



Homecare Association

Care Provision and Workforce Survey 2023

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Executive summary

In September 2022, the Department of Health and Social Care announced the launch of the [Adult Social Care Discharge Fund](#). Worth £500 million, the funding package aimed to ensure that patients were discharged from hospitals in England and into social care support, where appropriate. 60% of the money was to be awarded to Integrated Care Boards (ICBs) to 'improve bed capacity', with the remaining [40% going to local authorities to 'bolster the social care workforce, increasing capacity to take on more patients from hospitals'](#).

[Further funding of up to £200 million](#) was unveiled in January 2023 in an attempt to discharge 'thousands of extra medically fit patients' by buying 'short-term care placements'.

By acting in this way, the Government has finally recognised the impact that inadequate social care capacity has on the NHS.

The Association of Directors of Adult Social Services (ADASS) has reported that there are around [542,000 people awaiting assessment, review or the start of a care service/direct payment](#).

Research evidence indicates that reductions in public long-term care spending lead to [substantial increases in the number of emergency department \(A&E\) visits](#) made by patients aged 65 and above, explaining between a quarter and a half of the growth in A&E use, and to an increase in the share of patients revisiting A&E within seven days.

Once in hospital, problems arise if people cannot be discharged in an efficient manner. If beds are occupied by people who no longer need to be there, new patients needing help cannot be admitted. This means that ambulances cannot transfer patients requiring admission to A&E and are also not available to respond to new emergencies. It also means that people requiring elective treatment cannot be admitted and [waiting lists are currently over 7 million](#).

While the government expenditure is welcome, is it merely a sticking plaster over the key issues? Indeed, [almost a quarter \(24%\) of delayed discharges](#) from hospital are due to people waiting for homecare. This is the result of there being an alarming shortage of homecare workers, with the [sector's vacancy rate reaching a record high of 14.1% in October 2022](#), though by April 2023, it had fallen to 13.0%.

In a new survey of 343 homecare providers, representing 52,600 careworkers supporting more than 79,800 people in their own homes, conducted by the Homecare Association, over half of providers (54%) reported that they are delivering less care than this time last year. This is despite almost three-quarters (74%) of providers stating that the demand for homecare had increased since the beginning of 2022.

Homecare providers have also seen a significant increase in demand for hospital discharge services – nearly two-thirds (64%) suggested there has been a rise in the quantity of care packages for people who were being discharged from hospital. Furthermore, 71% felt that there is an added time pressure to ensure a care package is arranged.

People leaving hospital need more complex care than before the pandemic, with more than half (56%) of homecare providers agreeing that more complex tasks were now being commissioned by the NHS.

The impact of the pressures on the health and care system is being felt by those who need healthcare, with 85% of providers saying that the people they support were finding it more difficult to access healthcare than this time last year.

Despite the thousands of people stuck in hospital awaiting discharge, 46% of private-pay providers had expressed an interest in providing homecare for discharge services but were not commissioned.

As a result, we make the following recommendations:

1. Adequate funding needs to be provided by government to local authorities to enable them to pay a fair price for care, so that careworkers can receive wages equivalent to Band 3 healthcare assistants in the NHS with 2+ years' experience. According to [the Homecare Association's Minimum Price for Homecare 2023-24](#), this would require an hourly fee rate of at least £28.44.
2. The practice of local authorities and the NHS purchasing homecare 'by-the-minute' must be ended, alternatively focusing on achieving the outcomes people want, enhanced by technology solutions.
3. The Government should work with the sector to develop a credible 10-year workforce strategy for social care, aligned with the NHS People Plan.

About the collection method and response rate

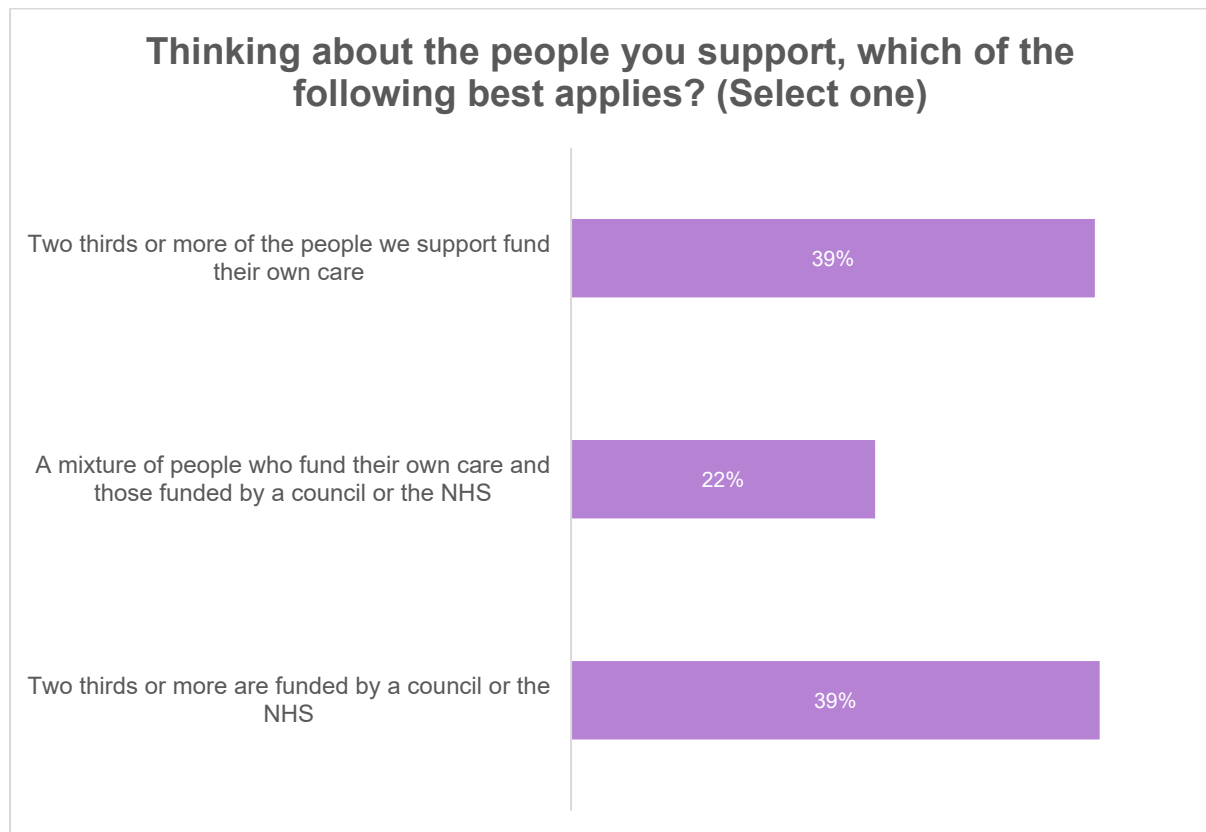
Responses were collected through a self-selecting online survey of Homecare Association member organisations between 16 January and 1 February 2023. Responses were received and accepted from 343 homecare providers, large and small, state-funded and private-pay funded, across England. In total, the sample related to services delivering care to more than 79,800 clients, employing 52,600 careworkers.

In our analysis, we have excluded the small number of responses stating that they did not know or preferred not to say the answer to questions, as well as responses from providers where questions were not applicable to them.

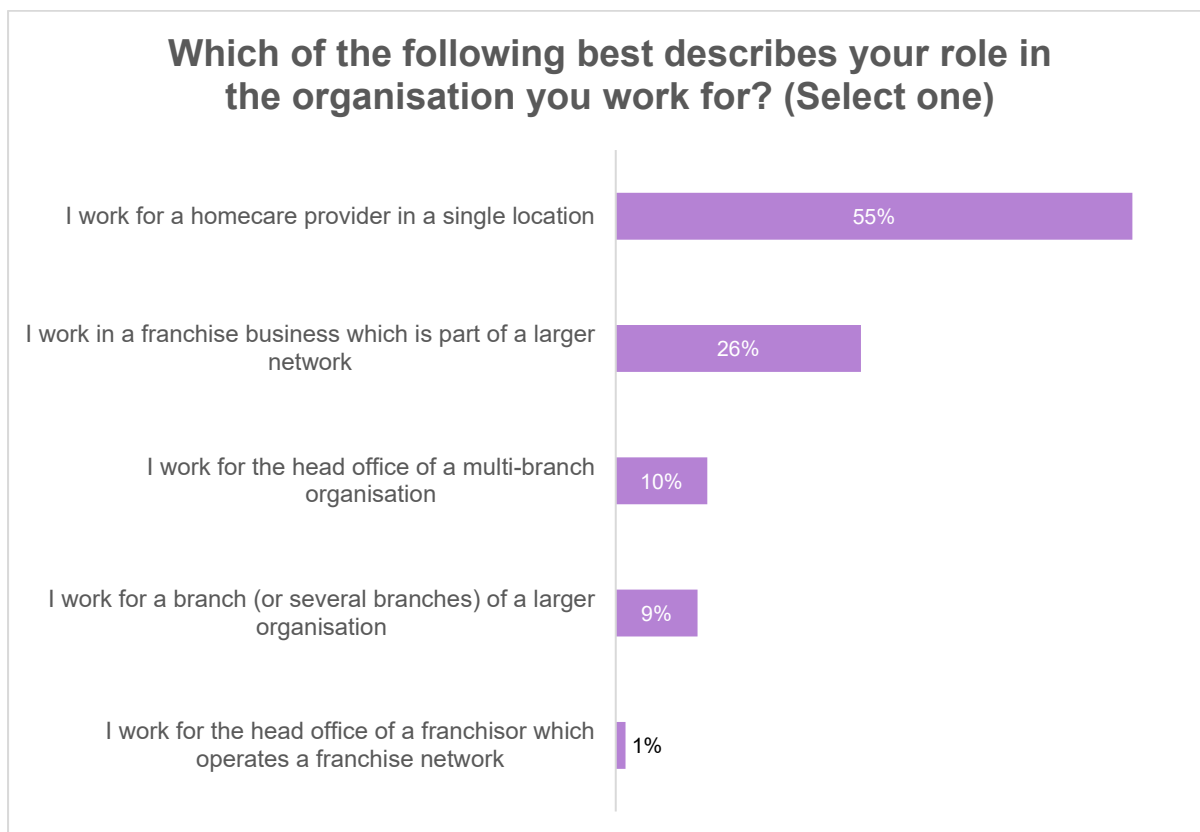
NB. Data labels on the graphs have been typically rounded to the nearest whole number. Where percentages have been, for example, added or subtracted in the text, exact figures have been used – hence, there may be occasional rounding differences from the graph labels.

Organisations completing the survey

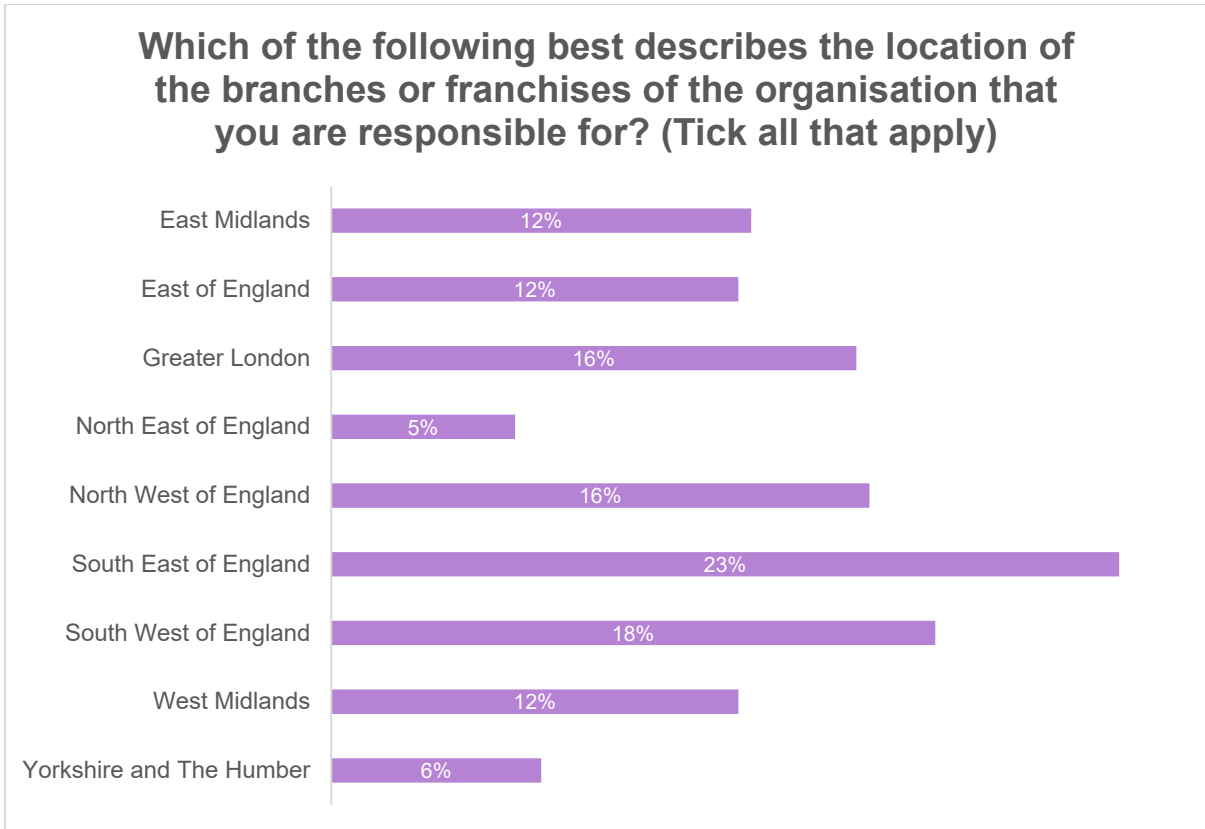
Responses were received from providers serving either predominantly state-funded or self-funding clients (39% apiece), or a mixture of both.



More than four-fifths (81%) of the sample respondents either worked for a provider in a single location or in a franchise business as part of a larger network.



Members were invited to state the region in which their organisation operates, with the opportunity to select more than one region if required. We obtained responses from each of the nine English regions.



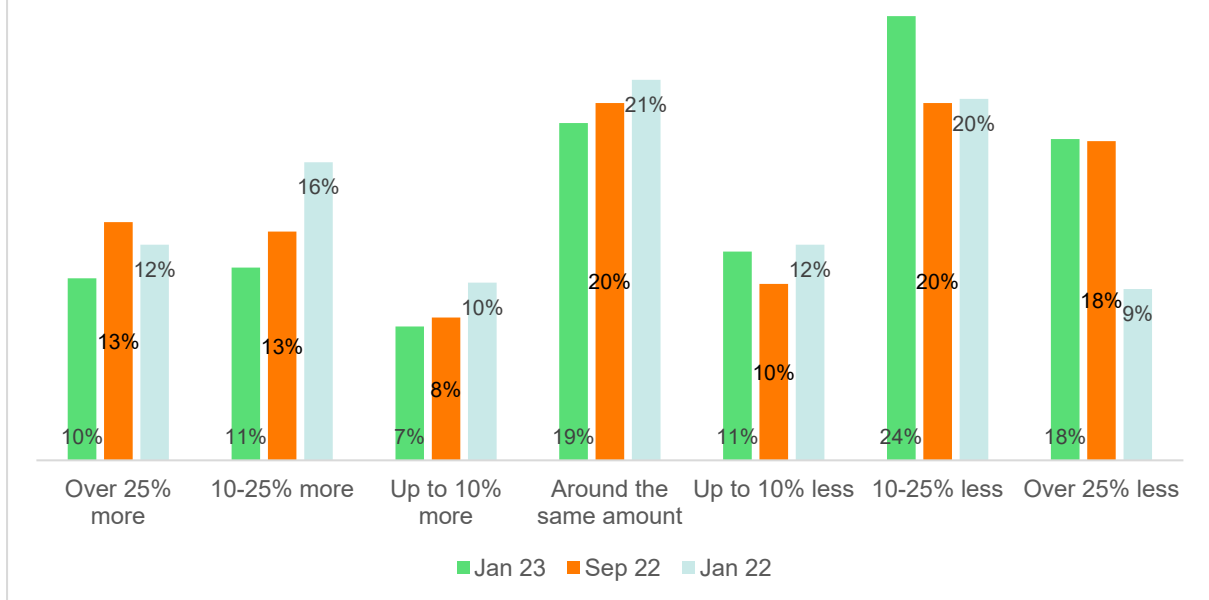
Results

Demand for care

28% of the sample concluded that they were delivering more homecare than at this time in 2022, compared with 54% who were providing less.

The Homecare Association has asked this question in previous surveys. Since January 2022, the proportion delivering more care has gradually fallen by 10 percentage points.

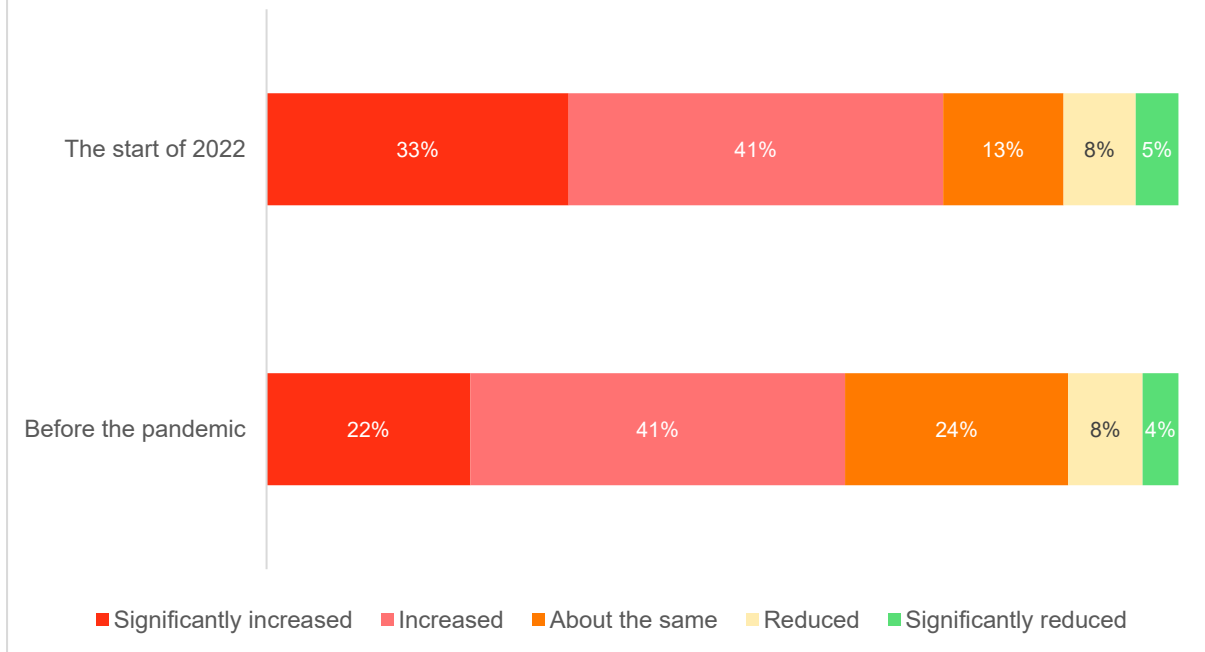
Are you providing more or less care than you did this time last year?



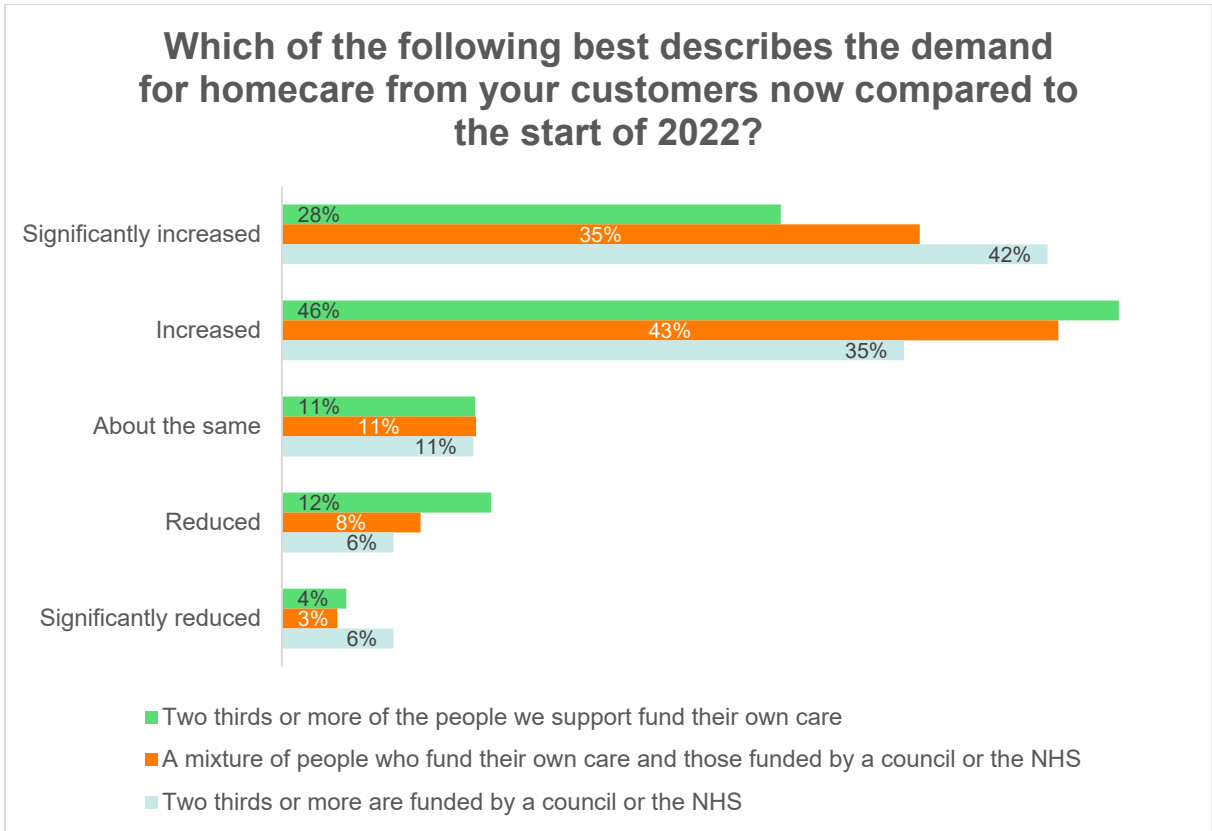
Approaching three-quarters (74%) of respondents asserted that the demand for homecare had either increased or significantly increased since the beginning of last year. In contrast, only 13% claimed that the demand had fallen, whether significantly or otherwise.

Compared with before the pandemic, approaching two-thirds (63%) determined that demand had increased (significantly or otherwise).

Which of the following best describes the demand for homecare from your customers now compared to...?



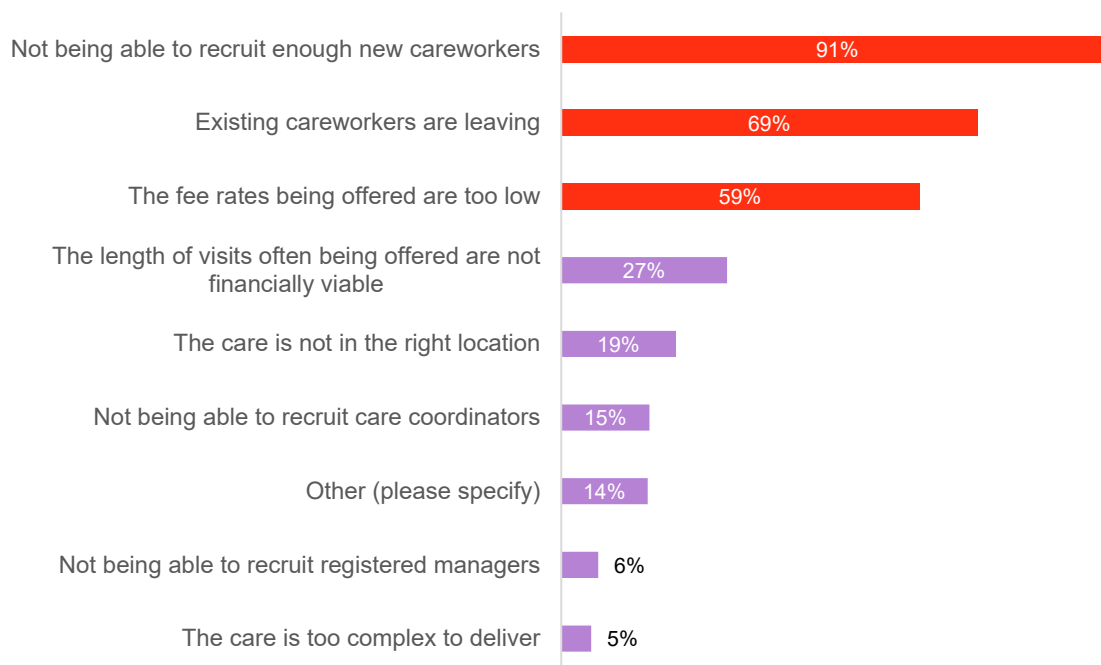
A split of the ‘start of 2022’ figures by funding source reveals that the proportion of providers in the state-funded and self-funded sectors whose demand for care had increased (significantly or otherwise) was similar. However, the percentage who answered ‘significantly increased’, in relation to demand for care, rises for providers that are more reliant on council or NHS funding – indeed, there is a difference of 15 percentage points on this score between the two parts of the market.



The sample was presented with a variety of potential reasons as to why they had been unable to meet the high level of demand, and respondents were asked to tick all options that were relevant to them. There were three explanations that attracted comfortably the most support:

- Not being able to recruit enough new careworkers: 91%
- Existing careworkers are leaving: 69%
- The fee rates being offered are too low: 59%.

Why have you not been able to meet the demand for care? (Tick all that apply)



14% opted for the 'Other' category among their selected responses. Comments here included:

"The Government should know how hard [it] is [to deliver] care at this moment. People don't want to work in care anymore because of the low salary rates... We are unable to recruit enough careworkers, [while] the pressure we get to provide the care at very high standards and the pay rates from county councils are ridiculous. [It] is not cost effective to keep a care company anymore."

"The council are paying for care by the minute. There is no provision in the fee rate for travel time. This is a scandal. [It is] not fair on carers and not fair on providers. Carers are leaving because of this issue."

"Not being able to recruit staff required to complete care plans and risk assessments [makes] it unsafe to take on new work. This also reflects poorly in inspection outcomes, which are published, and which people read. They [then] get the impression that you are a poor provider so don't want to work for you - and so the cycle continues."

“[Our] local authority [is] getting providers to start packages marked ‘urgent’ or ‘urgent hospital discharges’, then removing them within days to allocate to a low-cost provider [that] agrees to the local authority rate [of] £17.72 [per hour].”

“As a private company and not on the [local authority] framework... we are not offered any packages from them – approximately, two every six months.”

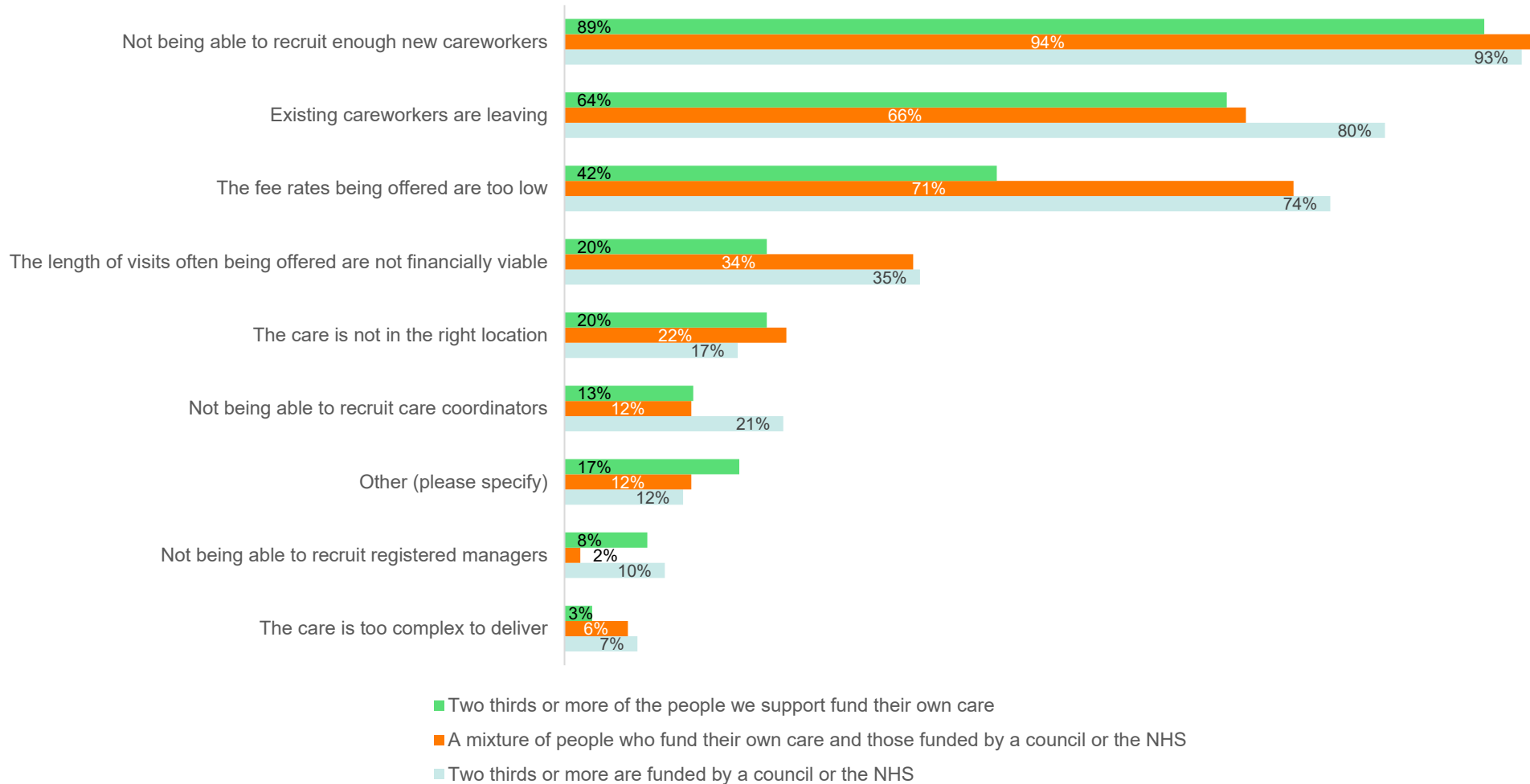
“Six months after applying for a licence to sponsor overseas workers, we are still waiting for the Home Office to accept our application.”

When splitting the data for this question by funding source, we see that not being able to recruit sufficient careworkers scored highly in both the predominantly state-funded and private-pay parts of the market.

However, among those funded by a council or the NHS, four-fifths (80%) stated that demand was not being met due to problems in retention of current careworkers – 15 percentage points higher than that posted for providers reliant on self-funders. Similarly, and unsurprisingly, the difference between state-funded and private-pay organisations was as high as 32 percentage points on the metric of low fee rates.

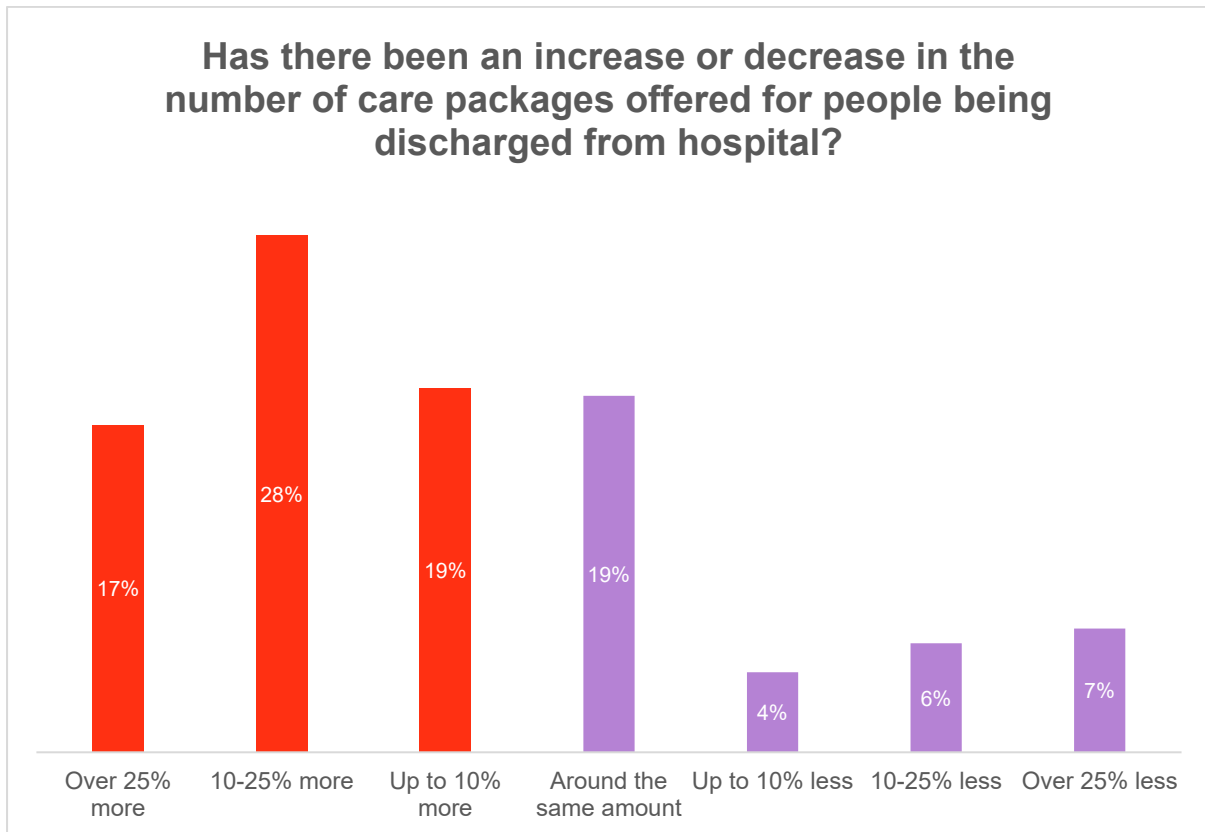
It is also worth noting the contrast regarding length of visits not being financially sustainable – 35% for those funded by a council or the NHS, as opposed to only 20% for those supporting people funding their own care.

Why have you not been able to meet the demand for care? (Tick all that apply)



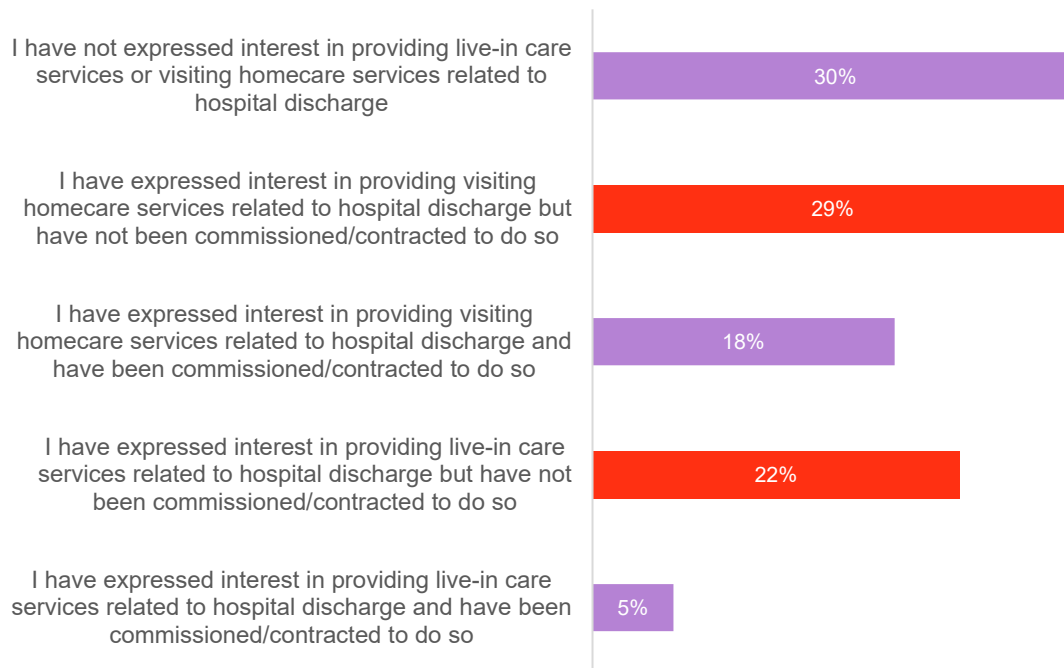
Hospital discharge

Nearly two-thirds (64%) suggested that there had been a rise in the quantity of care packages offered for people who were being discharged from hospital, with 45% saying that the increase had been by at least 10%. On the opposite end of the scale, only 17% thought that the number of such packages had fallen.



The survey asked respondents if they had sought to take on work related to hospital discharge. While 30% of respondents were not attracted to providing care packages related to hospital discharge, there was a clear distinction, where interest had been expressed, between providers who had not been commissioned/contracted and those that had. Indeed, the differential was 11 percentage points for homecare services and 17 points for live-in care. For this question, the sample was invited to tick all relevant options.

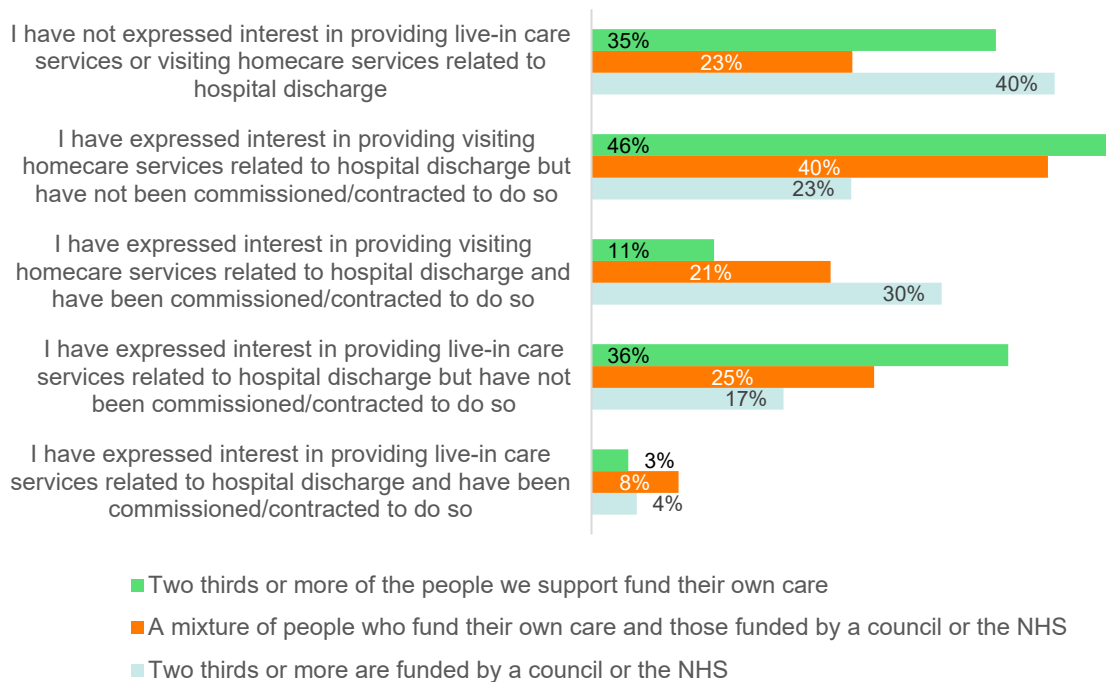
Have you sought to take on work related to hospital discharge?



A breakdown by funding source (whether people funded their own care, were funded by a council/NHS or a mixture of both) reveals a salient theme among private-pay providers. For this demographic, 46% had conveyed interest in delivering homecare related to hospital discharge but had not been commissioned – a figure that is just over double that for those reliant on state funding. This is related to private-pay providers charging higher fee rates to remain sustainable – if all councils and the NHS paid a national tariff of, say, £25-30 per hour, it would likely increase capacity and financial sustainability.

Moreover, this trend was very similar for live-in care services. It suggests a gap in the market for providers who are not on the local authority's framework.

Have you sought to take on work related to hospital discharge?



Hospital discharge work can place additional demands on providers, as described in the comments below. However, when compared with standard care packages commissioned by their local authority, 41% of respondents said that hospital discharge work was contracted with the same fee rates. Worryingly, 9% stated that the rates were lower for hospital discharge packages. Please note that the sample could tick all options that apply (if, for example, they were contracted with more than one local authority).

17% selected the 'Other' option, which included the following comments:

"We have seen a big increase in patients being declared "medically fit"... and discharged WITHOUT adequate (or any) care in place. (We get a worrying number of calls from frantic relatives who have had a phone call to tell them [that] their loved one is being sent home – and they need to put care in place) Often, [they are] in a worst physical condition than when they were admitted. In several [cases], this has happened (or an attempt has been made to make it happen) and, when we have called the medics on the wards of the patients to ask about their condition or [to] arrange to come in to the hospital to do an assessment, [we] have been met with surprise (i.e. they didn't think they were medically fit at all), or defensiveness."

“We are [contracted] to do some of this work. We will sometimes take it on, but it will always get taken away from us as soon as they can find a provider willing to take it on for their low rates on a block contract.”

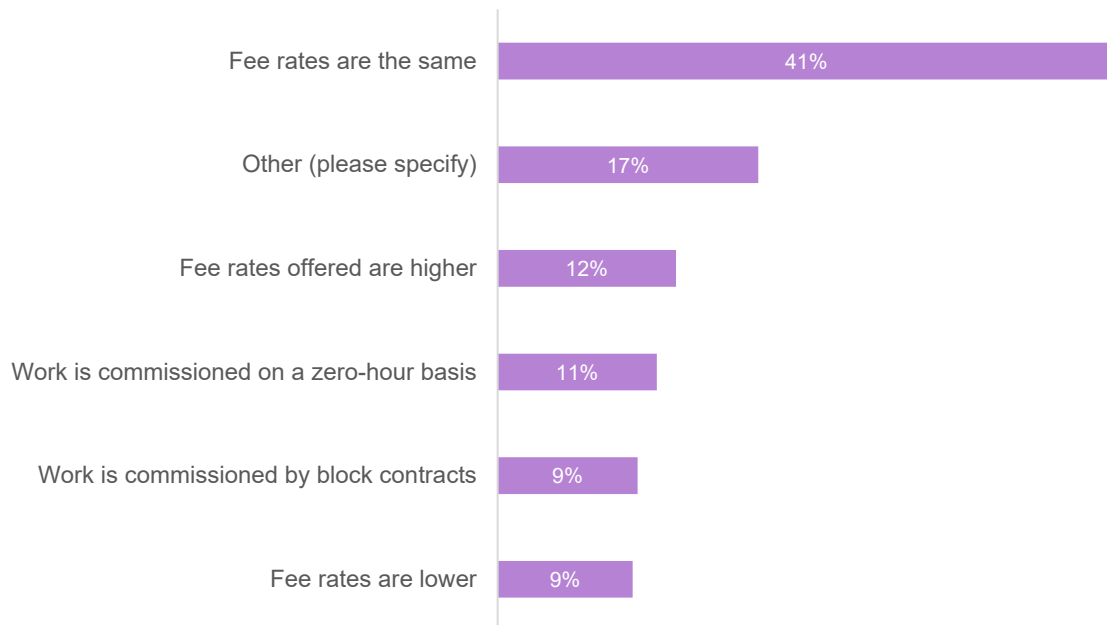
“[The] local NHS has their own in-house team to provide [domiciliary] care for discharges. When they are at capacity, I believe Devon [County Council] approach their cheapest agencies. Since a funding shortfall was announced in summer 2022, we have not been approached about any hospital discharges, despite North Devon District Hospital having been on critical alert at many times during this period.”

“Some is commissioned by block contracts, however, the council are ending these in March and taking all the work to their own in-house teams... Providers are therefore struggling and the council have used funding to spend on recruitment initiatives for their own teams.”

“Hampshire don't talk to us as they regard one-hour visits as too long.”

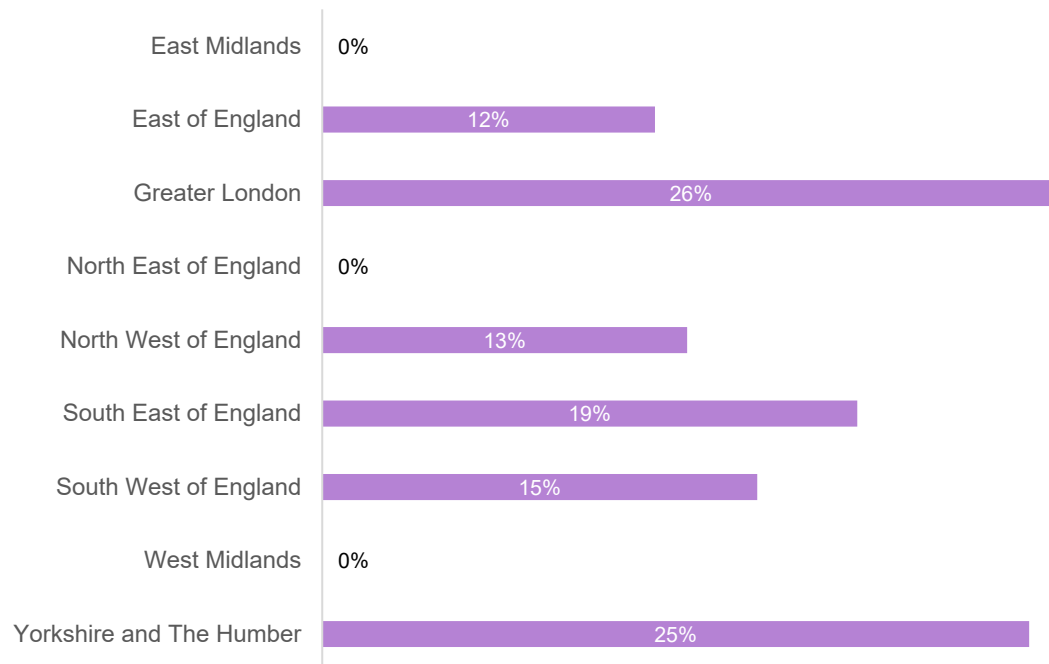
“We run a Discharge to Assess (in Somerset) service to allow patients to be discharged from hospital and our team work closely with them as a reablement service to get their independence/confidence back. However, the complexity of the patients means they are coming on to our services with ongoing care needs, which regrettably, due to the state of social care, [ends] up blocking the D2A service.”

How, if at all, is hospital discharge work commissioned differently from regular council-funded work? (Tick all that apply)



In terms of a geographic breakdown for those that answered both relevant questions, there were two regions (Greater London and Yorkshire and The Humber) where at least a quarter of respondents claimed that the rates for hospital discharge packages were below those for typical council-commissioned care.

Fee rates are lower for hospital discharge work than regular council-funded work



To close this section, providers offered any further thoughts on work related to hospital discharge. The sample often suggested a level of frustration with how the system was working, as exemplified by the following comment:

“Working with the hospital discharge team has proven to be far too difficult. Getting hold of the right person to discuss possible services that could ease their pressure is next to impossible. During conversations with staff on the discharge team, they do not shy away from the fact [that] they are severely understaffed, overworked and are just about coping with their current demand – but cannot help companies like us because they are not authorised to make such arrangements!... It sometimes feels like the discharge team/local hospital and even adult social care only want to work with certain providers. Even when their 'preferred' provider [has] no capacity, they are so reluctant to speak with other providers. Why is this?”

“Our fee rate of £23.20 [per hour] is not accepted, so no bid for new referrals [is] accepted unless the service user pays the difference. [The] council rate is £16.96 [per hour].”

“I’ve emailed [the] hospital twice a week, every week, since November 2022 offering 200 hours per week [of] capacity to enable hospital discharge. I’ve not even received a reply to any of my emails. Phone calls are not answered either.”

“We do take NHS-funded care packages on hospital discharge, but often, care assessments are not as accurate as they could be. Usually, they are offered to us as a single carer call and then they turn out to need two staff and we don’t have enough staff to cover this. Most likely, this is due to assessments being carried out [in] a fully-equipped hospital ward and not in the front room of a [two]-bed terraced house.”

“Trying to find the hospital discharge team is like looking for a needle in a haystack! Very difficult to get hold of and, usually, we are first dismissed because we are a private homecare company. But then it’s passed to CHC [Continuing Healthcare] and they can’t meet the demands!”

“The rates for hospital discharge remain the same as generic homecare, and packages are less predictable – [not] paid if discharge is delayed/higher risk of patients dying in shorter periods after discharge, so the work is higher risk. The rates are too low anyway to recruit effectively.”

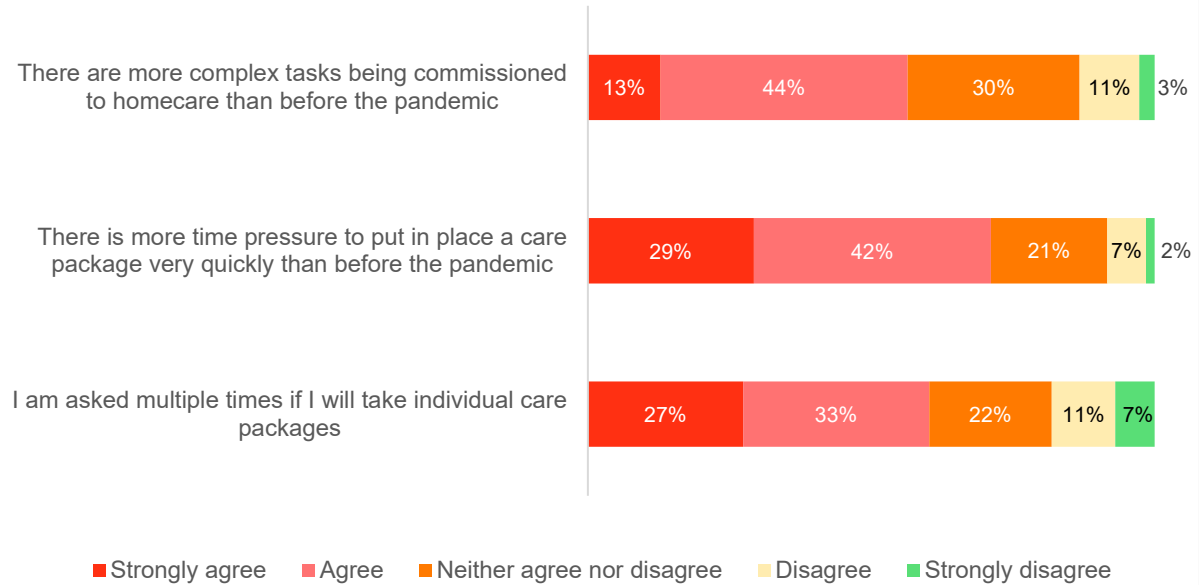
Complexity of care and healthcare requirements

More than half (56%) of respondents agreed (strongly or otherwise) that more complex tasks were being commissioned by the NHS than before the start of the pandemic.

Furthermore, 71% felt similarly about the added time pressure to ensure a care package is arranged, with only 8% in disagreement (strongly or otherwise).

An additional three-fifths agreed or strongly agreed that they were being asked on several occasions to take on a specific care package.

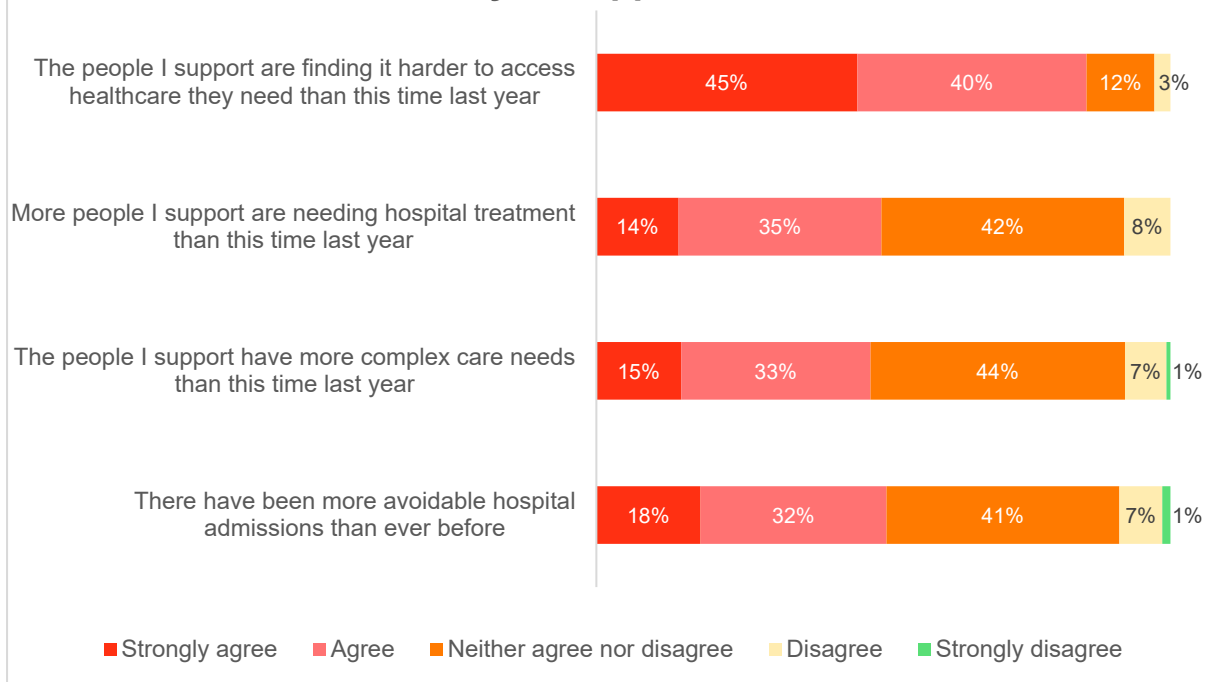
Thinking about your experiences with NHS commissioners, to what extent, if at all, do you agree with these statements?



A massive 85% of respondents had some level of agreement with the statement that, compared with last year, people receiving homecare have more difficulty in accessing healthcare, with 45% strongly agreeing. It is notable that not a single respondent strongly disagreed.

Just over half (51%) either agreed or strongly agreed that avoidable hospital admissions have been more frequent than at any time before, with only 9% in disagreement (strongly or otherwise). Meanwhile, around half agreed to some extent that more people to whom they provide homecare require hospital treatment than last year.

To what extent, if at all, do you agree with the statements below, when thinking about the people you support?



Respondents were invited to provide more details about their experiences with NHS commissioners. The comments were decidedly mixed – while some were positive, others were less so, noting the low fee rates being offered for more complex tasks and issues with late payments. Comments that identified problems included the below:

“They don’t want to pay a fair price – [they] are asking us to accept £15.52 [per hour].”

“They haven’t increased their rates in five years – [we are] going to hand packages back soon.”

“Poor experience. Sometimes, care packages were taken on by us as the NHS needed us to help. [But] despite our clients saying they were very happy with our service, the local NHS commissioners would try to transfer clients from us to cheaper providers, without notice, and consideration for the impact on clients and on our business. We made a decision as a business to stop taking on new care packages commissioned by [the] NHS.”

“What is definitely happening is healthcare commissioners are attempting to commission quite complex clinical care at

unrealistically low rates, compared with those being offered [by] the same local authority...commissioners for personal care only.”

“May as well have mine on speed dial as [I am] always chasing payment.”

“They are under pressure, so this is invariably passed on to us. Referrals are expected to be picked [up] and commenced [as soon as possible]. There is still a lot of fragmentation of communication between the hospital, the commissioners and, us, the provider.”

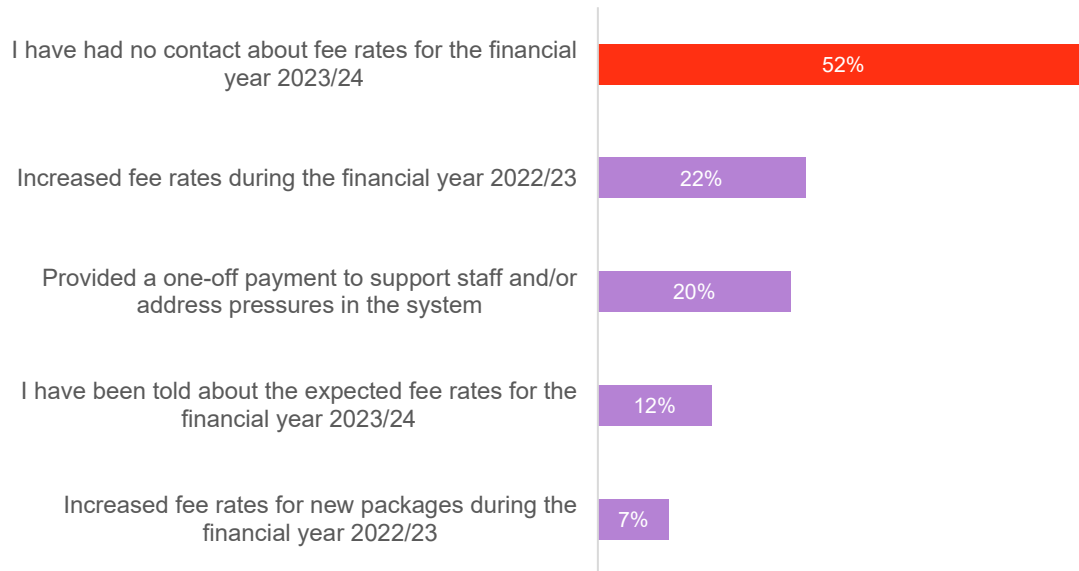
“[Our] latest experiences are that [the] NHS want us to rely wholly on their own assessments, despite never having visited the client's home or understanding [that] care cannot start until equipment is in situ.”

Council funding

The sample was asked about council funding since the Autumn Statement 2022, when additional grant funding was allocated to councils in England for adult social care. Respondents were able to tick more than one option (as some providers will contract with more than one local authority).

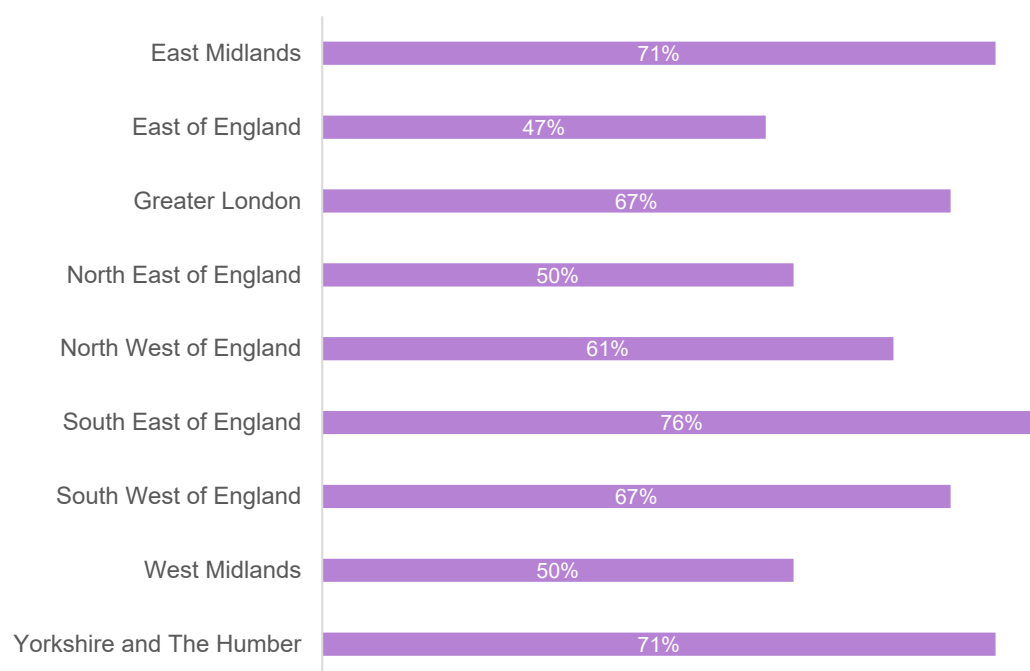
More than half (52%) stated that, at the time of the survey, they had received no news about their fee rates for 2023-24. 22% said that their rates had risen for 2022-23.

Following the Autumn Statement 2022 and the additional social care funding to councils, have councils that you contract with...? (Tick all that apply)



We now isolate the 'no contact' option and consider a regional breakdown. For those respondents who answered both questions (on whether or not they had been contacted and their region), the proportions who had received no contact ranged from 47% in the East of England to 76% in the South East.

I have had no contact about fee rates for the financial year 2023/24



Respondents postulated comments on the current funding situation with their respective local authorities. Some namechecked a council that they contract with – a selection of which are provided below.

“We have had no additional funding. I have contacted Herefordshire Council; ... they have said [that] they have no additional monies, and they have no idea about what fee rates will be for 23-24. [This] has left me considering if my care business for 1,000 hours per week will be viable and may well have to close.”

“Devon County Council have removed packages of care from us to give to a cheaper provider. This is despite other packages remaining on the unsourced list, [which] they could have insisted on the other provider taking on instead. When we complained about the unnecessary disruption to the client, and the fact they were restricting the amount of care that can be given overall, we were removed from the 'unsourced care' list. We have not been notified of any additional funding since March 2022.”

“We have been informed a new contract will be published. [But] no information has been given, [and] we do not know if we will have to bid or... whether an hourly fee will be imposed. The current situation

in Lancashire has led to off-framework providers [receiving] fees in excess of £5 per hour higher than contracted providers. Hence, off-framework providers are able to attract staff at substantially higher pay rates.”

“[Our] local authority is Medway Council. They requested support from providers in Autumn 2022 which we agreed at our current rates [that] are below £20/hr. However, they now do not offer [any] packages unless providers agree to their rates of £17.72/hr pro-rata. There [has] been no communication regarding fee uplifts or one-off payments, and no information regarding 23/24 rates.”

“Brighton and Hove have been paying minute by minute. They have agreed to pay planned activity for ONLY 3 months using winter pressures. Whilst welcome, this does not enable us to pay staff more in the longer term [or] recruit more. We have only been able to support existing staff to hopefully not leave!”

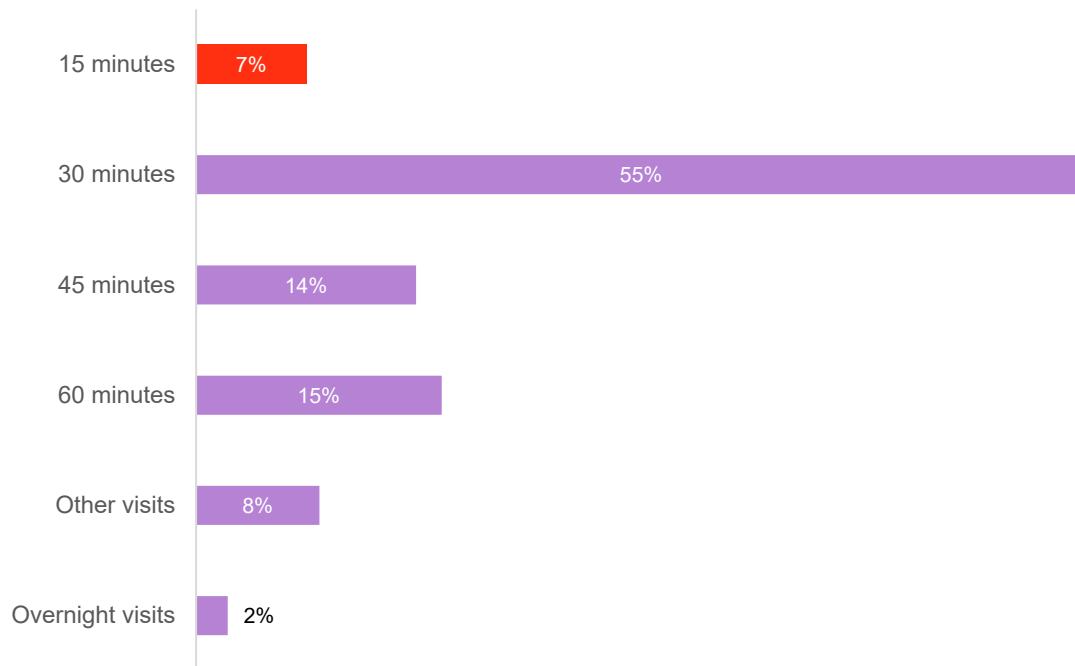
“Bury Council continues to tell direct payment clients [that] they will only pay £17.86 per hour to their preferred suppliers. Clients have invoices unpaid, so care has been withdrawn. The local authority providers have no capacity, so people [are] left without care.”

“Cambridgeshire County Council are paying significantly lower rates than other authorities we work with and have not published rates for 2023-24 - this causes significant difficulties to recruitment and planning wages.”

15-minute visits

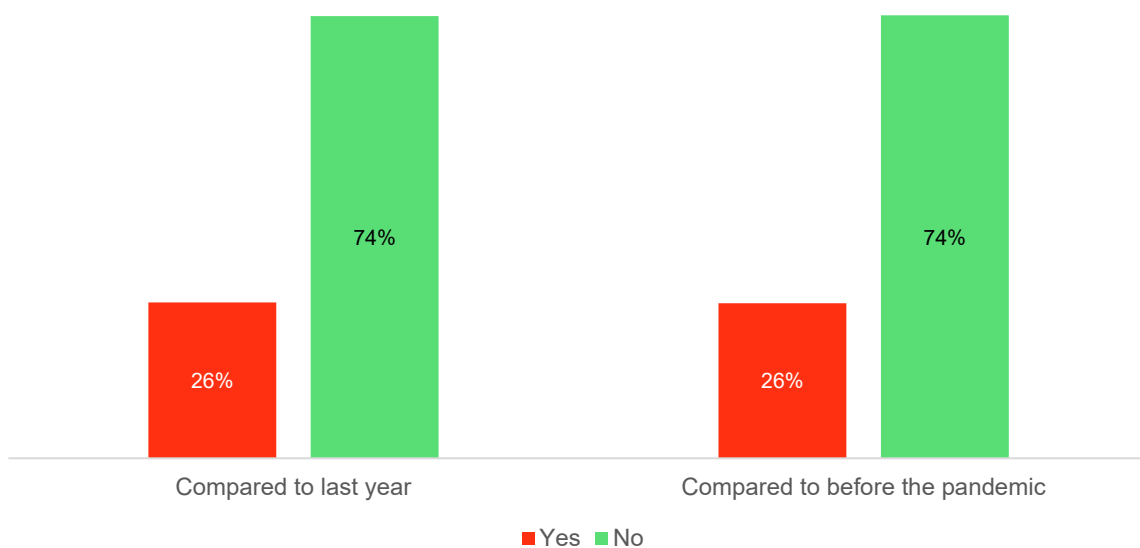
According to the latest data from the [Access Group](#) (a leading provider of software for UK care organisations), 7% of annual homecare visits in England are 15 minutes in length, with the majority (55%) lasting for 30 minutes.

Percentage of annual homecare visits by duration in England, 2022 (Access Group)

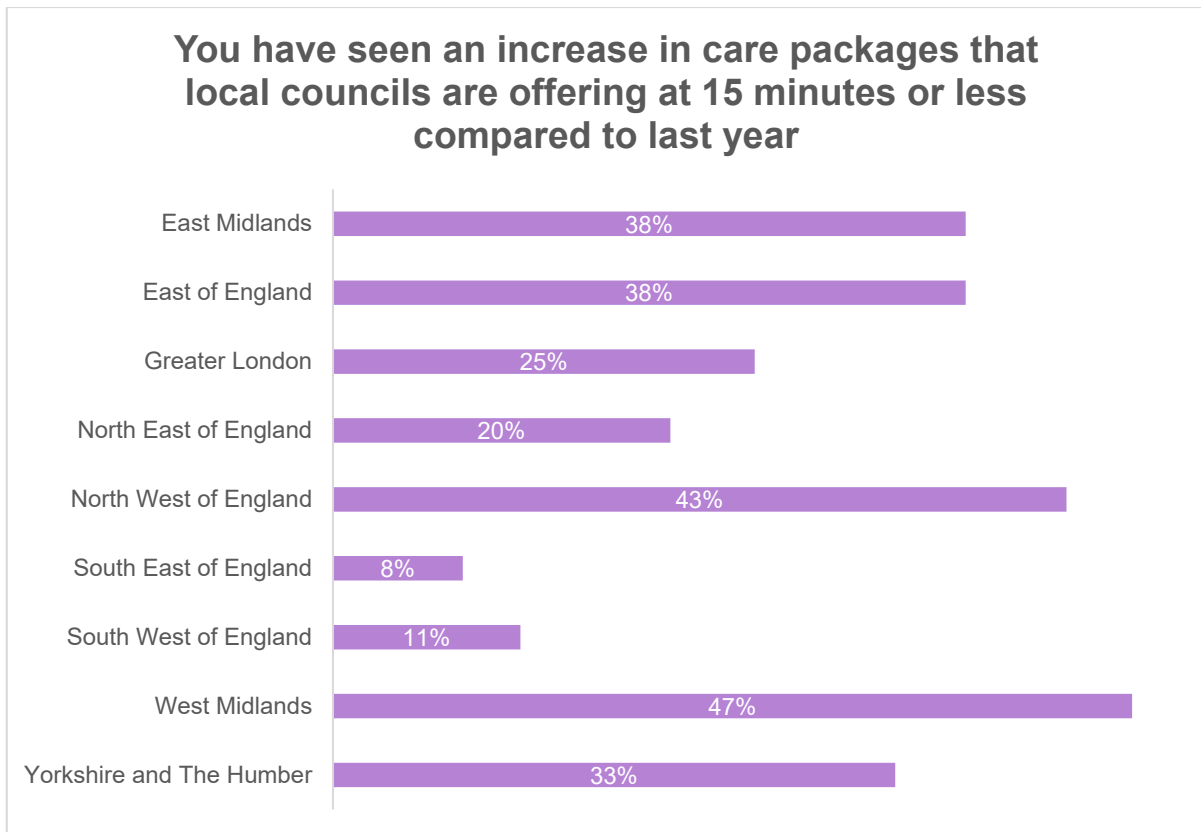


On this topic, 26% of our sample concluded that the quantity of care packages of between one and 15 minutes being offered by local authorities had risen since both last year and prior to the pandemic.

Have you seen an increase in care packages that local councils are offering at 15 minutes or less?

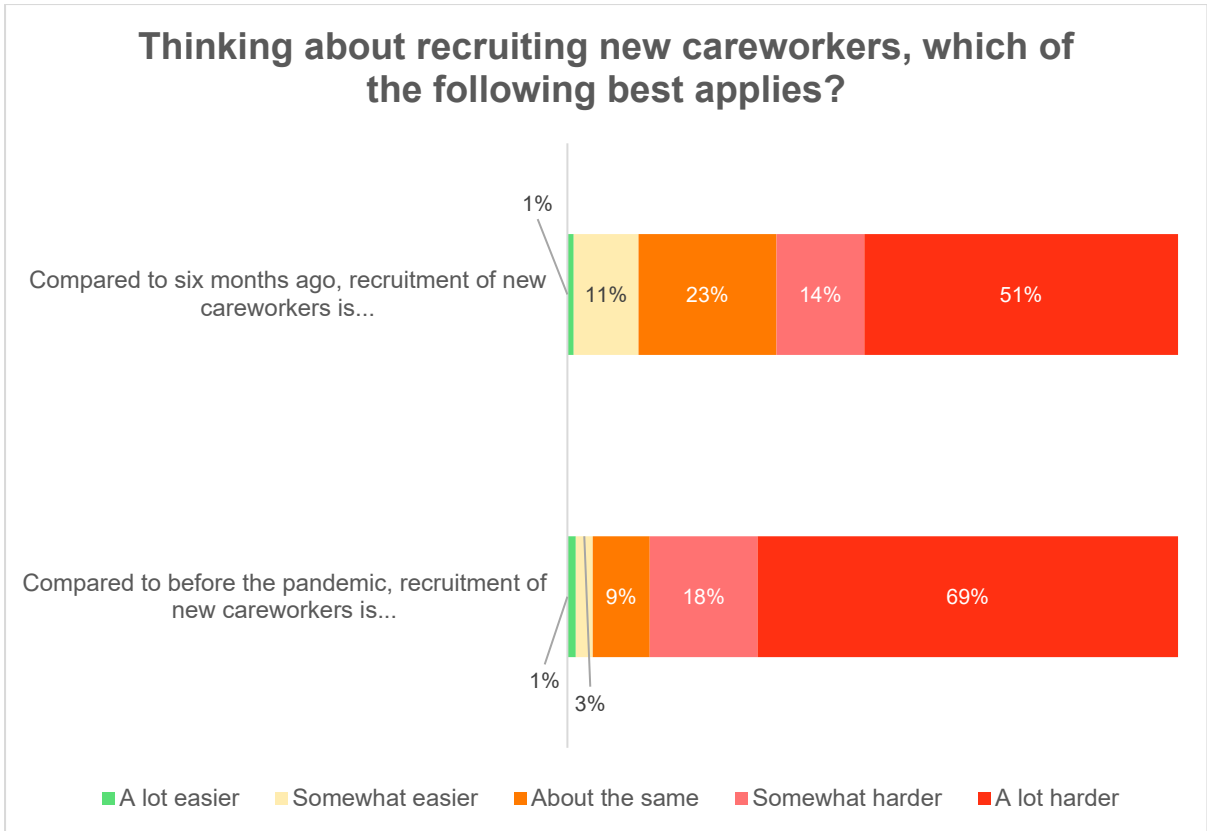


When considering a geographical breakdown for the ‘compared to last year’ figures, more than 40% of respondents in two regions (North West and West Midlands) determined that they had witnessed an increase in care packages offered of 15 minutes or less. However, less than a tenth of South East providers could say the same.



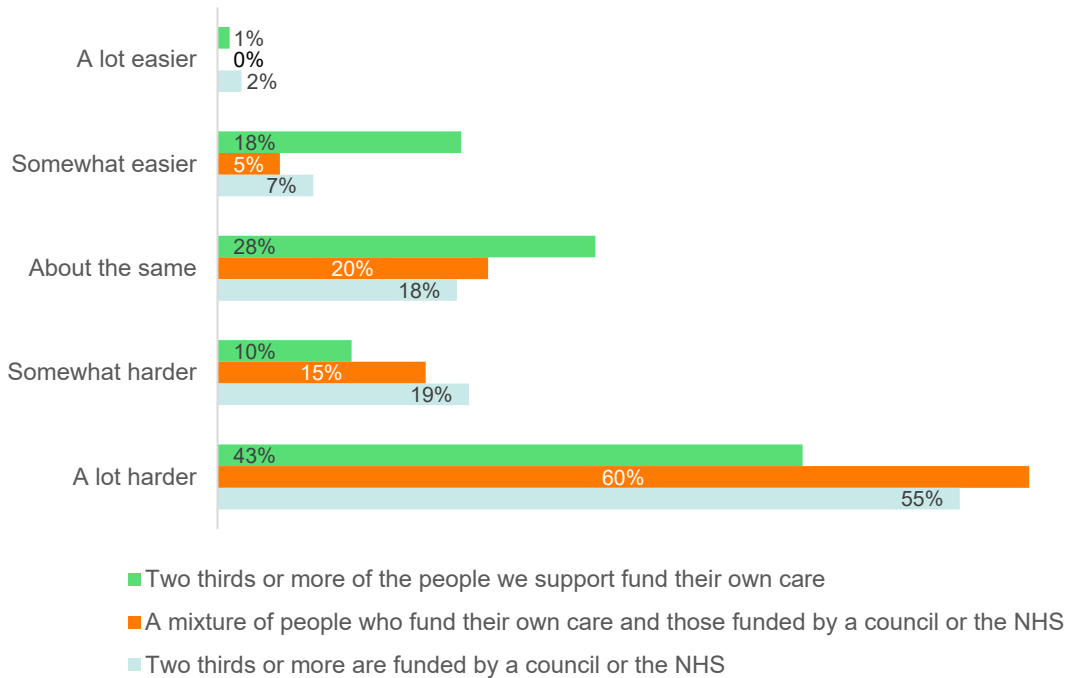
Recruitment and retention of careworkers

Around two-thirds of respondents (66%) considered recruitment to be harder, either somewhat or a lot, compared to six months ago. Meanwhile, 87% thought the same when contrasting with prior to the pandemic – a figure that is nevertheless five percentage points below that recorded when the question was asked in a September 2022 survey.



Breaking the ‘six months ago’ metric down by funding source reveals a clear distinction between the predominantly private-pay and state-funded markets. 73% of the latter found recruitment more difficult (either somewhat or a lot) – 20 percentage points above the former. For providers that mixed between both markets, the respective proportion was 75%.

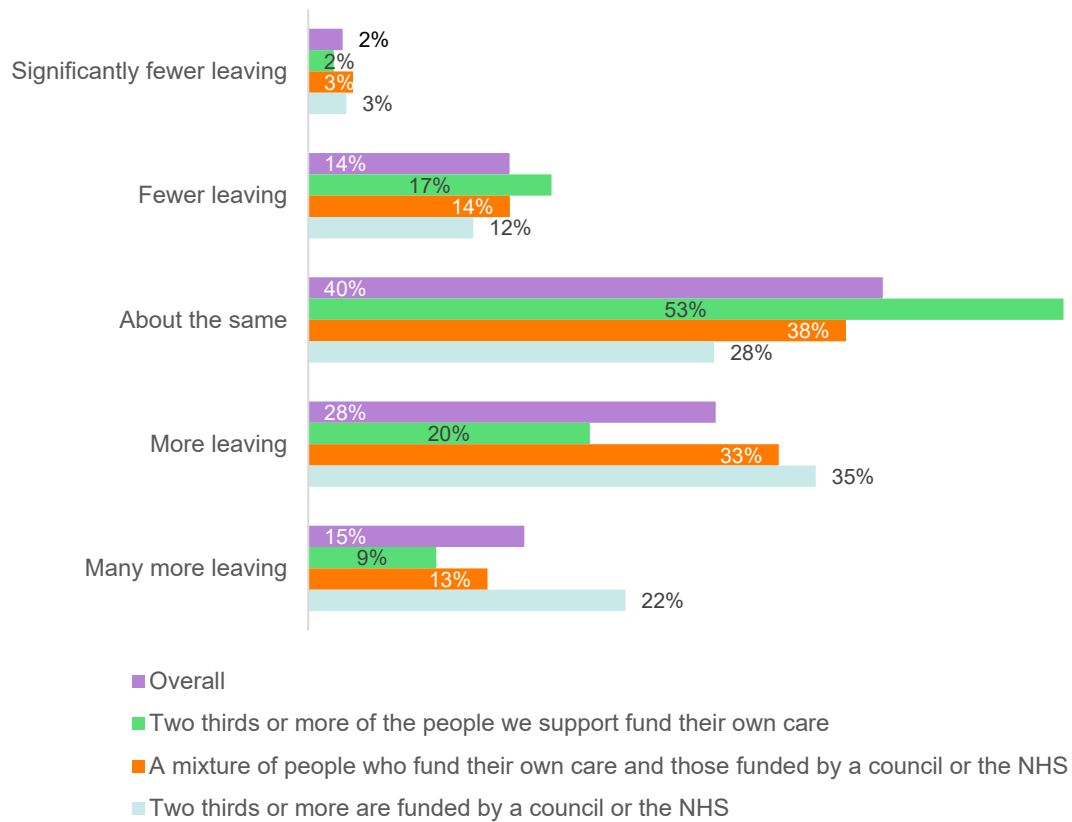
Compared to six months ago, recruitment of new careworkers is...



We then asked about the retention of existing careworkers. Overall, 43% of respondents asserted that either more or many more careworkers are leaving compared with six months ago.

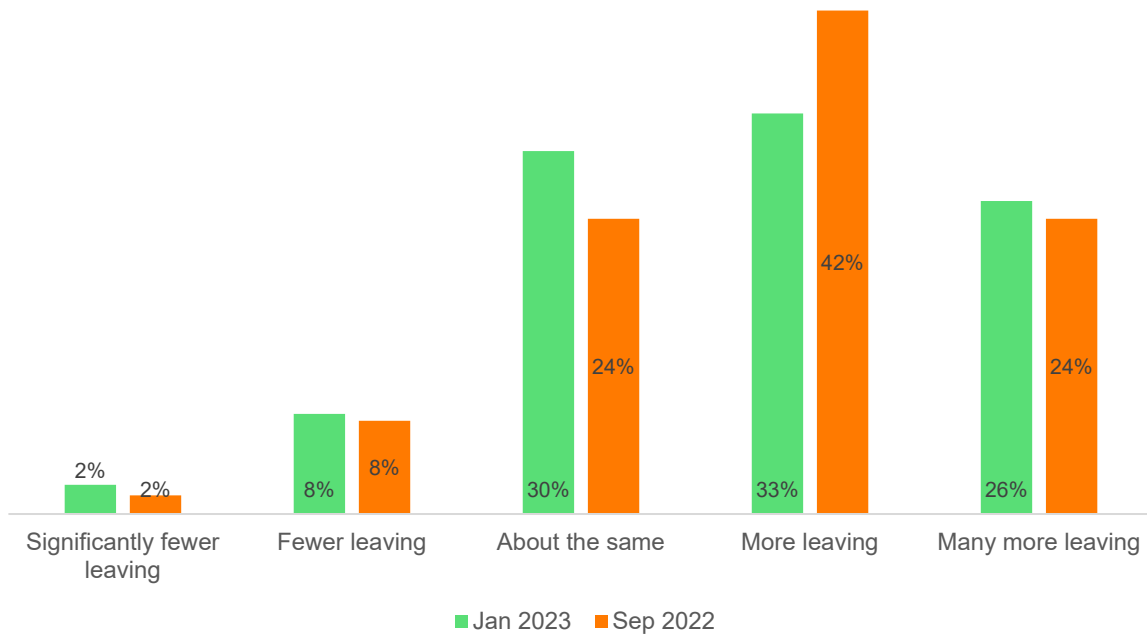
However, when splitting by funding source, the contrast was stark. Indeed, 58% of predominantly state-funded respondents said the same – a substantial 29 percentage points above the respective proportion for private-pay providers. Indeed, within the self-funded market, a majority (53%) claimed that the retention situation was unchanged.

Compared to six months ago, thinking about careworkers, there are...



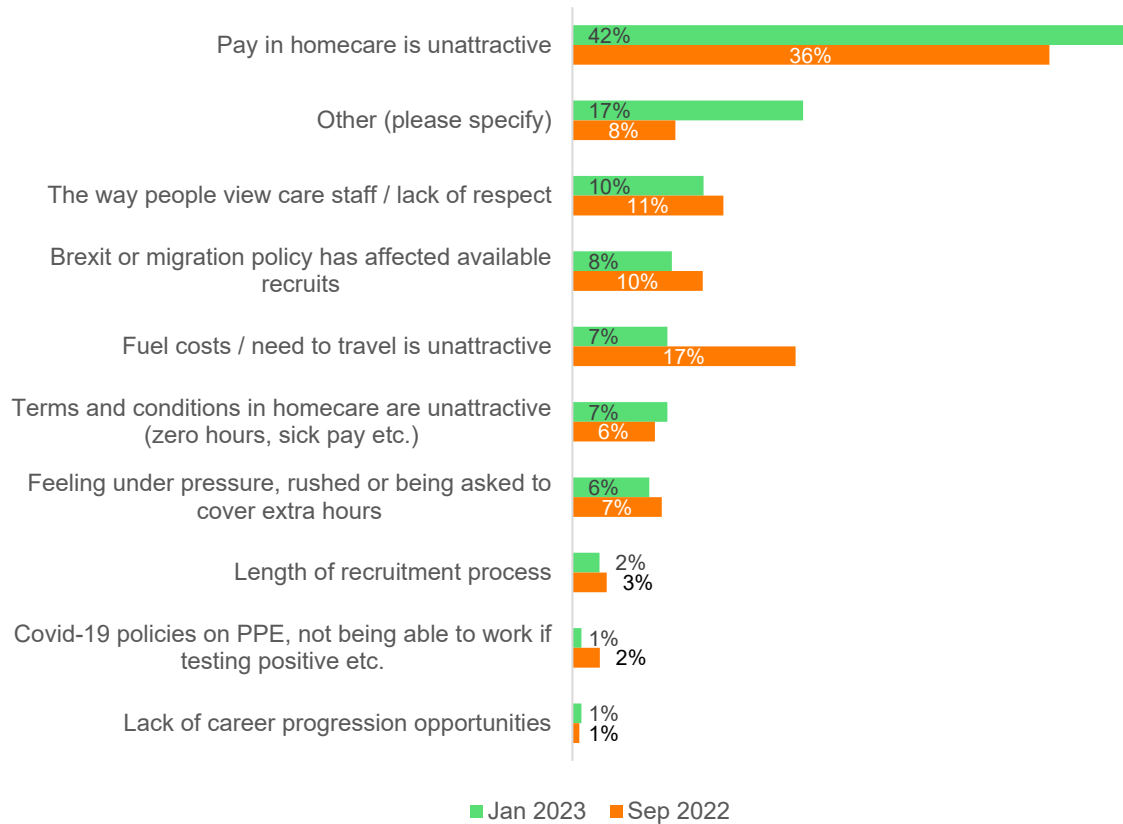
When contrasting with prior to COVID-19, 59% of the sample stated that more or many more careworkers were leaving – a figure that has improved by seven percentage points since our last survey in September 2022. However, the figures for fewer or significantly fewer leaving, when rounding to the nearest whole number, were equivalent for the two surveys.

Compared to before the pandemic, thinking about careworkers, there are...



Inadequate careworker pay was identified as the single greatest negative effect in recruitment and retention of staff, a reply attracting support of 42% – a rise of six percentage points from September 2022. The proportions for most other options were fairly similar between surveys. However, it is worth stressing that there was a drop of 10 points regarding the impact of high fuel prices; this is probably not a surprise, as [the average cost of unleaded petrol and diesel had fallen by 12% and 6% respectively](#) between the time of each survey.

Which of the following do you think has the greatest negative effect on your ability to recruit or retain homecare workers at the moment? (Select one)



For the January 2023 survey, 17% selected ‘Other’ and respondents were invited to express their views. Many thought that all or a combination of the options were relevant, while additional factors affecting recruitment and retention included:

- Working unsociable hours
- Potential loss of benefit payments by working more hours
- Zero-hours contracts
- Negative portrayal of the sector in the media
- Lengthy DBS process
- Childcare – lack of or costs.

Among the comments were as follows:

“This is not a minimum wage job, but commissioning by the minute does not allow providers to pay any more than this. Schools and [the] NHS are striking for better pay/conditions, but already have

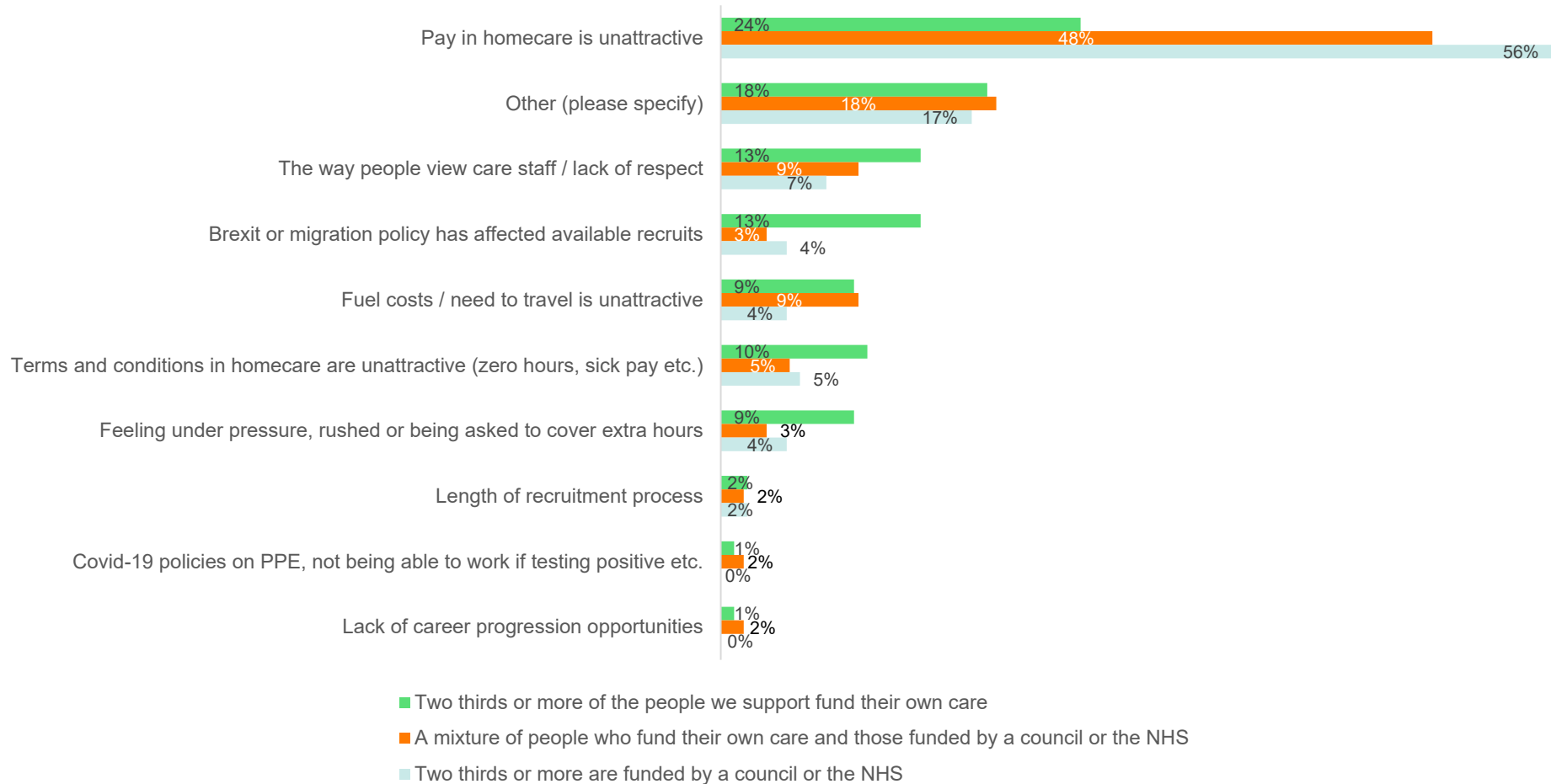
much better financial rewards/benefits... Investment in adult social care could naturally improve pressure on the NHS.”

“It is not recognised as a professional role. Care staff have significant responsibility, [including] regulations and legislation they must follow, administration of medication, people moving and handling [and] ongoing training. They are not paid, appreciated and respected enough for what is expected of them.”

“...We have seen many private packages turn into council packages and the council [fees] are not high enough to [afford] good rates of pay. We provide care in rural areas, but the council won't pay higher rates for these areas – so it costs us more in travel time and mileage to get staff to these council packages.. We are having to turn some of these packages down.”

A split of the data by funding source reveals that 56% of those mainly funded by a council or the NHS considered insufficient pay as the biggest issue – a percentage that exceeds the mark for self-funding providers by a mammoth 32 percentage points. While this remains the greatest problem within the private-pay market as well, there was a more even distribution of support for other options, such as the perception of staff and the impact of Brexit/migration policy (13% each).

Which of the following do you think has the greatest negative effect on your ability to recruit or retain homecare workers at the moment? (Select one)



Respondents were asked if there is anything stopping them from making changes to try to attract and keep staff. Requested to choose all applicable options, 78% considered low fee rates from the state as preventing changes being made to ensure staff recruitment and retention, with more than a third (35%) also criticising commissioning practices.



Some of the opinions expressed among those who chose 'Other' are below:

“Minute-by-minute commissioning is scandalous and appears to be an increasing trend again... Fee rates are £5-7 [per hour] below where they need to be to pay a fair (RLW [Real Living Wage] or better) wage to staff and to realistically manage logistics and travel time in a 10% inflation environment.”

“The huge effort required to find good candidates (which everyone wants to hire) is very, very costly. Having to pay a full-time recruiter is only cost effective if you can recruit people and increase revenue/margin to pay their salary. AND, because of the opaque way platforms like Indeed charge for advertising..., the advertising costs are really high too (plus the 20% VAT)... It soon gets to the point [where] hiring more people to service the demand we have

(and are turning away) is a loss-making activity. Not a great situation if you're trying to increase the quantity and quality of social care."

"In the aftermath of Brexit, the process for recruiting from overseas (sponsoring visas etc.) is far too onerous and costly."

"Regulating ALL agencies so that it is an even playing field."

"If I could afford to have a member of staff on standby at peak times (as well as the person on call), that would reduce the pressure on the on-call person (they wouldn't have to make lots of calls to try and cover visits in the event of unexpected absence)... Emotional burnout is a significant problem for [those] who are genuinely passionate about the people they see and the support they provide. And when they become physically tired due to working at opposite ends of the day, that can be breaking point."