



UNISON's ethical care charter



Contents

Introduction	1
Key findings	2
Ethical care councils	4
Ethical care charter for the commissioning of homecare services	5
Guidance for councils and other providers on adopting the charter	6

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.

“ I never seem to have enough time for the human contact and care that these people deserve. ”

“ 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. ”

“ People are being failed by a system which does not recognise importance of person centred care. ”

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

“ 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. ”

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 September 2012 it is currently £7.20 an hour for the whole of the UK apart from London. For London it is £8.30 an hour. The Living Wage will be calculated again in November 2012 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.

UNISON has more than a million members delivering essential services to the public. Services that protect, enrich and change lives.

We want to see changes that put people before profit and public interest before private greed. Join our campaign to create a fairer society.

To find out more go to unison.org.uk/million

Join UNISON online today at unison.org.uk/join
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De-registration of residential care for people with a learning disability: consultation timeline summary.

Sheffield City Council Communities Portfolio Commissioning Service: August 2014

Purpose:

Actions from the Healthier Communities and Adult Social Care Scrutiny committee meeting on 23 July 2014 include:

1. The Committee requested an update on how things are progressing with the work, specifically in terms of the consultation, including the consultation that has taken place with those affected and their families and that this update is given to the committee within the next 6 months, and
2. The Committee requested a timeline showing the consultation that has taken place so far along with any additional information regarding the consultation process

This document provides a timeline of consultation and engagement on the programme of comprehensive service reviews and options appraisal process for the de-registration of residential care services as part of the 'health reconfiguration' programme.

1. Comprehensive Service Reviews		
Purpose: Complete review of the service, taking into account a range of findings and views, including service users, relatives and staff.		
Date	Scheme/target of consultation	Attendees/who was consulted
March – April 2010	Handsworth	Staff consultation – 24/25 March 2010 Relatives & carers' consultation - 21 April 2010 Five relatives attended the consultation session on 21 April 2010. <i>Response: Feedback from 10 individuals</i>
June – August 2010	Wensley Street	Staff consultation – 29 & 30 June 2010. Relatives & carers' consultation – 04 August 2010 11 relatives and carers attended. <i>Response: Feedback from 26 individuals</i>
July – August 2010	Beighton Road	Staff consultation – 22 & 23 July 2010 Relatives & carers' consultation – 09 August 2010 8 relatives attended. <i>Response: Feedback from 17 individuals</i>
July 2010 – May 2012	Buckwood View	Staff consultation – 08 & 09 July 2010 Relatives & carers' consultation - 08 May 2012 6 relatives attended the session. 21 July 2010 - 2 relatives attended a Q&A session

2. Options appraisals

Purpose: to enable relatives and independent experts to help weigh and score options for the service. Note – relatives and advocates are not always identified amongst the names of those attending.

Date	Scheme/target of consultation	Attendees/who was consulted
02 December 2010	Handsworth	Relatives' rep; LD Quality Development Adviser
14 December 2010	Cottam Road	Relatives' rep
17 January 2011	East Bank Road	Relatives' rep
31 January 2011	Wensley Street	Relatives' rep; 2 LD Quality Development Advisers
01 April 2011	Fraser Drive	2 Relatives' reps
01 April 2011	Station Road	2 Relatives' reps
15 April 2011	Beighton Road	Relatives' rep; LD Quality Development Adviser
20 April 2011	Burncross	Relatives' rep.; advocate
11 May 2011	Gleadless Common and View	Relatives' rep.; advocate; LD Quality Development Advisers
23 August 2011	Berners Road	SHSCT staff member with Independent Service User
23 August 2011	Daresbury Road	SHSCT staff member with Independent Service User
24 August 2011	759 Gleadless Road	Relatives' rep.; advocate
31 August 2011	Melrose Road	Relatives' rep; SHSCT staff member with Independent Service User
31 August 2011	Scott Road	Relatives' rep; SHSCT staff member with Independent Service User
31 August 2011	144/146 Wensley Street	SHSCT staff member with Independent Service User
01 September 2011	Angleton Avenue	No record
01 September 2011	Viking Lee	SHSCT staff member with Independent Service User
02 September 2011	Pottersgate	Advocate
02 September 2011	Options appraisal – Steven Close	No record
06 September 2011	Stalker Lees	Relatives' rep.
07 September 2011	Beighton Road	2 advocates

2. Options appraisals

Purpose: to enable relatives and independent experts to help weigh and score options for the service. Note – relatives and advocates are not always identified amongst the names of those attending.

Date	Scheme/target of consultation	Attendees/who was consulted
07 September 2011	Stradbroke Road	Advocate
08 September 2011	France Road	No record
06 October 2011	Bartle Road	Advocate
06 October 2011	930 Gleadless Road	Advocate

3. Relatives' consultation session

Purpose: to enable relatives to understand proposed service changes and to have questions and concerns addressed

Date	Scheme/target of consultation	Attendees/who was consulted
24 February 2011	Fraser Drive	3 relatives attended

4. Consultation – service users, relatives and staff

Purpose: to enable relatives and residents/tenants to understand proposed service changes and have any questions or concerns addressed

Date	Scheme/target of consultation	Attendees/who was consulted
25 & 26 July 2012	Beighton Road	Six relatives, representing five service users. 25 staff attended over the two sessions.
25 & 26 July 2012	Cottam Road	Six relatives, representing four service users. 18 staff attended over the two sessions.
25 & 26 July 2012	Eastbank Road	Eight relatives, representing four service users. Four staff attended over the two sessions.
25 & 26 July 2012	Wensley Street	Four relatives, representing three service users. Nine staff over the two sessions.

2013. Consultation on the programme in for 2013 was placed on hold. This was due to review and withdrawal of the planned investment of £2 million for the proposed structural changes to the buildings by South Yorkshire Housing Association (SYHA) by mutual understanding with Sheffield City Council.

These issues were resolved, and a new plan for de-registration was agreed. This was then subject to renewed communication and consultation in 2014.

5. Consultation with LD service user customer group Purpose: to seek input into the supported living framework specification from an established expert service user/customer group		
Date	Scheme/target of consultation	Attendees/who was consulted
09 January 2014	Good Place to Live Group	Good Place to Live Group members

6. Communication with SHSCT staff and families impacted by Health Reconfiguration / Deregistration and Supported Living Purpose: to explain proposed plans and enable staff, families and residents/tenants, to address questions and concerns		
Date	Scheme/target of consultation	Attendees/who was consulted
January 2014	SHSCT staff and families impacted by Health Reconfiguration	Joint briefing for SHSCT staff and families, January 2014 Briefing session for SHSCT staff only Presentations to SHSCT staff and families, 22 January 2014
21 January 2014	Cottam Road	Service user briefing sessions regarding changes to the Health Reconfiguration Programme
27 January 2014	Wensley Street	
28 January 2014	Eastbank Road	
29 January 2014	Handsworth	
30 January 2014	Beighton Road	

7. Consultation with LD service user customer group Purpose: Supported Living Framework tender evaluation - to enable expert customers to evaluate provider submissions to the Supported Living Framework tender		
Date	Scheme/target of consultation	Attendees/who was consulted
May 2014	Good Place to Live Group	Good Place to Live Group members

8. Further, ongoing consultation around de-registration and Supported Living
Purpose: to explain proposed plans and enable staff, families and residents/tenants, to address questions and concerns

Date	Scheme/target of consultation	Attendees/who was consulted
19 June 2014	Handsworth	Contracts & Commissioning visit to informally meet staff and residents
30 June 2014	Handsworth	Weekly group meetings start
09 July 2014	Handsworth	Meeting for residents and families
21 July 2014	Cottam Road	Weekly group meetings start
28 July 2014	Cottam Road	Contracts & Commissioning visit to informally meet staff and residents
01 August 2014	Handsworth	Drop in session for residents and families
27 August 2014	<i>Cottam Road</i>	<i>Drop in session scheduled</i>
01 September 2014	<i>Cottam Road</i>	<i>Drop in session scheduled</i>

9. Planned Supported Living Framework launch workshop

Purpose: to enable expert customers to provide a clear perspective about the way they would want SL tenants to be supported under the new Framework, alongside SCC's own expectations

Date	Scheme/target of consultation	Attendees/who was consulted
<i>September 2014</i>	<i>Expert customers</i>	<i>Expert customers</i>

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