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Welsh Government

## Consultation Document

# Domiciliary Care Workforce

Improving the recruitment and retention of  
Domiciliary Care workers in Wales

Date of issue: 19 January 2016

Action required: Responses by 5 April 2016

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.  
This document is also available in Welsh.

## Overview

This consultation document seeks your views about changes the Welsh Government could take to improve the quality of domiciliary care in Wales by having a positive impact on the recruitment and retention of domiciliary care workers.

The document explores ideas around increasing the desirability of domiciliary care as a career, and ideas which will encourage workers to remain working in domiciliary care.

## How to respond

### **Your views are important and we want to hear from you.**

You can respond to this consultation by 5 April 2016 in a number of ways:

- You can use the online form on our website (<http://gov.wales/consultations/healthsocialcare>)
- You can complete the separate consultation response form and email your response to: [SocialServicesRegulationandInspection@wales.gsi.gov.uk](mailto:SocialServicesRegulationandInspection@wales.gsi.gov.uk)
- Or you can send the consultation form by post to the following address:

Regulation and Workforce Development Team  
Social Services and Integration Directorate  
Department of Health and Social Services  
4.P08  
Welsh Government  
Cathays Park  
Cardiff  
CF10 3NQ

## Further information and related documents

### **Further information and related documents**

Large print, Braille and alternate language versions of this document are available on request.

*Factors that Affect the Recruitment and Retention of Domiciliary Care Workers and the Extent to Which These Factors Impact upon the Quality of Domiciliary Care*  
<http://gov.wales/topics/planning/planningresearch/publish/research>

*Sustainable Social Services for Wales: a framework for action*  
<http://gov.wales/topics/health/publications/socialcare/guidance1/services/?lang=en>

*Regulation and Inspection of Social Care (Wales)  
Act 2014*

<http://gov.wales/legislation/programme/assemblybills/regulation-and-inspection-social-care/?lang=en>

*Social Services and Well-being (Wales) Act 2016*

<http://gov.wales/topics/health/socialcare/act/?lang=en>

**Contact details**

Regulation and Workforce Development Team  
Social Services and Integration Directorate  
Department of Health and Social Services  
4.P08

Welsh Government  
Cathays Park  
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[SocialServicesRegulationandInspection@wales.gsi.gov.uk](mailto:SocialServicesRegulationandInspection@wales.gsi.gov.uk)

Tel: 02920 801107

**Data protection**

How the views and information you give us will be used  
Any response you send us will be seen in full by Welsh Government staff dealing with the issues which this consultation is about. It may also be seen by other Welsh Government staff to help them plan future consultations.

The Welsh Government intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. This helps to show that the consultation was carried out properly. If you do not want your name or address published, please tell us this in writing when you send your response. We will then blank them out.

Names or addresses we blank out might still get published later, though we do not think this would happen very often. The Freedom of Information Act 2000 and the Environmental Information Regulations 2004 allow the public to ask to see information held by many public bodies, including the Welsh Government. This includes information which has not been published. However, the law also allows us to withhold information in some circumstances. If anyone asks to see information we have withheld, we will have to decide whether to release it or not. If someone has asked for their name and address not to be published, that is an important fact we would take into account. However, there might sometimes be

important reasons why we would have to reveal someone's name and address, even though they have asked for them not to be published. We would get in touch with the person and ask their views before we finally decided to reveal the information.

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## Ministerial foreword

This consultation builds upon Sustainable Social Services and the ensuing package of social care legislation aimed at increasing the quality and effectiveness of social care. The Social Services and Well-being (Wales) Act 2014 and the Regulation and Inspection of Social Care (Wales) Act 2016 both contribute to transforming social care into a sustainable and progressive system for the 21st century. Sustainable social care is dependent on a stable and well trained workforce. I am alert to the significant variations in the workforce and the consequences of this for the quality of care. These matters are particularly acute in domiciliary care.

For this reason, I commissioned independent research into factors which affect the recruitment and retention of domiciliary care workers and how these factors impact upon the quality of domiciliary care. The research has established a clear relationship between a range of factors and the quality of care.

The purpose of this consultation is to build upon that research and gather views and evidence on what can be done to address these factors, as we implement the package of social care legislation, in order to strengthen the quality of domiciliary care.

These matters are not simple and need to be tackled from a number of directions inside and outside of government. I am, therefore, very keen to harness perspectives from a wide range of stakeholders including staff and service users, so we have a rich vein of evidence to inform the way forward.

Mark Drakeford

Minister for Health and Social Services

## Introduction

The Social Services and Well-being (Wales) Act 2014 sets out how we will support people who need care and support to achieve well-being. People are best placed to decide what matters to them and what they want to achieve. The Act sets out how care and support services must enable people to achieve what matters to them. For many people this will mean care and support to help them maintain their independence so they can continue to live in their own home.

Domiciliary care is an essential part of the care and support system. The service helps to make sure people's needs are addressed as soon as they are known about and they can be supported to continue living in their own home. The service helps to prevent needs from growing to the point where people might be inappropriately admitted into institutional care.

The role undertaken by domiciliary care workers is both responsible and skilled<sup>1</sup>. Domiciliary care workers generally work independently and unsupervised, using their discretion and autonomy. Domiciliary care workers support individuals to live at home by focussing on promoting their well-being. This can include assisting with household tasks, such as cooking and cleaning, assisting with personal care, accompanying clients to see their GP or other medical appointments, and assisting with other activities to support people to live as independently as possible. Domiciliary care workers also undertake more specialised activities such as working with people with dementia and administering medication.

People are motivated to work as domiciliary care workers for many reasons including wanting to help others, because they like care work and because of the ability to work flexibly<sup>2</sup>. Domiciliary care workers also enjoy working with

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<sup>1</sup> Atkinson, C. and R. Lucas (2013) Policy and Gender in Adult Social Care Work in England. *Public Administration*, 91, 159-173.

<sup>2</sup> McClimont, B. and Grover, K. (2004) Who cares now? An updated profile of the independent sector home care workforce in England.

people<sup>3</sup> and feeling good about getting positive outcomes for service users<sup>4</sup>. Effective recruitment and retention of domiciliary care workers supports the provision of good quality domiciliary care<sup>5</sup>.

Zero hours contracts, low wages, non-payment of national minimum wage, non-payment for travelling time, time allowed for travelling, poor working conditions, heavy workloads, 15 minute visits, poor training, lack of career structure and a job that is not given high status by society have been identified as having a negative impact on the recruitment and retention of home care workers<sup>6</sup>.

High staff turnover and high vacancy rates make it difficult for domiciliary care providers and domiciliary care workers to deliver a high quality service to individuals who rely on domiciliary care to support them to live at home.

We have already started to work on putting in place policy and practices which aim to improve the recruitment and retention of domiciliary care workers. This has included working with unions and public sector employers, through the Workforce Partnership Council, to improve services through good workforce practices. This included research into the use of zero hour contracts in the public sector<sup>7</sup>.

In addition, we have started work on putting in place policy and practices which aim to improve the desirability of domiciliary care work by recognising the skills required by domiciliary care workers and by developing ways of supporting domiciliary care workers to gain the required skills. The Care

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<sup>3</sup> Skills for Care (2007) National Survey of Care Workers Final Report.

<sup>4</sup> IRISS (2015) The View from Here: people's experiences of working in social services - a qualitative analysis. Available at: [http://cdn.basw.co.uk/upload/basw\\_113714-6.pdf](http://cdn.basw.co.uk/upload/basw_113714-6.pdf)

<sup>5</sup> Skills for Care (2014) Adult Social Care Workforce Recruitment and Retention Strategy 2014 – 2017.

<sup>6</sup> See for example, Rubery, J., Hebson, G., Grimshaw D., Carroll, M., Smith, L., Marchington, L. and S. Ugarte (2011) The Recruitment and Retention of a Care Workforce for Older People. Available at: <http://www.kcl.ac.uk/sspp/policy-institute/scwru/dhinitiative/projects/ruberyetal2011recruitmentfinal.pdf>

<sup>7</sup> Burrowes (2015) Research into the use of Zero Hours Contracts in Devolved Welsh Public Services. Available at: <http://gov.wales/docs/caecd/research/2015/150707-research-use-zero-hours-contracts-devolved-welsh-public-services-en.pdf>



Council for Wales has developed induction training for domiciliary care workers, has set out recommended qualification levels and has a code of practice for all social care workers.

More recently, the Regulation and Inspection of Social Care (Wales) Act 2016 introduced restrictions on the use of domiciliary care visits of less than 30 minutes. In addition, we have announced a timetable which will lead to the mandatory registration of domiciliary care workers by April 2020, in recognition of the responsible role carried out by domiciliary care workers.

More, however, needs to be done to ensure we have a workforce that will enable us to deliver high quality care within the context of increasing demand. We have undertaken research into the use of zero hours contracts across public services<sup>8</sup> and research into factors that impact on the desirability of domiciliary care work and the extent to which these factors impact on the quality of domiciliary care services<sup>9</sup>. The findings of the research have been used to develop the policy ideas which we have set out later in this document.

This consultation document sets out each of the issues identified as having an impact or potential impact on recruitment and retention of domiciliary care workers and on the quality of care delivered. We have added additional issues, which may also have the potential to impact on recruitment and retention, such as health and safety. At the end of every section is a list of questions relating to the individual issue, which you can respond to in the ways set out above.

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<sup>8</sup> Burrowes, E. (2015) Research into the use of Zero Hours Contracts in Devolved Welsh Public Services. Available at: <http://gov.wales/docs/caecd/research/2015/150707-research-use-zero-hours-contracts-devolved-welsh-public-services-en.pdf>

<sup>9</sup> Interim Summary Report into Factors that affect the Recruitment and Retention of Domiciliary Care Workers and the Extent to which these Factors Impact upon the Quality of Domiciliary Care. Available at: <http://gov.wales/topics/planning/planningresearch/publishedresearch/?lang=en>

## Recruitment and retention of domiciliary care workers in Wales

When we talk about recruitment of domiciliary care workers in Wales we are talking about whether there are enough workers and potential workers with the right skills to fill all of the vacant posts in Wales for domiciliary care workers. The group of domiciliary care workers and potential domiciliary care workers is sometimes called the pool of domiciliary care workers. When the pool is big enough, vacancy rates will be low.

When we talk about retention of domiciliary care workers we are talking about how long workers stay working in a domiciliary care job. Retention can also be called employee turnover.

Turnover of domiciliary care workers means the proportion of domiciliary care workers who leave their job within a year of starting work and are replaced by new domiciliary care workers. When domiciliary care providers have low turnover rates, it means the domiciliary care workers working for them tend to stay for a long time.

There are estimated to be approximately 19,500 domiciliary care workers in Wales<sup>10</sup>, delivering around 260,000 hours of domiciliary care a week to 23,000 service users<sup>11</sup>. It is estimated the domiciliary care sector has a turnover of around 32%<sup>12</sup> and vacancy rate of around 6%.

Both the supply of care workers and the demand for care workers makes a difference to whether the pool of domiciliary care workers is large enough. Research published a decade ago suggested people with the right skills were

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<sup>10</sup> Regulation and Inspection of Social Care (Wales) Bill: explanatory memorandum, annex B. Available at: <http://www.assembly.wales/laid%20documents/pri-ld10429/pri-ld10429-e.pdf>

<sup>11</sup> <https://stats.wales.gov.uk/Catalogue/Health-and-Social-Care/Social-Services/Adult-Services/Service-Provision/HoursOfHomeCareDuringSampleWeek-by-LocalAuthority-Measure>

<sup>12</sup> Social Care Workforce Development Partnership (SCWDP) Data Collection 2014: the findings <https://www.gwynedd.gov.uk/en/Businesses/Documents-Busnes/Help-support-and-training/Social-Care-Workforce-Development-Partnership-workforce-data-collection-2014.pdf>

not joining the domiciliary care workforce<sup>13</sup>. Over the same period, there has been an increase in demand for domiciliary care workers. Since 2001-02, for example, there has been a 20% increase in the number of hours of domiciliary care funded by local authorities each week in Wales<sup>14</sup>.

Problems with recruiting and retaining domiciliary care workers places stress on domiciliary care workers who have increasing workloads<sup>15</sup>. The domiciliary care workers who took part in our research<sup>16</sup> stated they had much higher than expected workloads and described themselves as being tired.

High workloads can lead to increased stress and burnout which makes absenteeism and resignation more likely. A shortage of domiciliary care workers makes it difficult for providers to deliver high quality care.

### **Summary of key points**

Domiciliary care is an essential service which supports people to continue living in their own homes. Providers can find it difficult to recruit and retain enough domiciliary care workers to meet the demand for domiciliary care. This makes it difficult for domiciliary care providers and domiciliary care workers to deliver a good quality service.

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<sup>13</sup> Francis, J. and A. Netten (2004) Raising the Quality of Home Care: a study of service users' views. *Social Policy and Administration*, 3, 290-305.

<sup>14</sup> In 2001-02, 24,489 clients received 217,935 hours of domiciliary care. In 2014-15, 22,953 clients received 262,242 hours of domiciliary care. See StatsWales, Hours of home care during the sample week by local authority and measure. Available at: <https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/Social-Services/Adult-Services/Service-Provision/HoursOfHomeCareDuringSampleWeek-by-LocalAuthority-Measure>

<sup>15</sup> IRISS (2015) The View from Here: people's experiences of working in social services - a qualitative analysis. Available at: [http://cdn.basw.co.uk/upload/basw\\_113714-6.pdf](http://cdn.basw.co.uk/upload/basw_113714-6.pdf)

<sup>16</sup> Atkinson et al (forthcoming) Interim Summary Report into Factors that affect the Recruitment and Retention of Domiciliary Care Workers and the Extent to which these Factors Impact upon the Quality of Domiciliary Care. Available at: <http://gov.wales/topics/planning/planningresearch/publishedresearch/?lang=en>

## **Your views on recruitment and retention**

- 1. Why do you think it might be difficult to recruit domiciliary care workers?**
- 2. Why do you think it might be difficult to retain domiciliary care workers?**
- 3. What do you think we can we do to improve the recruitment of domiciliary care workers?**
- 4. What do you think we can we do to improve the retention of domiciliary care workers?**

## Zero Hours contracts

Zero hours contracts are generally understood to be an employment contract between an employer and a worker where the employer does not have to provide any minimum working hours and the employee does not have to accept any work offered. Zero hours contracts are also referred to as non-guaranteed hours contracts.

Employers are no longer able to put exclusivity clauses in zero hours contracts. This means employers cannot stop employees from working for more than one employer. This was introduced through the Small Business, Enterprise and Employment Act 2015.

Zero hours contracts are common in the social care sector in Wales<sup>17</sup> and the UK generally. Many domiciliary care workers do not know they have a zero hours contract<sup>18</sup>.

Zero hours contracts can be beneficial to domiciliary care providers and domiciliary care workers as they provide flexibility. Providers do not have to offer work to employees or guarantee a set number of hours and domiciliary care workers do not have to take the work they are offered.

Zero hours contracts can, however, have a negative impact on the quality of care by, for example:

- Making recruitment more difficult by reducing the desirability of working in domiciliary care
- Having a negative impact on retention because domiciliary care workers may leave domiciliary care for jobs which offer regular hours and, therefore, regular pay each week
- Requiring service users to have to adapt to care which is not delivered by their regular carers. This happens because zero-hours contracts

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<sup>17</sup> Burrowes (2015) Research into the use of Zero Hours Contracts in Devolved Welsh Public Services. Available at: <http://gov.wales/docs/caecd/research/2015/150707-research-use-zero-hours-contracts-devolved-welsh-public-services-en.pdf>.

<sup>18</sup> As above.

increase the likelihood domiciliary care workers will not visit the same service users<sup>19</sup>.

- Creating delivery problems for service providers. Although zero contract hours are typically used for the benefit of the employer, zero hour contracts create problems for service providers because domiciliary care workers can refuse calls or hours offered by service providers.

We want to make sure zero hours contracts are not used in ways which work against the delivery of good quality public services. We have set up a Public Services Staff Commission which will provide draft guidance for consultation on the use of zero hours contracts in the delivery of all public services in Wales. This could include arrangements for paid leave, for giving reasonable notice of work or compensation for cancelled work.

The ideas about zero hours contracts listed below are things we can do to increase the quality of domiciliary care as we put the Regulation and Inspection of Social Care (Wales) Act 2016 into action. This includes making working in domiciliary care more attractive, so that we have a workforce which is large enough and stable enough to deliver high quality care.

- a. Make domiciliary care providers publish the number of hours of care delivered by domiciliary care workers who are employed on zero hours contracts; and publish the number of hours of care which are delivered by domiciliary care workers employed on contracts with guaranteed hours.
- b. Use commissioning guidance to encourage local authorities to set out in contracts with providers the expectation that zero hours contracts will be limited.

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<sup>19</sup> Burrowes (2015) Research into the use of Zero Hours Contracts in Devolved Welsh Public Services. Available at: <http://gov.wales/docs/caecd/research/2015/150707-research-use-zero-hours-contracts-devolved-welsh-public-services-en.pdf>

UNISON (2013) Time to Care: a UNISON report into homecare. Available at: <https://www.unison.org.uk/content/uploads/2013/11/On-line-Catalogue220152.pdf>

OR

- c. Reduce the use of zero hours contracts by making domiciliary care providers limit the use of zero hours contracts to only those domiciliary care workers who say they would like a zero hours contract. This would be set out in rules.

OR

- d. Reduce the use of zero hours contracts by requiring domiciliary care providers to offer domiciliary care workers fixed hour contracts after they have been working for an employer for a set number of months. This would be set out in rules.

OR

- e. Reduce the use of zero hours contracts by setting a maximum number of hours or a specific proportion of domiciliary care which could be delivered by domiciliary care workers employed on zero hours contracts. This would be set out in rules.
- f. As part of the inspection process the Care and Social Services Inspectorate Wales (CSSIW) would make sure domiciliary care providers are keeping to the rules about the maximum use of zero hours contracts.
- g. As part of the inspection process CSSIW will check domiciliary care providers are complying with the Small Business, Enterprise and Employment Act 2015.

### **Summary**

Zero hours contracts are common in domiciliary care in Wales and have some good and some bad features. They can provide flexibility for providers and for workers but mean that care workers can not be sure they will not get too few or too many hours to work. The flexibility offered by zero hours contracts can mean that clients are not guaranteed to see the same care worker. This means zero hours contracts can have a negative impact on care quality.

### **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:**

- i. Making domiciliary care providers publish the number of hours of care delivered by care workers on zero hours contracts**
  
- ii. Giving all domiciliary care workers the choice about whether they are employed on a zero hours contract or a contract with guaranteed hours**

**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?**

**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?**

- 6. Which, if any, of the following ways could be used to make sure the changes set out above happen?**
  - 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**
  - 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.**
  
- 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.**
  
- 8. If you have any other ideas on how we can reduce zero hour contracts having a negative impact on the quality of care please let us know in the box below.**

## Low wages, national minimum wage and payment for travelling time

National Minimum Wage is currently £6.70 per hour for workers aged 21 and over and £5.30 for workers aged 18 to 20 years. From April 2016, the UK government is introducing the National Living Wage for workers aged 25 and over of £7.20.

The UK Government National Living Wage is a higher rate National Minimum Wage. It is not the same as the living wage promoted by the Living Wage Foundation. The Living Wage is a voluntary rate employers pay workers, which is calculated on the basic cost of living in the UK. It is the same for all workers over the age of 18. The current UK Living Wage is £8.25 an hour.

Low pay is thought to be one of the main reasons why people are not attracted to work in domiciliary care and why domiciliary care workers leave their jobs<sup>20</sup>. Domiciliary care workers are often paid at, or just above, National Minimum Wage.

Our research<sup>21</sup> found in some instances, domiciliary care workers are not being paid National Minimum Wage because, for example, they have not been paid for time spent travelling between care calls. Reasons why care workers are not always paid National Minimum Wage include employers not fully understanding how the National Minimum Wage works in practice; and not keeping records about the actual number of hours worked by domiciliary care workers.

Domiciliary care workers are generally paid on the basis of 'piece work'.

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<sup>20</sup> Cavendish, C. (2013) An Independent Review into Healthcare Assistants and Support Workers in the NHS and Social Care Settings. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/236212/Cavendish\\_Review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf).

<sup>21</sup> Atkinson et al (forthcoming) Interim Summary Report into Factors that affect the Recruitment and Retention of Domiciliary Care Workers and the Extent to which these Factors Impact upon the Quality of Domiciliary Care. Available at: <http://gov.wales/topics/planning/planningresearch/publishedresearch/?lang=en>

They are paid for the calls they complete in a given shift rather than being paid for the number of hours in a shift. Where a shift has gaps in the rota or where calls are cancelled at short notice, domiciliary care workers will not be paid for all of the hours in that shift.

We have a number of ideas about increasing the attractiveness of working in domiciliary care including ideas about ways to make sure domiciliary care providers comply with the requirements of the National Minimum Wage.

- h. Encourage domiciliary care providers to voluntarily pay domiciliary care workers the Living Wage Foundation living wage of £8.25 an hour.
- i. Support the payment of National Minimum Wage in Wales by providing information to employers and workers on how National Minimum Wage works in practice.
- j. Make employers keep records on rates of pay, hours worked (including travelling, training and sleepovers) and deductions (including uniforms).
- k. Set out in Welsh Government commissioning guidance that local authorities should require providers delivering local authority funded services to demonstrate how they make sure they pay workers the National Minimum Wage.
- l. Set out in Welsh Government commissioning guidance that as part of contract monitoring processes, local authorities should make providers demonstrate ongoing compliance with National Minimum Wage.

### **Travelling time**

- m. Set out in Welsh Government commissioning guidance the expectation local authority contracts with domiciliary care providers should be transparent about the time allowed for contact with the client and the time allowed for travelling.

- n. Make local authorities factor in travel time for calls when commissioning domiciliary care.

#### Summary

Domiciliary care workers tend to receive low paid and are often paid National Minimum Wage. This can put people off being domiciliary care workers.

Employers must pay workers at least National Minimum Wage. Our research has found this is not always happening and care workers are paid less than National Minimum Wage. This can happen because care workers are not paid for the time they spend travelling between calls.

#### **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?**
- i. **Provide information to employers and workers on how National Minimum Wage works in practice**
  - ii. **Make employers keep records on rates of pay, hours worked (including travelling, training and sleepovers) and deductions (including uniforms)**
  - 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**
  - iv. **Local authority contracts should be clear about the time allowed for being with the client and the time allowed for travelling.**
10. **Which, if any, of our ideas below do you think would work to check employers pay domiciliary care workers National Minimum Wage?**

- i. Make the Care and Social Services Inspectorate Wales include payment of National Minimum Wage as part of the inspection process**
- 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**
- iii. As part of contract monitoring processes, local authorities should make providers demonstrate ongoing compliance with National Minimum Wage**

**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?**

- i. Local authorities should check domiciliary care providers are allowing, and paying for, sufficient time for care workers to travel between calls**
- ii. The inspector - CSSIW - should include time allowed for travelling as part of the inspection process.**

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

## Calls less than 30 minutes long and call clipping

### **Calls less than 30 minutes long**

Calls which are less than 30 minutes long can be an efficient and effective way of delivering care, when they are used appropriately. Where calls of less than 30 minutes are not used appropriately, the call time allocated may not be sufficient to complete the necessary work.

The Regulation and Inspection of Social Care (Wales) Act 2016 introduces a requirement for care providers to ensure domiciliary care visits are no less than 30 minutes unless certain conditions are met. This includes a requirement the domiciliary care worker has previously completed a visit to the client and that the visit is for the sole purpose of checking the client is fit and well or the tasks carried out meet the quality standards that will be set in regulations under the Act.

### **Call clipping**

Call clipping occurs where calls are systematically cut short due to care workers not having enough, or any, time to travel between calls.

This could mean where a service user has a 30 minute call, the care worker would not be with the service user for 30 minutes but would use, for example, 10 minutes to travel to the next call. The service user would then only have 20 minutes of domiciliary care and not the 30 minutes s/he should have.

Call clipping can result in poor quality service because, for example, clients feel the care worker has rushed to get the work done or the care worker does not have enough time to complete all of the work required.

The length of time domiciliary care workers have with service users can have an impact on staff retention. The domiciliary care workers who took part in our research told us the time they have to do a visit is important to them and

having enough time to be with a client is reason why they choose to stay working with their current employer.

Where call clipping happens, it makes it difficult for clients to work out how long a care worker should be with them. It also makes it difficult to work out how much domiciliary care is delivered every week in Wales. This is because all we know about is the call length, not the actual time the domiciliary care worker has to be with the service user.

We want to make sure all service users have good quality care and support. This means making sure all people who need care and support have visits which last as long as they have been assessed as needing. It also means the rotas domiciliary care workers have give them the time to do the visit.

To make this happen we want to have a system which is clear about how long a care worker is paid to complete a call and how long a care worker is paid for travelling between calls. This would mean, for example, that when a local authority makes a contract with a domiciliary care provider they will have to tell providers how much time is being purchased for travelling to a client and how much time is for contact with the client.

This may mean, for example, where a local authority purchases 40 minutes of care from a provider, 10 minutes will be for travelling and 30 minutes for contact with the client.

#### Summary

The Regulation and Inspection of Social Care (Wales) Act introduces a requirement for care providers to make sure domiciliary care visits are not less than 30 minutes long unless certain conditions are met. Call clipping happens when calls are cut short because care workers do not have enough time to travel between calls and use some of the time which should be spent with a client to travel to the next client.

We have set out a number of ideas above about what we can do to make domiciliary care workers have enough time to complete their calls. These are:

- h. Where local authorities commission care from the independent sector they will have to tell providers how much time is being purchased for travelling to a client and how much time is for contact with the client.
- i. Domiciliary care providers will be required to set out clearly, in domiciliary care workers rotas, the time allocated for travel and for contact care.

### **Your views on call clipping**

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

- 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.**
- ii. Make sure domiciliary care workers rotas allow enough time to travel to each call and complete each call.**
- iii. Make sure domiciliary care providers pay domiciliary care workers for the time spent travelling to the client and the time spent with the client.**

**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:**

- 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.**
- 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.**



- iii. As part of the inspection process check any calls which last less than 30 minutes meet the conditions set out in the act.**

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

## Career structure/ development and training

The research we commissioned found the quality of social care and social care workers is influenced by training, skills and qualifications<sup>22</sup>. The research also found appropriate training reduces staff turnover.

Lack of investment in appropriate training and development opportunities can result in care workers who are not competent to undertake the tasks they are employed to do. In addition, poor training, development and a lack of career structure can result in high staff turnover. This can mean clients experience numerous changes in workers who provide their care.

Domiciliary care providers are currently required to ensure 50% of all care workers hold a qualification listed in the Care Council for Wales Qualification Framework such as a Level 2 Diploma in Health and Social Care<sup>23</sup>.

The domiciliary care workers who took part in our research told us there is little opportunity for training<sup>24</sup>. This includes training for new starters and ongoing training for established staff.

Domiciliary care workers also told us they do not think of domiciliary care work as a career and they felt the only opportunities for progression are into care management or through other professions such as social work or nursing.

To raise the professional standing of domiciliary care workers, we have announced that domiciliary care workers will be registered with the workforce regulator – the Care Council for Wales. A three-year development programme for domiciliary care workers will start in April 2016 with the register opening in April 2018. All domiciliary care workers will be required to be registered by

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<sup>22</sup> Chen, H. (2014) Care Workers in Long Term Care for Older People: challenges of quantity and quality, *European Journal of Social Work*, 17, 383–401.

<sup>23</sup> See more at <http://www.ccwales.org.uk/qualifications/#sthash.HX1CawpD.dpuf>

<sup>24</sup> Atkinson et al (forthcoming) Interim Summary Report into Factors that affect the Recruitment and Retention of Domiciliary Care Workers and the Extent to which these Factors Impact upon the Quality of Domiciliary Care. Available at:

<http://gov.wales/topics/planning/planningresearch/publishedresearch/?lang=en>

April 2020. More information can be found on the Care Council for Wales website<sup>25</sup>.

Most professions have defined career pathways. Social workers, for example, have a continuing professional education and learning framework.

The framework aims to equip social workers with the advanced knowledge, skills and qualifications they need as they progress from newly qualified to experienced practitioners and, for some, as they take on more senior practice roles<sup>26</sup>.

We have a number of ideas about increasing the attractiveness of domiciliary care as a career including ideas about and developing a career pathway.

These are:

- j. 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.
- k. Develop a 'career pathway' for domiciliary care workers. This would be co-ordinated with the career pathway for health care support workers. The career pathway would support the development of domiciliary care workers throughout their careers.
- l. 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.

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<sup>25</sup> <http://www.ccwales.org.uk/news/2015/11/12/new-requirement-for-domiciliary-care-workers-in-wales-to-be-registered-from-2020/>

<sup>26</sup> See more at: <http://www.ccwales.org.uk/continuing-professional-education-and-learning/#sthash.29rrkFrM.dpuf>

### Summary

Quality of care is influenced by the training, skills and qualifications care workers have. Lack of investment in appropriate training and development opportunities can result in care workers who are not competent to undertake the tasks they are employed to do. In addition, poor training, development and a lack of career structure can result in high staff turnover. This can mean clients experience numerous changes in workers who provide their care.

### 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?**
- 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.**
  - 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.**
  - 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.**

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

## Occupational status of domiciliary care work

Occupational status refers to the beliefs society has about the merit of a job or occupation. This includes how much society admires or respects a particular occupation.

Occupations which are seen positively are high-status occupations, whereas professions which are seen negatively are low-status occupations.

The higher the education or training required to do a job and the higher the earnings, the higher the status of the occupation. Status is a measure of the desirability of an occupation, the higher the status, the higher the desirability.

The domiciliary care workers who took part in our research told us domiciliary care involves high levels of skill and responsibility but this was not generally recognised by others who think of domiciliary care as low-status work with low-skilled and low-paid workers.

Working in a role which is thought of as being low-status can reduce the extent to which domiciliary care workers feel valued and recognised as professionals. Occupational status has an impact on decisions about taking up and maintaining employment in the domiciliary care sector. Low job status has a negative impact on recruitment and retention<sup>27</sup>.

To raise the profile of domiciliary care we have already announced all domiciliary care workers will need to be registered by April 2020. Registration recognises the professional responsibility of domiciliary care workers. In addition, minimum qualification levels and a recognised career pathway would

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<sup>27</sup> Rubery, J. and Urwin, P. (2011) Bringing the Employer Back in: why social care needs a standard employment relationship, *Human Resource Management Journal*, 21, 122-137.

Carr, S. (2014) Pay, Conditions and Care Quality in Residential, Nursing and Domiciliary Services.

Hussein, S. (2014) Shifting Policy Attention to the Social Care Workforce. Available at:

<https://blogs.kcl.ac.uk/socialcareworkforce/2014/12/02/shifting-policy-attention-to-the-social-care-workforce/#more-1767>

Rubery, J., Grimshaw, D., Hebson, G. and Ugarte, S. (2015) 'It's all About Time': time as contested terrain in the management and experience of domiciliary care work in England, *Human Resource Management*, 54, 753–772.

help overcome the perception of domiciliary care being a low-skilled profession.

We think doing something about the things we described earlier such as zero hours contracts and non-payment of National Minimum Wages could have a positive impact on the status of domiciliary care work.

In addition, the Welsh Government is supporting the continued development and recognition of good practice through Social Care Wales. We also support a range of opportunities to celebrate and spread good practice such as the Social Care Accolades and Care Awards.

#### Summary

The domiciliary care workers who took part in our research told us domiciliary care involves high levels of skill and responsibility but this was not generally recognised by others who think of domiciliary care as low-status work with low-skilled and low-paid workers.

We want to recognise the important work done by domiciliary care workers and raise the profile of domiciliary care work. One way we are doing this is introduction of compulsory registration for all domiciliary care workers.

#### **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.**

## Health and safety issues for domiciliary care workers

All employers have a duty of care to their employees. This means they should take all steps which are reasonable to ensure the health, safety and wellbeing of their employees.

The domiciliary care workers who took part in our research told us working alone and often at night resulted in them feeling vulnerable to harm. Some care workers told us about being subject to violence in the workplace and suggested their employers did not appreciate the risks to their safety.

Domiciliary care workers can come across a number of hazards as part of their work and it is essential providers fully understand the risks and precautions involved in every situation.

Skills for Care have written a domiciliary care lone worker safety guide<sup>28</sup>. The guide identifies a number of risks domiciliary care workers can encounter.

These include:

- Risks related to planning such as office staff not available to answer queries out of hours
- Risks related to travelling and lone working, such as aggressive behaviour from people using the service, their friends/relatives and/or pets.
- Risks relating to domiciliary care work, such as lifting and handling problems.

Whilst domiciliary care workers have a responsibility for taking reasonable care of themselves, it is the employer's legal duty to assess possible risks and take measures to avoid or control them.

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<sup>28</sup> <http://www.skillsforcare.org.uk/Document-library/Skills/Lone-Worker-Guide.pdf>



We want to make sure domiciliary care workers are safe when they are doing their work. Our ideas to make sure this happens include:

- Domiciliary care providers should develop policies which set out how health and safety will be dealt with. This could include the following policies:
  - A lone worker policy stating how the organisation manages the safety of lone workers
  - A health and safety policy stating how often risk assessments and health and safety inspections are carried out
  - A communication and mobile phone policy
  - A staff welfare policy
  - A policy on handling cash and other possessions, such as medication.
  
- As part of the inspection process, the inspector will make sure domiciliary care providers have these policies in place and will also check that domiciliary care workers are safe when they are working.

## **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**
- i. Domiciliary care providers must have policies in place – such as lone worker policies, communication and mobile phone policies, health and safety policies.**
  - 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.**

**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.**