

# Short Care Episodes

## A UKHCA position statement

Ensuring that homecare meets service users' needs



### Position statement

UKHCA recognises that short-duration care episodes — those of 15 minutes or fewer — are generally unsuitable in supporting service users to meet their personal care needs in a way that enables them to exercise acceptable levels of choice, individuality and independence. Short episodes should be used only where monitoring or prompting activities are the sole objective of the intervention.

### Recommendations for commissioners

- Use 15 minute visits solely for monitoring and prompting activities;
- Move towards commissioning for outcomes rather than time-based tasks;
- Allocate realistic time for planned activities;
- Involve service users' views in contracting process;
- Consider how short episodes affect careworker recruitment and retention;
- Listen to providers' concerns over inadequate visit times.
- Specify how travel time is to be paid in contract specification.
- Consider availability and cost of local transport when assessing contract prices.

### Why short episodes are a problem

UKHCA recognises that the cost of social care and an increase in the number of people with complex social care needs are largely responsible for local authorities setting higher eligibility criteria and reducing commissioned contact time.

At the same time, these very factors drive up the dependence of service users and the time they need to complete their activities of daily living with dignity and optimum independence.

Short-duration visits risk failure to meet the safety, physical and emotional needs of many service users: a commissioning practice criticised by England's statutory regulator.<sup>1</sup>

Drives to promote early intervention, re-ablement and outcome-orientated care frequently require longer, rather than shorter, interventions. However, this proactive approach is likely to result in a reduction in costs in the future.

### The scale of the problem

Despite their significance in social care policy, data on homecare services is limited and is often confined to services commissioned by local authorities. A review of the literature suggests that there is little routine analysis of the duration of care episodes.<sup>2</sup>

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pages 42 and 84.

<sup>1</sup> Commission for Social Care Inspection. *Time to Care? An overview of home care services for older people in England, 2006*. London: CSCI; 2006,

<sup>2</sup> The Health and Social Care Information Centre's HH1 form, used to gather data for the annual analysis 'Community Care Statistics: Home help and home care services', only gathers data on visits that are two hours or fewer.

Evidence gathered by UKHCA suggests that visits shorter than 30 minutes constitute more than 50% of independent providers' work.<sup>3</sup> This should be taken in the context of the 3.6 million contact hours commissioned by local authorities during a week in 2005.<sup>4</sup>

## The impact of commissioning practice

The social care regulator in England, the Commission for Social Care Inspection (CSCI), reported incidents where commissioners, in a response to budget pressures, applied arbitrary reductions to the length of time allocated for service users' care, without any prior assessment of service users' needs, a practice contravening official guidance.<sup>5</sup>

## Activities during a care episode

Each episode of homecare is a complex procedure calling for a range of interpersonal skills, understanding and the assessment of a service users' needs. The range of activities undertaken are summarised in the inset 'Careworkers' activities'.

## Implications for service users

Short episodes are frequently undesirable for service users, leaving them feeling hurried, unsafe, or a burden on others.

For many users, their care staff reduce social isolation: the careworker may be one of only a few — or the only — human contacts they make in a day.

For some, short episodes will limit independence as the care workers will be forced to complete activities for their service users rather than waiting for a slow, frail

## Careworkers' activities

Access the service users' home, including greeting and verification of identity.

Review care plan and records about the service user's current state of wellbeing.

Enable service user to express their preferences about the care they wish to receive.

Risk assess the physical environment and care to be provided.

Establish verbal or implied consent.

Safely don, remove and dispose of appropriate personal protective equipment.

Effective hand washing before and after interventions.

Provide assistance while maintaining the service user's dignity, comfort and privacy.

Record the care provided and the service user's current condition.

Obtain the service users' signature on a time-sheet or complete telephone monitoring.

Leave the service users' home secure when leaving the building.

or debilitated person to work at their own pace.

## Implications for careworkers

Short-duration episodes are likely to reduce the quality of working life for domiciliary care workers by providing little opportunity to deliver individualised care. Workers report feeling rushed, unsatisfied or even guilty about being unable to provide the necessary care: one of the most frequent reasons given by careworkers leaving the homecare sector.

Where short-duration episodes make up a disproportionate amount of a careworker's

<sup>3</sup> McClimont B, Grove K. *Who Cares Now? An Updated Profile of the Independent Sector Home Care Workforce in England*. Sutton: UKHCA; 2004, page xii.

<sup>4</sup> Health and Social Care Information Centre. *Community Care Statistics 2005: Home Care Services for Adults in England*. London: Governmental Statistical Service; 2006, page 6.

<sup>5</sup> Commission for Social Care Inspection. *Time to Care? An overview of home care services for older people in England, 2006*. London: CSCI; 2006, page 90.

activity, they can be an obstacle to retaining an experienced workforce.

### The impact of unpaid travel time

The majority of local authority contracts exclude payment for travel time in the unit charge, usually relying on providers to factor travel time into their hourly pay rates.

Workers are regularly asked to undertake visits where the travel time to and from the service user's home exceeds the contact time for which they will be paid.

Unlike local authority in-house teams, independent sector providers are frequently unable to absorb the costs of paying travel time between visits.<sup>6</sup>

Unpaid travel time can create a disincentive for careworkers to accept short episodes of care. The situation is exacerbated in rural areas with poor public transport and in urban areas where travel can be slow during peak times and transport costs are high.

### Implications for providers

Independent providers with 'block' contracts appear to be more likely to take on short duration visits than providers contracting on a 'spot purchase' basis.<sup>7</sup> Presumably 'spot' providers are able to turn away unattractive packages of care.

It can be difficult for prospective 'block' contractors to anticipate the proportion of short episodes required in a contract, as the distribution of visit durations may not be expressed in draft contracts.

### Recommendations for commissioners

UKHCA urges statutory sector purchasers to consider the following actions and practices:

<sup>6</sup> McClimont B, Grove K. *Who Cares Now? An Updated Profile of the Independent Sector Home Care Workforce in England*. Sutton: United Kingdom Home Care Association; 2004, page 23.

<sup>7</sup> Commission for Social Care Inspection. *Time to Care? An overview of home care services for older people in England, 2006*. London: CSCI; 2006, pages 84.

## The Homecare Sector in Facts and Figures

The following snapshot of the homecare sector<sup>1</sup> uses the most recently published figures available at the time of writing. More detailed information can be found at [www.ukhca.co.uk/pdfs/homecare\\_stats.pdf](http://www.ukhca.co.uk/pdfs/homecare_stats.pdf).

**Number of users:** Around 367,700 people in around 354,500 households received state-funded homecare in 2005.

**Statutory provision:** An estimated 3.6 million hours of care a week were commissioned by the statutory sector in 2005, with households receiving on average just over 10 hours of care a week.

**Private purchase:** Little is known about privately purchased homecare, but one estimate puts it at 854,000 hours a week in 2004 with a value of £417 million a year.

**Expenditure:** Gross spend on all personal social services, including homecare, in 2002-3 was £15.2 billion. In total, local authorities recoup around 11% of their expenditure on homecare through charges to service users.

**Supply:** 73% of publicly-funded homecare was provided by the independent sector in 2005, compared to just 5% in 1993.

**Contracting:** 60% of independent providers are thought to rely on local authority purchase for more than three quarters of their business. Almost 15% of providers depended on local authorities as their only customer.

**Average price:** Charges are variable and depend largely on local labour-markets and historical statutory spend. There is no *reliable* average price of an hour of care, but a figure of £11.40 per hour was proposed for 2004.

**Provider numbers:** There were 4,622 homecare agencies registered with the Commission for Social Care Inspection in March 2006. 80% of them were based in the independent sector.

**Homecare workforce:** In 2004 there were an estimated 163,000 homecare workers and service managers in England. 65% of them worked in the independent sector. The 'average' careworker undertakes between 26 and 30 hours per week.

<sup>1</sup> Figures quoted in this section relate to England. Readers should note that there is no consistent analysis of homecare provision across the four nations of the United Kingdom.

- Episodes of 15-minutes or shorter should be restricted to monitoring and prompting activities only;
- Contract specifications should move away from charges calculated by commissioned time, to payment for the time required to achieve desired outcomes;
- Realistic and adequate time should be provided for care workers to undertake their role without rushing;
- Service users should be involved in the creation of contract specifications and evaluating contract delivery;
- The impact of short-term care episodes on local providers' ability to retain a skilled workforce should be considered when writing contract specifications.
- Reassessment of service users' needs should be undertaken after providers report that safe and effective care cannot be provided in the commissioned time.
- Contracts should specify how careworkers' travel time should be remunerated.
- Regard to the availability and cost of local transport should be given when assessing contract prices.

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**About UKHCA**

UKHCA is the representative association for organisations that provide domiciliary care, home nursing and allied services.

The Association's primary aims are to promote the highest standards of care through training, information sharing and membership services.

**Professional Representation**

UKHCA represents the views of homecare providers with national policy makers and the media.

**Advice and support**

UKHCA is the first point of contact for professional advice about the sector, with a telephone helpline service for legal, employment and practice-based enquiries.

**Conferences and Events**

A programme of conferences, workshops and events runs in the four nations of the UK. Member organisations receive preferential rates on all events.

**Training and learning**

UKHCA helps organisations access available training funds and runs a Training and Assessment Centre for vocational qualifications and qualified assessors.

**Updates and publications**

Regular e-mail alerts, mailings and a member-only website complement our bimonthly magazine, *Homecarer*, for breaking news and guidance on key practice issues.

**Commitment to Quality**

The UKHCA Code of Practice, revised in January 2007, enables member organisations to demonstrate their commitment to quality and to use the UKHCA logo, which is recognised throughout the social care sector.

**Membership Services**

UKHCA enables organisations to access criminal record disclosures and provides an optional insurance scheme designed specifically for homecare providers.

Additional copies of this position statement can be ordered from UKHCA at the address below. Copies can be downloaded without charge from [www.ukhca.co.uk/positionstatements.aspx](http://www.ukhca.co.uk/positionstatements.aspx).

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