DINAS A SIR ABERTAWE

HYSBYSIAD O GYFARFOD

Fe'ch gwahoddir i gyfarfod

PWYLLGOR DATBLYGU A CHYFLWYNO POLISI DIOGELU

Lleoliad: **Ystafell Bwyllgor 5, Neuadd y Ddinas, Abertawe**

Dyddiad: **Dydd Mercher, 19 Gorffennaf 2017**

Amser: **2.00 pm**

Cadeirydd: **Cynghorydd Ryland Doyle**

Aelodaeth:
Cynghorwyr: J P Curtice, S J Gallagher, P R Hood-Williams, L James, Y V Jardine, E J King, H M Morris, K M Roberts, M Sykes, G J Tanner a/ac L V Walton

AGENDA

Rhif y Dudalen.

1 **Ymddiheuriadau am absenoldeb.**

2 **Datgeliadau o fuddiannau personol a rhagfarnol.**
www.abertawe.gov.uk/DatgeliadauBuddiannau

3 **Cofnodion.** **1**
Cymeradwyo a llofnodi, fel cofnod cywir, gofnodion y cyfarfod(ydd) blaenorol.

4 **Y Cylch Gorchwyl. (Er gwybodaeth.)**
Hybu datblygu Polisïau Corfforaethol Diogelu y cyngor i'w hystyried a'u mabwysiadu gan y Cabinet a/neu'r cyngor fel y bo'n briodol.

5 **Cefndir i'r Siarter Gofal Moesegol.** **2 - 67**

6 **Cynllun Gwaith 2017 - 2018. (Trafodaeth)**

7 **Amserau Cyfarfodydd ar gyfer Blwyddyn Ddinesig 2017-2018.**

Cyfarfod Nesaf: Dydd Mercher, 16 Awst 2017 ar 2.00 pm

Huw Evans

Huw Evans
Pennaeth Gwasanaethau Democrataidd
Dydd Mercher, 12 Gorffennaf 2017

Cyswllt: Gwasanaethau Democrataidd: - 636923

CITY AND COUNTY OF SWANSEA

MINUTES OF THE POLICY DEVELOPMENT AND DELIVERY COMMITTEE 4

HELD AT COUNCIL CHAMBER, GUILDHALL, SWANSEA ON THURSDAY, 25 MAY 2017 AT 4.48 PM

PRESENT:

Councillor(s)	**Councillor(s)**	**Councillor(s)**
C R Doyle	T J Hennegan	E J King
M B Lewis	R D Lewis	P M Matthews
S Pritchard	D W W Thomas	L V Walton

Apologies for Absence
Councillor(s): S J Gallagher and H M Morris

1 **TO SUSPEND COUNCIL PROCEDURE RULE 12 "CHAIR OF MEETINGS" IN ORDER TO ALLOW THE PRESIDING MEMBER TO PRESIDE OVER THE UNDER MENTIONED AGENDA ITEMS.**

RESOLVED that Procedure Rule 12 be suspended in order to allow the Chair of Council to preside over this meeting.

(COUNCILLOR D W W THOMAS PRESIDED)

2 **TO ELECT A CHAIR FOR THE MUNICIPAL YEAR 2017 - 2018.**

RESOLVED that Councillor C R Doyle be elected Chair for the 2017-2018 Municipal Year.

(COUNCILLOR C R DOYLE PRESIDED)

3 **TO ELECT A VICE CHAIR FOR THE MUNICIPAL YEAR 2017 - 2018.**

RESOLVED that Councillor E J King be elected Vice-Chair for the 2017-2018 Municipal Year.

4 **DISCLOSURES OF PERSONAL AND PREJUDICIAL INTERESTS.**

In accordance with the Code of Conduct adopted by the City and County of Swansea, no interests were declared.

The meeting ended at 4.49 pm

CHAIR

Report of the Head of Adult Services

Safeguarding Policy Development & Delivery Committee – 19 July 2017

ETHICAL CARE CHARTER

Purpose:	To confirm the officer advice regarding the commitment to implement Unison's Ethical Care Charter.
Corporate Priorities:	Safeguarding Vulnerable People Creating a vibrant and viable city and economy Tackling Poverty Building Sustainable communities - Sustainable Swansea Fit For The Future
Reason for Briefing:	*To update the report that was considered by Cabinet Exec Board Away Day on 22nd June 2015 in light of the commitment to adopt Unison's Ethical Care Charter made on 26th April 2017. This briefing describes the local authority's current position and provides Officer advice to Cabinet.*
Consultation:	Existing domiciliary care providers (internal and external provision) Other Local Authorities across the UK
Recommendation(s):	It is recommended that: 1) The City & County of Swansea adopt a Swansea Care Charter, developed and agreed with Unison locally, through the Domiciliary Care Commissioning Review process.
Report Author:	Alex Williams
Finance Officer:	Chris Davies
Legal Officer:	Pamela Milford
Access to Services Officer:	Sherrill Hopkins

1.0 Introduction

1.1 Unison's Ethical Care Charter was born from a Unison survey of homecare workers entitled 'Time To Care' undertaken between June and July 2012 to gain their views on why there were so many problems in the sector. See Appendix 1.

1.2 Unison reports that the 431 responses received from Home Care Workers 'showed a committed but poorly paid and treated workforce which is doing its best to maintain good levels of quality care in a system that is in crisis. The report highlighted how poor terms and conditions for workers can help contribute towards lower standards of care for people in receipt of homecare services.'

1.3 The report goes on 'For the system to work it needs to be underpinned by adequate funding and a workforce whose terms and conditions reflect the respect and value they deserve. Crucially they must be given the time to care.'

1.4 Unison states 'the over-riding objective behind the Charter is to establish a minimum baseline for the safety, quality and dignity of care by ensuring employment conditions which a) do not routinely short change clients and b) ensure the recruitment and retention of a more stable workforce through more sustainable pay, conditions and training levels. Rather than councils seeking to achieve savings by driving down the pay and conditions that have been the norm for council – employed staff, they should be using these as a benchmark against which to level up.'

1.5 To date, Unison's campaign website www.savecarenow.org.uk reports that 27 Local Authorities and 2 Local Authority Trading Companies and 2 providers have publicly announced their adoption of the Ethical Care Charter (Appendix 2).

1.6 A paper entitled 'Draft Briefing Note for the head of Adult Services on Implications of the City & County of Swansea Adopting Unisons's Ethical Care Charter for the Commissioning of Home Care Services' dated January 2015 went to Executive Board in April 2015. This summarised where the City & County of Swansea was in terms of the 3-stage Charter in respect of its internal and external domiciliary care workforce.

1.7 Executive Board agreed that further research was required to inform Officers advice to Cabinet on the Charter. Officers therefore commenced this research work as part of the Commissioning work stream of Sustainable Swansea Fit For the Future (SSF4F).

1.8 At Cabinet on 15th June 2017, Members agreed to a mixed model of delivery with clearly defined internally delivered and externally commissioned services as recommended by the domiciliary care commissioning review under SSF4.

1.9 Officers have now commenced preparatory work on reviewing current contracts as per the Procurement Legislation.

2.0 Current compliance with Unison's Ethical Care Charter

2.1 In their guidance on adopting the Charter for Councils and other providers, Unison state that by signing up to the Charter, 'there would be an immediate commitment to Stage 1 and a plan to adopt stages 2 and 3.'

2.2 Every two years officers undertake a survey of the Terms and Conditions of care workers with our external domiciliary care providers. The latest was conducted in January 2017 and resulted in responses from 17 out of the 19 providers canvassed.

2.3 It is pleasing to note that the City & County of Swansea already meets/nearly meets many of the requirements of the Ethical Care Charter (Appendix 4).

2.4 Of the 5 criteria in **Stage 1**, the City & County of Swansea already meets or exceeds 4 of them. The only criteria, where there is uncertainty regarding compliance in the external domiciliary care sector is, that 'Homecare workers will be paid for their travel time, travel costs and other necessary expenses such as mobile phones' as our survey did not ask about payment for 'other necessary expenses'.

2.5 Of the 5 criteria in **Stage 2**, the City & County of Swansea already meets or exceeds 3 of them

- 1 of our external domiciliary care providers state they only offer zero hours contracts
- 1 of our external providers expects their care staff to pay for the cost of training

2.6 The City & County of Swansea is not compliant with either of the 2 criteria in **Stage 3**, namely that

- All homecare workers be paid at least the Living Wage[1] (£8.45 per hour outside London).
- All homecare workers will be covered by an occupational sick pay scheme.

3.0 How we could address areas of non compliance

3.1 At a domiciliary care provider forum on 15th April 2015, existing providers agreed with the principles behind adopting minimum standards to ensure safety, quality and dignity of care, although there was greater appetite for developing a Swansea Charter than for Swansea to adopt the Ethical Care Charter (Appendix 4).

[1] Living Wage Foundations' Living Wage rate

3.2 Providers also agreed that the Terms and Conditions of care workers, the recruitment and retention of care workers, and the quality of care provision were inextricable linked with the commissioning practices of the Local Authority (and other commissioners).

3.3 Providers highlighted changes that would be required to our existing commissioning practices in order to guarantee hours for those staff who did not want the flexibility of a zero hours contract (moving away from spot contracts to block contracts with guaranteed hours).

3.4 Providers indicated that without re-shaping or re-modelling domiciliary care provision in Swansea, there would be a financial cost to the Local Authority of implementing, in particular, Stage 3 of the Ethical Care Charter, which asks that care workers are paid at least the Living Wage and are covered by an Occupational Sick Pay scheme.

3.5 This feedback has informed the commissioning review for domiciliary care (under SSF4) and work has now commenced on preparatory work for a procurement exercise to secure sustainable domiciliary care services to meet the needs of the citizens of the City & County of Swansea with an assessed and eligible need.

3.6 In addition, Intermediate Care Funding has been sourced to promote the sustainable recruitment and retention of care staff in the external domiciliary care sector through

- The development and implementation of a recruitment and retention strategy (2017-2020)
- Raising the profile of the workforce through a targeted marketing campaign
- Promotion of value based recruitment amongst providers
- Promotion of career and training opportunities available in the sector.

4.0 A Swansea Care Charter

4.1 Initial research undertaken in 2014/15 on the implications of adopting and implementing the Ethical Care Charter with authorities across the UK revealed that other local authorities had chosen instead to develop their own Care Quality Standards or Care Charter.

4.2 The former Cabinet Member for Adults and Vulnerable People and existing provider base indicated a desire to develop a Swansea Care Charter that would address Unison's over-riding objective behind the Ethical Care Charter (as outlined in para. 1.4) *'to establish a minimum baseline for the safety, quality and dignity of care by ensuring employment conditions which a) do not routinely short change clients and b) ensure the recruitment and retention of a more stable workforce through more sustainable pay, conditions and training levels.'*

4.3 Such a Charter to include minimum standards for training, minimum wage levels, guaranteed hours, geographic rota planning (to map the integrated community hubs) and it was suggested that if a consortia of providers signed up to such a Charter, that it would also reduce the migration of staff from one provider to the next.

4.4 Provider representatives have been identified to work with local authority officers and union representatives to work on drafting a Swansea Charter.

4.5 Officers are unable to foresee a time when the Local Authority could seek to raise wage levels by the amount necessary to meet the requirements of Stage 3 of the Unison Ethical Care Charter, namely the payment of the Living Wage Foundation's living Wage and ensuring that all domiciliary care workers are covered by an occupational sick pay scheme.

5. Implications of adopting a Care Charter

5.1 A SWOT analysis has been undertaken on adopting the Ethical Care Charter, and it would appear that the strengths and opportunities are far outweighed by the weaknesses and threats. See appendix 6. The greatest of these being the cost of implementation (see 6. below).

6.0 Financial Implications

6.1 Initial research undertaken into the costs of implementing the Ethical Care Charter with other local authorities across the UK suggests that those authorities that have costed its implementation have set aside contingency funds to do so, some of over £5M.

6.2 The Government has committed to increasing the national living wage level annually and it is intended to reach 60% of average wages (approximately £9 per hour) by 2020. Rates are usually updated in April.

6.3 The Welsh Government recognises the budgetary challenges when wages are increased, particularly in some publicly-funded sectors such as social care.

6.4 The Living Wage Foundation's living wage is currently set at £8.45 per hour. The UK Home Care Association (UKHCA) reported in 2016 that commissioners would need to pay a minimum of £18.59 per hour for domiciliary care to enable providers to pay their employees the voluntary Living Wage when it was set at £7.85.

6.5 The City & County of Swansea paid a weighted average rate of £15.19 per hour for domiciliary care in the 2016/17 financial year.

6.6 Calculations on the cost of uplifting provider rates by the difference between the national living wage and the Living Wage Foundation's living

wage rate show that the additional financial burden upon the City & County of Swansea would be an estimated cost of £772,896.32 for a full year[2] (Appendix 6).

6.7 As the Council has already taken the decision not to adopt the UK Living Wage requirements and set a Swansea Living Wage at £7.61 per hour, consideration could be given, as part of any future specification development, to providers being required to pay at least the Swansea Living Wage. The cost of implementing the Swansea Living Wage would be up to £63,102.07 per annum.

6.8 The costs listed above are for implementing the Living Wage component of Stage 3 of the Ethical Care Charter only, and do not include any additional costs to the Local Authority of homecare workers in the external domiciliary care sector being covered by an occupational sick pay scheme.

6.9 The costs listed above are those for introducing a Living Wage in domiciliary care only, and could possibly set a precedent for other contracted providers in the care sector (e.g. residential and nursing home providers) and other contracted suppliers, thereby increasing the Council's overall costs.

6.10 Furthermore, once signed up to compliance with the living wage, the local authority would be tying itself into increases that are out of its control, often beyond inflation and, likely to be beyond increases in the funding available.

7.0 Legal Implications

7.1 National Minimum Wage legislation provides for care workers to be paid at least the national minimum wage for travelling in connection with work including travelling from one work assignment to another, training or travelling to training.

7.2 The Welsh Government's 'Code of Practice – Ethical Employment in Supply Chains' has been established to help ensure that workers in public sector supply chains in Wales are employed in a fair and ethical way. The Code covers the following employment issues:

- Modern Slavery;
- Blacklisting;

[2] To come up with a calculation, the following assumptions have been made:-
- Additional employee costs incur an on cost rate of 14% (Holiday pay, NI and Pension)
- Where companies are not paying for travel time, they are effectively paying staff £7.50/hour
- Where companies have not provided detail of their pay rates data has been extrapolated presuming they are all 'average'
- There are 52.14 weeks in a year
- Living wage will cover travel time too.

- False self-employment;
- Unfair use of umbrella schemes and zero hours contracts; and
- Payment of the Living Wage.

7.3 Public sector organisations ("Contracting Authorities" in the Public Contracts Regulations 2015) cannot make payment of the Living Wage a mandatory requirement as part of a procurement process, where the rate of the Living Wage is greater than any minimum wage set by, or in accordance with law (the National Minimum/Living Wage in the UK).

7.4 Welsh Government is currently consulting on the Phase 2 Implementation of the Regulation and Inspection Social Care (Wales) Act 2016.

7.5 The consultation on workforce aspects (which can be found at https://consultations.gov.wales/consultations/phase-2-implementation-regulation-and-inspection-social-care-wales-act-2016-workforce) is looking at proposals that support recruitment, retention and working practices in the domiciliary care sector, in order to help it deliver the best possible quality of care; including

- providers of domiciliary support services to distinguish between travel time and care time
- domiciliary care staff to be offered with an alternative to zero-hours contracts
- opening the register of social care workers to those employed in regulated domiciliary support services from 2018 is proposing

This consultation closes on 7th August 2017.

7.6 The Welsh Government consultation on statutory guidance for service providers and responsible individuals (which will replace the National Minimum Standards for Domiciliary Care Agencies in Wales) can be found at https://consultations.gov.wales/consultations/phase-2-implementation-regulation-and-inspection-social-care-wales-act-2016

This consultation closes on 25th July 2017.

7.7 Additionally, Social Care Wales, has launched a 5 year Care and Support At Home Strategy and is consulting on priorities for its implementation plan which includes:-

- Work with Qualifications Wales to develop revised health and social care qualifications
- Support the sector to prepare for registration of the domiciliary care workforce
- Work with the sector to explore priorities for public funds for training and learning

The consultation which closes on 14th July 2017.can be found at: https://www.surveymonkey.co.uk/r/casah

7.8 The results of these consultations will result in changes to the legislative/regulatory landscape in which domiciliary care services are to be provided. These changes will need to be reflected in the contracts that the City & County of Swansea has with its providers in the future.

7.9 Officers advise that any changes to terms and conditions be addressed as part of the procurement exercise.

8.0 Equality and Engagement Implications

8.1 A full Equality Impact Assessment (EIA) has been opened in respect of the domiciliary care commissioning review. This has been informed by multiple stakeholder events and feedback received from a public consultation.

8.2 Other than the domiciliary care provider forum in April 2015, there has been no separate consultation or engagement on the adoption of the Ethical Care Charter.

9.0 Recommendations

9.1 Based on the findings to date, Officers advise the following actions:-

- Respond to Welsh Government and Social Care Wales Consultation on domiciliary care workforce issues (July & August 2017)
- Continue to progress the Western Bay Intermediate Care Funded Recruitment & Retention Initiative- ensuring that it recognises links to the Care Charter.
- Develop a Care Charter for care provision in Swansea with providers, commissioners and unions that can be incorporated into a future procurement exercise
- Co-produce a service specification for the procurement exercise
- Include a 'Fair Work Practices' tender question in future procurement exercise to be evaluated alongside other criteria to ensure that an appropriate balance between quality and cost for the contract is achieved.

Background Papers:
Unison's Ethical Care Charter
https://www.unison.org.uk/content/uploads/2013/11/On-line-Catalogue220152.pdf

Welsh Government Code of Practice: Ethical Employment in Supply Chains
http://gov.wales/topics/improvingservices/bettervfm/code-of-practice/?lang=en

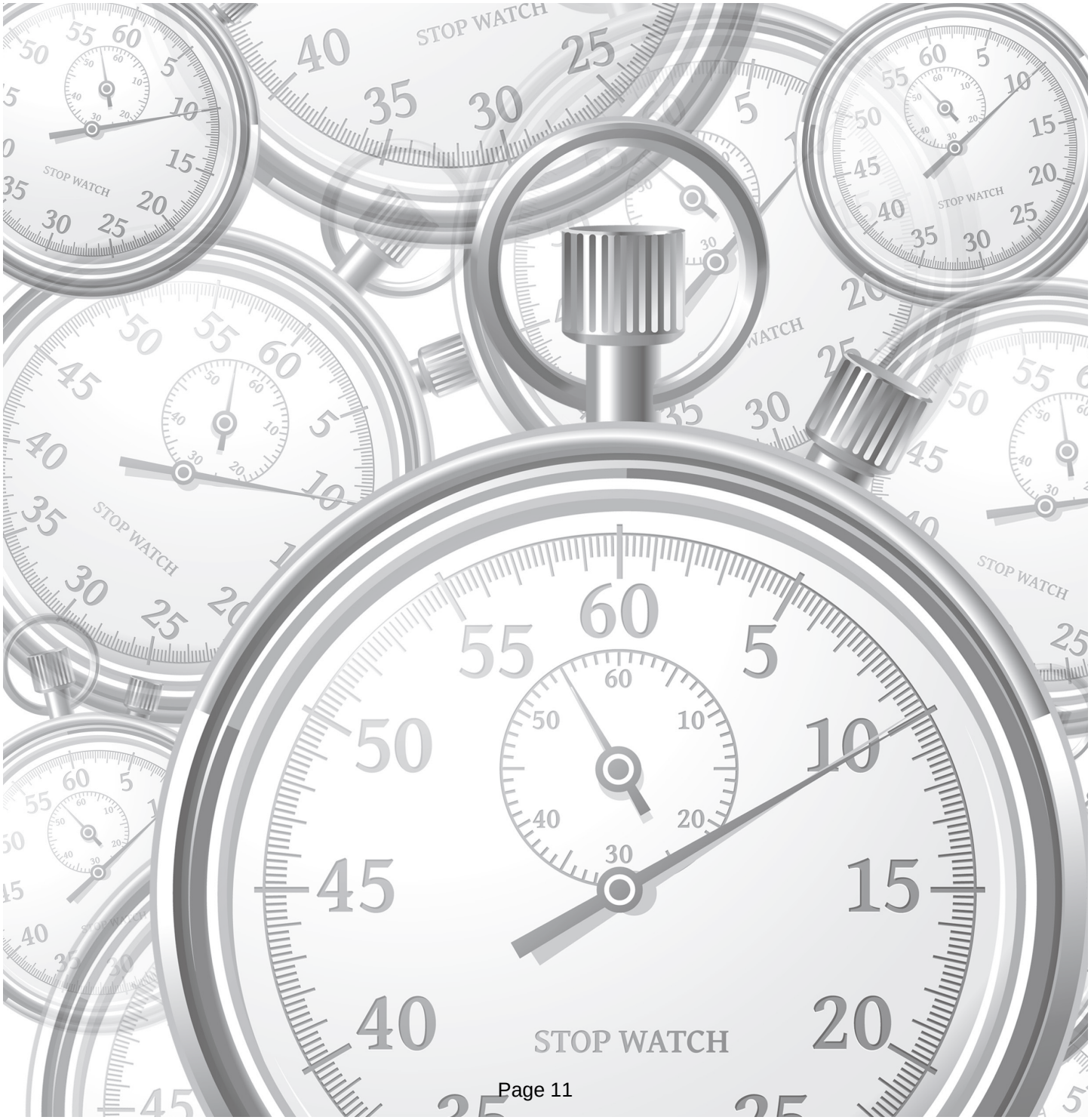
Appendices:

Appendix 1	Time To Care Unison Report
Appendix 2	List of organisations that have adopted Unison's Ethical Care Charter
Appendix 3	Current Position of the City & County of Swansea against Unison's Ethical Care Charter
Appendix 4	Domiciliary Care Provider Forum Feedback on what a Swansea Charter may look like
Appendix 5	SWOT Analysis – Adopting Unison's Ethical Care Charter
Appendix 6	Anonymised Cost Calculations

UNISON
the public service union

Time to care

A UNISON report into homecare



Contents

Introduction

A number of reports from client organisations, consumer groups, and homecare providers have recently been produced which have been highly critical of the state of homecare services in the UK. Little consideration however has been given to the views of homecare workers themselves as to why there are so many problems in this sector.

UNISON, the largest public service union, conducted a survey of homecare workers entitled “Time to Care” to help address this imbalance and to illustrate the reality of homecare work. The online survey which was open to homecare workers who were either UNISON members or non-members attracted 431 responses between June and July of 2012.

The responses showed a committed but poorly paid and treated workforce which is doing its best to maintain good levels of quality care in a system that is in crisis. The report highlights how poor terms and conditions for workers can help contribute towards lower standards of care for people in receipt of homecare services.

Key findings

- 79.1% of respondents reported that their work schedule is arranged in such a way that they either have to rush their work or leave a client early to get to their next visit on time. This practice of 'call cramming', where homecare workers are routinely given too many visits too close together, means clients can find themselves not getting the service they are entitled to. Homecare workers are often forced to rush their work or leave early. Those workers who refuse to leave early and stay to provide the level of care they believe is necessary, also lose out as it means they end up working for free in their own time.
- 56% of respondents received between the national minimum wage of £6.08 an hour at the time of the survey and £8 an hour. The majority of respondents did not receive set wages making it hard to plan and budget. Very low pay means a high level of staff turnover as workers cannot afford to stay in the sector. Clients therefore have to suffer a succession of new care staff.
- 57.8% of respondents were not paid for their travelling time between visits. As well as being potentially a breach of the minimum wage law, this practice eats away at homecare workers' already low pay.
- Over half the respondents reported that their terms and conditions had worsened over the last year, providing further evidence of the race to the bottom mentality in the provision of homecare services.

  56.1% – had their pay made worse
  59.7% – had their hours adversely changed
  52.1% – had been given more duties
- 36.7% of respondents reported that they were often allocated different clients affecting care continuity and the ability of clients to form relationships with their care workers. This is crucial, especially for people with such conditions as dementia.
- Whilst the vast majority of respondents had a clearly defined way of reporting concerns about their clients' wellbeing, 52.3% reported that these concerns were only sometimes acted on, highlighting a major potential safeguarding problem.
- Only 43.7% of respondents see fellow homecare workers on a daily basis at work. This isolation is not good for morale and impacts on the ability to learn and develop in the role.
- 41.1% are not given specialist training to deal with their clients specific medical needs, such as dementia and stroke related conditions.

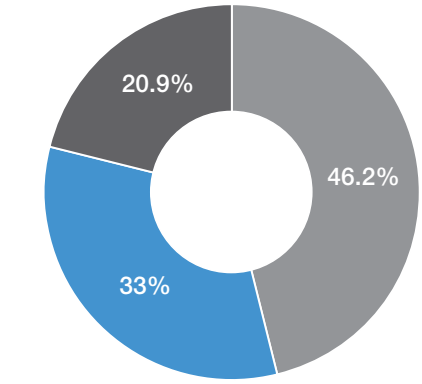
The written responses to our survey paint a disturbing picture of a system in which the ability to provide some companionship and conversation to often lonely and isolated clients is being stripped away. Some recounted the shame of providing rushed and insufficient levels of care because of the terms and conditions of their job, whilst many detailed insufficient levels of training that they had been given to carry out the role. Others made the point that rushed visits are a false economy leading to a greater likelihood of falls, medication errors and deterioration through loneliness.

However the survey also showed the selflessness and bravery of homecare workers who, to their own personal cost, refused to accept the imposition of outrageously short visits and worked in their own time to ensure that their clients received good levels of care. Some homecare workers were doing tasks and errands for their clients in their spare time, despite the seemingly best efforts of the current care model to strip away any sense of personal warmth or humanity.

Homecare workers are personally propping up a deteriorating system of adult social care, but they are being pushed to breaking point. That they are still willing to deliver good levels of care in spite of the system is nothing short of heroic. For the system to work it needs to be underpinned by adequate funding and a workforce whose terms and conditions reflect the respect and value they deserve. Crucially they must be given the time to care.

Scheduling and length of visits

Are your visits ever arranged so that you have to rush or leave a client early to get to your next visit on time?



Only 20.9% of homecare workers stated that they hardly ever have to rush their duties or leave their clients early in order to get to the next visit on time. This means that some clients will simply not be getting the time that has been allocated to them as the homecare workers are either leaving early or rushing their work. As respondents note below, this can often lead to poorer levels of care.

> **“ The clients are not getting the time they have been given as you have to leave early to get to next client. ”**

It must also be remembered that this is happening in the context of ever-shortening visiting times. A recent report by the UK Homecare Association on commissioning practices found that 73% of homecare visits in England appear to be 30 minutes or shorter, whilst in Northern Ireland this rose to a very worrying 87% (only 42% of visits in Wales and Scotland fell under this time). There has also been an increase in the use of 15-minute visits, to the extent that 28% of all homecare visits in Northern Ireland fell below 15 minutes (UKHCA, 2012).

The increasing use of such short visits has provoked anger and complaints, not just from homecare workers but also clients and providers. 34% of providers reported concerns that their councils required them to undertake personal care in such restricted visit times that the dignity of clients was at risk. This rose to 87% of providers in Northern Ireland (UKHCA, 2012). From the clients’ perspective, a report in July 2012 by the Local Government Ombudsman on the key emerging trends in adult social care complaints from clients and their families found that some of the most common subjects of complaint about the homecare service were homecare workers making short calls or being late (LGO, 2012).

Furthermore the Government’s own White Paper on Social Care called for the ruling out of crude ‘contracting by the minute’, which can undermine dignity and choice for those who use care and support (Department of Health, 2012).

The Low Pay Commission’s 2012 report highlighted a possible relationship between 15-minute home care appointments and some care workers being paid below the national minimum wage (LPC, 2012). Our survey echoed these sentiments and produced many examples of homecare workers decrying the fact that their visits were just too short.

“ 15 minute visits aren’t even long enough to fill out the care plan, 10 minutes with client and 5 minutes paper work, clients are suffering because of this... 15 minute visits are wrong on all levels. ”

“ 15 minute calls should be done away with, you cannot give any level of care in 15 minutes. Some of these people don’t have any family and a care worker is the only person they see, but you have to practically run in and out again. I feel this gives the care workers a bad name when it’s not their fault. ”

“ Social work allocating 15 minute calls are dreadful. When the person you go to needs more care or has incontinence you are only allocated 15 minutes for a meal and have to leave them. I haven’t left a client like that and would go over my time (although not paid for it), but it does mean you are running late for other calls. ”

“ It’s far too rushed now... I worry I will miss something by not having the time to listen to what my elderly ladies say. They don’t think at the same pace as we do and often forget. In the past, by taking the time to listen I’ve discovered care needs that would otherwise have been missed. ”

“ The council have put a time to each client we have and sometimes they are not possible to do. You cannot rush elderly people and sometimes you don’t know what you are going to i.e. they may have fallen etc. ”

“ A lot of the people I care for, are old and lonely, they are not only in need of physical support, but they are also in need of company and someone to talk to. The times given to these people are the bare minimum to get the job done, no time for a chat, just in and out. ”

“ I think that they need to go out and assess the poor clients that we are taking care of as time allocated is not sufficient so we wind up taking longer and not claiming for it as you have to justify as to why. These folk don’t see anyone almost all day and as a back shift worker we are whizzing in and making their tea in 15mins. Not exactly a great deal of time. ”

Visits which are far too short are combined with a very tightly packed schedule. This means clients lose out on time they are entitled to and is also a very inefficient use of homecare workers' time and is denying them the chance to undertake their caring roles.

> **"By rushing between calls and having no travel time this impacts on the people receiving the care as you have to rush in rush the job and then rush out again and sooner or later something will go horribly wrong because your mind is on getting to the next job and how your working day is going in general."**

> **"Sometimes my calls are back to back; this means I have to leave 5 minutes early to get to the next call on time – so if I am at a 15 minute call I have to slash a third off the clients time to reach the next call on time."**

> **"I am unable to provide full amounts of support time to the clients, yet they are still billed by the company for it."**

> **"Limited amount of time is allocated for a visit. A client gets less time as compared to the service the client pays for. This is because the number of staff supposed to work for each shift reduces."**

> **"One of my clients (client 2) didn't need much care physically but required a lot of reassurance and encouragement due to having mental health issues. I was only given 45 minutes to get from client 1 to client 2's house (which was 17 miles away) and then back to client 1. The travelling alone took 45 minutes so all I could do was make sure she took her meds then rush off again. I felt the care provided was inadequate."**

> **"I tend to rush and the all important 'meet and greet' and a chat to establish if there are any problems falls by the wayside. We are moving to the get em up, get em toileted, get em fed and put em to bed evident in some care homes. Depersonalised not person centred. Resources mean time and we ain't allowed enough."**

> **"The time provided is sometimes too little and the care is rushed to compensate this giving the clients less time to do essential manoeuvres that may lead to falls or frustrations."**

“ When you have to rush between calls and reduce the amount of time spent with an individual you leave them socially isolated – care is not just about duties but communication and many providers do not allow for this. I blame current local authority contracts. How can 1/2 hour be enough to get someone up, dressed, meds given and have a chat? People are being failed by a system which does not recognise importance of person centred care. ”

“ Clients are not given regular times and carers some don’t get sufficient time. We are expected to carry out tasks in a short space of time and end up running over time. You can’t put a time on human beings. We are paid by the minute if we go over time we don’t get paid unless it’s an emergency or special circumstances. We are late for next call so have to cut it short if possible thus losing pay for the call. ”

Even more seriously the common practice of poor scheduling has led to some homecare workers leaving clients in terrible conditions because of the restraints of their job. They were asked whether they could give any examples of times when they were not able to provide the standard of care that they would have liked to do and this led to some very troubling responses.

“ I left a client with a burst water pipe. Was told to leave even though she was 93 years old and could not pick up a bowl and bucket of water. ”

“ An elderly lady was being sick; I called the doctor but couldn’t wait for him to arrive as I had to go to my next visit. ”

“ Have had to leave a client with open sores as was not able to contact family to get them to apply dressing. Have had to leave pills out for a client with dementia as she was failing to take them. ”

“ One client had gas issues in their house. I wanted to properly air their house and wait for help to arrive but had to leave straight away and wait for the office to update me. Often I have also had to leave clients without proper support due to time restraints. ”

“ A client was not answering her door so I rang the office so they could phone the client. There was no answer and I was told to abort the call but I refused as I was sure the client was in. She was and had had a fall. She was hospitalised and later died. ”

> **“ Told not a reactive service and clients left desperate for loo until next call. Run out of time and had to leave client without completing all tasks, eg washing up, emptying bins and just simply not being able to chat with them which they desperately require being alone all day. ”**

> **“ Lady registered blind also disabled with rheumatoid arthritis can’t hold any weight. She has to let her tray drop on floor. Not got time to stay with her while she eats her meal. ”**

> **“ I took a dementia sufferer to casualty to get an injury which she had done to her hand which had turned sceptic. I informed the office that I was with her in casualty and would take her home in my car but I was told that she had to make her way home as I should have been at my next client. I refused to do as she would have had no idea of where she lived etc and could have been wandering around lost. ”**

However it must be noted that our survey brought many responses from homecare workers who refused to adhere to the time limits they were set. Many stay on with clients to ensure that they get the care they need, even though that it means having to work in their own time without payment as they are only paid for contact time with the clients.

> **“ The terms of my employment would never dictate the level of care I provide although this means I am often breaking the rules or working unpaid. ”**

> **“ We are told constantly that if we have not completed what we need to in the allotted time then we must leave however I cannot leave a client like this and therefore I am consistently late to calls. ”**

> **“ I have always given to the best of my standards and refuse to rush people but as a carer I lose out. ”**

> **“ We’re a well supported, close knit group of carers in my area and we help each other out so that the client gets the best we can provide – but we often do things in our own time because there’s**

no funding available. We'll make appointments on behalf of the client e.g. doctor, hairdresser, chiropodist and find birthday presents for the families of clients who are housebound and have no local family support. "

" I'd always stay and be late for my next client or if my last call I would still stay and not get paid for it. I've stayed extra hours at client's houses with no pay as I could not leave someone that needed me there as I only get paid for the hour that I should be there. "

" Primarily because I work longer hours than paid for to avoid leaving a client with either tasks incomplete or struggling with something that they need to do. I know many carers within my company who work longer day than they are paid for to ensure that complete care is provided. "

" The client always comes first. I would never leave a client who needs my help. "

Sector analysis

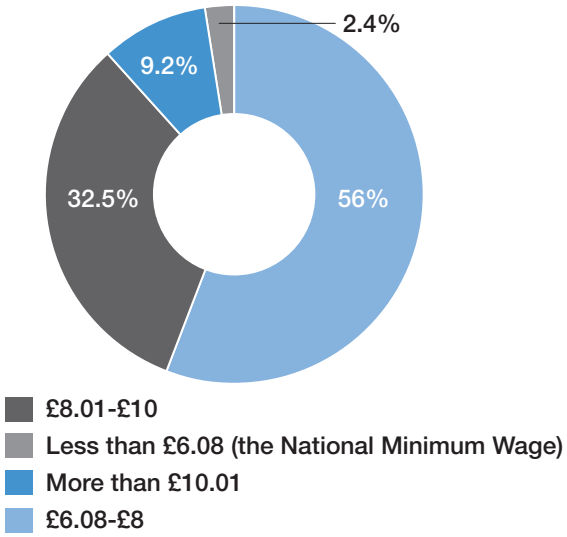
23.1% of council homecare workers hardly ever had to rush or leave early compared to 18.8% of private and voluntary homecare workers.

37.5% of council homecare workers were subject to a lot of poorly scheduled visits whereas the number for private and voluntary homecare workers jumped to 51.6%.

Comparisons in the report between the public sector homecare workforce and the private and voluntary one will illustrate that public sector workers tend to enjoy better terms and conditions. This is because outsourced homecare services have often been tendered for on the lowest price basis. This has a huge bearing on how much the provider can pay their staff and what working conditions they are subject to. As we will see throughout this report this then has a huge impact on the levels of care that can be subsequently provided for clients.

Pay

How much are you paid an hour?



As noted previously our survey revealed that many homecare workers are often staying on in their own time and working for free in order to provide care for their clients to make up for the inadequate amount of time they have been allocated by their employer. In addition to this, our findings once again show just how poorly paid homecare workers are despite the range of vital and sensitive tasks they perform for some of the most vulnerable people in our society.

2.4% of responses stated that they were paid below the national minimum wage, which may well be a consequence of their employer not paying for their travel time and is sadly endemic in the wider homecare sector. A study by Dr Shereen Hussein, Senior Research Fellow at the Social Care Workforce Research Unit found that between 150,000 and 200,000 people in the care workforce in England are earning less than the national minimum wage (Hussein, 2011).

> **“When I reflect on my pay it can often work that I earn £3.50 sometimes less per hour.”**

> **“Homecare workers are being exploited by private people and the LA, the pay is very very low often below NMW, treated unfairly and often wages not paid at all. The conditions to work in are very bad.”**

The majority of our respondents (56%) were paid somewhere between the national minimum wage and £8 an hour. This level of poor pay undoubtedly has an effect on the homecare sector in terms of being able to attract and retain suitable staff. The Social Care Institute for Excellence (SCIE) in their work on ensuring that dignity is provided by our care system reported that “low pay is unlikely to motivate workers or improve the status of the work” (SCIE, 2012). Whilst the Equality and Human Rights Commission’s report into Older People and Human Rights in Homecare found that “the low pay and status of care workers, is in sharp contrast with their level of responsibility and the skills they require to provide quality home care. Poor pay and conditions also affect staff retention, causing a high turnover of care workers visiting older people” (EHRC, 2011).

“ In order to earn a full time wage, the carers in our company usually start work at 7am and work until 9pm five/six days a week, with gaps throughout the day where we wait in the car until due at the next client. There is low morale amongst staff and a very high staff turnover which means clients often complain about the number of newly employed carers they meet. ”

“ I am a male carer and the main breadwinner in my household... my rate of pay is £6.83 per hour and I was employed temporary as a relief 37.5 hours per week. After one year I was given a 20 hour contract. My hours now vary week to week but are usually in the 20s, whereas there are other carers who well over their hours. I am not earning enough to stay solvent and am looking elsewhere for a proper job. ”

Furthermore low pay for an increasingly hectic and stressful job also inevitably has an impact on the home life of homecare workers.

“ The amount of hours you have to work each month just to be able to bring home a half decent wage is getting worse. You see your family less and less each month because you need the money and you wear yourself out getting in as many shifts during the month to try and bring home a decent enough wage. Unfortunately there are easier jobs which pay more i.e. supermarkets and this is why many good carers leave. ”

The issue of low pay for the vast majority of homecare workers is intrinsically linked with the price at which councils commission their homecare services. “The weighted average charge paid by councils in the UK for one hour of week-day, daytime homecare in the UK is estimated at £12.87. However, rates as low as £9.55 and £10.04 were reported by providers in Wales, the West Midlands, the North West and Northern Ireland.” (UKHCA, 2012) When homecare is commissioned to private companies at such low rates it is inevitable that homecare workers will suffer from low pay. Shareholder profits, high executive salaries and other costs related to procurement act as a drain on the public funding of contracts and homecare workers’ pay and conditions.

Sector analysis

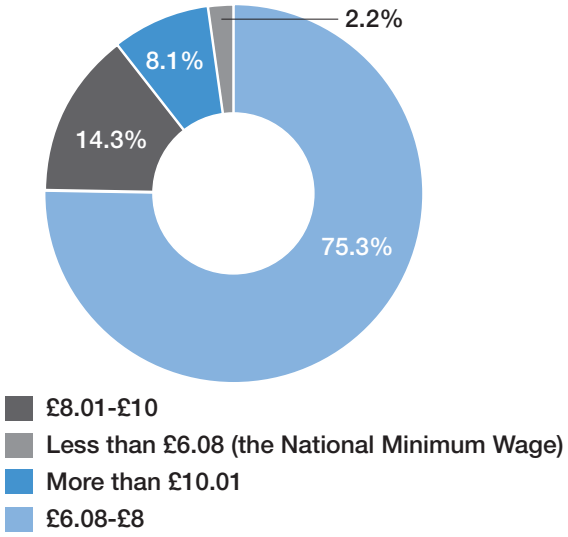
The survey confirmed that there is a marked difference between the pay rates of homecare workers employed by private and voluntary sector employers and those employed directly by councils. 75.3% of respondents from the private and voluntary sector were paid between the national minimum wage and £8 an hour, whilst for homecare workers employed by councils only 22.1% were paid this rate with the vast majority (70.2%) enjoying the higher rate of between £8.01 and £10.

Many councils cite the lower wages paid by the private sector as a reason for outsourcing homecare but do not stop to consider the impact on care quality or the longer term costs to them and the NHS caused by insufficient care in the home.

Homecare workers directly employed by councils are also more likely to have high dependency clients or work in re-ablement, helping clients to live more independent lives with less support.

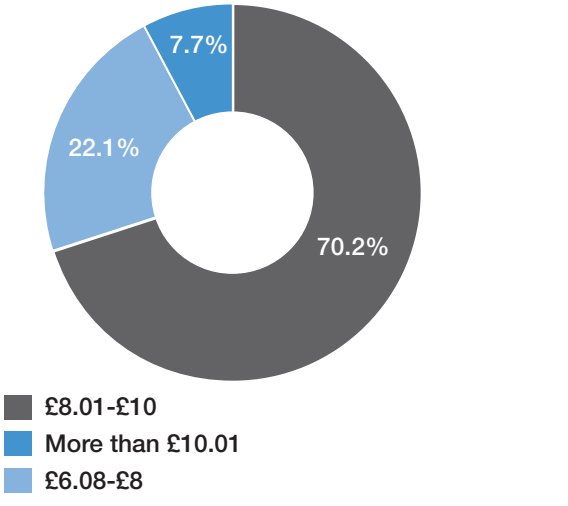
Private and voluntary sector workers

How much are you paid an hour?



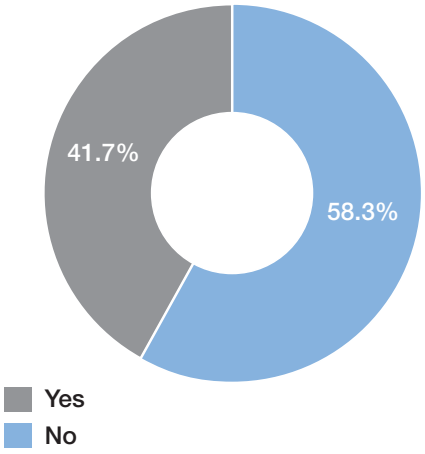
Council workers

How much are you paid an hour?



Zero hour contracts

Do you have a zero hours contract? (Where your hours are set each week)



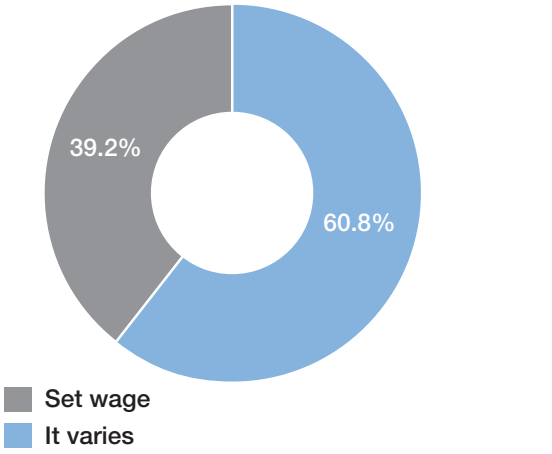
A worrying finding from the survey was that just under half of all respondents (41.7%) were employed on 'zero hour' contracts. A 'zero hour' contract means that a worker agrees to be available for work but is not guaranteed any hours. Instead they are allocated them on a daily, weekly or monthly basis. The number of hours given can vary from anywhere between nothing to well over 35 hours a week.

This practice impacts on both the homecare worker and the clients they care for. 'Zero hour' contracts increase the possibility of homecare workers doing varied hours and therefore increases the likelihood that they will not end up visiting the same clients. It also decreases the attractiveness of a career as a homecare worker.

"My contract is zero hours therefore I am not guaranteed any work. Therefore I am less likely to have a regular flow of work on regular days with regular clients. This affects the continuity of care a client cannot be guaranteed regular carers. Because of these conditions there is a high turnover of staff. Low morale is common amongst carers and clients."

The lack of a fixed guaranteed income inevitably impacts on the homecare workers themselves. It means that their already very low take home pay has the potential to vary significantly, dependent on the amount of hours they are allocated. Our survey heard from one homecare worker who had lost her house after moving onto a 'zero hour' contract. The subsequent change in her monthly pay meant that she could no longer pay her mortgage. 60.8% of all respondents received a varying amount of take home pay per month. Some zero hours workers have been denied access in the past to the Local Government Pension Scheme, while others find difficulty in claiming benefits with fluctuating hours.

Do you receive a set monthly wage or does it depend on how many visits you do?



Not having guaranteed or regular hours not only leads to financial uncertainty but also impacts on their ability to plan their life outside of work as they cannot tell when they might be asked to work and find themselves on-call for considerable amounts of time. This again inevitably makes homecare a less attractive career option.

“ A zero hours contract means that in practice I may receive my rota for the week just one day in advance, and sometimes less. This makes it impossible to plan my week and leaves me feeling anxious and stressed. The low pay and unpredictable hours also means I have to be continuously in search for other work, although it is very difficult to commit to a regular second job due to the unpredictability of the weekly hours offered. Lastly, frequent mix-ups or poor practice at the main office frequently means that we (the workers) have to apologise to family and clients for their poor experience with the agency, and try to smooth things over with them in order to get on with the job. ”

“ I am on call from 7 in the morning until 10 at night I work 6 days on 4 off. With 30 hours in the 6 days I can’t do anything else in case there is extra work. So I’m always available between these hours but we are only paid for the work we do not the standby time we have to spend by the phone. ”

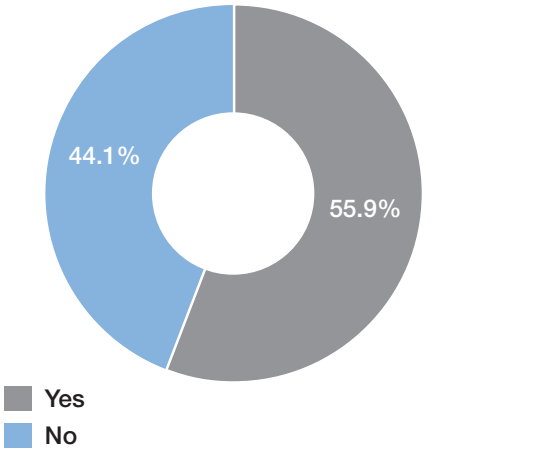
> **“ I am on a zero hour contract, and am required to complete a work availability form, but the times are not given to me. Some of my work colleagues are getting regular weekly work. One month I can earn an average salary, and then the next month it is half of what I earned the previous month. ”**

Sector analysis

The practice of ‘zero hour’ contracts was far more prevalent in the private and voluntary sector with 55.9% of respondents being on a zero hour contract compared to only 22% of council employed homecare workers.

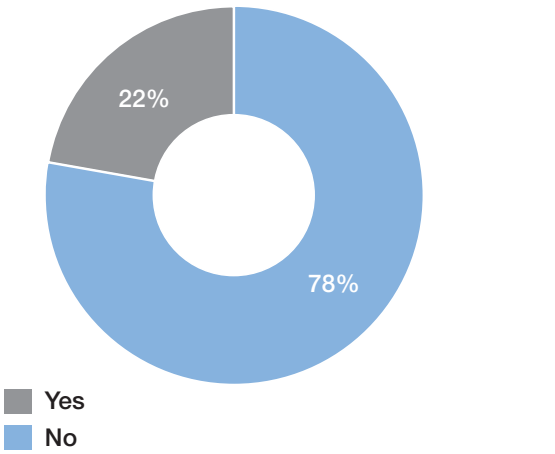
Private and voluntary sector workers

Do you have a zero hours contract? (Where your hours are set each week)



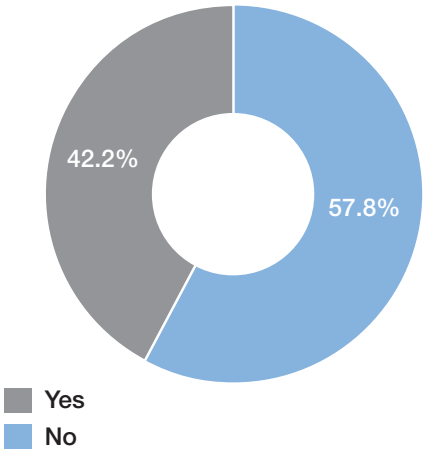
Council workers

Do you have a zero hours contract? (Where your hours are set each week)



Travel time

Are you paid for the time you have to spend travelling between visits?



57.8% of all respondents were not paid for the time spent travelling between visits despite Government guidance stating that "Unless they are genuinely self-employed then workers in most circumstances should be paid at least the national minimum wage when travelling directly from one work assignment to another." Time spent travelling on business must be included in their calculation of hours worked, however many stated that this was not the case.

So whilst their official pay rate may be above the national minimum wage the failure to pay for travel time and incorporate this time into their pay calculation can mean that their pay actually drops below the national minimum wage. This practice is unlawful. As already noted: a study by Dr Shereen Hussein, found that between 150,000 and 200,000 care workers in England are earning less than the national minimum wage with the failure of many employers to pay homecare workers for their travel time undoubtedly being a factor in this (Hussein, 2011).

"Petrol is not enough to cover mileage. 10 minutes calls for meds normally should be 15 minutes. Not paid from travelling from client to client. Company's now have to apply for contracts and the lowest bid wins. This will only make carers conditions worse with pay etc as the company will want profit before carers pay. Every hour a carer works on average will lose 15 minutes pay with travelling."

"They are currently proposing to drop mileage allowance from 40p per mile to 30p per mile and also want to stop paying travel time."

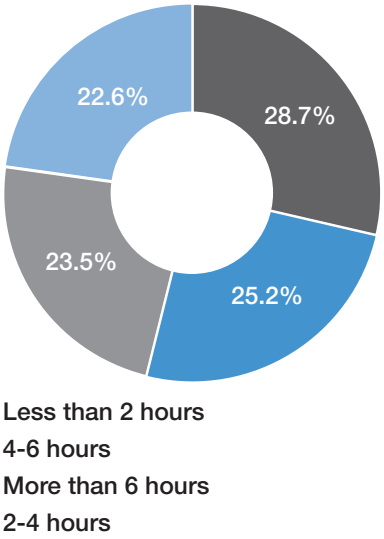
"Under the new contract I think there will be many problems and I think the clients will suffer. No travel time between clients and no lunch time."

Only paying homecare workers for their visiting times and not for their travel time means that they are only paid for travelling if they do it during the time allotted to the client; this means they are faced with either leaving the client early or travelling in their own time without payment. We also see in the following section that many homecare workers are not paid for their mileage either.

> **“ The job would be a lot better if we didn’t have to rush, we should get paid travelling time as we are still working and we are losing out on money all the time, we can spend more time travelling than caring. ”**

Those homecare workers who stated that they were not paid for their travel time were then asked how much time on average they spent travelling a week between visits. 25.2% of those not paid for travelling time are spending over 6 hours a week travelling between visits. These conditions along with the problems such as low pay again contribute to people leaving the profession and impacting on the level of care they can provide in some cases.

How long on average do you spend travelling between visits a week?



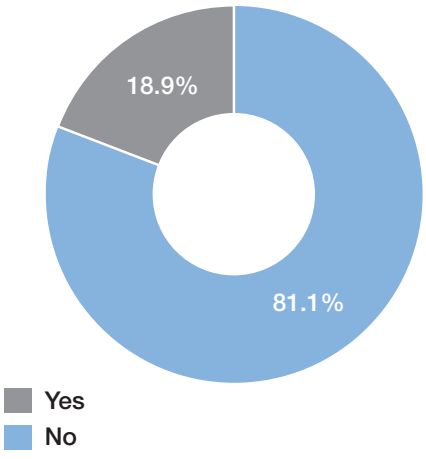
Sector analysis

There was a significant difference between council employed homecare workers and private and voluntary sector employed homecare workers in respect of being paid for travel time.

89.4% of council workers said they were paid for their travel time compared to only 18.9% of private and voluntary sector workers.

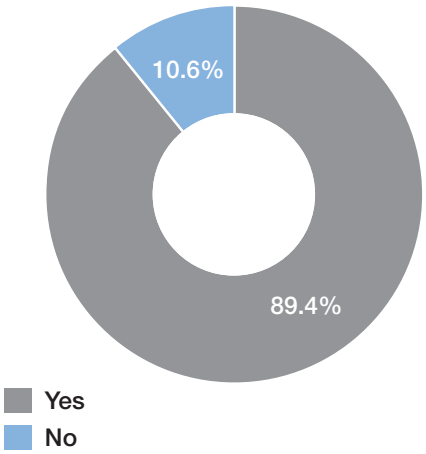
Private and voluntary sector workers

Are you paid for the time you have to spend travelling between visits?



Council workers

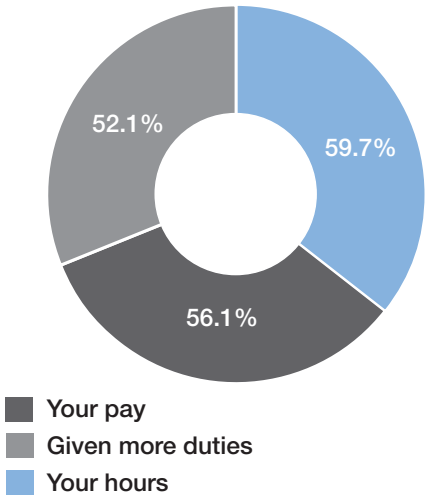
Are you paid for the time you have to spend travelling between visits?



Deterioration in terms and conditions

Our survey also found that significant numbers of homecare workers were suffering from further attacks on their terms and conditions. In addition to already being very poorly paid we have seen that they are often receiving no payment for their travel time and working for free in their own time.

Have any of the following terms and conditions been made worse in the last year? Tick as many as apply.



56.1% have seen their pay get worse in the past 12 months, whilst 59.7% have had their hours changed for the worse with 52.1% finding that they have been given additional duties to carry out.

That such an undervalued, overworked and underpaid workforce is being subject to further attacks on already poor terms and conditions adds real insult to injury. As can be seen from the quotes below, it is leading to some leaving the sector and also further impacting on their ability to provide good levels of care.

“ So many carers have now left the Company I work for, due to the new pay cuts and fuel allowance stoppage, the rest of us feel we are under more pressure to spread ourselves even thinner. ”

“ Expected to cover a wider area , work organised from a central office where the organisers are not familiar with the geographical area. This has led to carers being late for visits or being asked to cover unrealistic workloads in the time given. ”

“Since the ‘save 20%’ edict from on high pressure has built to do more with less. For example more care in the same time, 15 minute visits are rearing their head again. Not good! ”

“ Cutbacks in funding by Council means that fewer people get care and, if they do get it, it’s often less than they need, so we try to get as much done as possible – sometimes doing things like collecting shopping and prescriptions, posting letters before we get to the client. The Company won’t pay for this because the Council

won't pay them – but the client can't afford to pay a private organisation to do this for them so we do it for free. Our mileage – 20p per mile – has not increased in 5 years – unlike petrol. ”

“ Since the changes last October the carer's are completely demoralised and this probably does have an effect on the level of care provided. ”

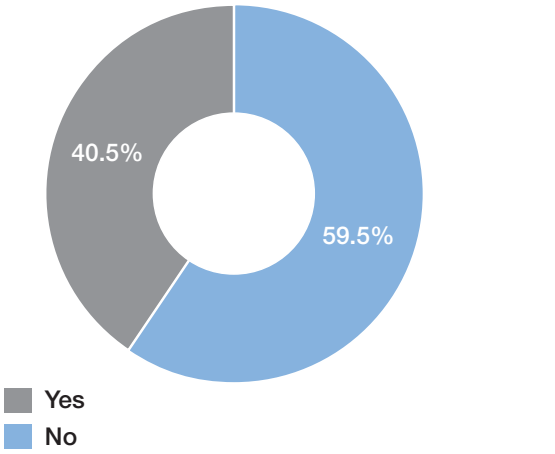
Sector analysis

There was little difference between council and private and voluntary sector workers with respect to having their pay, hours or duties made worse in the past year. However when it came to the payment of sick pay there was significant difference.

99% of all council employed homecare workers received sick pay if they were ill and weren't able to work whereas only 40.5% of homecare workers employed by private and voluntary providers received sick pay. This is a particular worry as we know that many homecare workers, due to the nature of their job will often pick up problems like stomach bugs. Given that they are dealing with vulnerable clients it is vital that in order to protect their welfare homecare workers do not feel under an obligation to come into work when they are ill in order to earn their wage.

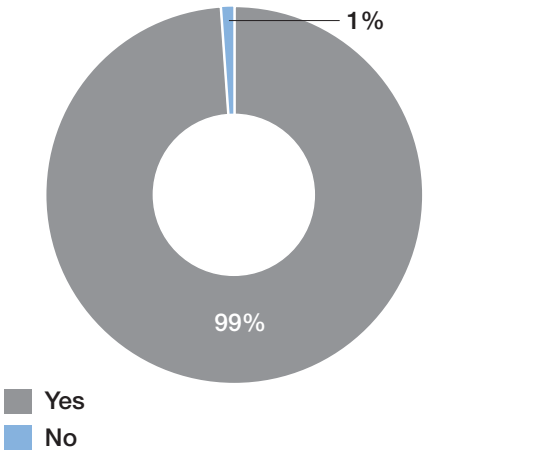
Private and voluntary sector workers

Do you get sick pay if you are ever ill and can't work?



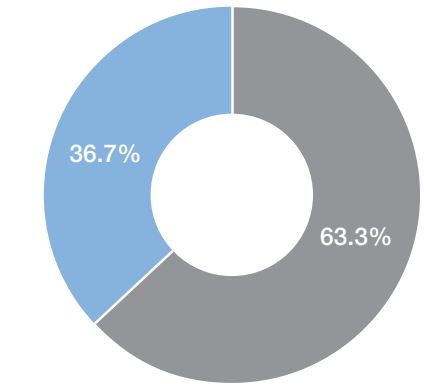
Council workers

Do you get sick pay if you are ever ill and can't work?



Change in clients

Do you regularly care for the same set of clients?



36.7% of respondents said their clients often are given different homecare workers. One of the main sources of complaints to the Local Government Ombudsman from clients and their families was that they suffered from "too many changes in carers" (LGO, 2012).

We know that consistency in care workers, especially for people with dementia, is vitally important. The National Dementia Strategy for England highlighted that problems often arise from inconsistency of home care workers and timings, which can be confusing and distressing to people with dementia (Alzheimer Society, 2011).

"I am still ashamed by the memory of having to essentially bundle a frail dementia sufferer, who I had never met before, down the stairs and quickly get some tea on for her, so that I can race off to my next visit. She may have been unhappy or frightened by this new person in her home but I simply did not have time to chat and interact with her and help her take her time to get downstairs and eat her meal. It was dreadful."

"I have clients upset because there is not the continuity of service they need and do not know when the carer is going to arrive or who it's going to be."

"No continuity for clients as there is a high staff turnover. Clients don't know who's coming half the time causing anxiety and worry about who the carer is and if they know what to do."

Sector analysis

Private sector workers reported that their clients were more likely to get the same homecare worker from week to week. 65.5% of private and voluntary sector workers mainly cared for the same clients, compared to 56.2% of council employed homecare workers.

Very few local authorities provide long term support for clients anymore, so it is hard to ascertain whether these figures relate to poor planning of visits or are simply a result of only providing short term levels of care

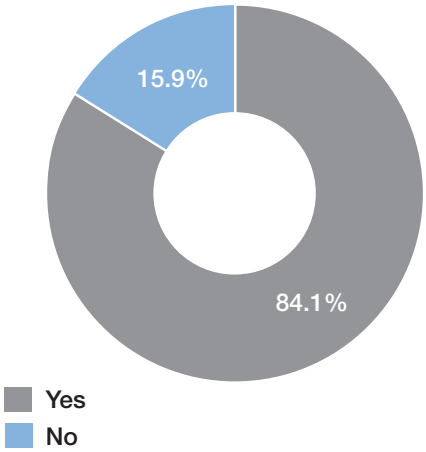
However following large scale privatisation of homecare services, council employed homecare workers now primarily provide short term re-ablement services in which they provide clients with an initial package of support following a care assessment. They are then passed to other homecare providers in who provide the longer term care.

Concerns for clients welfare being acted on

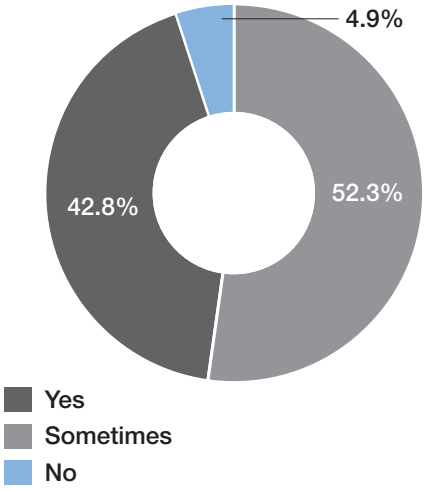
84.1% of respondents said there was a clear way of being able to report concerns about their clients' wellbeing but worryingly 52.3% of them said that these concerns were only acted upon sometimes with 4.9% not at all.

Given that homecare workers are dealing with some of the most vulnerable people in our society it is vital that any concerns they report are acted upon so that clients are given the best possible treatment.

Is there a clear way of being able to report any concerns you have with your client's wellbeing?



Are these concerns acted on?



> **"Out of hours help is almost nonexistent and that is very wrong. During office hours we can repeatedly ask for help on an issue and it can take days even weeks to resolve... i.e. we have a issue with a hoist being unsafe if we are not very careful with it, our manager has been told many times of this, our manager will get in touch with the appropriate people... then nothing happens..."**

> **"Complaints are also very rarely acted on."**

> **"Clients are not getting the best care due to management not taking complaints and issues raised further due to lack of communication in offices."**

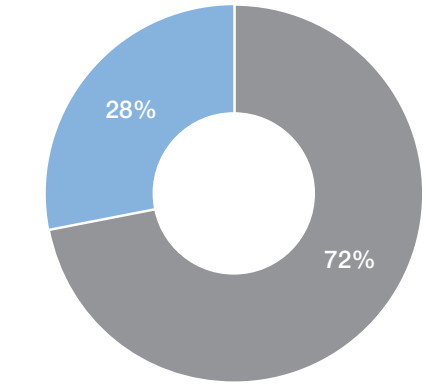
“ A lot of the problems arise from the fact that there is no clear system of raising concerns; I might ring the office about someone’s medication e.g. needs to be re-ordered, but I would have to follow it up myself i.e. ringing pharmacists/ GPs. Senior carers in the office don’t always have the information about medication to hand or are tied up with answering phones, so I often find that it is easier to sort issues like this out myself rather than relying on someone else (i.e. it actually gets done). But this takes time, and means that the extra time spent sorting out these issues would make me late for later visits. We should have regular paid meetings where carers that visit a particular client are encouraged to discuss what’s working/what isn’t, sharing good practice etc, but our work is just towards making visits, that I don’t see this happening. ”

Sector analysis

Only 1% of council worker respondents said that concerns when reported were not acted on, whereas this rose to 7% for respondents employed by private and voluntary providers. Similarly 51.4% of council respondents said concerns were only sometimes acted on compared to 55.2% employed by private and voluntary providers.

Training

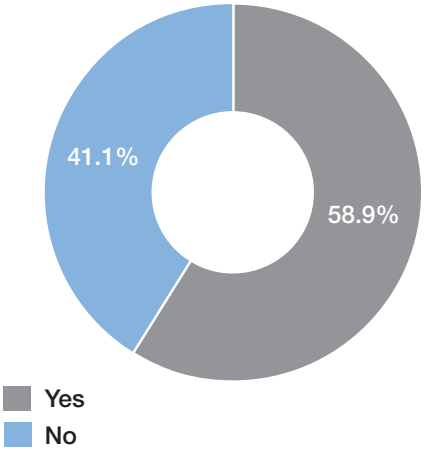
Do you receive regular ongoing training?



The majority of respondents received regular ongoing training from their employer, although the responses about what this entailed varied. A sizeable number said that their training was comprehensive, while the majority who were critical of the standard and amount they received.

One of the main sources of complaints to the Local Government Ombudsman regarding homecare was around the levels of skill of the workforce – especially where the client has special needs. Our survey found that 41.1% of homecare workers were not been given any specialised training to help deal with their client's specific medical needs, despite this being critical to being able to perform their role well (LGO, 2012).

Are you given specialised training to help deal with your client's specific medical needs? (e.g. stroke victims, people suffering from demntia)



The Alzheimer's Society conducted a survey of homecare workers which found that 98% of home care workers report they always, often or sometimes work with someone with dementia. The report also stated that almost 80% of homecare workers found working with people will dementia either quite or very challenging, which underlines the importance of appropriate training and support on dementia for home care workers" (Alzheimer's Society, 2011). Despite this, the All Party Parliamentary Group on Dementia said that it is "evident that dementia training is scarce in the homecare workforce" (APPG on Dementia, 2009).

The same is true for clients suffering from other serious conditions. The Stroke Association recently called for those who provide social care services to make sure

all who come into contact with survivors understand stroke and its impacts “People working with stroke survivors should receive comprehensive training to allow them to understand stroke and meet the needs and aspirations of stroke survivors” (Stroke Association, 2012). It is clear that being able to deal with a range of specialised care needs is integral to the role of a homecare worker, however many are not being given the training they need.

When asked what training they received when they started their job, the written responses showed that whilst some homecare workers (irrespective of their employer) received a considerable amount of satisfactory training, others received next to nothing. The SCIE’s Dignity in Care campaign states that commissioners and providers should: “Ensure care workers are provided with the training they need to do their job well. Training should be structured, ongoing and largely work-based, focused on the needs of the people using the service and provided, at least in part, by people who use services and those with experience of frontline care work” (SCIE, 2012).

Ongoing training and an adequate induction is part of the regulatory regime for the Care Quality Commission. It is also an important requirement for marked improvements to be brought about in homecare services.

Some responses reported good comprehensive levels of training.

“ I shadowed for three months. ”

“ My training was an induction, 13 mandatory courses including moving and handling, infection control, MCA, DoLS etc. ”

“ I had two weeks intensive training in the office then two weeks shadowing. Duty of care, moving and handling, health and safety, medication, abuse, first aid, safe guarding vulnerable adults, mental health, end of life and dementia. ”

“ I attended a lot of courses provided by the company. ”

Whereas others reported poor and insufficient levels of training.

“ 3 half days irrelevant training was given. Then I was on my own. I had never bathed, dressed or cared for anyone before. I had to empty urine bags colostomy bags etc with no training. I felt very scared and was left to struggle as best I could. ”

> “ Initially and throughout the time as an ‘in-house’ worker training was regular and thorough. Since TUPE transfer training is basic, conducted quickly and despite several requests for refreshers they have not been granted. ”

> “ I was only given a very rushed induction course when I started working for the agency. Most of the courses need to be updated once a year. I am only being updated those courses that would safe guard the agency legally in case that something goes wrong. I have updated my courses privately and at my own expense. ”

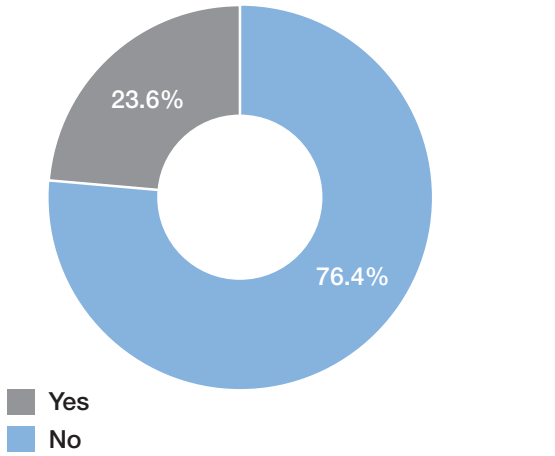
> “ None – brief shadowing of senior care workers. ”

> “ I have been caring for 16 years but previously worked at the hospital. Training now is watching a DVD!!!! ”

> “ Very little. Do in own time. Moving & handling cause do everyday. ”

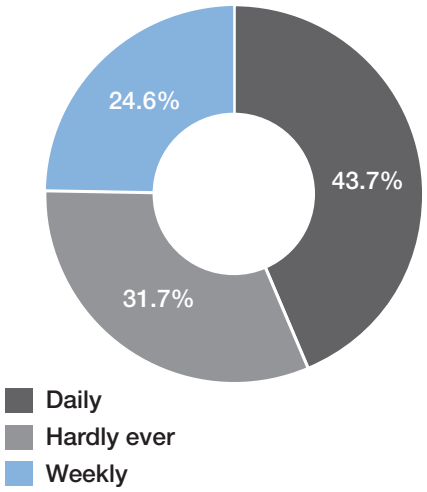
23.6 % of respondents reported that they had to carry out medical procedures or distribute medicines to their clients even though they have not been trained to do so. This is a serious cause for concern and should be urgently addressed.

Do you ever have to carry out medical procedures or give medicine to clients when you have not been trained to do so?



Isolation

How often do you see colleagues at work?



Only 43.7% of respondents said that they saw their colleagues at work on a daily basis, with 31.7% saying that they hardly ever see them. This isolation impacts on the ability of homecare workers to learn and develop in the role and pick up best practice. Rarely coming into contact with colleagues also presents a number of potential health and safety challenges and deprives them of the social contact which can help to relieve the stress of a highly demanding job.

UNISON's own guidance for lone workers states that people who work at home or alone will have a particular problem with isolation. In order to reduce this risk, arrangements should be made for these workers to keep in touch and up to date. Possible methods to help with this include regular newsletters, seminars and training sessions, regular staff meetings and a combination of office and lone/home work.

These workers should also have access to vocational training and personal professional development necessary to carry out the job to a safe and competent standard.

Homecare workers views on the state of the system

Our survey also gave respondents the opportunity to contribute any other views they might have about homecare and these responses produced a number of distinct themes.

A handful of respondents wrote purely about the positive aspects of being in homecare

> **“ It’s a great job! ”**

> **“ I enjoy my job it is very special and rewarding. ”**

> **“ We are worth our weight in gold as we are assisting people to live independently. ”**

> **“ This job has good and bad points but i do my job to its full potential and work really hard, i love working with elderly and disabled and find it very rewarding. ”**

> **“ I have worked in the Industry for 3 years I can honestly say I love my job and the people I support whom have a learning Disability, Mental Health, Disabled Individuals, whom receive different support needs. ”**

Whilst a slightly larger number showed their passion and love for the job yet bemoaned aspects of the system which made it hard for both themselves and their clients.

> **“ It is a very rewarding job but the pay is way too low to keep good quality carers. ”**

> **“ I love my work but with the cuts it is difficult to give the clients all the care they need. ”**

> **“ Being a carer you need to be dedicated to your work love your job, have compassion toward your clients. Because your job is really challenging and demanding it take a lot out of you at the end of your shift. So you really really have to love your job. ”**

> **“ I have always enjoyed my work but feel that I am treated like a second class citizen because of the job I do. I am not entitled to a home life and have to answer my phone whenever I am not at work. This has a negative effect on me wanting to continue in this line of work. I am not alone and if this does not stop people will not want to come into this kind of work then the clients will suffer. ”**

> **“ It is annoying however that when a tender for the care becomes available the council prefers to side towards the cheapest which has happened in the area**

that I work. The company that was awarded the contract has a bad track record. Shouldn't it be the case that these firms are monitored before the contract is given? "

The overwhelming number of responses gave strident criticisms of the current state of the homecare care sector. They are the voices of people who are incredibly angry at how the system conspires against the people they are supposed to care for and how poorly it treats them as workers.

" The hours are horrendous, the training is negligible, the pay is poor. We are doing the job of a district nurse. In my job I feel it is just a matter of time before a bad accident happens. I am afraid to say anything because I would get the sack. We are all exhausted and overworked. "

" The worse for me is not to be able to help a bit it more because I am always short on time. "

" I have worked as homecare worker for 15 years. Things have to change but not at the expensive of clients. It's appalling the care they receive now. No home cooked meals no time to have a chat. Meals made in micro. More and more clients getting 15 minute visits. To do personal care; level 3 meds which can take a full 5 minutes as you don't have time mistakes are going to be made. Dementia clients are rushed which is the worst thing you can do. It's depressing and upsetting in a job that used to be and should be rewarding. "

" The whole service is driven by maximising number of clients rather than quality of service and empathy for the individual. More business than caring, glad I'm getting out! "

" No sick pay, working late at night then on again nine and a half hours later the next morning, unable to leave place of work during unpaid break. All contribute to being exhausted and frustrated at work and therefore unable to provide best support possible. "

" When you have to rush between calls and reduce the amount of time spent with an individual you leave them socially isolated – care is not just about duties but communication and many providers do not allow for this – I blame current local authority contracts – how can

1/2 hour be enough to get someone up, dressed, meds given and have a chat, people are being failed by a system which does not recognise importance of person centred care. ”

“ Home care is very task orientated and the amount of tasks we are expected to perform in half an hour is ludicrous. e.g. an 86 year old lady slight dementia arthritis mobility and continence problems morning visit means first getting the lady out of bed which can take quite a while as she is stiff and disorientated. Escort to the bathroom and on to toilet. Assist with a full body wash and dressing. Clean teeth brush hair. Leave to use the toilet whilst carer makes the bed changing soiled sheets. Escort client downstairs to lounge or kitchen make breakfast and drink. Put soiled bedding into washing machine after hand sluicing. Prompt medication observe client taking meds leave drinks for the morning. This is an average kind of client some of our clients are much more disabled physically social services deem that half an hour is sufficient. I never seem to have enough time for the human contact and care that these people deserve. ”

“ The company does not understand we as care workers have our own lives too. We do not get time for personal responsibilities and most of our personal lives are falling apart because of how many hours they expect us to work. I myself have had to go back onto antidepressants due to stress this has caused. I love the job I do but the way we are expected to do it is unacceptable. ”

“ We are poorly paid and undervalued except by the people we care for! ”

“ The carers are under so much pressure with the rotas some girls are getting 10 clients on the morning run then 7 lunches 15 minutes per lunch and that is no travelling time given. When phoning and complaining about it the girls are getting told to claw back time; how can they do that? ”

“ 1. A lot of the time I felt I could only do bare minimum as stated in the care plan due to time restrictions – didn’t get time to chat/know the client. 2. No continuity for clients as there is a high staff turnover due to issues listed below. Clients don’t know

who's coming half the time causing anxiety and worry about who the carer is and do they know what to do. 3. After working with violent clients I felt that the safety of homecare workers wasn't a priority – not given any extra training/employer slow to act 4. Long hours (approx 14hrs sometimes going without breaks to make sure clients received the care they required) 5. Fuel expenditure – I was easily putting £100 in my car per week due to the distance I was being sent and the distance between clients. Half the time it isn't worth claiming tax back on fuel as my dad did, who's also a homecare worker, and he actually owed them money. 6. No money for wear and tear on vehicles. I drove my car for work knowing it was dangerous (manager also aware) as I couldn't afford to fix it due to the fuel expenditure. "

" The wage for the work expected is abysmal. "

" It's the easiest job to get I could walk out of one straight into another and I don't think it should be like that. "

" Recently I had a client who lives alone and who suffers from depression. He welcomes the chance to have someone to talk to, but I had to cut my visit short, because of a lack of time to get to the next job, at which I could not be late as it was a "double up" – i.e. a job with two carers, so I could not be late for my colleague's sake. "

" More times than I would like to admit, how do you leave someone who is crying because it's the anniversary of their son's death but you know that if you are late for your next call you will end up working at least an hour more for free and everyone will be mad that you're not on time! Then managers are not willing to assist or understand why you are late! "

" Yes in some ways as you feel that the pay is so poor that certain issues that you want to follow up with a client you get the feeling that the system doesn't care to much about me so is it worth going the extra mile when you are being paid minimum money with no prospect of increases e.g. trying to chase up so

called care managers who get paid good money to remedy things that I may have highlighted about clients problems. ”

“ Yes not paid enough for all the stress and responsibility that we have plus the unsociable hours we have to work. Morale is low. ”

“ Our job is not given the recognition it deserves or the correct remuneration always under paid. ”

“ I work more hours than I get paid. Our shift pattern is four days on four days off. Many workers are working 80 hours a week because we are short staffed. We are often pushed into working extra days. I often work 6 days on (90 hours) in a week. ”

“ Social services are forever cutting calls to fifteen minutes which isn’t enough to provide a decent level of care. Many of my colleges (and myself) go over the allotted time just to provide the proper level of care. ”

“ I get paid for 80 hours a month, but I am expected to be available in access of 140 hours.I am expected to cover hours way over contract if required to do so, but I am never asked if it’s convenient for me to do so, yet when I have requested an increase in my contracted hours this been refused. This makes the situation difficult. I need to do more hours but cannot do so because of the amount of time I am expected to be available for this employer means I do not have availability to take to another employer, who could guarantee me X amount of hours. Contribution to up cost of running vehicle to use for work has been removed so have lost £80 per month. I also provide a mobile phone for work and I have to speak to office and take calls re work in time when I am not working and not being paid. ”

“ Having little or no time to converse with vulnerable clients because the time provided is not enough. other instances where I have went to clients without being given clear instructions of the needs of the individuals because the care plans are

old and in need of upgrading, medications and care plans are not readily available or are hidden out of view.”

“I have been yelled at many times for no reason at all or spoken to like I am worthless. I have been wanting to change my availability for some time as most weeks I have been working 7am till 10pm for days on end and this made me ill many times as I am not sleeping enough. The company keep postponing my change of availability. I was extremely ill 2 weeks ago and I was forced to work even though I was being physically sick”

There were also a significant number of responses which drew attention to conditions worsening for themselves and their clients when transferred from the council to a private provider.

“I enjoy my job very much but the private companies are making you feel like you don’t want to do the job anymore.”

“I have been a care worker for 23 years really enjoyed my work until I was transferred to private contract. Now care is not as good as before. Nobody rings you back.”

“I was so much happier working for social services. I felt that clients got a better service.”

“It is a very rewarding job but many care workers especially in the private sector are very poorly paid. I have worked in both and although the pay is better, we still have poor backup. Out of hours help is almost nonexistent and that is very wrong.”

These comments highlight the fact that ‘lowest cost’ outsourcing is impacting negatively both on homecare clients and workers. Until it is stopped, the service is unlikely to improve.

Conclusion

It is clear from our findings and from a range of other research that urgent changes need to be made to the way that homecare services are funded, commissioned and delivered. Below we produce our main observations and follow them with a set of recommendations to markedly improve the standard of homecare in the UK.

Scheduling and length of visits

It is imperative that homecare workers are not forced into the choice of either having to leave their clients in an unsatisfactory condition or staying on unpaid in their own time.

The practice of allocating unduly short visiting times must end in order to stop both the client and homecare worker losing out. Homecare workers must be given adequate time to carry out their work and meaningfully engage with their clients. In the words of the Government's recent White Paper: "Good commissioning should empower care providers to respond to the particular needs or wishes of people who use services, and their carers. It should be measured on the basis of outcomes, including the experience of clients and carers" (Department of Health, 2012). Furthermore, the scheduling of visits that do not leave enough time for the homecare worker to get from one to another without either rushing or leaving early must also end.

Pay

The extremely low rates of pay for homecare workers, with an estimated 150,000-200,000 being paid below the minimum wage, not only hurts them and their family but also impacts on clients as it leads to high levels of turnover in staff. It is also potentially unlawful under minimum wage legislation.

Commissioned services should provide homecare workers with a wage that recognises their worth and contribution to a vital service and contributes to a more stabilised workforce. We recognise that the majority of local councils have been put under huge financial pressure due to funding cuts from Government and that the biggest stumbling block to solving the crisis in social care in the UK is for the system to be properly funded. However short-term savings in cost through bargain basement pay and conditions may seem attractive, but is detrimental to workers and clients alike. We call for all providers to pay their homecare workforce at least the Living Wage. Paying homecare staff the Living Wage should be seen as the bare minimum rather than the level for providers to aspire to.

Zero hour contracts

Zero hour contracts increase the likelihood that clients will not get the same homecare worker on a regular basis and also negatively impacts on the workers finances, morale and work life balance. This leads many to leave their jobs. Zero hour contracts do not serve the interests of either the client or homecare workers (in almost all instances) and their use should be strongly discouraged in this sector.

Travel time

The failure to pay for travel time is potentially a breach of the law and we call for HMRC to target more resources at the failure to pay the National Minimum Wage in this sector. We believe that travel time should always be

paid for homecare workers and also that they are given fair remuneration for use of petrol.

Terms and conditions

It is unacceptable that workers within one of the worst paid sectors in the UK should be subject to further attacks on their terms and conditions. The effect of this is to make homecare an even more unattractive sector to work in. This risks driving down quality and further reducing stability. This race to the bottom impacts on clients and homecare workers alike and must be stopped.

Changes in clients

Routine allocation of different clients to homecare workers can be very detrimental to clients, especially those with dementia and other challenging conditions. It also impacts on the ability of homecare workers to form more meaningful relationships with clients and their ability to provide a better level of care. Wherever possible, homecare workers should be given a regular set of clients to care for.

Training

Homecare workers should receive standardised levels of training to produce consistency across the sector. There should be detailed minimum standards and requirements on employers to provide training and qualifications to this level. This would benefit clients and help develop the careers of homecare workers. It would also contribute to reducing the currently large turnover of staff that exists.

Isolation

Working in isolation severely restricts the ability of homecare workers to learn and share best practice with their colleagues and can have a negative impact on morale. Regular seminars, training sessions and staff meetings should be used to deal with this. It should be an issue covered by health and safety assessments.

Sector analysis

The survey results showed significant differences between the terms and conditions of staff who worked for private and voluntary sector providers as opposed to council providers. Terms and conditions were better for staff who worked for the council, who often carry out work with more high dependency clients or on re-ablement. This lowest cost procurement reflects a desire by councils to push the cost of homecare down without considering the consequences for people who rely on homecare services. This is a misuse of public resources which stores up longer term costs for councils and the NHS. It also deprives local economies of the higher spend by homecare workers on decent wages.

Regulation

UNISON believes that councils' adult social care functions including their commissioning practices should be subject to regulation across the UK. In England this means that the Care Quality Commission should have powers to inspect councils' social care functions restored.

Ethical care councils

In light of UNISON's findings, we are calling for councils to commit to becoming Ethical Care Councils by commissioning homecare services which adhere our Ethical Care Charter.

The over-riding objective behind the Charter is to establish a minimum baseline for the safety, quality and dignity of care by ensuring employment conditions which a) do not routinely short-change clients and b) ensure the recruitment and retention of a more stable workforce through more sustainable pay, conditions and training levels. Rather than councils seeking to achieve savings by driving down the pay and conditions that have been the norm for council – employed staff, they should be using these as a benchmark against which to level up.

Councils will be asked to sign up to the Charter and UNISON will regularly publish the names of councils who do.

Ethical care charter for the commissioning of homecare services

Stage 1

- The starting point for commissioning of visits will be client need and not minutes or tasks. Workers will have the freedom to provide appropriate care and will be given time to talk to their clients
- The time allocated to visits will match the needs of the clients. In general, 15-minute visits will not be used as they undermine the dignity of the clients
- Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones
- Visits will be scheduled so that homecare workers are not forced to rush their time with clients or leave their clients early to get to the next one on time
- Those homecare workers who are eligible must be paid statutory sick pay

Stage 2

- Clients will be allocated the same homecare worker(s) wherever possible
- Zero hour contracts will not be used in place of permanent contracts
- Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing
- All homecare workers will be regularly trained to the necessary standard to provide a good service (at no cost to themselves and in work time)
- Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation

Stage 3

- All homecare workers will be paid at least the Living Wage (as of November 2013 it is currently £7.65 an hour for the whole of the UK apart from London. For London it is £8.80 an hour. The Living Wage will be calculated again in November 2014 and in each subsequent November). If Council employed homecare workers paid above this rate are outsourced it should be on the basis that the provider is required, and is funded, to maintain these pay levels throughout the contract
- All homecare workers will be covered by an occupational sick pay scheme to ensure that staff do not feel pressurised to work when they are ill in order to protect the welfare of their vulnerable clients.

Guidance for councils and other providers on adopting the charter

Seeking agreements with existing providers

1. Convene a review group with representation from providers, local NHS and UNISON reps to work on a plan for adopting the charter – with an immediate commitment to stage 1 and a plan for adopting stages 2 & 3

2. Start by securing agreement for a review of all visits which are under 30 minutes. The review will include getting views of the homecare workers and client (and/or their family) on how long the client actually needs for a visit and what their care package should be

Looking for savings

3. Are providers' rostering efficiently – for example are there cases of workers travelling long distances to clients when there are more local workers who could take over these calls?

4. How much is staff turnover costing providers in recruitment and training costs?

5. How much are falls and hospital admissions amongst homecare clients costing the NHS and could some of these be prevented by longer calls and higher quality care?

6. Are there opportunities for economies of scale by providers collaborating around the delivery of training and networking/mentoring for workers?

7. Are there opportunities for collaboration between providers to achieve savings on procurement of mobile phones, uniforms and equipment for workers?

The commissioning process

1. UNISON's evidence, along with that of other bodies such as the UKHCA, shows that working conditions are intrinsically bound up with the quality of care.

2. When councils are conducting service reviews and drawing up service improvement plans, the Charter will provide a helpful benchmark for ensuring service quality – whether for an improved in-house service or in relation to externally commissioned services.

3. Where a decision has been taken to commission homecare externally, identify how the elements of the charter will be included as service delivery processes, contract conditions or corporate objectives in the invitation to tender documents. It must explain how these are material to the quality of the service and achieving best value.

Service monitoring

1. Work with providers and trade unions to agree how service quality will be monitored and compliance with the Charter assured

2. Build regular surveys of homecare workers into this process to gain their views and consider establishing a homecare workers panel from across local providers who can provide feedback and ideas on care delivery

The provisions of this charter constitute minimum and not maximum standards. This charter should not be used to prevent providers of homecare services from exceeding these standards.

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APPENDIX 2 – List of organisations that have adopted Unison's Ethical Care Charter

Unison's www.savecarenow.org.uk campaign website states that the following organisations have adopted The Care Charter, including the City & County of Swansea:-

- Aberdeen City Council
- Brighton & Hove City Council
- Cheshire West & Chester Council
- City of Bradford Metropolitan District Council
- **City & County of Swansea**
- Cumbria County Council
- Fife Council
- Inverclyde Council
- Lancashire County Council
- Leeds City Council
- London Borough Council of Barking & Dagenham
- London Borough Council of Camden
- London Borough Council of Croydon
- London Borough Council of Hammersmith & Fulham
- London Borough Council of Islington
- London Borough Council of Southwark
- London Borough Council of Tower Hamlets
- Metropolitan Borough of Greenwich
- Milton Keynes Council
- North Ayrshire Council
- North Lanarkshire Council
- Nottinghamshire County Council
- Reading Borough Council
- Redcar & Cleveland Borough Council
- Renfrewshire Council
- Sefton Metropolitan Borough Council
- Wirral Metropolitan Borough Council
- Cormac (individual homecare provider in the South West) who took over the Short Term Enablement Planning Service (STEPS) from Cornwall Council in October 2015
- Independence Matters (Domiciliary Care Provider in Norfolk)
- Julian Support, individual voluntary sector mental health care provider
- Optalis (Local Authority Trading Company in Wokingham)

A general website search reveals the following have also signed up to the Charter:-

- Bon Accord Care (BAC) Arms length external organisation in Aberdeen
- City of Edinburgh Council
- North Devon (District within Devon County Council)
- Stirling Council

APPENDIX 3: CURRENT POSITION OF THE CITY & COUNTY OF SWANSEA AGAINST UNISON'S ETHICAL CARE CHARTER

JANUARY 2017

Stage	Criteria	In House Provision	External Provision	Comments
Stage 1	Commissioning based on client need not minutes or tasks.	√	√	Visits are based on the assessed need of the individual service users.
	In general, 15 minute visits will not be used.	√	√	The minimum commissioned duration of a visit is 20 minutes.
	Homecare workers will be paid for their travel time, travel costs and other necessary expenses such as mobile phones.	There is a local agreement in place for home care staff to claim the relevant travel allowances.	13/17 respondents to our survey pay mileage. 7/17 incorporate travel time in an enhanced hourly rate for care delivery, 7/17 pay travel time separate to care delivery time, 1/17 is not applicable as care delivered on site. 7/17 respondents pay for mobile phones for staff.	We are looking at the issue of the terms and conditions of provider agencies, and are reviewing our requirements to be included in contracts as part of a procurement exercise. Under National minimum Wage legislation it is now a requirement for domiciliary care workers to be paid for time travelling between calls.
	Visits will be scheduled so that homecare workers are	√	√	We agree that domiciliary care workers should have sufficient time to carry out the care of service users.

Stage	Criteria	In House Provision	External Provision	Comments
	not forced to rush or leave early to get to their next client.			We monitor the delivery of care, and where there is evidence that it has not been fully delivered or has been of poor quality we take remedial action. We also work with our providers on building sustainable and geographically concentrated runs to minimise the amount of time care workers spend travelling between calls.
	Eligible homecare workers are paid statutory sick pay.	√	√	We have no evidence that this has been an issue locally.
Stage 2	Clients will be allocated the same homecare worker(s) wherever possible.	√	√	We believe that this is the best practice and we would wish to see continuity in the delivery of care wherever possible. We recognise that to achieve this is a complex matter that involves stabilising the workforce and reducing turnover of staff.
	Zero hours contracts will not be used in place of permanent contracts.	√	Only 1 respondent to our recent survey *only* offers zero hours contracts.	We agree that there should not be widespread use of zero hours contracts, but we believe that there is a place for such contracts (for example for relief staff). We also agree that we would normally expect workers to be offered permanent contracts of employment where appropriate.
	Providers will have a clear and accountable procedure for following up	√	√	We have a requirement in our contracts that providers have a clear and accountable procedure for following up staff concerns about their clients'

Stage	Criteria	In House Provision	External Provision	Comments
	staff concerns about client wellbeing.			wellbeing, and would expect this to be followed.
	All homecare workers will be regularly trained to the necessary standard to provide a good service at no cost to themselves and in work time.	√	√ Only 1 respondent to our recent survey stated that they do not pay carers to attend training	We would expect all staff employed by provider agencies we contract with to be trained to deliver good quality care. We are reviewing our requirements from providers regarding the training of staff as part of our procurement exercise.
	Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation	√	√	Holding regular team meetings, supervision and appraisals form part of our current contractual terms and conditions.
Stage 3	All homecare workers to be paid at least the Living Wage (set by the Living Wage Foundation of £8.45 per hour outside London)	√	3/17 respondents to our survey pay above the Living Wage Foundation rate per hour. All respondents pay above the national living wage of £7.50 to all workers irrespective of age	Although this is not a requirement of our contractors at this stage, it is being considered as part of our procurement exercise.
	All homecare workers will be covered by an occupational sick pay scheme	√	3/17 respondents to our survey state that they operate an	The issue of staff feeling pressurised to work when they are ill in order to protect the welfare of their vulnerable clients is complex. An occupational

Stage	Criteria	In House Provision	External Provision	Comments
			occupation sick pay scheme.	sick pay scheme of itself will not directly address the issue of pressure that individual workers feel they are subject to, although in principle we would agree that this is the right way for employers to value their staff and increase the retention of staff.

APPENDIX 4

Domiciliary Care Provider Forum Feedback on what a Swansea Charter may look like

15th April 2015

Group 1 Feedback

- Swansea Dom Care Provider Charter which consortia of providers sign up to (reduce loss of staff from one consortium provider to another)
- Set Wage for all consortia providers –Living Wage
- All consortia providers train to same standard and in the same way
- Guarantee Hours
- Include transport
- Minimum 30 minute call duration to contribute to delivery of outcomes
- Provision of personal care and practical support (e.g. to counteract isolation)
- Geographic commissioning
- Sustainable charge rate
- Block contracts
- Mix male and female carers on double staffed calls
- Fix call times e.g. 8am, 1pm, 5pm and 9pm with clients and set buffer/parameters 45 minutes either side (before call classed as late/missed)
- Solid package care - commissioner, provider and client with 6 monthly reviews – personal care + rehab + practical support around isolation x 52 weeks of the year
- Ability to swap hours/visits with provider

Group 2 Feedback

- Perfect Care Charter
- Develop outside agency meeting
- Mixed contracts for staff from 0 – 37 hours, 13 hours →→
- 20 minute calls
- Carmarthen are trying time banking
- Small teams
- Positive impact on staff
- Carmarthen are paying for travel on top of hourly rate for care.
- Locality commissioning

APPENDIX 5
SWOT ANALYSIS – ADOPTING UNISONS ETHICAL CARE CHARTER

STRENGTHS	WEAKNESSES
• Avoid any adverse publicity of not signing up to and implementing the charter • The council already meets many of the standards set out by the Care Charter • Secure consistent standard of pay and conditions across the sector • Promotes economic wellbeing of care staff (most of whom reside in City & County of Swansea • Consistent with the Well-Being of Future Generations (Wales) Act 2015: Prosperity, equality and globally responsible	• Anything more than the national minimum wage cannot be enforced • Providers unlikely to agree a change to their contracts without renegotiating a higher price per hour • Higher cost of care doesn't guarantee a better quality of service as relationship between cost and quality are not interdependent • If care workers allocated time talking to service users in addition to time for commissioned eligible care could cause additional pressures on dom care capacity and budget • If carers are able to change the amount of time they spend with individuals it may result in more people receiving late, short or missed calls – Need to balance flexibility with continuity and reliability of service • No budget provision exists currently to adopt these proposals
OPPORTUNITIES	**THREATS**
• Opportunity to identify need and data in relation to current and predicted volumes of service in each geographic area (as part of the procurement exercise) which would facilitate workforce planning by providers • To consider list of objectives that Unison's Ethical Care Charter sets out to achieve as part of the procurement	• Higher Cost of Care at time of constrained budgets/budget cuts • Potential additional cost of £773k per annum • Potential loss of other services either in Social Services or within wider People Directorate • Risk of challenge from other sectors contracting with the Council (i.e. dom care is only

exercise. This is consistent with Welsh Government's Code of Practice: Ethical Employment in Supply Chains. • Address workforce proposals under Welsh Government Phase 2 implementation of the Regulation and Inspection of Social Care (Wales) Act 2016 • Providers themselves can sign up to the Charter	one part of the care sector) • Public sector organisations ("Contracting Authorities" in the Public Contracts Regulations 2015) cannot make payment of the Living Wage a mandatory requirement as part of a procurement process, where the rate of the Living Wage is greater than any minimum wage set by, or in accordance with law (the National Minimum/Living Wage in the UK). • Requirement to pay living wage foundation's living wage in tender docs may breach EU procurement legislation – contractors who do pay being treated more favourable than those who do not pay living wage • Equal Pay challenge from other employees within the Local Authority over time • Adverse publicity associated with any challenge • Cost associated with any challenge • Potential risk that prolonged visits that surpass meeting of person's need can undermine confidence and build a reliance on service provision rather than encouraging enablement and maximising independence • Providers pass the increased cost of care associated with meeting Charter to those who commission their own care privately or via direct payments

Appendix 6

Costs of Paying the Rowntree Foundation Living Wage

Presumption based upon historic Cost Model returns that pay on costs are approximately 12.5%. As these are historic an uplift of 14% would be fair 12%

Where Suppliers are not paying travel time and pay a higher hourly rate to account for this, bare compliance with NMW is presumed.

Supplier	Wkly Hours	£	£/hr	Lowest Rate of Pay	Living Wage Cost	Additional Cost Per Hr
Provider 1	833	12,418	14.91	7.50	902.25	1.08
Provider 2	2,622	37,995	14.49	7.50	2,839.71	1.08
Provider 3	1,650	23,439	14.20	7.50	1,787.31	1.08
Provider 4	637	10,195	16.00	7.50	690.09	1.08
Provider 5	2,619	41,385	15.80	7.50	2,836.69	1.08
Provider 6	1,400	18,888	13.49	7.50	1,516.56	1.08
Provider 7	87	1,530	17.59	7.87	57.52	0.66
Provider 8	394	5,237	13.28	7.50	426.95	1.08
Provider 9	11	144	13.75	7.50	11.37	1.08
Provider 10	2,023	31,001	15.33	7.50	2,190.67	1.08
Provider 11	80	1,109	13.88	7.50	86.50	1.08
Provider 12	49	831	16.95	7.50	53.07	1.08
Provider 13	13	187	14.40	7.50	14.08	1.08
Provider 14	1,100	15,794	14.36	7.92	664.43	0.60
Provider 15	469	7,264	15.50	7.50	507.55	1.08
Total	**14,220**	**211,231**	**14.85**		**14584.7409**	**1.03**

Provider 16	11	142	13.50
Provider 17	157	2,795	17.80
Provider 18	6	-	-
Provider 19	59	879	14.78
	233		

Costs for those who Sumbitted Weekly costs	14,584.74
Average Presumed for those who did not sumbit cost details	238.74
	14,823.48
Annual Cost	772,896.32