

Improving the recruitment and retention of Domiciliary Care workers in Wales



Consultation response form

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**You can let us know about your views by answering one, a few
or all of the questions below. Please send your response by 5
April 2016.**

About your interest in domiciliary care

Please let us know if you are:

Yes/no

Someone who uses domiciliary care and support	NO
A carer, a friend or a family member of someone who uses domiciliary care and support	NO

Someone who works in domiciliary care – please use the box below to tell us what job you do:

YES – I am Policy Officer with the United Kingdom Homecare Association. UKHCA is the national professional association and representative association for organisations who provide care, including nursing care, to people in their own homes. The organisation works across the UK, and has worked closely with Welsh Government over the last year or so on the Social Services and Wellbeing Act and Regulation and Inspection of Social Care Act.

Someone who works in health or social care – please use the box below to tell us what job you do:

NO

Someone who has an interest in health and social care, which is not included above - please use the box below to tell us what your interest is:

NO

Your views on recruitment and retention

1. Why do you think it might be difficult to recruit domiciliary care workers?

- The National Living Wage, due to be implemented in April 2016, is likely to exasperate many of the issues identified in this consultation. Whilst UKHCA welcome any intention to increase the take home pay of care workers, the underfunding of this policy intention is likely to lead to fewer services being commissioned, to remaining services being commissioned on rates that are significantly lower than what is economically viable and to fewer people being employed in the domiciliary care sector. Recently the National Provider Forum, which is chaired by UKHCA, wrote in partnership with the Association of Directors for Social Services Cymru (ADSSC) to Welsh Government Ministers, stating a mutual concern for the viability of the care sector (<http://www.ukhca.co.uk/downloads.aspx?ID=499>).
- UKHCA estimate that a minimum of £16.70 will need to be paid by commissioners for an hour of homecare when the National Living Wage is implemented. Currently commissioned rates are significantly lower than this rate (<http://www.ukhca.co.uk/rates/>). As a result, providers are forced to reduce investment in the business, developing skills through training and on contributions towards mileage payments. This will lead to the sector appearing less attractive to potential candidates.
- Furthermore the differential in pay between a front line careworker and a more senior member of staff is likely to be reduced by the National Living Wage. With the additional responsibilities for Responsible Individuals and Registered Managers held in the Regulation and Inspection of Adult Social Care Act 2016, it is likely to prove even more difficult to find appropriate people to fill these positions.
- Ultimately, the low wage offer of domiciliary care work will remain the driving force behind recruitment and retention issues. Low wages are a direct result of the low rates being commissioned for care. Welsh Government should take a broader view of the impact the issues explored in this consultation has on the wider health and care system. Challenges in recruitment and retention in domiciliary care leads to a

more inconsistent quality of service and a reduction in the hours that providers can offer. In turn this may lead to many people turning to expensive acute services rather than remaining in their home, or being unable to leave hospital due to a lack of available domiciliary care packages.

- Turnover of domiciliary care staff remains too high, however it should be noted that in many cases staff will leave their roles and take up another within the sector at a rival provider as the pay may be marginally higher.
- The lone working nature of the role means it is a particular challenge to develop ties between the organisation and worker, meaning minor differences in terms and conditions can lead to careworkers moving frequently between providers within a locality. The careworker might feel isolated whilst out on call or prefer to be working in an environment with a lot of interaction with colleagues.
 - There should be increased efforts to find recommended technologies that could assist with developing communication links between colleagues, and in making these technologies available and affordable to implement.
- We note that the consultation research found careworkers highlighted large workloads. It is unlikely that this will improve with the NLW likely to lead to limited resources being stretched further, fewer staff, and therefore a lower number of workers to meet the same workload.
- Information from Care Council Wales suggests that while turnover for front line care workers remains very high, turnover for management positions is fairly low. Whilst stability at this level is certainly welcome, there are concerns that this does not provide much opportunity or incentive for care workers to work their way up the chain. To reach higher positions of responsibility many will be forced to look outside of the sector, or seek to fill a position in a different organisation.

- Therefore, the sector must look at new ways to provide career pathways and to incentivise individuals to work their way up the career ladder.
- In Wales we believe around 90% of domiciliary care is commissioned by local authorities. Indirectly they therefore employ the majority of the workforce, yet they take little responsibility for the training and skills of the local pool of careworkers. As mentioned elsewhere in this response, many who leave their role will remain in the sector, and are just as likely to require care skills in their next role.
- There is little mention in the consultation document of the wider employment context in Wales. Although slow, the gradual recovery in the economy and job market has left employers competing for a smaller pool of potential recruits. The difficult nature of carework, and the low pay on offer due to low rates commissioned by local authorities, means many would prefer to work in a low skilled sector that may even pay more. These roles are often in abundance in urban areas, where possible recruits for domiciliary care are moving in large numbers. This means that providers in towns and cities struggle to compete for recruits, and providers in rural areas have a severely depleted pool of job seekers.
- The majority of domiciliary care providers in Wales are small businesses. They do not have the resource to allocate positions specifically for recruitment. As a result, many providers have quite basic recruitment knowledge and expertise. Welsh Government and Social Care Wales, potentially by supporting UKHCA to hold workshops, could provide expertise or templates for domiciliary care providers looking to expand or keep their workers. This might include model job descriptions, interview techniques and ideas on where and how to advertise roles.

2. Why do you think it might be difficult to retain domiciliary care workers?

UKHCA believe recruitment and retention of domiciliary care workers are two sides of the same coin and so our answer for question one includes a response for questions two.

3. What do you think we can we do to improve the recruitment of domiciliary care workers?

There are many examples of good and innovative practice in the recruitment of homecare staff. We believe that the Welsh Government has a role to play in facilitating this innovation. Key actions that could be taken include:

- Actively promoting homecare as a positive career choice. There are many people who are not actively seeking employment who could make very good careworkers.
- Support and facilitate the sourcing of careworkers from across Wales, the UK and internationally. Demographic trends and increasing employment rates mean there are fewer potential recruits;
- Registered Managers play a key role in the recruitment process as interviewers. However owing to the volume and regularity that homecare providers recruit at and the other demands of their job, their time is very pressured. This can impact on the quality of the interview process. Registered Managers need access to simple, best practice techniques and advice that has been tested and proven to work.
- The Welsh Government could facilitate a centralised internet job board for the care sector. There is also a need for non-digital job advertising, fewer employers are using print media to advertise jobs, though their readership is predominantly an older demographic, research has shown this population to make very good careworkers.

4. What do you think we can we do to improve the retention of domiciliary care workers?

- Retaining good careworkers is a great challenge. The demanding nature of the work and diminishing resources to support and appropriately

remunerate careworkers has led to retention of careworkers becoming a substantial issue within the sector.

- We believe that the root cause of the ongoing retention crisis is commissioning practice. The rates paid for homecare by local authorities in Wales are too low, UKHCA have calculated that the minimum viable rate for an hour of homecare is £16.70 per hour. Separate research conducted by UKHCA found that the average (arithmetic mean) rate paid for an hour of homecare by local authorities in Wales is £14.28.
- This funding deficit impacts upon the terms and conditions of careworkers, it also impacts upon the training and career progression for careworkers. Furthermore as resources are pushed further, the demand on individual careworkers increases, leading to greater levels of stress and increases the potential for 'burnout'. The key areas to address to improve retention rates are
 - Invest in frontline homecare services, ensuring that providers can pay staff at and above the statutory minimum hourly wage.
 - Invest in training for careworkers, professionalising the vital service they deliver and valuing the role.
 - Address issues with commissioning practice that lead to overly demanding workloads for careworkers and ensure that Registered Managers are properly equipped to deliver supervision.

Your views on our ideas to limit the use of zero hours contracts

5. Which, if any, of our ideas below do you think would work in reducing the negative impacts of zero hours contracts on the quality of domiciliary care

	Yes/no
i. Making domiciliary care providers publish the number of hours of care delivered by care workers on zero hours contracts	NO
ii. Giving all domiciliary care workers the choice about whether they are employed on a zero hours contract or a contract with guaranteed hours	NO
OR	OR
iii. Converting all zero hour contracts to guaranteed hours contracts after a domiciliary care worker has been employed for a specific period of time. What period of time?	NO
OR	OR
iv. Restricting the number of care hours or the percentage of care hours which domiciliary care providers can deliver by zero hours contracts. What you do think should be the maximum number of hours or maximum percentage of care hours?	NO

6. Which, if any, of the following ways could be used to make sure the changes set out above happen?

	Yes/no
i. As part of the inspection process, the Care and Social Services Inspectorate Wales will make sure domiciliary care providers are keeping to the rules about the maximum use of zero hours contracts	NO
ii. As part of the inspection process, the Care and Social Services Inspectorate Wales will make sure domiciliary care providers are not using exclusivity clauses in zero hours contracts.	YES

7. What do you think would be the impact of restricting the use of zero hours contracts?

Please include any views you have on how restricting zero hours contracts may have a good or bad effect on the quality of care for service users

- None of the ideas put forward by Welsh Government around zero hours contracts are fair, reasonable or viable in the current system of commissioning domiciliary care in Wales.
- UKHCA have made repeated calls for improved understanding of the root reason for the use of zero hours contracts, as explained below. The ideas put forward in the consultation place responsibility for the use and terms of these contracts at the door of the care provider. In reality, there is currently little option due to the rates and care time commissioned for around 90% of domiciliary care in Wales, i.e by local authorities.
- The only option of any real benefit is to identify the number of hours delivered by careworkers on zero hours contracts. This may help to show Welsh Government a trend between those providers who are able to provide guaranteed contracts, working largely with private paying clients, and those who have no choice.
- If it is deemed that zero hours contracts are not fit for purpose, which in itself we would contest, it will need to be commissioning and procurement practice that will have to be targeted to realise any meaningful change.
- Zero hours contracts are identified as having a negative impact on recruitment and retention. However:
 - The prevalence of these contracts requires a deeper understanding to their use. In a significant proportion of domiciliary care commissioning, only contact time is paid for by the local authority. If the individual in question is taken into hospital or dies, the care provider will not be paid for any work, and in turn will not have any work to offer to that careworker.

- Employers themselves have repeatedly stated that, as their income is generated almost entirely by the hours of care they deliver, they have every incentive to ensure that their workers receive opportunities to obtain as much work as they are willing to accept.
- Welsh Government must understand the makeup of the domiciliary care workforce, with many front line workers also juggling family or caring responsibilities, or approaching the age of retirement and wishing to work fewer hours. This is unlikely to change while the reputation of the sector continues to receive negative media coverage and while rates for care paid by commissioners continues to prevent a sufficient wage being paid that reflects the value of the service being provided.
- There also needs to be an understanding of how the sector operates, as the use of these contracts in domiciliary care is very different to use in other sectors where they are prevalent, such as retail or hospitality. Commissioning practices and the division between health and social care means there are peaks and troughs of demand as people move between different services or environments (hospital, care homes, supported living, day care etc.) This means that the services which can be offered can be unpredictable. However, growing demand for domiciliary care services, as highlighted in the consultation document as a 20% increase since 2001-02 – something which is likely to continue due to changing demographics – underlines that the number of hours available to give to workers is not an issue. The recruitment dilemma shows that work is available, meaning that while negative media coverage focuses on the 'zero' aspect of these contracts, very rarely is that the case. Many careworkers on these contracts will have always had all the work they want, leading some providers to relabel them as non-guaranteed hours contracts.
- Research undertaken by UKHCA found that many domiciliary care workers actively preferred zero hours contracts rather than fixed contracts. Reasons for this varied, including a preference for flexibility around other priorities, the option to fluctuate hours week by week, the option to turn work down.

- A key message from homecare providers in the research was that, if zero hours contracts are effectively banned, or councils begin to insist on guaranteed-hours contracts on the dangerously low rates they are willing to pay, businesses would either consider closing, or cease trading with local authorities. This is a stark warning for Government, councils and people who rely on state-funded care. Councils forced to take their services back in-house could see their costs almost double.
- In some cases, where the negative coverage of zero hours contracts led to providers offering workers the chance to change to a fixed contract, they were turned down.
- The research also suggested that due to only contact time being paid by local authorities, many providers would be forced to leave the market altogether.
- Providers face considerable unpredictability of work in terms of volume being commissioned, especially where councils choose to put packages of care out to multiple providers and initiate a competitive bidding process through framework agreements.
- The ability to pay workers for periods of inactivity during the day, including where ongoing work with an individual service user ceases for the variety of reasons described above is economically unviable for all but a limited number of providers, namely those who have economies of scale in place to meet this cost, or are willing to offset costs against payments received from self-funding clients.
- Individuals' choice from a diverse provider market is highly desirable, but these factors increase the likelihood of a workforce that does not reach optimum economic efficiency.
- Media portrayals of the increasing use of zero hours contracts have included references to a shift of risk from employer to worker. It is our view that in the homecare sector there is actually a passing of the risk faced by local government, which is shared between both provider (in terms of predictable revenue) and worker (in terms of predictable wages).

- Calls for a reduction in zero hours contracts within our sector would require a huge increase in the spend on social care by local authorities. We believe this is entirely unachievable without the political will from central and local government, not through legislation or unsustainable contracting, but by a financial investment that adequately rewards the social care workforce and genuinely values older and disabled people using state-funded homecare.
- For more information on UKHCA's position on zero hours contracts, please see: <http://m.acas.org.uk/index.aspx?articleid=4901>

8. If you have any other ideas on how we can reduce zero hours contracts having a negative impact on the quality of care please let us know in the box below

Our key points and concerns are covered in our response to the previous question, question 7.

Your views on National Minimum Wage and travelling time

9. Which, if any, of our ideas below do you think would work in making sure employers pay domiciliary care workers National Minimum Wage?

Yes/no

i. Provide information to employers and workers on how National Minimum Wage works in practice.	YES
ii. Make employers keep records on rates of pay, hours worked (including travelling, training and sleepovers) and deductions (including uniforms).	YES
iii. Local authority contracts with domiciliary care service providers should have a requirement for providers to show how they make sure they pay National Minimum Wage.	NO
iv. Local authority contracts should be clear about the time allowed for being with the client and the time allowed for travelling.	YES

10. Which, if any, of our ideas below do you think would work to check employers pay domiciliary care workers National Minimum Wage?

Yes/no

i. Make the Care and Social Services Inspectorate Wales include payment of National Minimum Wage as part of the inspection process	NO
ii. Make the Care and Social Services Inspectorate Wales inform HMRC where domiciliary care providers are not, or they suspect they are not, paying National Minimum Wage	NO
iii. As part of contract monitoring processes, local authorities should make providers demonstrate ongoing compliance with National Minimum Wage	NO

11. Which, if any, of our ideas below do you think would work to check domiciliary care providers are giving, and paying for, enough time for domiciliary care workers to travel between calls?

Yes/no

i. Local authorities should check domiciliary care providers are allowing, and paying for, sufficient time for care workers to travel between calls	NO
ii. The inspector - CSSIW - should include time allowed for travelling as part of the inspection process.	NO

12. Please use the box below to let us know about any other ideas or comments on National Minimum Wage or travelling time:

- UKHCA is increasingly frustrated by the lack of understanding demonstrated around rates of pay in the domiciliary care sector. As expressed earlier in this response, the key behind rates of pay is the rate at which care is commissioned.
- Again the ideas and questions in the consultation fail to find an appropriate balance between cause and effect of commissioning processes and care provision. The responsibility laid at the door of providers in these questions highlight a failure to acknowledge shaping of services by commissioners.
- UKHCA has produced a costing model which clearly presents how rates paid lead to certain levels of pay. This is designed to improve transparency around costs and to provide a tool for open conversations between providers and commissioners. The costing model can be found at <http://www.ukhca.co.uk/CostingModel/>. This was designed specifically for homecare providers.
- UKHCA has also produced a paper which demonstrates the minimum price for an hour of care that enables the provider to pay the National Living Wage. Our calculated minimum price for homecare at National Living Wage rates is £16.70 per hour, with the price broken down into where the money is used. The suggestion is that any price lower than this will require 'efficiencies' to be made. Assuming the law is met around wage requirements, this means that this will have to be from another area which may negatively impact the attractiveness of a role, such as training or mileage rates. Please see the Minimum Price for Homecare for more information <http://www.ukhca.co.uk/downloads.aspx?ID=434> and The Homecare Deficit for a picture of how far away local authorities in Wales, and across the UK, are from achieving what is required <http://www.ukhca.co.uk/rates/>. This is designed specifically for homecare providers and we would welcome discussions with Welsh Government as to how this work could support providers and commissioners in Wales.

- For workers to be paid for time travelling, that money must come from somewhere. Since the majority of domiciliary care is commissioned by local authorities, that money often comes from only one source. As such commissioners must factor in travel and waiting time into their calculations.
- Local authority contracts should include a section showing a break down on how the commissioners have satisfied themselves the National Living Wage will be met by the rate on offer and that the rate guarantees market stability.
- The National Living Wage is likely to rise to £9.00 per hour by 2020. Therefore commissioners will need to factor in sufficient annual rises to rates offered to reflect this rise within contracts.
- Clear information around the National Living Wage and what is required would be useful to both providers and commissioners. This is a challenging area of law and there are many aspects of domiciliary care that make this a unique area for minimum wage purposes. This includes fluctuating waiting time, sleep in arrangements, live in care and many more. UKHCA has, in partnership with Anthony Collins Solicitors LLP, produced a toolkit on National Minimum Wage. This is designed specifically for homecare providers and we would welcome discussions with Welsh Government as to how this toolkit could support providers and commissioners in Wales.
<http://www.ukhca.co.uk/downloads.aspx?ID=422>
- UKHCA are not confident that CSSIW possesses the knowledge and expertise to understand the complex nature of National Minimum Wage regulations in relation to domiciliary care. Our experience suggests that HMRC has struggled to comprehend the unique nature of the sector, and placing a requirement from the list above on the regulator is likely to create a significant challenge. This would be unfair both to inspectors and providers, who would be judged on compliance by individuals who may be unsure of what to look for.
- The suggestions above also shift responsibility and focus squarely on the shoulders of providers. As explained elsewhere in this response, the ability to pay minimum wage is also partially dependent on the rates that are commissioned.

- There are also concerns around possible duplication of duties, with CSSIW potentially repeating the role of HMRC. Providers may therefore have to duplicate processes, taking time and resource from care provision and channelling it into satisfying the demands of HMRC and CSSIW. There may also be confusing differences between the demands of the two public bodies and their understanding of the regulations.

Your views on call clipping

13. Which, if any, of the ideas set out below do you think will help prevent call clipping?

	Yes/no
i. Introduce clarity into the system by making it clear to providers, care workers and clients how much time should be spent travelling to a client and how much should be spent with the client	YES
ii. Make sure domiciliary care workers rotas allow enough time to travel to each call and complete each call	YES
ii. Make sure domiciliary care providers pay domiciliary care workers for the time spent travelling to the client and the time spent with the client	YES (In context of text below)

- UKHCA strongly agrees with efforts to clamp down on call clipping. Call clipping is detrimental to quality of care, to the service the individual and their family receives and is stressful for the careworker who feels they must constantly rush around to hit targets.
- The ideas explored in this section are possibly the strongest in the consultation. They seek to look at the root cause of the issue, provide practical solutions as to how clarity and consistency can be achieved. There is however discrepancy between ideas 'h' and 'i' listed in the consultation and the three ideas listed in the consultation question above. The former refers specifically for the need to make sure councils break down what they are commissioning for in terms of travel time as well as contact time.
 - This would be a significant improvement, as it would provide clarity to providers, to CSSIW if they were to make checks and to careworkers.

14. Which, if any, of the ideas below do you think would work to check call clipping does not happen and calls under 30 minutes do not take place unless they meet conditions set out in the Regulation and Inspections of Social Care (Wales) Act 2016

Yes/no

<p>i. Make providers keep a record of how long care workers are with clients and how much time is spent travelling so they know if enough time has been allocated for the call and enough time has been allocated for travelling between calls.</p>	<p>YES</p>
<p>ii. As part of the inspection process, check the time given for calls is enough for care workers to provide the required care and the travel time is long enough to allow the domiciliary care worker to travel between calls.</p>	<p>YES (the check should be with commissioners)</p>
<p>iii. As part of the inspection process check any calls which last less than 30 minutes meet the conditions set out in the act.</p>	<p>YES (the check should be with commissioners)</p>

15. Please use the box below to tell us about call clipping and about any ideas you may have to prevent it from happening

- To satisfy their own audit processes, homecare providers should already have clear records of the time spent travelling and with clients by each careworker. This is also needed should HMRC wish to review compliance with National Minimum Wage.
- Ideas 'ii' and 'iii' above is unclear as to whether the 'check' would lead to questions being raised with the provider, commissioner or both.

Your views on career structure and development and training

16. Which, if any, of the ideas set out below do you think will offer domiciliary care workers more opportunities for training, development and progression?

Yes/no

i. As part of the registration process, require all domiciliary care workers to achieve a qualification such as a Level 2 or Level 3 Diploma in Health and Social Care and require domiciliary care workers to demonstrate they have taken part in ongoing training and development.	YES
ii. Develop a 'career pathway' for domiciliary care workers. This would be similar to the career pathway for social workers. The career pathway would support the development of domiciliary care workers throughout their careers.	YES
iii. Introduce diversity and specialisms into the role of domiciliary care work through providing training and development to care workers to enable them to specialise in working with, for example, people with dementia, to take on appropriate health tasks or support roles for adults with drug and alcohol dependency.	YES

17. Please use the box below to leave your views about training, development and progression within domiciliary care

- Training and development of careworkers is very important. Yet recent policy developments with the loss of funding for training for those above the age of 25 has made this a more pressing issue. At the UKHCA Wales Conference 2015 members were very keen to press this as one the key issues facing them at this time.
 - It is difficult to fund training and working time for training when local authorities only pay by care contact time.
 - Training is largely left to individual providers to source and implement. Welsh Government, Social Care Wales and Qualifications Wales should consider the wider training and skills requirements of domiciliary care workers.
 - The quality and accessibility of training on offer in Wales varies greatly, particularly in rural areas. More must be done to make sure a high standard of training is available to all who need it.

- There also needs to be recognition of the tendency for staff with greater training to be plucked from the sector by the NHS, who are able to offer more stable terms and conditions.

- Providing the 'right skills' is a particular challenge without stronger guidance on what skills and qualifications are required. Once established, Social Care Wales will have a significant role to play in helping to define what the 'right skills' are and how the sector is able to make sure careworkers possess or develop these skills.

Your views on the occupational status of domiciliary care work

18. We are doing a number of things to raise the professional status of domiciliary care workers. Please use the box below to let us know of any other ways we can improve the status of domiciliary care work

- There are opportunities to share good news stories and examples of best practice. Media stories are too often focused on negative aspects of care, which can give the public a jaundiced view of the sector. This needs to be rebalanced but will take time.

Your views on the health and safety of domiciliary care workers

19. Which, if any, of our ideas below do you think would work in making sure domiciliary care workers are safe when they work

Yes/no

I. Domiciliary care providers must have policies in place – such as lone worker policies, communication and mobile phone policies, health and safety policies	YES
II. As part of the inspection process, the inspector will make sure the policies are in place and will check domiciliary care workers are safe when working	YES

- UKHCA agrees that domiciliary care worker safety is of paramount importance and can play an important role in the retention of staff.
- Policies and procedures on this area are necessary, however it is important that these do not just form a file in the office cabinet but are put into practice. CSSIW will have an important role in judging how well this is carried out. Social Care Wales is well placed to assist care providers in forming practical and understandable documents that reflect the specific organisation.
- Equally it is vital that policies and procedures are understood and absorbed by careworkers who may not always have access to them.

20. Please use the box below to tell us about health and safety issues for domiciliary care workers and any ideas which you think will help keep domiciliary care workers safe at work

- The lone working nature of the role means it is a particular challenge to develop ties between the organisation and worker, meaning minor differences in terms and conditions can lead to careworkers moving frequently between providers within a locality. The careworker might feel isolated whilst out on call or prefer to be working in an environment with a lot of interaction with colleagues.
 - There should be increased efforts to find recommended technologies that could assist with developing communication links between colleagues, and in making these technologies available and affordable to implement.

- Help providers identify and invest in useful communication technologies.
- Signpost providers to local organisations that can provide support and advice to careworkers.
- Provide templates and best practice examples that can be implemented.

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here	
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