold of £20,480 p.a. (which implies 42 hours per week at the minimum of £10.10 per hour, or 37 hours at £10.64 per hour in 2022/23) for careworkers on visas.
- Increasing the number of hours that international students can work whilst studying.

- Asking recruits to commit to a minimum amount of time working for their initial sponsor; or have a way to recover some costs if the recruit moves on to another employer quickly.
- Introduce youth mobility visas, allowing younger adults to work in the UK more easily.
- Introduce care sector specific visas. Make these longer-term.
- Add more countries to the approved list.
- Changes in how English language skills are assessed and managed under the system.
- More generous allocations of certificates of sponsorship
- Several respondents called for clearer guidance about the process and their obligations, as well as an advice service.
- Several respondents suggested that a kind of ‘recruitment hub’ was established that could match recruits to employers and handle the immigration applications processes on behalf of employers.
- Other ways to support international recruitment in homecare included:
 - Support with transport such as:
 - Allowing a longer period to convert an international driving licence
 - Faster access to driving licenses/tests
 - Cheaper access to driving licenses/tests
 - Access to cost efficient cars or transport options
 - Funding or cost recovery options to support access to transport
 - Financial (or other) support to help to relocate and integrate workers arriving from overseas
 - Funding or cost recovery options for accommodation.

Government action

In terms of Government action that could be taken this winter to improve the recruitment and retention situation, 95% of respondents felt that “a commitment to a permanent uplift in local authority and ICS budgets to improve pay and terms and conditions of the employment for care workers would be effective. With 85% thinking this would be very effective.

The other measures listed had a majority support with: “a dedicated fuel/petrol fund or similar” (95% thought this would be effective, with 66% saying it would be very effective) and “a recruitment and retention grant to local authorities” (84% thought this would be effective, with 58% saying it would be very effective) being the second and third most selected.



We asked our members what the Government could do to make social care recruitment and retention better.

Financial

Better pay and reward was mentioned by several member. With some highlighting the general need for more funding for social care. Others had specific suggestions, including changes to VAT to make homecare zero rated.

Long-standing under-investment and the rates which public sector commissioners were paid were identified as critical by several respondents. One commented:

“Our care business was thriving in 2010, year upon year since then the local authority and NHS increases haven’t kept up with inflation and the minimum wage. If it had then we would be receiving approx.. 49% more from local government and NHS. This is the single sole reason for the state of care now.”

Another said: *“To be able to compete we would need to be able to provide the cars and fuel for our carers and pay them in shifts. This is not feasible.”*

As stated earlier in the survey, some respondents raised concerns about the way that work interacts with the benefits system. For example, careworkers have said they: *“Earned too much with us so they won’t get the benefits they usually get and will lose out on housing benefit help.”*

A one-off bonus or recognition payment was suggested. *“...we all work so hard, never knowing what we are going to be faced with, getting soaked when its wet, working alone in the dark nights. A bonus from the government like Wales had, feeling appreciated.”*

Grants for fuel were suggested as well as discounting fuel for health and social care workers. Increasing the 45p per mile tax free fuel allowance was also another suggestion. Others felt that alternatives needed to be considered: *“We need to consider electric, bikes, scooters, and cars – reduce cost to worker and save the environment. We are already working on this.”*

Grants to subsidise wages for those who pay for their own care were suggested as well as additional grant funding to support unsociable hours payments. Golden hello bonuses (that were Government funded) were also proposed.

Funding of Direct Payments was also an issue, as this often wasn’t enough to cover costs and there were issues with top ups.

Councils paying in arrears could adversely impact cash flow; prompter payment or advanced payment was desired.

Services to support the sector

Offering funded childcare in school holidays to careworkers or those who have ‘blue lights cards’ was also put forward.

It was noted that many care providers are small businesses and being offered free support from recruitment specialists would help.

Interaction with healthcare

A general principle about parity with the NHS and greater respect for homecare staff was a common theme.

More specific suggestions included offering routes to nurses who were looking to retire or step down their careers, who wanted to do some domiciliary care work. Making domiciliary

care work placements available to healthcare students. Alternatively, offering tax incentives for retired nurses to come back into the workforce to do some work in domiciliary care.

Better joint working with GPs and other health services was put forward. It was suggested that careworkers should have a priority phone line to GPs so that they could escalate health concerns on behalf of clients without long queues on the telephone.

More integration with healthcare to allow career progression and opportunities for social care workers to take on delegated healthcare tasks was desired by some.

Others highlighted the need to see social care as separate from the NHS and with its own inherent value. *"Social care feels like the NHS poor relative!! It's far from it!!"*

Registration or regulation of workforce

It was suggested that the workforce should be registered. With others highlighting the challenges of having to compete with the unregulated sector, who do not have the additional costs of registration, training, and quality assurance.

Commissioning

Abolishing 'by-the-minute' commissioning practices was called for by several respondents; block purchasing, on planned/commissioned hours were preferred arrangements. One respondent said: *"Commission responsibly allowing providers to pay good rates and offer efficient rounds"*. One called for adherence to the UNISON care charter.

It was suggested that care providers be allowed to draft care plans rather than social workers doing this.

Reputation and communication

There were calls for greater levels of respect for homecare workers. One respondent said:

"We provide services not servants. Our workforce is highly skilled, emotionally connected, dedicated to the clients and go above and beyond for people's health and wellbeing".

Another said: *"If I believed the press, I wouldn't dream of being a care assistant. It is rewarding and flexible and we need the press to start reflecting what it is really like."*

Further recruitment campaigns and communication campaigns which show the skill involved in being a care worker and how highly valued it is were also desired.

Training

Additional funding for training the workforce, and more specifically, fully funded NVQ training was suggested. There were concerns about the fact that BTEC qualifications didn't involve any hands-on placement work.

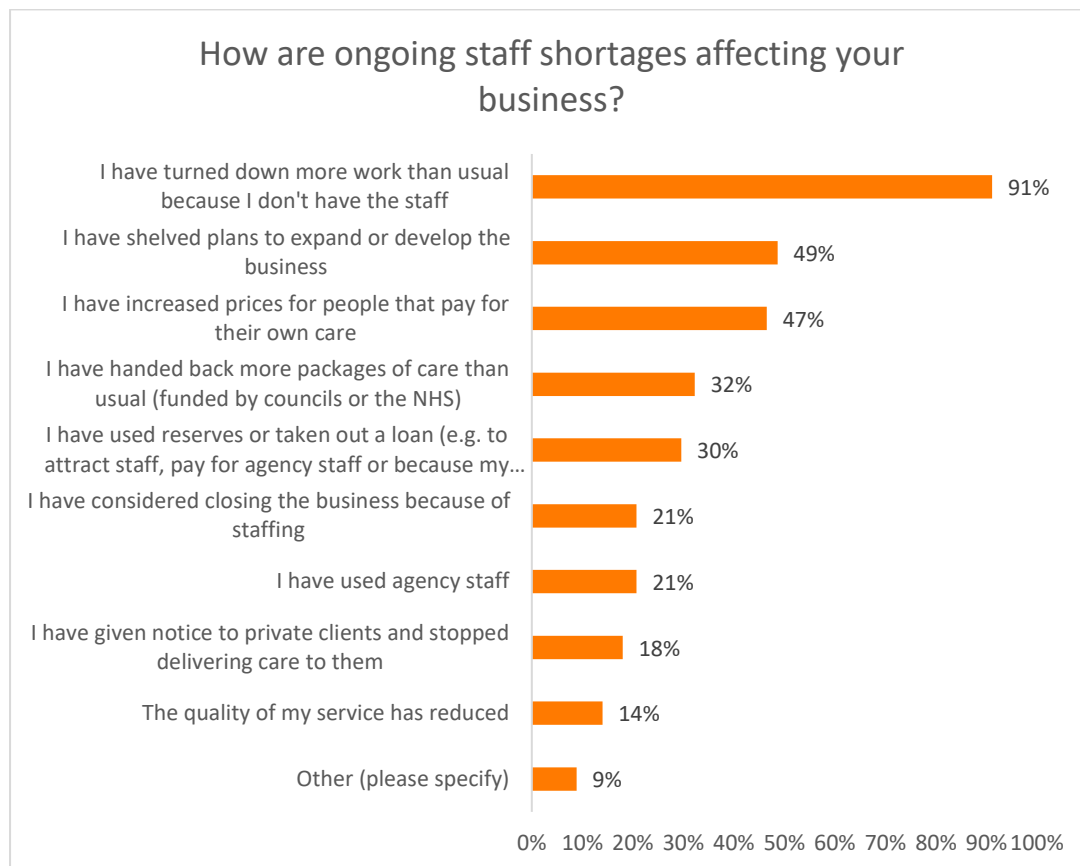
DBS

It was noted that DBS checks were so slow that people sometimes found alternative jobs while waiting for the check to come through.

The impact of workforce shortages on the delivery of care

91% of respondents said that ongoing staff shortages resulted in them turning down more work than usual because they didn't have the staff. 49% of respondents had shelved plans to

expand or develop the business. 47% had increased prices for people that pay for their own care.



Response to the 'other' comment, outlined a number of themes including the impact of care worker shortages having a knock on effect on other roles in the business:

- Several mentioned that office staff and/or company directors were providing frontline care. Some felt this was causing them to fall behind on admin, which worried them in terms of keeping up with their regulatory obligations.
- The business could also become very dependent on the Registered Manager or another single person who is working long hours to resolve issues, which becomes a problem if that individual becomes unwell. Other more general issues with stress and burnout amongst staff were mentioned by a few respondents.

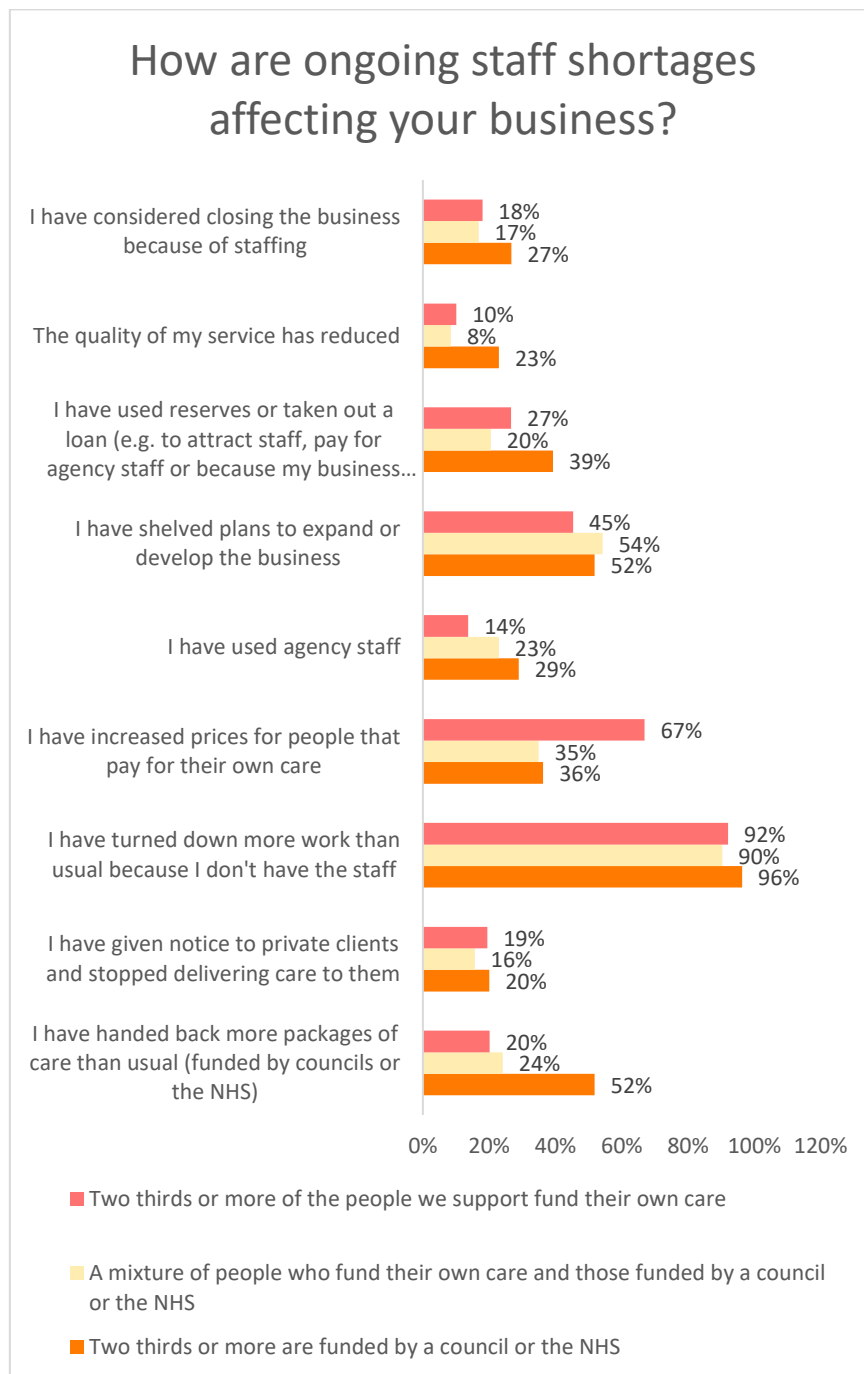
Providers were having to make decisions about not growing, changing their business model, or even closing down their business as a result of workforce shortages.

- A few respondents were selling their businesses, one was closing the business, others mentioned that they were running at a loss or barely breaking even.
- Cost reduction measures such as relocating the office to try to reduce rent were being pursued.
- One respondent said they were losing customers because they couldn't start providing care immediately.

Workforce shortages were leading to providers not being able to meet the need for homecare and leading to less continuity of careworkers for the people using services.

- Respondents mentioned needing to turn down referrals or being unable to take existing clients back after hospital stays.
- Issues with the continuity of careworkers was mentioned.

As we might expect, providers who took on more NHS and local authority work were more likely to have handed back packages of care (52%). Those that worked primarily with people who fund their own care were more likely to have increased their prices for those people (67%).



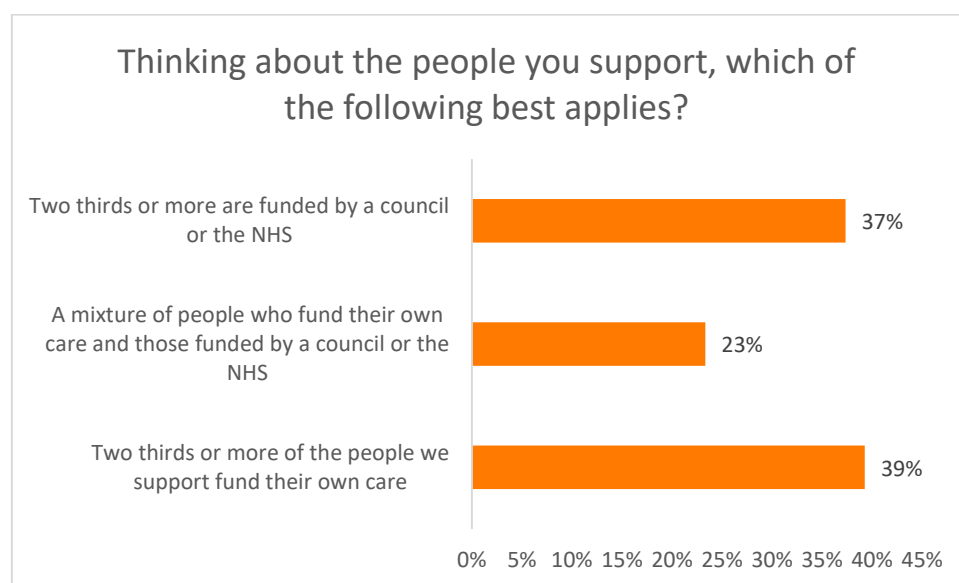
About the collection method and response rate and profile of respondents

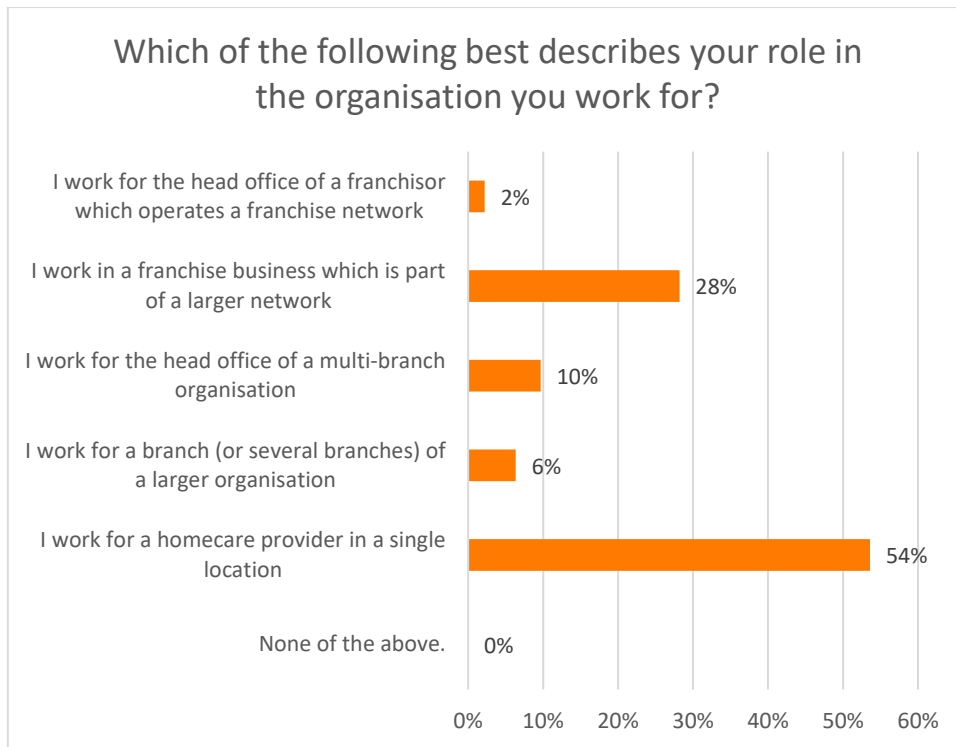
Responses were collected through a self-selecting online survey of Homecare Association member organisations between 8 and 27 September 2022. Responses were received and accepted from 419 homecare providers, large and small, state-funded and private-pay funded, across England. This represented employers of over 58,500 careworkers supporting over 100,000 people in their own homes.

In our analysis of answers, we have excluded the very small number of responses stating that they did not know (or preferred not to say) the answer to one or more individual questions, as well as responses that were not relevant to the question (when required).

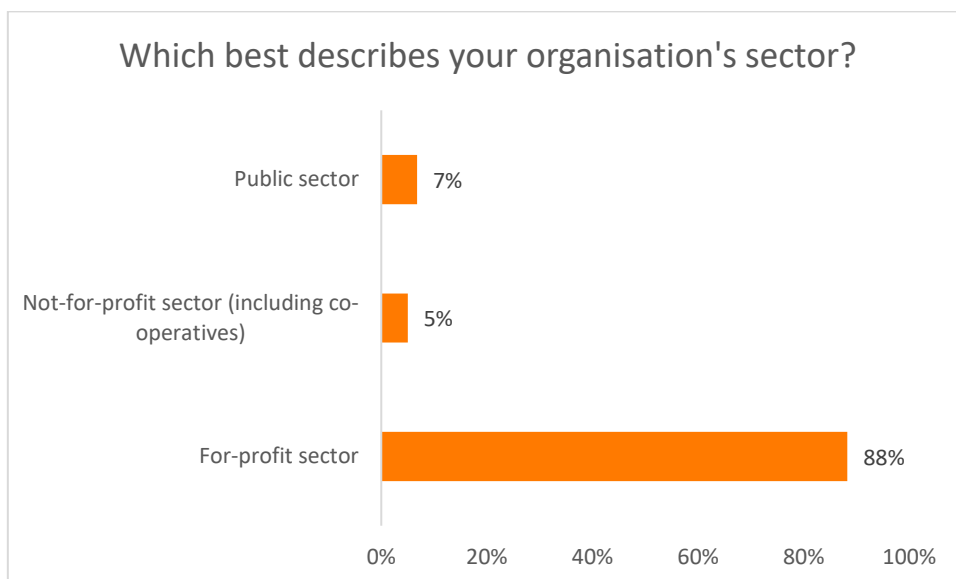
Profile of respondents

There was a roughly even split between providers who took on more NHS and local authority work compared to those who took on more work with people who fund their own care.



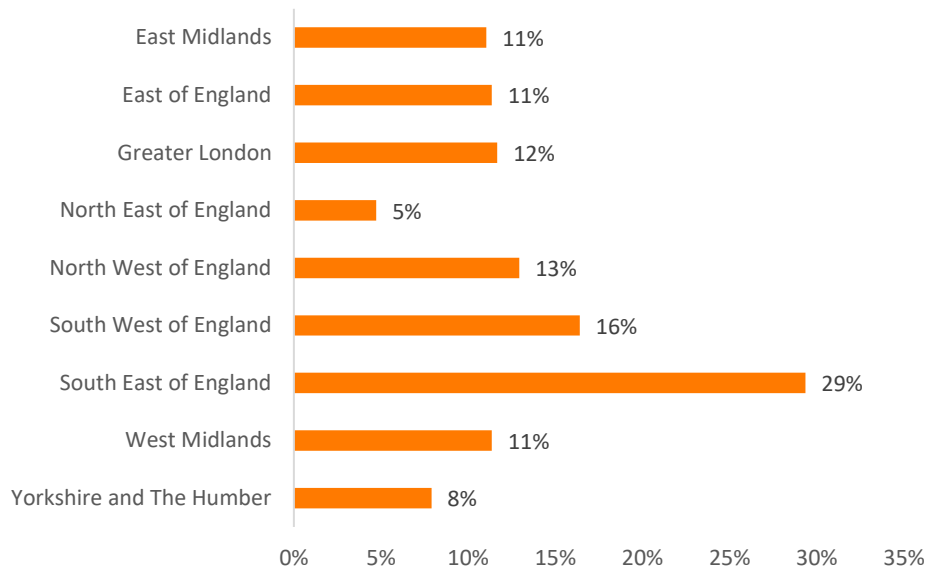


Most respondents were from the for-profit sector.



Respondents were spread across England, with a slightly higher representation in the South East.

Which of the following best describes the location of the branches or franchises of the organisation that you are responsible for? (Select all that apply)



Conclusion and recommendations

The research shows that workforce shortages are continuing to impact the availability of homecare workers, with many providers unable to take on new clients and some even having to hand back packages of support. This mismatch between supply and demand is leading to an increase in unmet need, which risks adversely affecting individuals and their families, as well as the wider health and care system.

The actions contained within the recent [Plan for Patients](#) and the [People at the Heart of Care](#) are welcome but not sufficient to address the issues the sector is facing. The £500 million Hospital Discharge Fund (if distributed to providers this winter) has the potential to support retention, but it does not address the poor pay and terms and conditions of employment faced by homecare workers. The additional funding for training and international recruitment are all welcome, though there remains fundamental issues to be addressed, in regards to properly valuing the care workforce.

Investment in homecare and community support will allow us to grow and develop the workforce, so we can enable people to live well at home, extend healthy life expectancy, reduce inequalities, take pressure off the NHS and reduce costs for the health and care system.

We continue to urge the government to:

1. **Provide sufficient funding to address the rising cost of delivering care** - by recognising the high inflationary costs being experienced by homecare providers, including a 9.7% increase in the National Living Wage, and higher fuel prices (which have resulted in additional costs to the sector of £107m p.a), ensuring these are adequately accounted for in the Local Government Settlement.
2. **Invest in homecare to maintain and build workforce capacity** - social care urgently needs a sustainable financial footing. It is paramount that the fair cost of care exercises being undertaken by local authority commissioners reflect the true amount needed to recruit, support, develop and retain a skilled, competent and compassionate workforce. Deficits identified must be addressed quickly.
3. **Workforce strategy** - ensure the government works with the sector to develop a credible 10-year workforce strategy for social care, aligned with the NHS People Plan.
4. **International recruitment** – reduce the complexity and cost of the process and find ways to support providers with ensuring recruits have affordable accommodation and transport.