

# **Cornwall's Care Sector for Adults**

## **Insights from the workforce**

April 2026

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# About us

**Healthwatch Cornwall** is the independent champion for the residents of Cornwall, dedicated to ensuring that their voices are heard in the realm of health and social care. We prioritise the needs and experiences of our community by actively engaging with residents, gathering their feedback, and understanding their perspectives on the services they receive.

By listening to these experiences, we aim to identify areas for improvement and highlight the necessary changes needed. We play a crucial role in bridging the gap between the public and decision-makers, sharing insights with those in positions of power who can effect meaningful reform.

Our work not only empowers individuals to share their stories but also fosters a culture of accountability within health and social care services. Through collaboration with local organisations, health authorities, and policymakers, Healthwatch Cornwall strives to enhance the quality and accessibility of care for all residents, ensuring that their health and well-being remain at the heart of service delivery.

# Executive summary

This report focuses on the paid adult social care workforce across all settings, including home or domiciliary care, residential and nursing care, supported living, day services, and reablement. It also considers external factors shaping the workforce, including immigration and visa-rule reforms, digital transformation, increasing complexity of need, shifts in national workforce strategy, and changes in pay, training, and expectations.

The findings show that Cornwall's workforce is highly experienced and strongly motivated but operating under increasing pressure. This report brings together the views of 175 care workers, 25 providers and managers, and feedback collected through Enter and View visits and engagement with system partners. Together, these sources outline the current workforce experience against a backdrop of significant national policy change and highlight where system-level support is required to maintain sustainability.

## Understanding the evidence base

The workforce survey formed one component of this research and generated 175 valid responses. However, the findings presented in this report are not based solely on survey responses. They have been informed by provider and manager surveys, focus groups, interviews, Enter and View observations, engagement activity, and wider intelligence gathered through Healthwatch Cornwall's statutory functions.

The purpose of this mixed-methods approach was to identify recurring themes and experiences across multiple evidence sources. Findings have therefore been triangulated wherever possible and should be considered in the context of the wider evidence base rather than as survey results alone.

## A deeply committed workforce under pressure

The responses we received from the workforce were predominantly female (74%), experienced (65% have worked in care for five or more years), and motivated by purpose and relationships. Many staff work beyond their contracted hours to maintain quality and continuity. Providers describe relatively stable teams and lower turnover than national averages.

However, this stability is increasingly fragile. 55% of staff report frequent work-related stress, and around a quarter describe their workload as unmanageable or often hard to manage. This reflects workers' own reported experience and is consistent with the Health

and Safety Executive guidelines on work-related stress. (HSE, 2024). 32% say they rarely or never have enough time to provide quality care, and some report regularly working very long weeks. The emotional strain of increasing end-of-life care complex needs is contributing to anticipatory anxiety and concerns about burnout. The findings suggest that staff commitment plays a significant role in sustaining services.

## Managing concerns about safety and quality

Healthwatch Cornwall collects feedback anonymously wherever possible to encourage openness and honesty. Where information received raises concerns relating to safeguarding, quality of care, patient safety, or potential harm, this is considered through established governance processes and, where appropriate, escalated through relevant safeguarding, regulatory, quality assurance, or provider channels.

The inclusion of concerns within this report should not be interpreted as a regulatory judgement. Rather, it reflects themes and experiences reported by participants and contributes to wider intelligence-sharing and quality improvement activity across the health and care system.

## Pay, cost of living, and financial barriers

Pay is the most frequently raised concern. Although most employers pay the Real Living Wage, only 25% of staff feel pay reflects their responsibilities, and 16% say they regularly run out of money for basic living costs. Work-related travel, e.g. fuel, mileage, parking, and vehicle wear, impacts take-home pay, particularly in rural areas. The benefits system creates additional constraints, with some people limiting their hours to avoid losing entitlements. Many staff feel undervalued compared with roles in other sectors such as retail offering equivalent or higher pay with less responsibility.

## Recruitment, retention, and the road ahead

Providers report relatively low vacancy levels (79% have vacancies below 5%) and modest staff turnover, with Cornwall recording the lowest turnover in the South West. Yet

55% of staff report frequent work-related stress, and around a quarter describe their workloads as unmanageable or often hard to manage. 32% say they rarely or never have enough time to provide quality care, and some report regularly working very long weeks.



72% say recruitment is often or sometimes difficult, particularly for care support workers and night staff.

Although 62% of workers considered leaving the sector in the past year, two-thirds expect to remain in adult social care over the next 12 months. This may reflect strong commitment, limited local alternatives, or both.

Cornwall has fewer international recruits than the national average. The closure of the Care Worker visa route to new overseas applicants from July 2025 poses a potential risk, particularly for providers who rely on international recruitment to any degree.

## **Rising complexity of care needs**

A defining theme that came through in our research is the growing complexity and acuity of people coming into care. 69% of staff say needs have become more complex in the last one to two years, with rising levels of advanced dementia, multiple long-term conditions, mental health presentations, and palliative care.

Providers describe 'role-creep': taking on tasks previously undertaken in hospital or clinical settings, without parallel increases in training, staffing, or funding. This widening gap between expectations and system support is a major source of distress for staff.

## **Training, digital readiness, and communication gaps**

Access to training is generally positive: 54% of staff say they always have the training they need, and providers describe structured induction, competency-based approaches, and investment in qualifications. Skills gaps remain most evident in advanced dementia care, mental health, behaviour support, complex care, and digital skills – areas where demand is growing fastest.

Digital confidence is comparatively strong, with 75% of staff reporting confidence using workplace technology, placing Cornwall ahead of many regions.

Awareness of national reforms including the forthcoming Fair Pay Agreement, visa-rule changes, and employment law reforms, is significantly higher among providers than frontline staff. Only 15% of workers felt very aware of current or upcoming national changes. Communication pathways need strengthening to ensure frontline staff receive consistent and accessible information.

## Cornwall-specific pressures

Cornwall's challenges reflect national patterns but are amplified by rurality. Long travel distances, limited transport options, seasonal congestion, and some of the highest housing costs relative to income in the country create additional barriers to recruitment and retention. With over 25% of the population aged 65+ (which will continue to rise) and 6,930 adults receiving long-term care (a 3.5% increase in a year), demand for services is growing.

The health and care sector already represents 14% of Cornwall's economy, yet around 1,200 posts remain vacant, signalling ongoing workforce pressure. (Skills for Care, 2025).

## What needs to change

The findings in this report are grounded in the voices of those on the frontline of care delivery. The commitment of the workforce is a defining strength, but current pressures risk undermining the sector without targeted, system-level action. The findings identify areas where greater recognition and support may be needed to ensure a resilient future for adult social care in Cornwall, without which the fragility that currently sits beneath the sector's surface risks becoming a crisis.

The report makes six recommendations, calling on system partners to:

**1. Strengthen workforce wellbeing support, reducing reliance on individual resilience.**

**2. Ensure commissioning assumptions reflect the real financial pressures staff face.**

**3. Align workforce planning and training with rising complexity and acuity.**

**4. Continue developing a sustainable workforce pipeline, especially younger workers.**

**5. Improve communication and direct engagement with frontline staff regarding policy changes.**

**6. Continue strengthening coordination across commissioning and care systems.**

# Introduction

The purpose of this report is to understand workforce experience and identify where changes could strengthen workforce sustainability and resilience. It draws on feedback from both frontline care workers and providers/managers.

As with all Healthwatch Cornwall research, this report is independent and reflects the views shared with us during the data collection period, both positive and negative, and provides a snapshot of experiences rather than the position of any single organisation.

## Why now?

Adult social care in Cornwall is under significant pressure and undergoing major change, making this a crucial moment to understand the realities facing the workforce. Understanding workforce experience is essential because it directly affects the quality, continuity, and safety of care for residents.

Cornwall has a super-ageing population: more than 25% of residents are aged 65+, and the number of people aged 65–74 grew by 26% over the last decade. (Office for National Statistics [ONS], 2022). Healthy life expectancy is falling and is at its lowest since records began 15 years ago, with men and women in Cornwall now living around 60 years in good health, meaning many will experience over 20 years of ill health. (ONS, 2026).

As a result, demand for adult social care services is increasing, with approximately 6,930 adults receiving long-term local authority-organised care as of December 2024, marking a 3.5% increase in just one year. This growing need reflects our ageing population and the increasing complexity of care required to take care of our residents. At the same time, Cornwall Council's strategic priorities, set out in the Adult Social Care Strategy 2022–26 and associated plans, emphasise prevention, independence, and high-quality, person-centred support, all of which depend on a stable and skilled workforce. (Atkinson et al., 2024).

Local evidence points to challenges in recruitment and retention which we address in this report, along with pay, wellbeing and Cornwall-specific issues. Looking ahead, workforce pressures are expected to grow as upcoming changes to UK immigration rules restrict

Cornwall has a super-ageing population: more than 25% of residents are aged 65+



overseas recruitment, an important source of staffing for many care organisations locally. National reforms, including new workforce standards and the Fair Pay Agreement, will also reshape how care work is supported.

Cornwall Council has proposed an additional £43 million for adult social care in 2026/27, but financial pressures remain, making it unclear how far this investment can go. These pressures reflect in part the year-on-year nature of central government funding to local authorities, which makes long-term strategic planning for the sector difficult.

Given these combined challenges, there is a clear need for evidence about the current workforce: its strengths, pressures, and what is required to ensure services and people remain resilient. This report begins that work by amplifying the voices of those delivering care every day and identifying practical actions to support a sustainable adult social care workforce for Cornwall.

**Demand for services is rising faster than the workforce can keep up.**

# The scope of our research

This report is based on the views and experiences shared with Healthwatch Cornwall by members of the paid adult social care workforce and by care managers and providers across the county. The findings reflect key themes identified through our data collection capture individual experiences and organisational pressures along with feedback received from interviews and focus groups. Together, these sources offer a current picture of the experiences within Cornwall's adult social care workforce.

While this report highlights significant challenges, opportunities, and emerging risks affecting the paid adult social care workforce, it is not intended as a comprehensive analysis of adult social care in Cornwall. Topics such as unpaid carer' experiences, wider system performance, social care funding frameworks, and broader determinants of workforce wellbeing fall outside the scope of this report, although some related views appear in the wider feedback. We acknowledge the importance of these issues and encourage further exploration of them.

The evidence presented draws on multiple sources, and although it cannot represent every experience across the sector, it provides a robust and diverse evidence base that should be considered alongside other local intelligence.

The report focuses specifically on workforce experience rather than service performance or outcomes.

## Methodology

### How information was collected

Healthwatch Cornwall's role is independent from that of service providers and commissioners, enabling us to gather insight from people whose experiences may not otherwise be visible. Although the number of responses is smaller than some system-wide engagements, our independence helps surface themes that may not emerge through provider-led consultations.

The methodology below outlines how evidence for this report was gathered and analysed to ensure findings are transparent, robust, and grounded in the experiences shared with us.

We used a mixed-methods approach combining quantitative survey data with qualitative insights from interviews, focus groups and observational feedback. We conducted:

- **Two online surveys:**

One workforce survey (175 valid responses) and one provider/manager survey (15 responses), open from 25 November 2025 to 13 February 2026. Responses were anonymous in line with our privacy notice. Links were shared through provider networks, emailed to 171 organisations, and promoted via the Proud to Care newsletter.

- **Provider and manager engagement:**

Two small focus groups and interviews with nine additional providers/managers, giving feedback from a total of 25 providers/managers.

- **System partner insight:**

Cornwall Council's Integrated People Commissioning team, which works with more than 200 care and nursing homes, provided contextual information to support interpretation of the findings and outline wider system challenges.

- **Enter and View observations:**

We reviewed staff feedback from five recent Enter and View visits to care and nursing homes, focusing on workforce experiences. This statutory gather on-site feedback from staff, patients and families.

While the workforce survey provides one source of insight, the findings here are supported by provider engagement, interviews, focus groups, Enter and View observations, and discussion with system partners. The consistency of themes across these different sources gives Healthwatch Cornwall confidence that the issues identified reflect genuine sector pressures rather than isolated experiences.

## **A note on participant representation**

This is the first time Healthwatch Cornwall has conducted research specifically on a workforce rather than patients or service-users and therefore we have no benchmark in terms of response rates; however, the research generated valuable insight into workforce experiences.

175 survey responses represent approximately 1.25% of Cornwall's adult social care workforce. While this limits statistical generalisation, the consistency of themes across the survey responses, focus groups, interviews and Enter and View observations gives confidence that the issues identified are genuine rather than isolated.

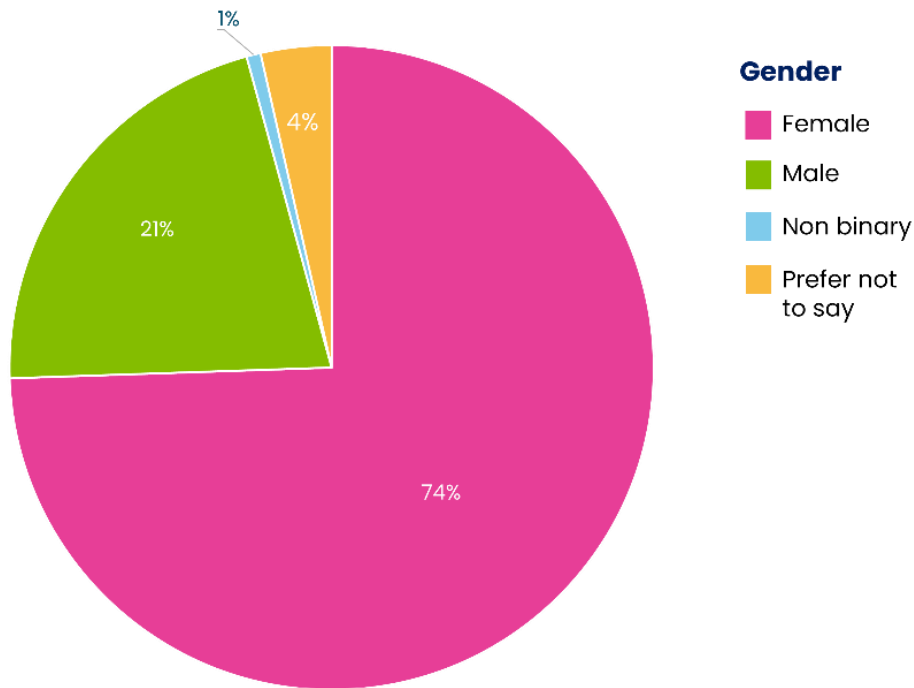
The survey did not capture whether respondents were employed by providers commissioned by the local authority, the ICB, or operating independently, which limits the ability to disaggregate findings by commissioner type. However, it should be noted that this report focuses on workforce experience and the pressures reported are not contingent on who their employer is commissioned by.

The aim of this research was to gather insight rather than to produce statistically representative data. The findings should therefore be interpreted as indicative of workforce experience rather than a comprehensive measure of the entire sector.

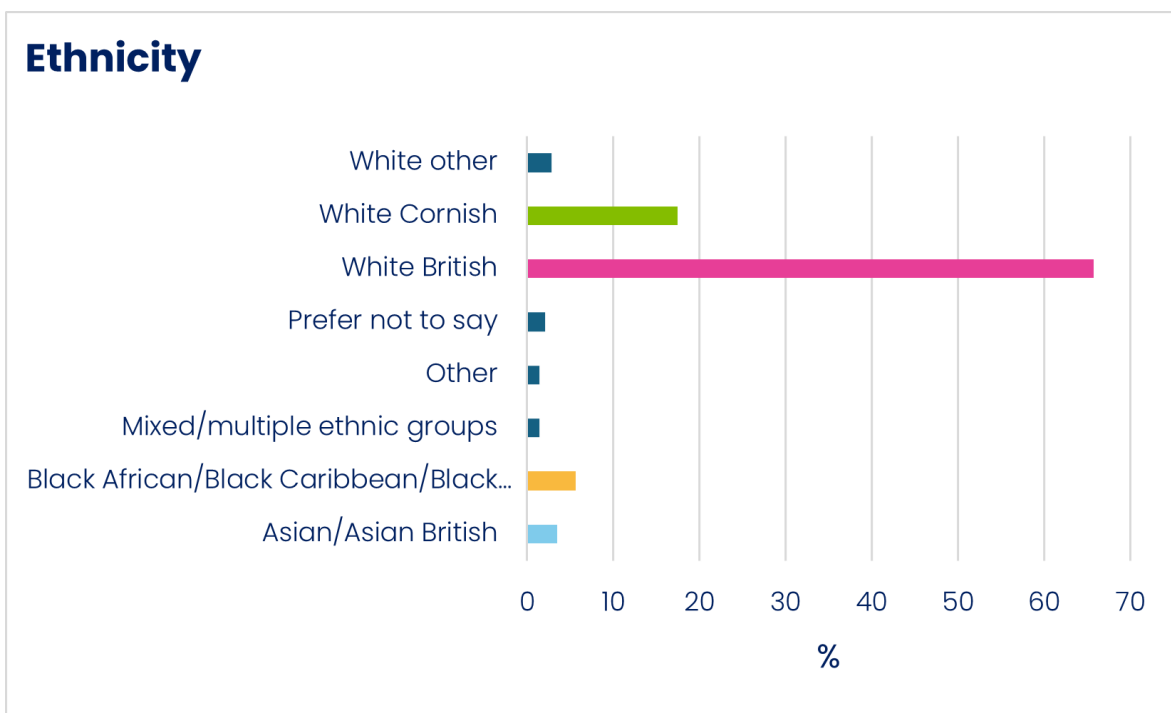
## **Who we heard from**

The following graphs display data gathered from the care workforce only, not from managers and providers who mostly did not provide demographic information.

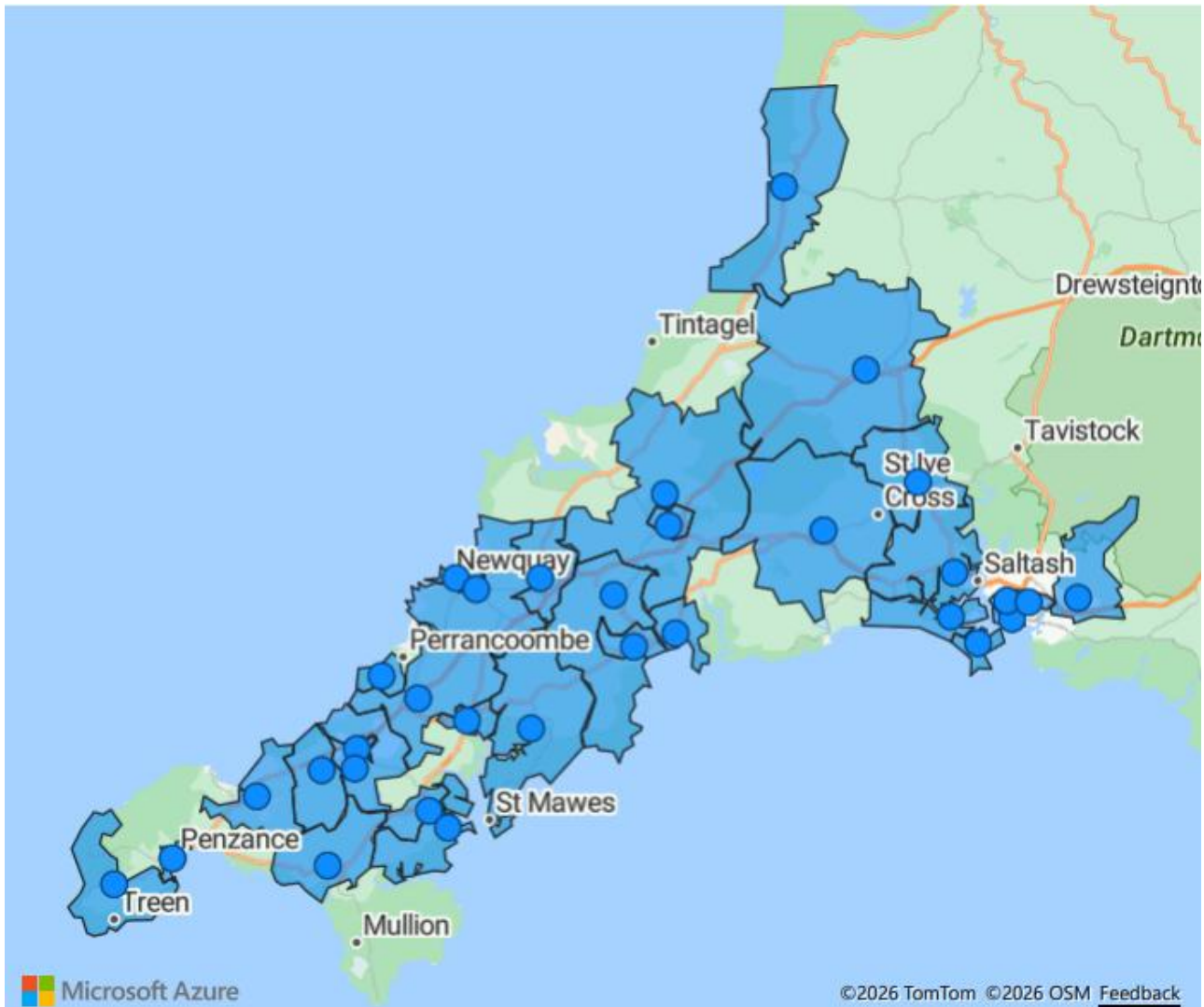
The adult social care sector workforce is female-dominated with roughly three-quarters of the 141 respondents who answered this question identifying as female. Nationally, 81% of the adult social care workforce is female and this has been a steady number for some time, so Cornwall is in line with the national picture and if anything, a fraction more diverse.



Of the 143 respondents to our question on ethnicity, 83% are white British or white Cornish, compared with the 2021 Census that showed 96.8% of Cornish residents identified as white. This highlights how, although the adult social care in Cornwall relies mainly on a local workforce, there is a small reliance on overseas workers. Nationally, about a quarter of the adult social care workforce are from an ethnic minority background.



The survey respondents were from across Cornwall although there are some gaps in more remote areas. However, we believe this gives a broad picture without concentrating on any particular area.



# The adult social care system in Cornwall: some context

Adult social care Cornwall is a multi-layered system involving the local authority, the NHS, and independent providers. Care is funded through a mix of means-tested local authority support, NHS-funded programmes, and private payment. Understanding these structures in context is important for interpreting some of the workforce pressures and service challenges highlighted by staff and providers in this report.

## Local Authority funding

Cornwall Council commissions services from 50% of the provider market including residential, nursing, supported living, home care, reablement and respite placements. The majority of people receiving care are either local authority funded or are self-funded. Eligibility for local authority funding is means-tested under the Care Act 2014.

Most people enter care either through a local authority placement or privately.

## NHS Continuing Healthcare (CHC)

CHC funds care for people with predominantly health-based, complex needs. In Cornwall it is overseen by the Integrated Care Board (ICB). Only a small number of placements are commissioned directly by CHC each week from acute hospitals. Increasingly, CHC-eligible people choose care at home.

## NHS-Funded Nursing Care (FNC)

FNC provides an NHS contribution toward nursing costs in care homes with nursing. It does not require CHC eligibility and covers residents whose care requires direct or supervised input from a registered nurse. Not all nursing home residents meet the criteria for FNC.

## Self-Funding

Many adults in Cornwall pay for some or all of their care themselves; if assets exceed the threshold (currently £23,250) then you are considered a 'self-funder' and must pay for your care yourself.

## **Hospital discharge pathways**

Hospital discharge follows national pathways. Pathways 2 and 3 are coordinated by the Integrated Transfer of Care Hubs (ITOCHs). Community hospitals now complete CHC checklists and, where needed, Decision Support Tool assessments before discharge to help ensure appropriate placements and reduce delays.

## **The Trusted Assessor Pilot (Cornwall)**

Cornwall's pilot enables nursing homes to record nursing needs through a Record of Nursing Needs form. The CHC team reviews this and agrees a temporary fee for the nursing element until full assessment. This aims to reduce delays, improve shared understanding, and build confidence around identifying nursing needs. Early findings indicate stronger relationships and faster processes.

## **System-wide context**

The broader direction of travel in Cornwall, consistent with national policy, is towards more care being delivered in people's own homes and communities, with nursing and care home placements reserved for those with the most complex needs.

## **How system complexity impacts workforce and providers**

We heard how system complexity in Cornwall, with multiple funding streams, varied commissioning routes, and rising care acuity creates delays in assessments, decisions and discharge planning, placing pressure on both providers and staff.

Funding often fails to match actual need, particularly where people with nursing-level needs are placed on residential-level fees, increasing financial and operational strain. As a result, staff face higher workloads, more clinical responsibilities without equivalent support, and growing recruitment and retention challenges.

# Findings

## Who is the adult social care workforce in Cornwall?

We received survey feedback from 175 care workers providing insight into the workforce, that is both experienced and predominantly female. 74% of respondents were women, and 65% had spent more than five years working in adult social care, revealing a committed workforce with a wealth of practical knowledge.

Most staff provide care in people's homes. 60% work in domiciliary or supported living roles, while 30% are based in residential or nursing homes. The remaining respondents work in reablement or wider community services.

Despite this experience and commitment, many workers expressed dissatisfaction with basic employment conditions. Pay and workload were the most common concerns. Staff described long hours, challenging shift patterns, and heavy workloads as key pressures. Although quantitative ratings were more balanced, written comments were often more negative; a common pattern as people tend to write more when they have concerns.

Of the 15 care providers who completed the survey, over half managed residential or nursing services, while 35% ran domiciliary or at-home care. Workforce size varied widely. 29% employed 5–99 people, another 29% employed more than 100, and most others employed fewer than 50. Only one organisation had fewer than ten staff.

To deepen understanding, we held two focus groups and three one-to-one interviews with managers. These included very small homes, large multi-site organisations, and expanding community care teams.

These conversations revealed a committed sector with diverse provision across Cornwall. Domiciliary providers described flexible staffing models that grow as new care packages

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come in, with one manager reporting a “constant growth pattern” and recruitment cycles every six to eight months.

Residential and nursing providers varied from small 12-bed homes to organisations employing more than 90 staff. Some had deregistered nursing beds due to difficulties recruiting qualified nurses, shifting instead toward residential care. Others reported strong retention, with more than a third of their workforce staying eight years or more. Our Enter and View visits support this, showing staff often remain with a single employer for several years. Commitment to care is a consistent theme across the sector.

There are, however, some limitations to these findings. Participation in the survey and focus groups was voluntary, and numbers were relatively small. This means results may not fully represent all providers. Response bias may mean those with stronger views, whether more positive or more negative, are more likely to participate. As a result, the findings should be interpreted with some caution, as the full range of provider experiences may not be fully represented.

**This tells us: Cornwall’s adult social care workforce is experienced and committed, but faces growing strain due to low pay, heavy workloads and recruitment pressures.**

## Working conditions and wellbeing

The survey findings show a mixed picture of pressure, commitment, and resilience. 35% of respondents said their workload was manageable, while 39% found it sometimes hard to manage. A further 25% described it as unmanageable or often hard to manage.

Feedback highlights ongoing pressure linked to staffing levels, expectations, and limited resources. At the same time, some staff noted positive experiences, such as supportive managers and shift patterns that suit their lives.

A dominant theme is staff shortages. Workers describe covering frequent sickness, relying on overtime, and managing unrealistic demands with too few people. Many said the pace of work feels overwhelming and unpredictable. They reported not having enough time for travel, breaks, paperwork, or meaningful care. One respondent said they regularly worked 50–70 hours a week, while another stated that “70-hour weeks are normal.” The strain was often linked to concern for those they care for: “Residents are not getting the care they deserve.”



“We are so understaffed... most staff have to work more than 70 hours regularly”



Despite the emotional load, staff also spoke about moments of reward that keep them motivated like the meaningful relationships they build with the people they support and the sense that they “make a real difference every day”.

These pressures were echoed in both focus groups. Managers emphasised the emotional weight of care roles, noting that other sectors such as retail allow

people to “do the job and go home,” whereas care staff

often carry the emotional impact long after their shift ends.

Enter and View feedback reflects the same challenges: sickness, stretched teams, and high workloads. However, many homes also described strong teamwork and supportive management, with comments such as, “they [the managers] are brilliant... they recognise and reward achievement.”



“They could do a nightshift at Tesco and get paid a lot more... they wouldn’t get phone calls on their day off and worry about it.”



**This tells us: The pressure of staff shortages, long hours, and emotional strain is creating a workforce operating at or beyond sustainable capacity.**

## Adequate time to provide quality care

Feedback shows a workforce that is deeply committed to person-centred care but that often feels unable to deliver it because of systemic pressures. While 55% of carers said they had enough time to provide quality care most or all of the time, 32% reported they rarely or never had enough time. This highlights a clear gap between professional values and day-to-day realities.



“The day to day can run very smoothly and quality care can be delivered almost consistently”

*Staff Member*



Many staff described the demands of the role exceeding the time available. Low staffing and increasing complexity of needs meant some felt they could “only give the bare



The residents are very complex... we have to give the bare minimum care because there is not enough staff.”

*Staff member*



minimum care.” Others said they routinely work beyond contracted hours to maintain the dignity and safety of those they care for. Domiciliary workers reported they “run late and don’t get paid for extra time,” while care home staff noted “constant call bells... not enough time for breaks.”

These pressures create moral distress. One staff member said, “I shouldn’t have to ask clients to make adjustments for me.” Despite this,

commitment remains strong. Comments such as “I do not rush my cases; I give the right support” and “I always stay longer to complete high quality care” show the depth of professional responsibility.

This dedication, however, comes with personal cost. Staff described going home “overwhelmed and exhausted” and feeling their efforts are “not recognised.” The feedback reveals a pattern of goodwill filling structural gaps—an approach that is meaningful but ultimately unsustainable.

**This tells us: Time pressures are leaving staff exhausted, distressed, and relying on unsustainable levels of goodwill to maintain standards.**

## Stress at work

Work-related stress emerged as a significant issue across the survey, focus groups, and interviews. 55% of staff said they felt stressed frequently or very frequently, while only 20% rarely or never felt stressed. This shows that stress is widespread and persistent, shaped by both emotional and operational demands.

The qualitative feedback adds depth to this picture. Some staff described anticipatory anxiety, including feeling “anxious the night before work.” Others feared long-term exhaustion, with one predicting they would be “burned out within 12 months.” These comments reflect the cumulative impact of sustained pressure.

Rota gaps and rising workloads were major contributors. Staff described regularly taking extra shifts, sometimes working 70-hour weeks, and dealing with unpredictable situations that left them overstretched.

Emotional demands added further strain. Workers spoke about supporting people with complex or rapidly changing needs, and the pressure of responding to crises where “tasks go on the back burner.” For some, this included frequent end-of-life care. One manager explained the toll this takes: “I’m fed up with dealing with death and dying... the staff don’t have time to get to know them.”



I anticipate being burned out in this role within the next 12 months.”



Managers reported their own stress, linked to regulatory pressures, financial uncertainty, and safeguarding responsibilities.

Some staff and managers described coping strategies such as boundary setting, teamwork, and trying to switch off on days off. However, these felt to them more like temporary fixes than solutions. Overall, the findings suggest that individual resilience is currently compensating for deeper structural pressures.

**This tells us: Stress appears to be a common feature of the work environment for many staff.**

## What feels unfair

When we asked the workforce about what feels unfair or not right in their work or living situation, the most common reasons were pay and working conditions (35%), followed by hours, shifts, or workload (22%).

Staff raised a wide range of concerns, with the strongest frustration centred on low pay, unpaid time, and intense workloads. Many said their pay was “not enough for what we do,” and some described long split-shift days, such as “6am–10pm” where they were only paid for contact time. Others felt that “across the board the care sector pays very low,” despite the emotional labour and responsibility the role demands.

Several staff balancing parenting responsibilities said trying to maintain work–life balance was exhausting. Childcare costs left them with little money, time, or energy for

family life. Housing and the rising cost of living added further strain, with one worker saying, “it’s not affordable housing if locals can’t afford it.”

Concerns about organisational culture were also common. Some felt “disrespected,” “unheard,” or “just a payroll number.” Sponsored workers described immigration-related unfairness, including “few rights” and uncertainty affecting their families. Others reported frustration with fragmented systems and a “them and us” divide between teams, where decisions were made without consultation.

Overall, respondents highlighted fairness gaps across pay, workload, culture, and immigration, all of which affect morale, trust, and the ability to deliver high-quality care.

The nature of the survey question meant the dominant tone of responses was negative but while the majority focused on challenges, a small number of staff shared positive experiences. They described supportive teams, helpful colleagues, and feeling backed by their managers.

Reassuringly, 66% of staff said they feel safe or mostly safe to report concerns at work, demonstrating many have trusting relationships with their managers.

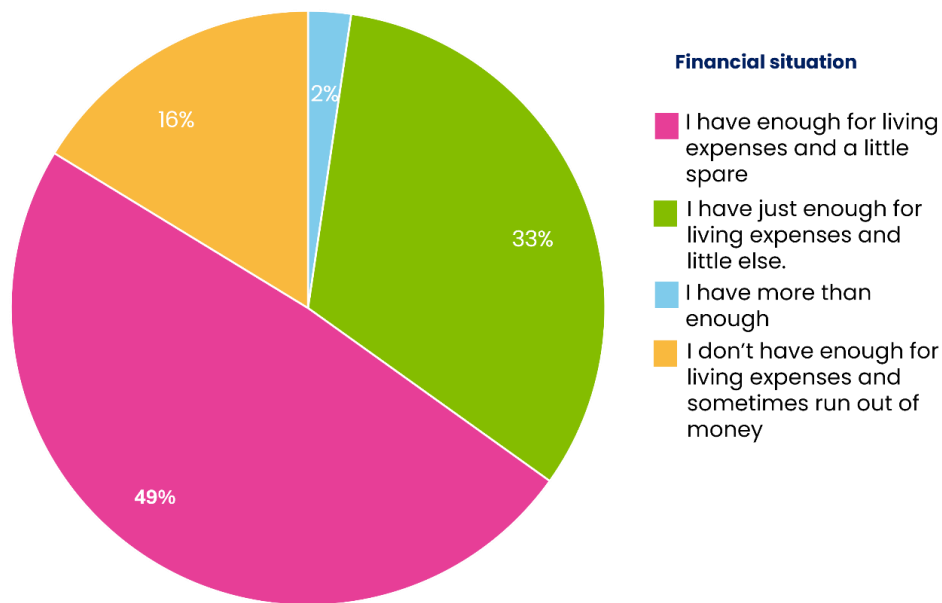
**This tells us: Perceived unfairness around pay, workload, organisational culture, and basic living costs undermines morale and leaves staff feeling undervalued.**

## Pay and cost of living

Pay and rising living costs were among the most common concerns raised by the workforce. Whilst Cornwall Council requires its contracted providers to pay at least the Real Living Wage, and Skills for Care data indicates Cornwall's average care pay compares favourably with other South West authorities, only 25% of respondents felt their pay matched their responsibilities. 51% per cent felt it did not, and 11% said it rarely did. This aligns with financial insecurity: half reported they only just cover living expenses, and 16% said they regularly run out of money.

Work-related costs were a major factor. Staff pointed to travel, fuel, parking, and vehicle wear as ongoing pressures. Many felt that “mileage just isn’t enough anymore” and “fuel money doesn’t cover wear and tear.” Some limit travel or decline distant shifts due to cost. One worker said they were “asked to cover shifts 50+ miles away – I refused.” Rural areas made this harder, with comments such as “some agencies refuse to cover areas

like Polruan or Looe.” Only a few reported minimal impact because they “work close to home” or live on site.



Providers echoed these concerns, repeatedly comparing pay with other sectors. Many felt staff could earn more elsewhere with fewer responsibilities. As one manager put it: “They could go to Tesco and do a night shift and get paid a lot more... They don't get phone calls on their day off.” Another highlighted that care work is “emotionally hard” and not something people do for the money.

Providers also confirmed that, even though they are mostly confident about retention, pay is a retention issue. Rising living costs and travel expenses lead some staff to take on too many extra hours or leave roles entirely. Pay parity with the NHS was another concern, particularly for internationally recruited nurses who may move to hospital roles once they gain their registration numbers.

The benefits system was also described as limiting workforce availability. Some staff restrict their hours to avoid losing financial support. One manager noted that some employees can “only work 16 hours... otherwise the benefits are going to be taken away.”

Overall, the feedback shows that low pay, high living costs, and benefits rules are barriers to workforce stability and shift uptake.

**This tells us: Pay is directly affecting workforce retention and availability.**

## Recruitment, retention and the vacancy landscape

We asked providers and managers about the challenges and opportunities they face around recruitment and retention. They presented a mixed picture of stability and ongoing pressure.

Vacancy levels were generally low. 79% reported vacancy rates of 0–5%, and 57% had turnover below 10%. Reflecting this, 75% felt very or fairly confident about maintaining staffing levels over the next year.

Recruitment, however, remains difficult. Only 28% found it easy or very easy, while 72% said it was often or sometimes hard. The toughest roles to fill were care support workers (35%) and night staff (23%).

Providers identified several risks affecting future workforce stability: pay and affordability, increasing care complexity, cost of living pressures, and policy or regulatory changes. Many linked challenges directly to funding. One provider said services need “higher fees so that we can pay our staff more.” Another stressed the need for “secure and sustainable funding; more timely commissioning processes.”

Managers highlighted the importance of strong day-to-day leadership as a retention tool. One described their approach as “nothing innovative, just good management”; clear communication, hands-on support, and positive team culture. Recognition was considered essential, with managers saying, “people support people” and that care work “requires appropriate recognition and rewards.”

Enter and View feedback mirrored this. Some services reported high retention and no agency use, supported by good culture and stability. Others described reliance on international staff and concern that “if we lost them then we’d be very stretched.”

Providers also described strategies to support recruitment and retention, including flexible working, apprenticeships, internships, clearer career pathways, and wellbeing initiatives.

Experiences varied widely. One provider had no vacancies, low turnover, and has successfully retained six international recruits for over five years. Another had three months with no applicants for three roles, even when open to people with no previous care experience. Rurality and poor public transport were recurring barriers.

79% reported vacancy rates of 0–5%, and 57% had turnover below 10% in the last year.



Overall, providers said retention is strengthened by positive culture, stable rotas, wellbeing support, and long-serving staff, but weakened by pay constraints, rising complexity, and competition from the NHS and other sectors.

We also asked care workers about their intentions to stay in the sector. Many described deep emotional connection and purpose. Comments included “I stay for the service users” and “I’m making a real difference every single day.” Team relationships also mattered: “We generally get on really well.”

Some felt unable to leave because of long careers in care. One said, “I’ve been in nursing 43 years... I don’t know anything else.” Others felt “too close to retirement to change roles.”

Quantitative findings reflected this tension. 62% had considered changing jobs or sectors in the last year, yet 66% said they were likely or very likely to still be in adult social care in 12 months. This may show that commitment outweighs pressure, or that some feel ‘stuck’ and unable to move.

The main reasons staff considered leaving were structural: pay and workload. Managers, however, understood personal circumstances and shift patterns to be the biggest drivers of attrition.

Overall, the feedback portrays a committed workforce motivated by values and relationships, but stretched by pressures that affect wellbeing, progression, and long-term stability.

**This tells us: Many staff appear to remain in the sector despite significant pressures, motivated by commitment to the people they support.**

## Training, progression and skills gaps

Access to training was viewed positively by both staff and providers. Among the workforce, 54% said they always have the training they need, and 27% said mostly. Only 6% felt they rarely or never had sufficient access. Provider responses mirrored this: 61% said staff always have the training they need, 31% said mostly, and 6% said sometimes. Around two-thirds also use competency frameworks or career pathways.

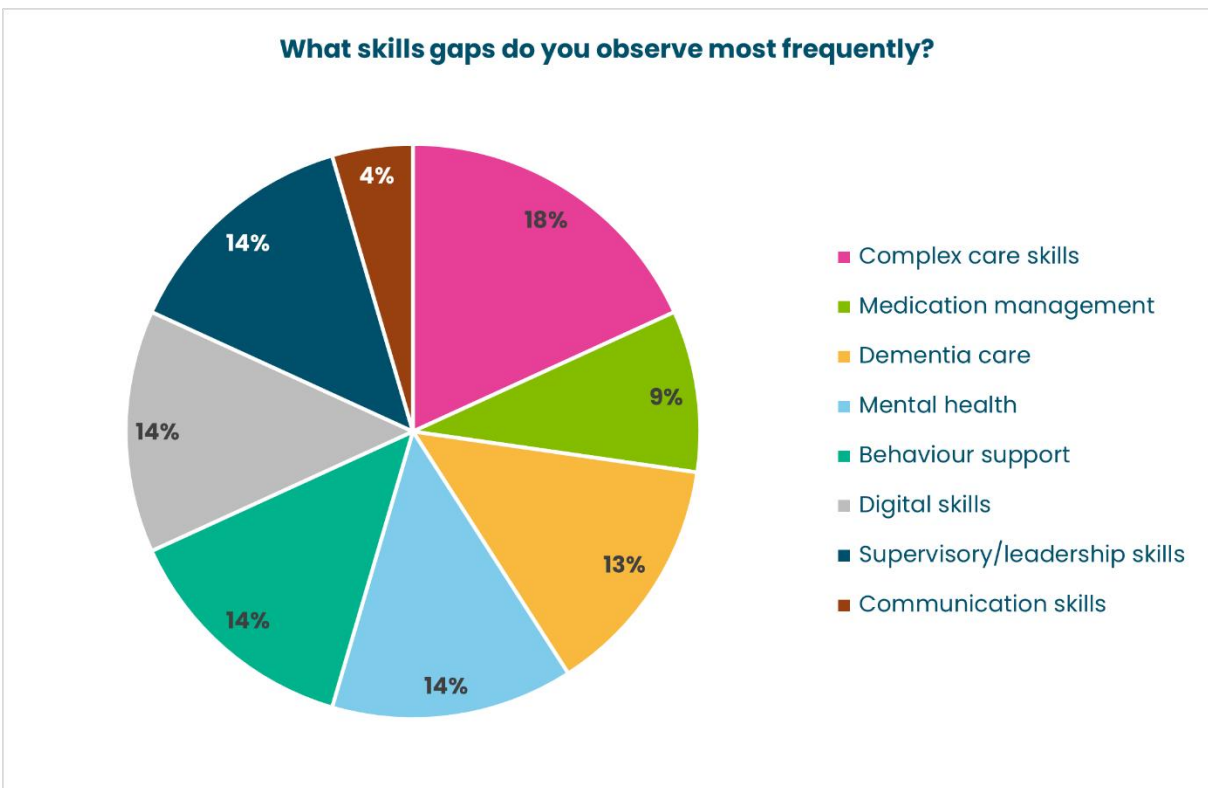
Enter and View feedback was similarly positive. Staff felt supported to learn and develop, with one saying, “I was offered so much training before I even started, so I felt very supported and prepared for my role.”

6  
 “I have full access to all training. There are plenty of opportunities for me to further my knowledge, for example NVQs”  
 Staff member

When asked about skills gaps, providers most frequently pointed to complex care skills, especially for people with challenging clinical or behavioural needs. Additional gaps were identified in dementia care, mental health, behaviour support, digital skills, and leadership, suggesting rising expectations around both clinical complexity and digital competence.

Focus groups and interviews reinforced the strong commitment to staff development among providers. Many offer structured inductions, in-house trainers, competency-based progression, and access to apprenticeships or diplomas. Some run Care Certificate-aligned induction programmes, though rising training costs and reduced external funding make this harder.

Clinical skills such as venepuncture and catheter care were common gaps. Several managers struggled to source specialist training, with one noting particular difficulty accessing venepuncture and male catheter training. Increasing reliance on electronic systems also highlighted digital literacy issues, with some staff “struggling in silence until asked directly.”



Providers generally felt they had solid systems for statutory and mandatory training. One home completes all mandatory modules within the first three months and uses an in-house moving and handling trainer, plus a small monetary incentive to staff for timely

completion of training. Another service invests around £1,200 annually in Care Skills Academy subscriptions. However, even providers with strong training access noted delays in securing specialist courses and persistent gaps in areas such as learning disability, behaviour support, and complex care. As one manager put it, their training “covers compliance but often lacks depth.”

Progression opportunities varied significantly. Only one third of residential or nursing staff felt they had a clear career pathway, compared with three quarters of those in at-home settings. This suggests that community-based services offer more visible or accessible progression routes than residential environments.

**This tells us: There are risks to future workforce capability despite strong provider commitment to development.**

## Digital readiness and technology in care

The evidence suggests that Cornwall’s adult social care workforce is becoming increasingly digitally confident, with 75% of staff reporting they feel confident or very confident using the technology required for their role, and only 4% saying they do not feel confident. Providers reinforced this picture, describing digital adoption as well-established across the sector, including electronic care planning, digital notes, rostering apps, and commissioning tools. Domiciliary providers, in particular, described themselves as “more and more... paperless,” while noting that older staff sometimes require additional support. Residential services similarly highlighted long-standing use of digital systems and identified benefits for international recruits, who often rely on translation tools during initial induction.

At the same time, providers emphasised that digital readiness does not always mean digital suitability. Technologies such as fall-detection sensors had been trialled but were found to be unreliable in busy or noisy environments. This highlights the need for thoughtful implementation rather than technology for technology’s sake.

Some digital tools also appear to create operational challenges. One provider raised concerns about Cornwall Council’s ADAM referral system, describing it as insufficiently location-sensitive, leading to inappropriate referrals, empty beds, and difficulty redeploying nursing staff cost-effectively. This points to the importance of system-level digital functionality, not just frontline confidence.

Despite these challenges, providers generally described themselves as digitally

competent, even though few viewed digital innovation as a current strategic priority.

**This tells us: Digital tools are increasingly embedded in care, but gaps in suitability and system functionality risk limiting the benefits of rising staff confidence.**

## Cornwall-specific factors

Cornwall's geography creates significant travel challenges, particularly for domiciliary and home-care staff. Rural isolation, limited public transport, and long distances mean nearly all rely on personal vehicles, leading some to describe a form of 'transport poverty.' Seasonal tourism adds further pressure: peak-season congestion in coastal towns like St Ives and Falmouth causes delays, parking problems, and difficulty keeping to time.

Although only 9% of survey respondents said travel was very or often difficult, qualitative feedback painted a different picture. Staff described unpredictable conditions, limited travel time in rotas, road closures, poor rural roads, and persistent parking issues, especially around hospital sites such as Treliske, where "parking is awful." Bus users said early, late, and weekend services were unreliable, noting that some routes "stop at 4pm" or are "cancelled without notice."

Housing was the second major Cornwall-specific pressure. While 59% said housing did not affect their ability to work in care, the remaining 41% reported significant struggles. Staff described high rents, limited availability, and long commutes. One worker said, "water bills and council tax are huge... a third of my salary." Those in private rentals and single parents felt this most acutely. Others in social housing reported greater stability: "I live in a council house, thank God... or I would not survive here." Providers noted that housing costs restrict workforce mobility and, in some cases, limit development opportunities.

Provider discussions reinforced how geography and housing shape recruitment. Rurality, poor transport links, and competition from the seasonal labour market were frequent barriers. One provider said that although their service was only "10 minutes from town," applicants still viewed it as "in the middle of nowhere." Truro was seen as benefiting from new housing and college partnerships, while coastal and rural areas struggled to attract candidates due to competition from hospitality and limited local accommodation.

Some providers have adapted by purchasing housing for international recruits to ease the burden. Others described distance and travel costs as "recruitment filters," with applicants and existing staff leaving due to fuel and travel expenses.

Despite these challenges, staff also highlighted positives. Some valued the sense of community that comes with working in Cornwall. Care and nursing homes described strong local links with schools, volunteer groups, GPs, opticians, and podiatrists which helped build supportive, connected workplaces.

**This tells us: Cornwall's geography, transport challenges, and high housing costs are creating structural barriers that restrict recruitment and strain staff wellbeing.**

## Increasing complexity of care needs

Providers and staff consistently reported a marked rise in the complexity of care needs. This was reflected in the workforce survey, where 69% said needs had become more complex in the last one to two years. Only 21% had not noticed this change, and 10% were unsure.

Staff described supporting people with multiple, more advanced needs than in previous years. Feedback referred to rising levels of long-term conditions, advanced dementia, complex mental health presentations, and significant increases in palliative and end-of-life care. Several noted they were now dealing with "more severe dementias with more difficult behaviours," "far more complex mental health cases," and "more hospice/palliative patients... sometimes several at once." Despite this shift, they still had "the same amount of time but tasks take longer," leading to rushed care and unpaid extra hours.

Staff told us they feel that this rise in acuity has led to role creep and that they were expected to take on tasks previously done in hospital settings, without adequate clinical support. One provider described their service becoming "like a mini cottage hospital," reflecting their experience of higher dependency levels and greater clinical oversight. Others reported earlier hospital discharges and residents arriving with higher needs, placing additional responsibility on teams not resourced for acute care.

Managers raised similar concerns. Some highlighted a growing mismatch between assessed needs and the funding band assigned especially where residential homes were expected to manage nursing-level needs on residential fees. As one manager put it, "these residential clients are not residential." This mismatch creates financial, staffing, and ethical pressures, leaving teams to compensate for gaps in clinical input.

Overall, the findings show that rising care complexity is one of the most significant pressures facing providers and staff. Needs are increasing rapidly, but time, staffing,

training, and funding structures are not keeping pace. This widening gap is contributing to workforce strain, elevated risk, and growing concern about long-term sustainability, even as staff continue to provide compassionate, person-centred care.

**This tells us: Rising care complexity is outpacing the workforce’s time, training, and resources, creating unsustainable pressure on staff.**

## Awareness of changes in the national adult social care landscape

### Immigration and visa changes – impact on Cornwall

Most providers (83%) feel well informed about recent immigration rule changes, but many staff do not (47% aware; 53% unaware or unsure). For Cornwall’s providers, the main concern is reduced access to international recruitment. Some providers said they rely on overseas staff for up to 40% of their workforce, and others reported the agency cover they use draws on international workers, though the extent of this across the sector in Cornwall has not been quantified. One provider noted that tightening rules meant agency staffing could “potentially affect emergency staffing and continuity of care”.

Staff described real impacts, including colleagues leaving due to visa restrictions: “We’ve lost staff already due to visa restrictions”. Others spoke about emotional pressures linked to separation and unclear rules: “I’d like to know what the changes are; they haven’t been explained.” Overall, providers warned that reduced international recruitment could worsen vacancies in already hard-to-recruit rural areas, describing the changes as a “major risk” to maintaining stable staffing.

Most providers (83%) feel well informed about recent immigration rule changes, but many staff do not (47% aware; 53% unaware or unsure).



**This tells us: Reduced access to international recruitment poses a risk to maintaining stable adult social care staffing in Cornwall.**

## Wider workforce reforms – what this means locally

Awareness of wider national reforms (such as pay and workforce strategy changes) is low among staff: only 15% felt very aware, and 13% understood what these changes meant for them.

Reforms such as the Fair Pay Agreement and rising minimum wages aim to improve conditions, but providers in Cornwall are unsure how they will absorb increased employment costs. They highlighted the financial pressures of delivering care in rural areas, where travel time, mileage and recruitment challenges are already significant.

Across feedback, the key theme is limited staff understanding of national reforms and concern about how reduced international recruitment and rising employment costs will affect service stability in Cornwall. As one worker put it: “Without international recruitment, the sector won’t cope.”

## Systemic concerns

Discussions in the focus groups and interviews brought to light some systemic issues on topics we did not specifically ask about; however, the frequency with which they came up means it would be remiss to not include them here.

Several managers described significant strain arising from assessment and commissioning processes. One provider characterised elements of the system as “broken”, citing prolonged delays, commissioning challenges and the impact these pressures were having on staff and service delivery.

Others spoke about the emotional toll of repeatedly supporting teams through traumatic or high-risk situations, particularly where what they perceived as failures or gaps elsewhere in the wider system left providers managing consequences outside their control.

One provider from an Enter and View visit explained that their home’s main challenges were related to financial pressures and referral processes, and that that incomplete or inaccurate information from both the hospital and the council occasionally resulted in inappropriate referrals.

Providers also raised concerns about delays in funding decisions, the financial challenges of maintaining and investing in ageing buildings, and ongoing uncertainty regarding the sustainability of pay and staffing models, particularly as the complexity of needs continues to rise.

Despite these challenges, this provider described strong team morale, supported by a culture of transparency and honesty.

Across providers, long waits for social work involvement were reported as a barrier to safe and effective care; a few described individuals going six months or more without an allocated social worker, leaving them without essential reviews or timely financial assessments. However, Cornwall Council is clear that social workers are allocated according to priority, and providers are able to escalate cases directly if they have concerns about an individual's safety or changing needs.

Managers also highlighted a growing disconnect between commissioning expectations and frontline realities. Some reported being asked to accept residents at fee levels that do not reflect their needs; one provider suggested this may reflect "a very deliberate policy" to shift nursing-level needs into cheaper residential categories. Cornwall Council has strongly disputed this characterisation, stating that its position remains that personalisation, co-production and prevention are its priorities, and that there is no policy intent to move people into care homes.

These pressures are contributing to moral distress among staff and managers. Delayed district nursing input was frequently raised, with nurses left unable to act when required. One manager described the emotional strain: "My nurses are crying... they can't stand there and wait two hours [for a district nurse]."

Collectively, these accounts suggest that many providers perceive the wider system to be under significant strain. Providers described concerns regarding assessment processes, commissioning arrangements, access to clinical support and oversight, and the impact these pressures may have on service quality, continuity of care and safety.

**This tells us: Gaps in the system are creating pressure and stress and risking the stability, safety and continuity of care.**

## What this tells us about the adult social care workforce in Cornwall

The findings above present a picture of an adult social care workforce in Cornwall that is deeply committed, highly experienced, and motivated by strong values, but also operating under conditions of increasing strain. Taken together, our findings indicate that pressures affecting the sector are systemic rather than localised, shaped by structural issues around pay, funding, recruitment, policy change, and the rising acuity of need.

While the workforce demonstrates significant resilience, this resilience in turn appears to be highlighting potential vulnerabilities that raises questions about long-term sustainability.

## **A resilient workforce operating at its limits**

Across the survey, interviews, and focus groups, staff consistently demonstrated commitment and emotional investment. Many work beyond their contracted hours, prioritising dignity and person-centred care. Strong team cohesion is common, and providers reported stable teams, low turnover, long-serving staff, and minimal reliance on agency workers.

However, this resilience sits on increasingly fragile foundations. High stress levels, emotional fatigue, and unmanageable workloads indicate a workforce stretched to capacity. 55% frequently experience work-related stress, and many fear burnout. Resilience is being maintained through personal coping strategies and experience rather than supportive system design. The sector currently relies on the moral commitment of workers; an approach that is unsustainable when over half the workforce reports frequent stress.

## **Systemic pressures**

Cornwall faces distinct challenges linked to rurality, poor transport, and high housing costs. Yet most pressures identified are structural and national. Low pay relative to responsibility, rising living costs, visa and immigration issues, benefit-related limits on working hours, and workforce shortages fall outside the control of individual employers.

## **Increasing complexity of need as a defining trend**

Providers described recurring concerns relating to commissioning arrangements, assessment delays, mismatches between assessed needs and funding categories, and gaps in clinical and social work support. These themes were raised by multiple providers and were described as contributing to operational pressures for staff and managers. Some participants reported concerns about supporting people with increasingly complex needs and questioned whether available resources were keeping pace with those changing demands.

The findings suggest that workforce challenges cannot be viewed in isolation and are often experienced alongside wider system pressures. Rising complexity and acuity of need is one of the most significant challenges raised by both the workforce and providers. Staff report supporting people with more advanced dementia, multiple

long-term conditions, complex mental-health needs, and higher levels of palliative care. Tasks take longer but “the same amount of time” is available, resulting in rushed care and unpaid hours.

We heard that role-creep is occurring without equivalent increases in clinical training, staffing levels, or funding, creating tension between what staff are expected to manage and what the system enables them to deliver safely.

The rising complexity of care is therefore not just a workforce issue but a systemic challenge that has implications across workforce planning, training, and service delivery.

## **Fragile sustainability moving forward**

Despite short-term confidence among providers, the evidence shows underlying fragility. Dependence on international recruitment is becoming riskier due to visa changes. Travel costs and rural distances limit staff mobility. Low pay continues to undermine recruitment and retention, particularly when retail and hospitality offer higher wages with significantly less emotional strain.

Staff commitment remains strong, but without solutions on funding, fair pay, safe staffing, career pathways, and clear system-wide communication, workforce resilience will continue to erode.

**This tells us: Current stability relies on staff goodwill and resilience rather than system design.**

# The young and future workforce

## The scale of the problem

Cornwall faces an acute challenge in the adult social care workforce. The county's super-ageing population, low average wages, high housing costs, and a working-age population projected to decline from 2025 onwards all place growing pressure on the sector at the very moment demand is rising sharply. Skills for Care (2026) estimates that Cornwall will need to expand its adult social care workforce by 39% by 2040, creating around 7,300 additional posts. At the same time, 29% of the current workforce is aged 55 or over, meaning a significant proportion may retire within the next decade.

This challenge reflects a wider national pattern of underrepresentation of young people in care, but the consequences are magnified in Cornwall. Providers repeatedly told us that younger workers are essential to long-term stability. One warned that without new entrants, the workforce risks "going off the end of the cliff statistically very quickly."

Cornwall Council's Proud to Care programme and the External Care Workforce Team (ECWT) are working to raise the profile of care roles and encourage more young people into the sector, but the pipeline remains small. Local labour market conditions of low pay, expensive housing, and strong competition from hospitality and retail further reduce the appeal of care work to younger people.

Taken together, these factors create a uniquely challenging environment for attracting and sustaining a young adult social care workforce in Cornwall.

Cornwall will need to expand its adult social care workforce by 39% by 2040, creating around 7,300 additional posts.



## Why young people choose not to enter the adult social care sector

Department of Work and pensions (DWP) Work Coaches and Employer Advisers in Cornwall consistently promote adult social care because vacancies are year-round, entry-level roles, usually requiring no formal qualifications, and training is provided. However, younger people remain hesitant to enter the sector. They cite low pay, uncertainty about career progression, and discomfort with personal care tasks. Many prefer roles in retail, hospitality, or the trades, which offer similar wages with far fewer emotional demands.

The benefits system creates an additional barrier. Providers described young workers on Universal Credit limiting themselves to 16 or 20 hours because taking on more hours reduces their benefits but does not increase take-home pay enough to make it worthwhile. One provider explained: "I've got people that could work more hours but it's not worth their while... why would they work more if they can get the same for 20 hours as if they did 30?"

Transport is the single biggest barrier preventing young people from entering care. Many do not have a driving licence or access to a car. With dispersed rural communities, unreliable bus services, and limited early-morning or late-evening routes, domiciliary and home-care roles become inaccessible, especially so when care homes themselves are in a rural location or outside a town environment. Providers and Work Coaches emphasised that motivated young people are often excluded not because of lack of interest, but because they simply cannot get to the job.

Across Cornwall, these structural issues of low pay, transport barriers, benefit constraints, and the perception that care is a low-status career shape young people's decision long before they even apply for work.

## Why young people leave the sector

Even when young people enter the care sector, retaining them is difficult. Turnover among younger staff is significantly higher than among older colleagues. Providers reported that some young workers struggle with the emotional and practical demands of frontline care. Gaps in soft skills such as timekeeping, reliability, and resilience also affect both the individual and wider teams. Managers described sudden absences and difficulty understanding the impact of behaviour, but recognised this often reflects inexperience rather than lack of commitment.

Many young workers use care as a short-term stepping stone while pursuing nursing or other health careers. Their contribution is valuable, but their tenure is typically short. Fixed-hour contract requirements were also flagged as problematic, as younger workers often prefer flexible arrangements. Work Coaches summarised the challenge: “We can help people get into care but keeping them there is sometimes harder.”



“There is no hiding place in health and social care... it finds people out very quickly and then they will go.”

*Provider*



Cornwall’s geography adds a further retention barrier. Domiciliary care often involves travelling between clients across large rural areas. For young people without a car, unreliable transport makes this unsustainable.

## What enables young people to stay and thrive

Despite the challenges, providers stressed that many young recruits bring motivation, enthusiasm, and ambition. Retention improves when younger workers receive strong, structured support early on. Induction programmes, mentoring, and buddy systems help build confidence and ease young people into the emotional and practical demands of the role. One provider described a two-week buddy programme that provided a “much more gradual and supported transition” than throwing new starters in at the deep end.



“It is important for people to be able to work flexibly... because then you can cover your sickness and you can support your staff when they’re going through things in their life in a positive way”

*Provider*



Clear career pathways also matter. Providers with strong relationships with local colleges reported a well-functioning pipeline of students completing NVQ2 or NVQ3 placements and moving directly into employment. These young workers often had realistic expectations and some prior experience.

Providers told us that for young people, flexible rotas, feeling valued, and being treated as skilled professionals were critical to them staying in the sector. A supportive workplace culture in which younger workers feel genuinely valued was the strongest consistent factor in long-term retention.

In smaller homes, providers told us younger staff often formed deep attachments to residents, describing them as “like their grandparents.” When supported well, this emotional connection becomes a strength; unsupported, it can become overwhelming.

DWP programmes such as Sector-based Work Academy Programmes (SWAPs), work trials, guaranteed interview schemes, and short training courses help change perceptions among young jobseekers. But Work Coaches and providers were clear: these schemes address awareness, not the structural barriers of transport, pay, and housing that ultimately determine whether a young person can stay in care over time.

These insights show that developing a young workforce requires both strong early support and wider action to remove the structural barriers that make care roles difficult to sustain in Cornwall.

**Cornwall can strengthen its pipeline of young workers, but without tackling structural barriers and perceptions of care, recruitment efforts alone will not be enough.**

# Commissioner's voice: Cornwall Council

To provide system context, we asked Cornwall Council's Integrated People Commissioning Team to share their perspective on workforce pressures and system planning.

The Council's ambitions are set out in Cornwall's Adult Social Care Workforce Strategy 2024–2027, which aims to build a larger, better-skilled and well-supported workforce able to meet rising demand. To meet projected growth in demand for adult social care, the strategy indicates the independent sector workforce would need to expand by an estimated 30–35% by 2035. Although in reality this is unlikely, the strategy is in place as a focus; to develop and retain the current workforce while attracting new people to the sector, and to support workforce planning so that care can be commissioned and delivered differently in the future.

A long-term priority is achieving parity with NHS pay, terms and conditions, reducing reliance on zero-hours contracts, and improving progression routes so that care work becomes more secure, respected and financially viable. The strategy also places strong emphasis on staff wellbeing and on supporting providers to strengthen workplace culture and management capability.

Cornwall currently has 198 residential settings and 44 nursing homes. Cornwall Council commissions placements across a significant number of these, currently funding around 2,300 residential placements and 2,500 home care packages for adults with a wide range of needs.

The Integrated People Commissioning Team oversees contracting, quality assurance and demand management across these services. Proud to Care Cornwall continues to play a key role in recruitment and retention across adult social care, and we are grateful for their insights into the challenges and opportunities highlighted through this research.

**We said: Our data shows that only around a third of the workforce feel their workload is manageable, with many describing high and sustained pressure.**

**CC told us:** This mirrors national feedback. Unison’s 2024 workload report, quoting a TUC poll, found that “a majority of workers (55%) feel that work is getting more intense over time” and “three out of five (61%) workers... felt exhausted at the end of each day.” The CQC’s *State of Health Care and Adult Social Care in England 2024/25* reports that vacancy and turnover rates have fallen, but also that “we are hearing how adult social care workers are leaving the sector due to being overworked and undervalued.”

**We asked:** *How is workload sustainability currently being factored into workforce commissioning and planning?*

**CC told us:** All commissioned care contracts and tenders involve engagement with providers to shape service design. Services must reflect staff training, competence and supervision requirements, aligned with CQC expectations. Commissioners also assess the location of new services to ensure they can be staffed using local resources.

Cornwall Council’s Technology Enabled Independence Strategy (2025) is being implemented with the External Care Workforce Team (ECWT) and strategic providers. This includes TEC trials to identify efficiencies and improve workforce planning. The ECWT supports this through bespoke digital skills training delivered via the Digital Futures Cornwall Programme, including MS Excel, Canva and digital marketing, and “Using AI to support transformation.”

The Council has commissioned Plymouth University to complete a TEC Readiness and Digital Skills Assessment of the independent care sector. This will help identify digital capabilities and challenges and inform future workforce initiatives to support sustainable, technology-enabled care.

Under Proud to Care, the ECWT continues county-wide recruitment campaigns to help providers fill vacancies. These target groups such as young people and drivers, using stories and images of existing care workers.

Skills for Care data shows that only 9% of Cornwall’s care workforce is under 25. Since August 2025, the ECWT has hosted a University of Bath student on placement to research how to attract more young people into the sector.

**We asked:** *How is sickness absence and vacancy cover accounted for in workforce models, and where is mitigation expected to sit?*

**CC told us:** Providers are responsible for covering sickness and vacancies through their business continuity plans, which include overtime, agency use or redeployment. Skills for Care data shows sickness absence averaged 6.3 days in 2023, now reduced to 5.2 days.

National modelling is underway on the impact of introducing day one Statutory Sick Pay, as most care employers do not offer day-one occupational sick pay.

Cornwall Council is implementing strategic interventions to address the causes of sickness absence, including Care Coins and wellbeing support. Commissioners collect workforce data through contract and performance monitoring to ensure safe staffing, reviewing issues such as agency use, recruitment and retention. Workforce concerns are discussed in contract meetings, and the Council works in partnership with providers to ensure issues are raised promptly.

**We asked: *Many respondents say pay and work-related costs directly affect their ability to work or take on shifts. How do commissioning assumptions reflect the real-world financial pressures faced by the workforce in Cornwall?***

**CC told us:** It is known and recognised that care workers in Cornwall can face additional economic pressures arising from the high cost of housing, rurality and travel. The workforce strategy sets out an ambition to work collaboratively with other parts of the Council to ensure that any support available is made known to care workers, an example being guidance on affordable housing prepared with colleagues from the housing team.

Cornwall Council is currently a Foundation Living Wage Employer and Commissioner; therefore, providers are contractually required to ensure staff are paid FLW. The Council recognises that staff are the biggest assets that providers have.

National policy changes affecting international recruitment have had a profound impact on local authority adult social care workforce planning, service delivery, and market stability. While international recruitment has helped relieve short-term workforce pressures, recent shifts in government policy now create significant operational, financial, and ethical challenges for local authorities.

A number of national legislative and policy changes have impacted on the social care workforce locally and the council is working in partnership with providers to raise these issues with central government.

**We asked: *What indicators are you using to understand whether planned pay and workforce changes are improving retention rather than simply slowing turnover?***

**CC told us:** Nationally, the Fair Pay Agreement aims to reduce churn and stabilise provider teams. Its early focus is on raising the wage floor, though commentators suggest the negotiating body “must extend beyond a minimum rate to include a banded pay structure that rewards progression” if it is to address the recruitment and retention crisis. The government is signalling movement toward a national care service, with further clarity expected from the Casey Commission report in March.

Locally, the Council's collaboration with Manchester Metropolitan University ensures the workforce strategy is targeted at the areas most likely to influence successful recruitment and retention. Cornwall currently has the lowest turnover rate in the South West, alongside initiatives that promote the image of care work and offer career stability and progression.

Commissioning and quality assurance teams monitor risks to provider stability, and therefore workforce stability, and work closely with providers to address concerns as they arise.

**We asked:** *How confident are you that the proposed workforce pay changes will address the pay-related concerns raised by the workforce in Cornwall, and how will success be measured locally?*

**CC told us:** The Cornwall and Isles of Scilly Careers Hub estimates that 4 in 10 Cornish jobs are low paid. The impact of the planned Fair Pay Agreement (FPA) depends on realistic oversight of who is working in adult social care, but there is currently no mandatory registration for most roles, limiting system-wide measurement.

Cornwall Council currently commissions directly from approximately 50% of the local adult social care provider market, which employs around 14,000 individuals. The fair cost of care was benchmarked in 2022–23, and provider fees have kept pace with inflation. However, no additional government funding has been provided to cover new employer costs, including the National Insurance increase (April 2025) or day-one Statutory Sick Pay (from April 2026).

Providers commissioned by the Council must pay at least the Foundation Living Wage, and Cornwall compares favourably with other South West authorities, though rising National Living Wage rates will narrow this gap.

Cornwall Council also submitted a joint response to the government's FPA consultation following a roundtable with senior leaders and strategic providers, reflecting a collaborative approach to understanding the local impact of pay reform.

**We asked:** *A significant proportion of the workforce report increasing complexity of need among the people they support. How is this increasing complexity reflected in training investment, workforce planning and care pricing?*

**CC told us:** Commissioned care contracts use fee methodologies that set agreed rates and ranges, benchmarked across the sector and aligned with national data and local policy. Contract criteria include standard, complex, and exceptional rates to reflect different levels of need and support provider sustainability.

Residential, nursing, and housing-and-support contracts operate under an access agreement with the NHS Integrated Care Board (ICB), covering both health and social care tasks. The Joint Fee Methodology, developed by the Council and the NHS ICB, includes four tiers for residential and nursing care. These tiers are designed to reflect rising complexity, with Tier 4 used for the most complex placements and allowing bespoke pricing to meet individual needs.

The government's expectation that people should recover at home after hospital stays, as outlined in the NHS 10-year plan, places clear requirements on providers to ensure home-care staff receive the training needed to support this model of care.

**We asked:** *Where staff feel under-prepared for complex cases, how is responsibility shared between providers, commissioners and the wider system to address this?*

**CC told us:** Council adult care contracts are accessed by health partners through an access agreement, where levels of complexity are identified through clinical oversight. Care requirements are determined by health colleagues, and safe, high-quality care is supported by a multidisciplinary team (MDT) to ensure staff competency. Additional training is considered where appropriate, and different legal frameworks, including Continuing Health Care, may apply.

Commissioners review current demand and market gaps to support market management and ensure residents' needs are met.

**We asked:** *What preventative or wellbeing-focused approaches are being prioritised to support workforce resilience at a system level?*

**CC told us:** Cornwall's Adult Social Care Workforce Strategy sets an aspiration for a healthy and supported workforce, with health, wellbeing, equality, diversity and inclusion central to this aim. The Council has long supported access to Care Coins through Red Umbrella, available to all adult care workers via Cornwall Partners in Care (CPIC).

Since January 2025, the Council has offered free health checks through its Occupational Health team. These include a 30-minute appointment covering cholesterol, BMI and blood pressure, followed by advice on healthy lifestyle changes and goal setting. The Council has begun revisiting settings to review progress and the impact of changes.

In July 2025, a Health Needs Assessment (HNA) was launched to identify health challenges, existing support, and areas needing improvement. It was distributed across Proud to Care channels, partner networks, and in paper form to every care organisation. Responses are now being evaluated with Public Health colleagues.

Survey findings will guide new wellbeing interventions over the next year. The ECWT is focusing particularly on reaching harder-to-engage parts of the workforce, such as community-based staff.

The Council is also working with Public Health to secure funding for a mental health prevention programme, a mobile app originally designed for the NHS and adapted for adult social care by other local authorities. This would supplement the current Care Coins offer delivered through CPIC.

**We asked:** *Many staff report limited awareness of pay reform, immigration changes and wider policy shifts affecting the sector. How is the system ensuring that frontline staff understand changes that directly affect their livelihoods and career decisions?*

**CC told us:** Regular briefings on the Employment Rights Act are shared with providers and system partners through bulletins, the provider portal, the Quality Assurance Board and engagement sessions. Further guidance is planned with Economic Development, with a focus on SMEs. The Council can target information to specific groups to ensure visibility of key messages.

Proud to Care Cornwall maintains a strong presence on Facebook, Instagram and LinkedIn. The redesigned Proud to Care website (launched October 2025) offers improved functionality for jobseekers and providers, with future phases including Care Worker accounts for tracking career progression, training and communication.

The Piota app is used to share updates about living and working in Cornwall with international care workers, and access is offered to anyone contacting the sponsored worker email. The Council is exploring expanding the app's scope if funding allows.

Cocobean Consultancy has been recommissioned for 2025/26 to continue supporting the international workforce, offering holistic support including foodbanks, legal advice, housing help and language cafés.

**We asked:** *Despite the challenges, many staff stay because of commitment to the people they support. How is the system seeking to protect and sustain this motivation without relying on goodwill alone?*

**CC told us:** The Proud to Care Awards in September celebrated compassion and professionalism across the sector, with over 800 nominations, 200 attendees and more than 1,000 livestream viewers. The event generated stories, photos and short reels to support 2026 nominations and boost sector morale.

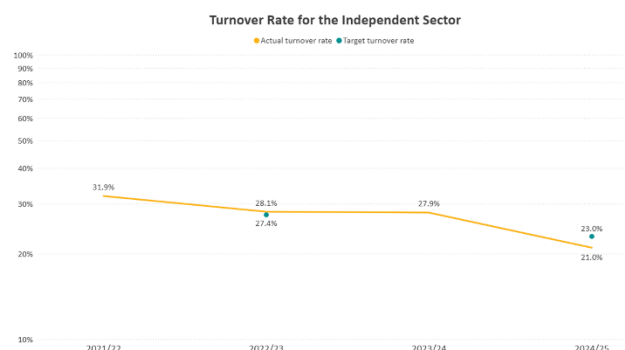
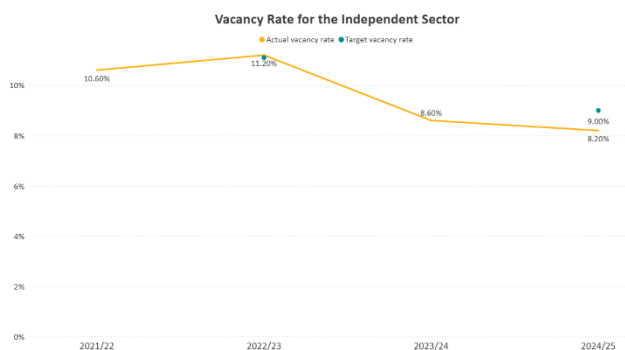
A programme of campaigns continues to raise the profile of care work, including recent themes focused on “real stories” and “drivers with heart,” the latter co-designed with home-care providers to support recruitment.

High-quality leadership is recognised as essential for strong team morale, and significant investment has been made in training through an accredited Registered Manager Development Programme.

The ECWT is committed to improving communication with the sector to highlight investment in initiatives and to drive engagement with the workforce strategy, so that staff feel valued and supported.

**We asked:** *From your perspective, what would meaningful improvement in workforce stability look like over the next 12–24 months?*

**CC told us:** The workforce strategy sets clear targets for reducing vacancies and turnover. Baseline Registered Manager vacancies were 11.1%, with a target of 9% for 2025 and 6% by 2028. For retention, baseline turnover across all staff groups was 27.4%, with a target of 23% for 2025 and 18% by 2028. Recruitment and retention trends over the last four years are tracked in the graphs below.



# Wider context

We wanted to make sure our findings were in line with the national adult social care workforce picture and looked for comparisons with other research on similar topics.

First of all, however, we cannot consider the wider context of the sector without referring to the Independent Commission on Adult Social Care, chaired by Baroness Louise Casey and known as the Casey Review. Launched in January 2025 it represents the government's most significant attempt in years to reset the future of the sector.

Central to its remit is strengthening the workforce: addressing chronic issues of pay, recruitment, and retention, and responding to calls for a fully funded plan to align care workers' pay, conditions, status, and recognition with those in the NHS. These are many of the same issues raised by the workforce and providers we engaged with for this report.

## Working conditions, workload and wellbeing

We found that Cornwall's workforce reports of understaffing, long hours, stress, and emotional burden mirror national findings. The Department for Health and Social Care Workforce Survey (2025) shows that 71% of provider locations found recruitment challenging, directly contributing to staff stress and low morale. This is a much higher number than that reported by the providers we heard from, but it is again worth bearing in mind the relatively small group we engaged with which may not be a completely accurate representation. Similarly, the Ipsos Work-Related Quality of Life study (2024) identifies widespread burnout, emotional strain and excessive workloads across England.

Cornwall's experience sits firmly within this national pattern, though its rurality intensifies travel- and housing-related stressors.

## Time to provide quality care

Time pressure is a major theme nationally. The CQC's State of Care 2024/25 (2025) reports that community services are overstretched, with workforce gaps leading to rushed care and unmet needs. Homecare services experience especially high vacancy rates, limiting continuity and quality.

Our findings that 32% rarely or never have enough time for quality care, and many work unpaid extra hours, align with this national picture.

## Pay and cost of living

Cornwall workers' concerns about low pay reflect national evidence which is that:

- Minimal wage progression exists experienced workers earn only 10p more per hour than new starters.
- National reports consistently highlight pay as the top recruitment and retention barrier (DHSC 2025, Care England 2025).

The challenges in Cornwall are acute due to high housing costs and travel burdens, which national reports acknowledge regionally but do not emphasise to the degree seen in Cornwall.

## Recruitment, retention and vacancy landscape

Nationally, vacancy rates have improved but remain high: approximately 111,000 posts (7%) were vacant in 2024/25 in England, three times that of the wider economy (Skills for Care, 2026). Recruitment remains extremely difficult nationally, especially in domiciliary care, mirroring our finding that 72% of providers struggle to hire (although qualitative and verbal feedback contradicted this and therefore, we cannot say definitively that Cornwall is on a par with the rest of the UK).

Retention issues nationally include pay competition, burnout, and limited progression which are identical to Cornwall's themes (Georgiadis & Kornelakis, 2025). Cornwall has pockets of unusually strong retention, but the overall picture seems to be consistent with national findings.

## Training, progression and skills gaps

The skills gaps we heard about, mainly around complex care, dementia, mental health, behaviour support, and digital skills, match the DHSC Workforce Skills Survey (2025), which found 46% of providers struggled to recruit people with the right skills. This same survey also highlights insufficient specialist training availability and digital skills gaps, especially among older staff.

## Digital readiness and technology in care

From our research, Cornwall appears to be ahead of the curve, reporting strong digital adoption and high levels of confidence among staff in using technology (some frustrations with specific systems notwithstanding).

The national view is that digital maturity is improving but uneven. The CQC notes that technology use is growing but poorly integrated in many settings (CQC, 2025). The NIHR-funded Health Determinants Research Collaboration Cornwall's newly published review of technology-enabled social care highlights the significant potential for digital tools to shift adult social care from crisis intervention toward prevention, early support and greater independence. The review concludes that national ambitions will not be realised without clearer governance, stronger system alignment and dedicated support for workforce confidence. (Asthana et al., 2026).

For Cornwall, this means embedding digital transformation directly into workforce planning, training, recruitment and commissioning while ensuring that technology strengthens, rather than replaces, the relational foundation of care.

## **Cornwall-specific factors in the national context**

Cornwall's rurality, its transport challenges and extreme housing pressures create unique intensifiers of workforce issues. National reports acknowledge rural recruitment challenges, affordability issues, and transport gaps, but Cornwall experiences these more sharply than many other regions. (Skills for Care, 2026; CQC, 2025).

There is work being done in this area, however. A joint call to action published in February 2026 by Cornwall Council, Bristol City Council, Harbour Housing, the Association of Directors of Adult Social Services and others (Cornwall Council et al., 2026) argues that supported housing is the missing link in social care reform. The paper makes the case that without safe, stable housing with the right level of support, councils will remain stuck in expensive, crisis-driven responses rather than being able to invest in prevention and early intervention.

Cornwall Council is highlighted as a positive example, with commissioning and housing teams jointly leading delivery of a supported and specialist housing strategy. The central message is when housing and care work together, people get better support and public money goes further, but local partners cannot drive this change alone without national leadership and reform.

## **Increasing complexity of care needs**

Our findings that 69% of the workforce are increasingly caring for people with more complex needs, including co-morbidities and dementia, reflect national trends. CQC (2025) reports rising complexity, especially dementia and mental health while Skills for Care (2026) projects that England will need 470,000 more care posts by 2040 due to rising acuity.

## National policy changes: Immigration and pay reforms

The concerns about immigration rules voiced in this report are strongly supported by national evidence. In 2025, the DHSC reported that care worker visas dropped by 84% in Q1 2024 after policy changes and at the same time the CQC warned that ending new care worker visas will worsen shortages.

Confusion expressed among Cornwall's workforce regarding these reforms mirrors national surveys showing that many care workers are unaware of major policy changes. (Ipsos, 2024).

## Other systemic concerns

Other concerns that arose, mainly from our focus groups and interviews, which were around experiences of commissioning processes, inappropriate discharges and delayed reviews mirror national findings. CQC (2025) and CMS LawNow (2025) reports describe system fragmentation, poor discharge pathways, and lack of community capacity.

In summary, the findings in this report align closely with national patterns across all themes. Where Cornwall stands out is down to the structural realities of where we live and its rurality, making travel sometimes difficult and housing expensive.

**This tells us: Cornwall's challenges mirror national patterns across England, but are intensified by rurality, housing pressures, and travel barriers, emphasising the need for national reform alongside place-based solutions.**

# Factors supporting workforce retention

Cornwall's adult social care workforce demonstrates a deep commitment to the people they support. Staff consistently spoke about the meaningful relationships they build with individuals and the pride they take in delivering person-centred care, even in challenging circumstances. This strong sense of purpose is a defining strength of the sector and underpins workforce resilience.

Strong team cultures also emerged as a major positive theme with many workers describing supportive, close-knit teams and managers who are approachable, hands-on, and invested in staff wellbeing.

These positive workplace cultures help retain staff, build trust and confidence, and foster environments where people feel valued and able to deliver high-quality care.

Providers also demonstrated their commitment to training and development, and digital adoption. Most staff reported good access to training, along with structured inductions, in-house trainers, competency frameworks, and opportunities for qualifications and progression.

Similarly, digital readiness and confidence across the sector is high, with providers implementing paperless systems, effective use of digital care planning tools, and support for staff who require help to improve their digital confidence.

We heard clear examples in our research of strong staff retention within the sector. Several providers said they had a good level of workforce stability, with some describing staff staying eight years or more, and our Enter and View findings in particular highlighted teams where people have remained with the same employer for long periods citing the good culture at work for their loyalty.

This demonstrates the impact of supportive cultures, good leadership, and a sense of belonging and how these factors provide a solid foundation for sustaining a committed and experienced workforce.

6

"The greatest motivation is the job satisfaction that comes from knowing I am making a difference."

*Staff Member*

9

The strengths described here closely align with the Council's priorities set out in Cornwall's Adult Social Care Workforce Strategy, which emphasises the importance of positive workplace culture, supportive leadership and valuing the workforce, as drivers of staff retention.

The key strategic ambitions set out in the strategy around improving induction processes and qualifications, building digital capability, and strengthening retention through good management and supportive environments are already present within parts of the sector, providing an excellent grounding for delivering these goals.

**This tells us: A strong sense of purpose, supportive team cultures, committed leadership, and opportunities for training and progression create the conditions for long-term retention and a stable, experienced workforce.**

# Recommendations

## What this means for the system

The findings presented in this report highlight a number of workforce pressures that have implications not only for staff wellbeing but also for the sustainability and quality of adult social care in Cornwall.

While many providers reported committed teams and stable recruitment in their own services, the consistency of themes across workforce responses, provider engagement, and wider system insight suggests that several challenges are structural rather than isolated.

Healthwatch Cornwall's role is to present the experiences we hear from the workforce alongside system context. The following recommendations are intended to support constructive discussion with system partners about how these issues are being addressed and how progress can be demonstrated over time.

The following recommendations are grounded in the experiences shared by the adult social care workforce, alongside insight from providers and system partners.

They highlight areas where the evidence suggests there are opportunities to strengthen workforce sustainability, wellbeing, and system coordination.

These recommendations are intended to support collective reflection and action, recognising that improving workforce experience is fundamental to maintaining safe, high-quality care for the people of Cornwall.

# Recommendation 1



## Address the structural causes of workforce stress and burnout.

### Evidence from the report

Staff described high stress, emotional strain, and workload pressure, with many reporting burnout risks. Feedback suggests that services are often sustained through staff commitment and personal resilience rather than structural workforce support.

### What we are asking

System partners should set out how they are tackling and monitoring the root causes of workforce stress, not just its symptoms, with particular attention to safe staffing levels, workload management, and the emotional demands of increasingly complex care.



### How this could be evidenced

- Safe staffing expectations built into commissioning and contract requirements.
- Workforce stress and workload data tracked over time, with clear targets for reduction.
- Evidence that workforce wellbeing programmes are reaching frontline staff, including domiciliary and community care workers.



### What improvement would look like

A measurable reduction in work-related stress, with staff wellbeing sustained through structural support rather than individual resilience.

## Recommendation 2



**Ensure workforce strategies reflect real cost pressures.**

### **Evidence from the report**

Staff consistently identified pay, travel costs, and cost of living as barriers to retention and shift uptake.

### **What we are asking**

Commissioners should set out how workforce cost pressures, including travel and housing, are considered within commissioning assumptions and workforce strategy delivery.



### **How this could be evidenced**

- Explanation of how workforce cost pressures are considered in fee-setting and commissioning assumptions.
- Description of initiatives specifically addressing rural travel barriers, such as mileage rates and rota planning.
- Evidence of engagement with the workforce and providers on the adequacy of pay relative to local living costs.



### **What improvement would look like**

Greater transparency and confidence among staff that financial pressures are understood and reflected in planning.

## Recommendation 3



**Align workforce planning and training with increasing complexity of care needs.**

### **Evidence from the report**

The vast majority of both staff and providers reported increasing care complexity and role expansion.

### **What we are asking**

System partners should demonstrate how workforce planning reflects rising acuity, including training, support, and commissioning assumptions.



### **How this could be evidenced**

- A training needs assessment that maps current provision against the skills required for rising care complexity.
- Training or skills initiatives linked to emerging needs
- Examples of how complexity is reflected in commissioning decisions



### **What improvement would look like**

Staff feeling equipped and confident to meet the needs of the people they support, with training that goes beyond compliance to develop genuine clinical and specialist competence.

## Recommendation 4



**Demonstrate progress on the workforce pipeline commitments already made, with particular attention to younger workers.**

### Evidence from the report

According to the Skills for Care report, only 9% of Cornwall's care workforce is under 25, creating a pipeline risk that threatens the sector's long-term sustainability.

### What we are asking

Cornwall's Adult Social Care Workforce Strategy already commits to engaging schools and colleges, developing career pathways, and growing the proportion of younger workers in the sector. We are asking system partners to demonstrate that this work is translating into measurable progress.



### How this could be evidenced

- Data on the age profile of new entrants to the sector and whether the proportion of under-25s is increasing over time.
- Evidence that school, college and education partnerships are generating placements and employment pathways, not just awareness-raising activity.
- Evidence of career progression frameworks being consistently communicated to staff across all care settings.



### What improvement would look like

A growing and more balanced workforce where the proportion of under-25s is steadily increasing, young people can see clear and appealing career pathways in adult social care, and early-career staff feel supported, valued, and able to progress.

## Recommendation 5



**Strengthen communication channels to the frontline workforce on policy and system changes.**

### **Evidence from the report**

Many staff reported limited awareness of national reforms and local initiatives and that changes within the sector have simply not been explained, suggesting that existing communication channels may not always reach the frontline workforce effectively.

### **What we are asking**

Partners should demonstrate how workforce communication is being strengthened to ensure staff understand changes affecting their roles. This is particularly important for internationally recruited workers, those on zero-hours or part-time contracts, and staff without regular

### **How this could be evidenced**



- Communication plans or engagement activity targeting frontline workers, including mobile-friendly and non-digital formats where needed.
- Workforce feedback on awareness.
- Examples of accessible information channels.



### **What improvement would look like**

A workforce that feels informed and less uncertain about the future.

## Recommendation 6



### Continue strengthening system coordination.

#### Evidence from the report

Providers described pressures linked to commissioning processes, delays, and system alignment issues.

#### What we are asking

System leaders should demonstrate how they are working collaboratively to reduce system pressures affecting providers and frontline staff.



#### How this could be evidenced

- Examples of joint initiatives or system forums.
- Actions taken in response to provider feedback.
- Evidence of improvements to processes.



#### What improvement would look like

Reduced operational friction and clearer system alignment.

Healthwatch Cornwall would welcome a response outlining how partners intend to consider these findings and any actions planned. We will continue to use our insight to monitor progress and share workforce feedback over time.

# Conclusion

Healthwatch Cornwall's independent role enables us to present insight from the workforce and providers that complements wider system engagement.

The findings in this report suggest that ongoing workforce pressures could have significant implications for the quality, continuity, and safety of care in Cornwall.

Staff told us about high levels of stress, emotional fatigue, and unmanageable workloads, with many working beyond their contracted hours to maintain quality care for the people they support.

While their commitment currently fills the gaps, this level of reliance on staff resilience raises questions about long-term sustainability. If pressures continue to rise, especially given the context of increasing care complexity, staffing shortages, and financial strain, there is a risk that staff will have less time to provide the meaningful, high-quality support they currently do. This could lead to more rushed care, reduced continuity, and a decline in the relational aspects of care that workers identify as central to good outcomes both for themselves and those they care for.

If Cornwall cannot secure and sustain the right workforce, the evidence points to wider system impacts.

Providers describe managing increasingly complex needs of the people coming into their care, and gaps in staffing or skills could have a detrimental effect on safety and create moral distress among teams.

Whilst some of the providers we heard from reported stable recruitment and retention in their settings, where there are challenges for others they could be intensified by visa rule changes, pay not keeping up with the rising cost of living as well as travel and transport barriers, and competition from other sectors, meaning that without action, vacancies could grow and instability could increase.

This would not only affect the wellbeing of staff but could also compromise people's ability to access the right care at the right time.

In essence, without a stable, well-supported workforce, Cornwall's adult social care system may face increasing challenges in delivering continuous, safe, high-quality, person-centred care at the level residents need and deserve.

This is not a new challenge, but the consistency and strength of feedback reinforce the urgency for meaningful, sustained action. Addressing these issues requires a continued focus on collaboration, long-term workforce planning, and the integration of health and social care services.

**The findings in this report provide a clear evidence base to inform decision-making, strengthen system leadership, and ensure that future approaches are grounded in the lived experiences of people and the workforce.**

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# Key Resources

**For a deeper look at strategies and issues affecting the adult social care sector**

**Cornwall Council's Adult Social Care Strategies:**

<https://www.cornwall.gov.uk/health-and-social-care/adult-social-care/strategies/>

**Skills for Care: Supporting the adult social care sector**

<https://www.skillsforcare.org.uk>

**Casey Commission: Independent Commission on Adult Social Care**

<https://caseycommission.co.uk/>

**If you are interested in working in the care sector**

**Proud to Care Cornwall**

<https://proudtocarecornwall.org.uk/>

**Cornwall Opportunities**

<https://www.cornwall-opportunities.co.uk/>

**If you work in the care sector and need support**

Many organisations have an **Employee Assistance Programme** that can help with wellbeing issues including stress and financial concerns. Talk to your line manager about what support is available.

**ACAS** offers free, impartial advice to both employees and employers on workplace rights, rules and best practice.

<https://www.acas.org.uk/>

If you are finding things very difficult, there are many online resources available for mental health support, including **Cornwall Mind**.

<https://cornwallmind.org/>



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