



Briefing 17- 01 January 2017

Insights into Social Care Practice

Key issues

- *'Insights'* is a series of case studies, intended to promote and share the good practice among APSE member authorities in delivering adult social care
- This briefing focusses on Reading Borough Councils adoption of the UNISON Ethical Care Charter

Reading Borough Council: Signing the UNISON-led Ethical Care Charter

In brief

The Unison-led Ethical Care Charter is intended to help establish a better baseline UK-wide, for the safety, quality and dignity of homecare services. Reading Borough Council signed the Ethical Care Charter in March 2014 and successfully engaged with providers to commission Home Care in line with the Charter.

The Charter includes specific standards related to the quality of care provided including allocating sufficient time for each visit, to adequately meet the needs of clients and consistency of relationship through the allocation of the same home care worker for successive visits. It also includes paying homecare providers at least the Living Wage, statutory sick pay, payment for travel time and training days as well as reimbursement for travel and expenses. Finally, it requires adequate training to be provided by the employer and opportunities for homecare workers to meet with co-workers to share best practice and limit isolation.

The council are delighted with the outcome and confident these changes have improved the quality of care, enhanced working conditions for some of the lowest paid, most disadvantaged residents of the borough and strengthened their relationship with providers.

How did they undertake the work?

In early 2014, whilst reviewing the progress of the borough-wide, procurement and commissioning strategy, the council's Policy committee agreed to sign the Ethical Care Charter.

Over the course of the summer that followed, as part of the process of renewing the Domiciliary Care Accredited Supplier List (DASL), the council consulted with providers to ascertain which elements of the Ethical Care Charter could viably be incorporated in to contracts for Home Care provision at the outset of a four-year framework in Spring 2015.

Providers received information about the council’s intentions with enthusiasm, supporting the process by reviewing their operating models and supplying valuable information regarding their day-to-day operations, which enabled Commissioners to structure service specifications and subsequent contracts in such a way as to meet the Charter requirements and ensure financial viability for providers. Larger contracts were tendered, which allowed savings through economies of scale and also enabled workers to deliver within more concentrated geographical areas due to a denser dispersion of clients, which reduced travel costs.

The Ethical Care Charter has three stages (see below) and it is proposed that committed parties seek to implement the stages progressively. Reading Borough Council incorporated all the requirements of Stage 1 and Stage 3.1 (Paying the Living Wage) in to home care provision under the new contract framework at the outset, with a commitment required to working towards the further requirements of the Charter over the four-year lifetime of the framework.

Throughout year 1 of the framework, the council has monitored and supported provider compliance through a variety of means including a provider survey and validation visits as outlined below:

	Stage 1	Outcomes in Year 1
1.1	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	<ul style="list-style-type: none"> • 100% of care plans that were randomly selected during a series of validation visits were shown to be written in a person-centred way, built around client need, through which workers can provide appropriate care. (One provider was non-compliant within their first visit but addressed identified issues and demonstrated compliance on a second visit.) • The Home Care Framework also incorporates the council’s Dignity and Care Charter, which commits providers to alleviating loneliness and isolation in their interactions with clients.
1.2	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	<ul style="list-style-type: none"> • During Validation Visits, the council’s quality team sought evidence of spot checks, to ensure care workers were spending sufficient time with clients, which was underway among 10 out of 11 providers. Further, client feedback was monitored to seek evidence of any rushed visits • Requests from Providers for ‘overruns’, where care exceeds the allotted time were monitored In July-September 2016 and

		<p>requests were made on 0.5% of the 13,000 (approx.) scheduled visits each week.</p> <ul style="list-style-type: none"> • Incidence of 15 minute visits within care plans was monitored and challenged through internal processes. Consequently, their use has been reduced over the course of the year. • The council is aware that 8 out of 11 providers have an electronic management system to help schedule and monitor visits, which reduces the risk of poor planning contributing to visits of an inadequate duration. The other three providers are due to introduce such a system. • This was also demonstrated through the evidence of good quality care plans (see 1.1).
1.3	Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones.	<ul style="list-style-type: none"> • The provider survey confirmed that all except 1 of the 11 providers pay homecare workers travel time and mileage costs and fund training, uniform and DBS checks. (The one exception is due to implement this with immediate effect.) • Routine monitoring of provider job adverts has enabled officers to challenge 2 of the 11 providers where payment of expenses was not advertised and precipitated the necessary steps towards compliance.
1.4	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	<ul style="list-style-type: none"> • Monitoring officers query providers when a visit is cut shorter or extended longer than the commissioned length. Over the course of the year, it was found that in most cases, these incidents did not occur due to inappropriate scheduling. • See 1.2
1.5	Those homecare workers who are eligible must be paid statutory sick pay	<ul style="list-style-type: none"> • The provider survey confirmed that all homecare workers who are eligible are paid statutory sick pay.

To further support the delivery of Stage 1, the council is investigating the possibility of installing a borough-wide, electronic management system to allow consistent monitoring of service delivery. The system will record information about when a home care worker has started and finished their shift, time spent on each individual call, whether a home care worker has not arrived at a visit within a pre-defined timescale (early/late), not left a visit within a predefined timescale (over-run) or when a critical visit is missed or delayed.

They also intend to include consultation with the home care workers who are delivering on behalf of the providers as part of the quality and monitoring processes. In particular, it is hoped this will gather further evidence with regards to the

appropriate remuneration of travel time and costs of uniform, training and DBS checks and the implementation of the council's Dignity and Care Charter (See Stage 1.1). In year 1, the council organised drop-in meetings at Community buildings across the borough, which weren't well attended. Discussions are underway with providers, regarding the possibility of attending staff meetings in year 2.

The council intends to monitor compliance with Stage 2 of the Charter over the course of the second year of the framework and will do so within the context of regular Quality Audits, monitoring delivery against all framework requirements.

A closer look at the UNISON-led Ethical Care Charter

The Ethical Care Charter was the resulting action from a survey entitled 'Time to Care' that UNISON conducted in 2012. It received 431 responses from workers across the country, both UNISON members and non-members.

The results of the survey¹ include:

- 79.1% of homecare workers said their schedule meant they were forced to rush their work or leave clients early
- 52.3% said that, though they could report concerns about clients' wellbeing, these concerns were only sometimes acted on
- 43.7% said they came into contact with other homecare workers on a daily basis
- 36.7% said that 'they were often allocated different clients'
- 41.1% of homecare workers said they were not given training to deal with a client's specific medical needs, including conditions like dementia.
- 56% received between £6.08 an hour and £8 an hour
- 57.8% of homecare workers did not get paid for travelling between visits
- Over half of those surveyed said that their terms and conditions had worsened over the last year

For many, these results will not be a surprise. It is widely acknowledged that pay and working conditions within the Care Sector are poor. Think tanks across a range of political persuasions have highlighted the poor state of employment conditions within the care sector. For example in April 2012, the Centre for Social Justice reported:

*"Low pay, poor training and lack of oversight has led in many places to the very poor quality of home care for the most disadvantaged older people"*²

¹ UNISON, 2012 *Unison's Ethical Care Charter* [online] Available at: <<https://www.unison.org.uk/content/uploads/2013/06/Research-MaterialFinal-Ethical-Care-Charter-PDF2.pdf>> [Accessed 10/08/16]

² Centre for Social Justice, 2012 *Transforming Care for the Poorest Older People* [online] Available at: <[http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/Transforming-care-\(Apr-2012\)-edit-v.2.pdf](http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/Transforming-care-(Apr-2012)-edit-v.2.pdf)> [Accessed 10/08/16]

In May 2014, The Kingsmill Review, found:

“Care Workers, are exhausted, unable to plan their own lives through insecure contracts, and unable to spend enough quality time with the person in receipt of care”³

A 2011 issue of the Social Care Workforce Periodical (Kings College London), disseminated research that estimated that it is likely 9-13% of the care workforce is not paid the National minimum wage⁴ and within the same year the Equality and Human Rights Commission, a statutory independent body, warned that working conditions were placing the sector at risk of contravening Human Rights Law through the resultant poor quality of care.⁵

Within the above reports and elsewhere within the literature, brevity of appointments and lack of pay for travel time are both frequently acknowledged as contributors to the unacceptably low quality of care and pay respectively. Therefore, Stage 1 of the Ethical Care Charter moves towards change in both these domains. Unison suggests Councils implement the Ethical Care Charter in the following three stages, designed to progressively move towards a better quality of care provision.

1. Stage 1

- 1.1 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
- 1.2 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.
- 1.3 Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones.
- 1.4 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
- 1.5 Those homecare workers who are eligible must be paid statutory sick pay

2. Stage 2

- 2.1 Clients will be allocated the same homecare worker(s) wherever possible

³ Kingsmill, D., 2014 *The Kingsmill Review: Taking Care* [online] Available at <http://www.yourbritain.org.uk/uploads/editor/files/The_Kingsmill_Review_-_Taking_Care_-_Final_2.pdf> [Accessed 10/08/16]

⁴ Hussein, S., 2001 *Estimating Probabilities and Numbers of Direct Care Workers Paid under the National Minimum Wage in the UK: A Bayesian Approach*, Social Care Workforce Periodical [online] Available at: <<http://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/periodical/2011/issue16.aspx>> [Accessed 10/08/16]

⁵ Equality and Human Rights Commission, 2011 *Close to Home: An inquiry into older people and human rights in home care* [online] Available at: <https://www.equalityhumanrights.com/sites/default/files/close_to_home.pdf> [Accessed 10/08/16]

- 2.2 Zero hour contracts will not be used in place of permanent contracts.
- 2.3 Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing.
- 2.4 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)
- 2.5 Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation.

3. Stage 3

- 3.1 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).
- 3.2 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
- 3.3 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.

Unison is committed to supporting councils in helping to implement the charter.

Other APSE member councils who have signed up to the Ethical Care Charter include Nottingham City Council, Cormac Ltd. (LATC, Cornwall Council), Renfrewshire Council, Camden Council, Opatlis (LATC, Wokingham Borough Council), Camden Council, Lancashire County Council, Cheshire West and Chester council.

What has been the outcome of committing to the Charter?

As a result of committing to the Ethical Care Charter, Reading Borough Council have delivered the outcomes included within the various stages of the Charter through their contract framework for homecare provision.

Besides the clear benefits of residents receiving care in line with the principles of the charter and homecare workers in the borough employed with far better working terms and conditions, the council has found their relationship with providers has been enhanced. With the base-line of service provision raised within the terms of contracts, it is quicker and easier to resolve concerns about a client's care.

“Our Council is determined to drive up standards in homecare services in the face of continued government cuts and as people's needs grow. A dignified and valued work force is essential to deliver a dignified and quality service to the people who rely on Social Care services. The council's new homecare framework, incorporating both Unison's Ethical Care Charter and the council's own Dignity and Care Charter is one way that I believe we are supporting people to live fulfilling and dignified lives.”

- Cllr Rachel Eden, Lead member for Adult Social Care, Reading Borough Council

APSE comment

Local authorities face unprecedented budgetary pressures in funding to deliver Social Care Services and the poor working conditions cited within this briefing are largely as a result of both funding pressures and a fragmented care market. In spite of recent changes to social care finance, for example permitting council tax increases to fund social care, there is still a disparity between the funds available for social care services and the growing demands placed upon social care.

However, as the source of funding for approximately 60% of all UK care services, local authority care providers and commissioners are uniquely placed to influence the working conditions for Home Care workers and the quality of resultant care. To assert this influence for the greatest impact, local authorities may consider a collective stance in the expectations they hold of the contracts they commit to. The Unison Ethical Care Charter is an example of how local authorities could adopt unifying quality standards for home care services.

APSE continues to support calls for greater investment in Social Care and firmly believes that all council frontline services need to consider the contribution that they can make to enable older people to live safely and independently. Local action on prevention and support to older people will ultimately reduce cost pressures on the NHS. High quality home care services that ensure continuity of quality care workers, through better terms and conditions of employment, is a sensible and cost effective measure for local authorities to adopt. Alongside the adoption of council wide strategies to support older people across all services, and ensuring that Social Care as a service is making its' own strides for efficient and effective service delivery, the tangible benefits of a stable high quality workforce cannot be ignored in planning services for older people

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