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Llywodraeth Cymru
Welsh Government

Welsh Government
Consultation – summary of response

Domiciliary Care Workforce

Improving the recruitment and retention of Domiciliary Care workers
in Wales

November 2016

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

Overview

This document provides a summary of the responses received by the Welsh Government to the consultation "*Domiciliary Care Workforce - Improving the recruitment and retention of Domiciliary Care workers in Wales*" that was published on 18 January 2016. The consultation ran for 13 weeks and closed on 15 April 2016.

The consultation received 108 responses from a range of stakeholder and interested parties.

Action Required

For information only.

Further information

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Additional copies

This document can be accessed from the Welsh Government's website:

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

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Summary of the consultation responses

The consultation was held primarily as an electronic exercise using the survey monkey platform or e-mail to record responses. However, the Welsh Government also welcomed written responses. The majority of responses (95 or 88%) used survey monkey whilst 13 (12%) respondents contributed a more detailed response that was e-mailed into the Welsh Government.

Of those that responded, the following groups contributed to the exercise:

Domiciliary Care Service Providers	43
Local Authorities	19
Individuals	16
Voluntary Sector	12
Representative bodies	9
University Health Boards	4
Trade Unions	2
Workforce Regulator	2
Older People's Commissioner	1
Total	108

There was a clear message that there was no single answer, or magic bullet, to the issue of how to improve the situation for domiciliary care workers. The evidence would suggest that all interested parties in this issue, from the private and public sector to regulators and the Welsh Government must play a part in helping to professionalise the workforce and bring about a better understanding and appreciation of the role these workers play.

Introduction

The Welsh Government published a consultation document seeking views on what changes the Welsh Government should seek to improve the quality of domiciliary care services and have a positive impact upon the recruitment and retention of domiciliary care workers in Wales.

The document asked a series of questions that explored ideas around how the Welsh Government could increase the desirability of domiciliary care being seen as a career and ways that would encourage workers to remain working in the domiciliary care sector.

Each consultation document contained a response form that could be returned to the Welsh Government in any one of three ways. These included, either through a dedicated section of the Welsh Government website, by completing a separate consultation response form and e-mailing this to a dedicated account or by filling out a hard copy of the form and posting it to the Welsh Government.

The suite of consultation documents were made available in both English and Welsh at the following link to the Welsh Government website:

<https://consultations.gov.wales/consultations/domiciliary-care-workforce>

Respondents were informed that their responses may be published in full unless they indicated that they did not want them to be made public.

The consultation ran between 18 January and 15 April 2016 and received 108 responses from a range of stakeholder and interested parties.

Stakeholder Engagement

The consultation received a public launch from the Minister for Health and Social Services, Mark Drakeford AM, who invited the sector, all key stakeholders and the wider public to take part and feed in their comments on the questions included in the consultation documents.

Although no workshops or consultation events were held, the Welsh Government followed up the launch with a targeted e-mail and letter campaign to domiciliary care agencies and wider stakeholders to actively drive engagement with the exercise.

Analysis of the consultation responses by question

This section provides a detailed analysis of the 108 responses and a summary of the answers to each question including those questions on the specific issues posed within the consultation document.

Recruitment and retention of domiciliary care workers in Wales

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

Almost all of the consultation responses linked both questions 1 and 2 together as it was felt that they were more or less the same issue. 71 (or 66%) of responses highlighted that the difficulties around recruitment and retention of staff were because of the low wages that domiciliary care workers were paid. Many of the responses also cited other issues (e.g. work pressures (55 or 51%), unsociable hours (52 or 48%) and poor terms and conditions (51 or 47%)) that also confounded the matter.

Some of the comments that respondents made focused on the fact that when compared to other sectors such as retail or manufacturing, it was felt that there were more benefits for people to enter those than join the domiciliary care sector. Some respondents argued that the use of zero hours contracts was adding further problems to the mix, as they often deterred people from joining the sector because they did not provide guaranteed hours or called on staff at very short notice. Some of the more common comments include:

“Low pay. Not enough time to properly address client need. Not enough time to travel between clients. Inadequate training. Additional tasks without proper remuneration. Difficulty coping alone with client with complex needs.”

Carer, south Wales

“...long, unsociable hours without enough breaks. Remuneration for unsociable hours is poor. No guaranteed hours...”

Domiciliary Care Worker, Powys County Council

There was also clear evidence that showed there was a difference between the domiciliary care workforce in the private and public sectors. The arguments why there is a difference revolve around the pay and terms and conditions that each sector provide their workers – e.g. the public sector treats its domiciliary care workers the same as any other part of its wider workforce whilst the private sector argue that the poor levels of funding from current commissioning contracts from local authorities that are based around units of time prevents them from offering better terms and conditions.

Some respondents also raised the issue of the lack of training or perceived career development within the independent sector, which was not considered to be as much of a problem in the public sector, as they had greater access to funds to provide these. Comments from responses included:

“...No rota structure. Dom care agency is running things poorly. Staff stressed and on sick leave. Would be better run in-house in the council like before.”

Domiciliary Care Worker, Powys County Council

“Within Torfaen CBC Social Care and Housing, domiciliary workers have contracted hours and are given a set rota. We do not have many of the issues that external care providers have which are associated with zero hours contracts. However, we do still have the issue of recruiting people to contracted roles.”

Health/Social Care Worker, Torfaen County Borough Council

However, there is a clear agreement between the two groups that the domiciliary care sector is perceived as being of a lower status to their healthcare counterparts despite the recognition that they provide a valuable service. An example of this feeling was that:

“...public see it as a low paid, low status job, with long hours and little protection from employer. Perceived as unskilled with lack of career path. Unstable hours (with zero hours contracts). Lack of pay for travel time.”

GMB Trade Union

The responses to this question confirmed the findings of the research undertaken by Manchester Metropolitan University¹ on behalf of the Welsh Government, which helped develop the questions outlined in this consultation. The public perception of the domiciliary care sector was that it was low paid and untrained, which was counter productive to the Welsh Government's aims of professionalising the workforce. This would suggest that greater efforts are needed across the spectrum (e.g. Welsh Government, regulators and sector itself) if we are to reverse this view to adequately reflect the caring nature and desire to help others that is exhibited by the majority of the workforce.

Work is already being undertaken with the workforce regulator, the Care Council for Wales (or Social Care Wales after April 2017) to address the areas of improving access to training and development for all aspects of the workforce. However, introducing improvements to the terms and conditions of all staff and the development of career structures for those that want them, whilst recognised as being one way of helping to improve the retention of staff, will require a greater effort, funding and innovative thinking from not only the sector but all partners, including the Welsh Government to deliver.

¹ Manchester Metropolitan University's report "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" published on 17 March 2016

<http://gov.wales/docs/caecd/research/2016/160317-factors-affect-recruitment-retention-domiciliary-care-workers-final-en.pdf>

2.	Why do you think it might be difficult to retain domiciliary care workers?
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See analysis of responses to question 1 above.

3.	What do you think we can we do to improve the recruitment of domiciliary care workers?
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Whilst many respondents felt that improving pay and terms and conditions would solve the recruitment and retention of workers, there was also a call to improve the recognition of the sector as a skilled profession. This again confirms the research Manchester Metropolitan undertook, which felt the negative impression of the sector, particularly through the media, was a key factor in people either not wanting to join, or leave the sector. The research argued that, more work was needed to do to move the sector towards a more diverse workforce (for example, the current workforce is overwhelmingly female) and promote it in a positive light to begin the process of reaffirming the professional and caring nature of the sector as a whole.

Improving access to training for those who wanted to better themselves academically, or opportunities to “specialise” in areas such as dementia or helping those with alcohol dependencies (not necessarily through academic qualifications) were cited as ways of helping to retain staff within the sector. However, some respondents felt that the Welsh Government’s decision to remove the apprenticeship funding for over 25s to undertake the Qualifications and Credit Framework Health and Social Care Diploma (QCF) at levels 2 and 3 needed to be reversed as it was considered unfair on those on low wages to have to pay for this qualification.

There was also recognition that greater funding was needed to be invested within and across the sector, from increasing local authority budgets to aid their commissioning of care based on needs and not time to helping ensure that all staff in the sector have the opportunity to receive adequate training. Some respondents felt that:

“Better contracts, better wages and career prospects will help the recruitment of staff, but these things can’t be provided if we are forced to consistently undercut each other when it comes to taking on packages of care...”

Domiciliary Care Provider, south Wales

“Politicians and policy writers need more experience of the complexity of the sector. Poor decision making & poor practice has a knock-on effect to the staff.”

Domiciliary Care Provider, west Wales

“...we need more government funded training courses to support our care staff. Most recently in Wales, funding for those over 25 years of age to do the QCF Diploma levels 2 & 3 were stopped. This isn’t good enough. It is a requirement of the national minimum standards that 50% of the workforce in domiciliary care are qualified to a level 2 as a minimum, however cutting this important funding placed challenges on providers to meet this standard. More funding is also required for care staff to attend specialised courses such as Motor Neurone Disease, Stroke, Parkinson’s etc. Staff are dealing with these illnesses every day and further training should be made available to them when needed.”

Domiciliary Care Provider, west Wales

The Manchester University research recognised that the uptake of the QCF diploma was somewhat limited (in both England and Wales), whilst outside of Wales the argument has been made that the qualification is set too low by policy makers to reflect what is achievable by the sector than what was necessarily required to reflect the work itself. The University outlined that domiciliary care involved a range of different types of support to service users ranging from task-based physical care to emotional and informational support, that were not captured by the current recognised qualifications.

The report also argued that research undertaken by Cameron and Boddy in 2006 indicated that, when compared with the level of skill development offered to and required of care workers across other northern European countries, the UK position was unfavourable. It therefore felt that consideration was needed to whether our current qualification levels should be increased to create a more professionalised role as seen in the northern European model to help increase perceptions of the job quality.

Some service providers felt that, although local authorities provide training programmes open to all, the spaces available to the independent sector were limited and proved inflexible for small businesses to be able to release staff to them as they did not have cover for those days. It was felt that more collaboration and co-operation was needed to better plan these sessions. Some of the comments indicated that:

“Through training and development that is accessible for all organisations. There is an impact on frontline staff resources through budget cuts which are increasing the work loads for frontline staff and organisations and sufficient training can be missed. Progression and development plans with a clear career path for staff – enabling people to have a career in care that is recognised and valued.”

Health/Social Care Worker, south Wales

“Local authorities are good employers and those authorities that employ such workers will be attractive employers. Whilst local authorities provide good internal training and development opportunities for their social care workforce which includes domiciliary care workers, they are mindful that restrictions on adult learners funding which is negatively impacting on the numbers of ‘developed’ candidates entering the workforce.”

Local authorities HR Directors (Wales) Network

A significant factor in improving retention and recruitment would be finding ways to improve the perceived “image” of the sector, as there had been too much emphasis on media stories that showed the negative side of the work and not enough highlighting of the positive. This had led to many having the view that the domiciliary care sector was poorly trained and had attracted the “wrong kind” of people, when this was untrue. Thoughts included:

“Improve working conditions and wages. “in-house” social services staff are often paid more than private sector staff. Encourage a better image of the job or staff will just go and work in Tesco or Pontins.”

Domiciliary Care Provider, north Wales

“Advertise the positives of being a carer and get to prospective candidates early! You can’t be a carer until over 18 by which time people are on a different path. Raise the status of the profession.”

Domiciliary Care Provider, south-east Wales

There is a clear call from all aspects of the sector that there is a need to promote the good work that domiciliary care workers do, not only to boost the morale within the workforce but also show to the wider public the positive contribution that these people make to the lives of those that use these services. Whilst some feel that a reward and recognition system should be introduced ranging from financial rewards to a Welsh Government sponsored award ceremony, many more call for more positive news stories to be recorded in the media as a way forward.

4.	What do you think we can we do to improve the retention of domiciliary care workers?
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The responses to this question broadly mirrored the same issues as mentioned above in Question 3, although there were a slightly higher number of responses highlighting a need for improved local authority commissioning that focused funding on quality care rather than time bound care. Responses indicated:

“Increase the social care funding to Local Authorities. The Welsh Government needs to recognise that Local Authorities only pay for the time a care worker is in the client's home and yet the agencies must also pay for the time spent travelling to and from that call.”

Domiciliary Care Provider, south Wales

“...root cause of the ongoing retention crisis is commissioning practice. The rates paid for homecare by local authorities in Wales are too low, UKHCA has 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.”

The UK Home Care Association (UKHCA)

Again, this was something that was highlighted by the research undertaken by Manchester University in its focus groups and interviews with commissioners, managers and domiciliary care workers (Section 3 of the final report). Many service managers argued that current commissioning practices were planned around time and task based service delivery, which are easier to measure and monitor but do not take into consideration the quality of care. Concerns were therefore raised that the move to an outcomes based approach would lead to tensions and therefore required greater efforts by the Welsh Government to communicate with local authorities that there needed to be a new way of commissioning that would also allow for greater flexibility for service providers to deliver against these new outcomes.

However, the responses to the consultation raised a different issue to Question 3, in that some respondents felt that there needed to be greater understanding of the sector from the Welsh Government. Respondents felt that some policy decisions showed a lack of awareness of the complexity of the sector. This was further evidenced by several of the responses calling for the reinstatement of the Welsh Government funding for the apprenticeships for the over 25s to undertake the QCF qualifications. They argue that, as most staff are over 25 and some of the most poor paid in the sector, it is difficult for them to

fully pay for this diploma out of their own salaries; which in turn will see a continued failure to meet the Welsh Government target of 50% of staff on QCF2 qualification. An example of these opinions is as follows:

“Politicians and policy writers need to be more aware of these external factors in order to make a positive change. Domiciliary care providers require protection from Wales Assembly because refusal to manage external pressures results in confrontation from social care and health boards personnel i.e. social workers, district nurses, brokerage, discharge teams, commissioning teams and providers ability to gain new business would be at risk. More experienced personnel working in social care and health departments that have a thorough understanding of domiciliary care so correct decisions can be made.”

Domiciliary Care Provider, west Wales

“...we feel the following would make staff retention more effective; - QCF Funding for over 25s; we currently fail to meet the requirement of 50% staff with QCF2 Minimum, as there is no funding available for anyone over 25 years old to complete their QCF; the majority of our staff are over 25.”

Domiciliary Care Provider, south-east Wales

“In addition, we need more government funded training courses to support our care staff. Most recently in Wales, funding for those over 25 years of age to do the QCF Diploma levels 2 & 3 were stopped. This isn't good enough. It is a requirement of the national minimum standards that 50% of the workforce in domiciliary care are qualified to a level 2 as a minimum, however cutting this important funding placed challenges on providers to meet this standard.”

Domiciliary Care Provider, west Wales

These comments reflect the findings of the Manchester University report, which concluded that over half of the domiciliary care sector labour force was over 40 and that between the next 10 to 15 years it could see over a quarter of that workforce exiting an already shrinking labour market. It also reflects the view of some in the sector who felt that, with the withdrawal of the apprenticeship funding without careful consideration of the impacts, politicians and policy makers do not understand the sector and the workforce.

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: <ul style="list-style-type: none">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; oriii. 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? oriv. 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?
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The majority of responses to the various components of this question did not record an answer – for i.) 38, ii.) 39, iii.) 80 and iv.) 98. Of those that did supply an answer, the following replied:

i.) Making domiciliary care providers publish the number of hours of care delivered by care workers on zero hours contracts

35 responses felt that it was right to make domiciliary care providers to publish the number of staff on zero hours contracts, compared to 32 responses that disagreed with this proposed practice.

ii.) Giving all domiciliary care workers the choice about whether they are employed on a zero hours contract or a contract with guaranteed hours

38 responses felt that domiciliary care workers should be given a choice of the type of contracts (fixed or zero hours) so they can ensure that they have working patterns that suit them. 19 responses felt that all zero hours contracts should be converted to fixed hours, whilst 14 argued that there should be a restriction on the number of zero hours contracts that a domiciliary care provider can use. For example:

“Giving all domiciliary care workers the choice about whether they are employed on a zero hours contract or a contract with guaranteed hours.”

Health/Social Care Worker, south Wales

“Restricting the number of care hours or the percentage of care hours which domiciliary care providers can deliver by zero hours contracts.”

Domiciliary Care Provider, south Wales

“Converting all zero hour contracts to guaranteed hours contracts after a domiciliary care worker has been employed for a specific period of time.”

Domiciliary Care Provider, south-east Wales

“We therefore welcome that the Welsh Government is looking at revising regulations around zero hours contracts as a contributor to this. ...We would therefore welcome greater restrictions on the number or percentage of care hours delivered through these contracts but would not want to see these eliminated completely.”

Sense Cymru

iii.) Converting all zero hour contracts to guaranteed hours contracts after a domiciliary care worker has been employed for a specific period of time

Despite the overwhelming decision to not answer this question, six respondents who did reply felt that domiciliary care workers on zero hours contracts should have their contracts converted to fixed hours ones after six months employment. A further four responses argued that they did not agree that the Welsh Government should interfere in the practice, as there were benefits to both small care providing companies and staff (i.e. flexibility). It was felt that, because of the way services are commissioned, it was not possible for care providers to guarantee fixed hours for staff and any imposition on the use of zero hours contracts could end up destabilising the sector.

One response argued that the switch from zero hours to fixed hours contracts would not change the current situation but simply lead to increased financial pressures on domiciliary care providers. They explained that the current commissioning practices only pay for contracted time and, if cancelled with only 24 hours notice, can cause care providers planning and financial problems if they can not ensure that staff can be redeployed elsewhere. Another respondent argued that it would be difficult to legislate in this area as the service regulator was not experienced enough to understand the complexities of this area.

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?

This received the most overwhelming nil return of all of the consultation questions, with 98 of the responses listing a nil return or skipping the question on survey monkey. Of those that did respond, the majority (three answers) indicated that the maximum percentage of care hours delivered through zero hours contracts should be 20%, whilst two other responses felt it should be half that figure at 10%. Two other responses felt that the figure should be set at either 40 or 25 hours respectively.

In conclusion to this question, it is clear that the issue around the use of zero hours contracts is a complex one. Many of those that responded to this question opted to not register a comment on the subject but instead chose to answer in more detail on the matter in Question 7 below. In response to that question, a number of respondents (23) point to the fact that it is not the use or nature of zero hours contracts that is the problem, as they can offer flexibility to both worker and care provider, but more the abusive practice of placing all staff on them to mitigate financial pressures that is prevalent across the sector.

6.	<p>Which, if any, of the following ways could be used to make sure the changes set out above happen?</p> <ul style="list-style-type: none"> 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.
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The overwhelming response to this question 67 responses (62%) indicated that the service regulator, Care and Social Services Inspectorate Wales, should be tasked with overseeing the use of zero hours contracts as part of its inspection processes. This would require a clear set of guidance from the Welsh Government regarding the details of what types of work zero hours contracts should be used for, for how long they should be employed and the number of staff who should be on them. This approach is not without its complications and would require further legal investigation to ensure that the Welsh Government has the legislative competence to change employment law, but there is nothing to prevent us from developing non statutory guidance. The only potential risk with this is that, as it is not legally binding, the guidance could simply be ignored. The most popular statement in responding to this question was:

“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.”

Domiciliary Care Provider, mid Wales

There was some thought from the responses that felt that restricting the flexibility that zero hours contracts provided both the workforce and service providers would have negative effects on the sector, as they argued that it could push some workers to leave. Some argued that zero hours contracts had no correlation with quality of care, but that the growth and abuse of these types of contracts stemmed from the current system of local authority commissioning, which focus solely on specified time bound services to people rather than focusing on the care needs of the individual. It was felt that a revamp of the commissioning process based upon the needs of the individual, which contracted for a more realistic timescale for care service delivery, then care service providers would have more time to better plan and pay their staff for the delivery of quality care. On zero hours contracts, respondents felt that:

“We believe that if zero hour contracts were eliminated, some employees would be alienated from the profession and the restriction would make it more difficult to recruit in an already difficult area. However restricting zero hour contracts may lead to greater continuity of care for some individuals as they may not have as many different People looking after them.”

Health/Social Care Worker, Flintshire County Borough Council

“Zero hours’ contracts have little to do with quality of care. Indeed a more flexible package may offer more flexibility to the client whose needs vary. Quality of care is far more predicated upon the client having a co-produced care plan in place that focusses on their personal outcomes and allows the care practitioner adequate time – in other words, we need Local Authorities to commission for longer visits.”

“Zero hours contracts are irrelevant to standards of care delivery. More important is how well you treat and value your staff. Restricting Zero hours contracts will add to the administrative burdens faced by smaller agencies particularly. It doesn’t have a negative effect. It has no connection with care standards whatsoever.”

Domiciliary Care Provider, mid Wales

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.
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There was a mixed response to this question on whether zero hours contracts are good or bad. Some responses argued that zero hours contracts only benefitted employers, who used them to save on their costs; some felt that they provided greater flexibility to workers; and some could see that these contracts provided flexibility to both parties. 41 individuals felt that the restriction of using zero hours contracts would remove the flexibility that they provided to many domiciliary care workers, who favoured them because of their circumstances (i.e. they only want part time hours or specific times in the day). In contrast 25 responded that they only provided employers with benefits, as they did not have to pay more than minimum wage, or “stand down” workers if there was not enough work, or could put people “on call” at short notice when there was a peak in workload or periods of high sick absence.

This was in contrast to the further 24 responses who confirmed that the use of zero hours contracts provided flexibility to both employees and employers for various reasons and should be part of a range of contracts offered to staff. 21 responses felt that these contracts also placed a burden on the recruitment and retention of people into the sector as there were no guaranteed hours or the pay was lower because of this. Some of the responses highlighted that with increased job security and better pay and terms and conditions, there would be an improvement in the quality and continuity of care for users. Some responses felt that, whilst there are benefits and negatives to zero hours contracts, they could form a suite of contracts open to workers. However, they feel that there should be the opportunity to seek advice from a body such as the Advisory, Conciliation and Arbitration Service (ACAS) to help people determine whether they are the right choice for them. Comments included:

“...welcome that the Welsh Government is looking at revising regulations around zero hours contracts as a contributor to this. Whilst we disagree with the imposition of zero hours contracts on all workers, we do recognise that zero hours contracts can be beneficial to both employers and employees as part of a spectrum of contracting options.”

Sense Cymru

“CARE WORKERS OFTEN CHOSE ZERO HOUR CONTRACTS OVER GUARANTEED HOUR CONTRACTS. For the last 3 years we have offered care workers guaranteed hour contracts. Until recently all CWs insisted on staying on zero hour contracts as they preferred the flexibility and choice of working hours.”

Domiciliary Care Provider, south Wales

“...the evidence suggests that zero hours contracts are not attractive to the majority of the potential workforce although a proportion of the workers welcome the flexibility they offer. It will be important that care workers are given the opportunity to access independent advice on zero hour contracts, such as that provided by ACAS, the Advisory, Conciliation and Arbitration Service, which details the rights and responsibilities of such agreements.”

Care Council for Wales

However, whilst there was agreement that these contracts offered flexibility, there was some disagreement over whether they affected the quality of care. 7 responses argued that they limited the care provided to users, whilst this was countered by 2 responses that believed that the commissioning process was to blame for the increase in zero hours contracts as they only paid for specific periods of time that did not include travel time or the delivery of quality care. The issue of local authority commissioning was also taken up by 22 other respondents, who felt that the increased use of this type of contract was systemic from the way in which local authorities commissioned care. They argued that the contracting of specific periods of time to deliver care was placing a strain on the planning of that care delivery for many smaller businesses, who were finding that travelling time was not included in these costs and was therefore an additional financial burden they had to meet. This led to greater use of zero hours contracts to ease some of their financial pressures in order to make their businesses viable and deliver the care they are contracted for.

23 responses felt that these practices were abusing the flexibility of zero hours contracting as they meant that staff, and in some cases users, were disadvantaged by this need to cut costs as there was never any continuity to delivery of service. Some thoughts included:

“No guarantee of contracted hours from Local Authorities means that providers are reluctant to employ individuals on fixed hour contracts in case of cuts in hours which would leave them with excess workforce time which cannot be paid, however, should the providers be relying on the Local Authorities for all of their work?”

Health/Social Care Worker, Flintshire County Borough Council

“Commissioners recruit providers effectively on a zero hours contract.”

Domiciliary Care Provider, north Wales

These comments reflect the findings on this subject undertaken by Manchester University which commented in its report that:

“...usage of zero-hours contracts appears to be an increasing trend (CIPD, 2013) and results again from commissioning practice which is moving away from guaranteed volume and increasing instability for service providers (Bessa at al, 2013)...

This reflects the concerns raised in the research that many service managers had around current commissioning practices, which were currently planned around time and task based service delivery; and how these would change when the outcomes based approach as outlined by the Social Services and Well-being Act 2014 came into effect. Many respondents to the Manchester research felt that Welsh Government needed to undertake greater communication with local authorities on the need for a more flexible commissioning

process that would allow for changes to be made by service providers to deliver care against these new client outcomes where time bound services would not be practical.

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.
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The responses to this question reiterated the key aspects mentioned above in questions 5 to 7 to tackle zero hours contracts – i.e. fair commissioning of care services, offering choice to workers of a range of contracts (zero hours, fixed hours or otherwise) and ensuring that the service regulator monitors service providers to ensure that they do not abuse the use of such contracts. For example:

“Commissioners need to be more aware of the effects of their actions.”

Domiciliary Care Provider, west Wales

“Commissioners offering guaranteed work and at a rate that covers true costs.”

Domiciliary Care Provider, north Wales

“Offer a guaranteed range of hours (e.g. someone who wants 35 hrs a week would be offered a contract for 25-40).”

Domiciliary Care Provider, south Wales

“Minimum guaranteed hours, flexibility, any hours of care published by providers should include monitoring activity, inspection process could ask what arrangements are but responder not convinced CSSIW’s role is to enforce.”

Domiciliary Care Provider, north Wales

However, some responses reiterated once more that zero hours contracts offer greater flexibility for both employers and employees, suggesting that these contracts have a place in the sector but require careful monitoring that they do not get abused. A few comments cautioned that the banning of these contracts could see some staff leaving the sector. There was some disagreement about whether this should be for the service regulator, the Care and Social Services Inspectorate Wales (CSSIW), to undertake or whether local authorities should conduct this work as part of the commissioning monitoring processes. There was also some difference of opinion on whether zero hours contracts impacted on the quality of care that was being delivered by domiciliary care providers. Thoughts expressed included:

“Welcome revising regulations around zero hours contracts. Disagree with the imposition of zero hours contracts on all workers, recognises zero hours contracts can be beneficial to both employers and employees as part of a spectrum of contracting options. Would welcome greater restrictions on the number or percentage of care hours delivered through these contracts but would not want to see these eliminated completely.”

Sense Cymru

“Not all employees want fixed hour contracts or more than zero hours... some prefer zero hour contracts to fit with family life and life outside of work. Zero hour contracts

have been given a lot of poor publicity, however they can be beneficial to both the employee and employer if used correctly and will not necessarily have a negative impact on the quality of care provided. We believe that if zero hour contracts were eliminated, some employees would be alienated from the profession and the restriction would make it more difficult to recruit in an already difficult area. However restricting zero hour contracts may lead to greater continuity of care for some individuals as they may not have as many different people looking after them.”

Health/Social Care Worker, Flintshire County Borough Council

“Supports CSSIW, as the regulatory body, monitoring the use of zero hour contracts. It will be important for staff conditions, including the use of zero hour contracts, to be built into the inspection process given the impact that this has on workforce retention and subsequently, the quality of care delivered.”

Older People’s Commissioner for Wales

One response referred to the work of the local government’s Joint Working Council, who have updated its guidance to local authorities on zero hours arrangements and question whether this could be adapted for employers to help them consider all options. The Welsh Government may wish to draw commissioners and service providers together to create greater collaboration between local authorities and service providers to help share best practice.

“Guidance on zero hours contracts has previously been developed and agreed jointly under the auspices of the local government Joint Council for Wales (JCW) and, whilst aimed at Councils, contains a number of important elements, which, if adopted in the use of zero hour contracts, would help to alleviate some of the problems in their use. ...Employers need to be aware of all of the contractual options that can be used, for the benefit of the employer, the employee and those in receipt of their services.”

Welsh Local Government Association (WLGA) and Association of Social Services Directors Cymru (ADSS Cymru)

Low wages, national minimum wage and payment for 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? <ul style="list-style-type: none">i. Provide information to employers and workers on how National Minimum Wage works in practiceii. 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 Wageiv. Local authority contracts should be clear about the time allowed for being with the client and the time allowed for travelling.
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There was a clear indication that respondents felt that local authority contracts should be clear about what they were paying for (71 responses), outlining the time allowed for being with the client and for travelling between appointments; and 54 responses felt that local authorities should, as part of their monitoring of contracts, include a request to providers

that they were paying staff the national minimum wage. 23 responses felt that greater (or revised) guidance on the issue should be provided to employers on the issue of the national minimum wage. As the guidance around the national minimum wage is a UK Government policy, the Welsh Government would need to work closely with colleagues in Whitehall to ensure that the messages around the implementation of the national minimum wage is being specifically targeted and widely spread across the sector. Respondents felt that:

“Local authority contracts should be clear about the time allowed for being with the client and the time allowed for travelling.”

Health/Social Care Worker, Gwynedd County Borough Council

“Commissioners need to be accountable for what they purchase and should be subject to the same level of scrutiny and regulation, including inspection, as providers. On that basis, it would then seem reasonable to expect greater transparency from providers and the requirement to pay national minimum wage could be written into contracts but commissioning practice must reflect this.”

Care Forum Wales

“Provide information to employers and workers on how National Minimum Wage works in practice. 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. Local authority contracts should be clear about the time allowed for being with the client and the time allowed for travelling.”

Domiciliary Care Provider, north Wales

“Provide information to employers and workers on how National Minimum Wage works in practice.”

Domiciliary Care Worker, south Wales

There was also a strong call (42 responses) to make employers record details of pay to ensure that the national minimum wage is being paid to their staff. There are already requirements in place for businesses to record such information and the UK Government, through HM Revenue and Customs (HMRC), already monitors compliance with the payment of the national minimum wage; and a number of social care providers in England and Wales have already been subject to the naming and shaming protocols that HMRC employ to highlight non compliance. Examples of this included:

“...Make employers keep records on rates of pay, hours worked (including travelling, training and sleepovers) and deductions (including uniforms). 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. Local authority contracts should be clear about the time allowed for being with the client and the time allowed for travelling.”

Domiciliary Care Provider, west Wales

“Presumably CSSIW would inform HMRC which will lead them to become extremely unpopular and make cooperation less likely. Also how would they be trained to inspect this – since even HMRC find it complicated and often don’t fully understand the issues. Hence the conflicting advice that companies are given.”

Domiciliary Care Provider, mid Wales

10.	Which, if any, of our ideas below do you think would work to check employers pay domiciliary care workers the National Minimum Wage? <ul style="list-style-type: none">i. Make the Care and Social Services Inspectorate Wales include payment of National Minimum Wage as part of the inspection processii. 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 Wageiii. As part of contract monitoring processes, local authorities should make providers demonstrate ongoing compliance with National Minimum Wage
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The majority of comments (64 responses) felt that local authorities should require providers to demonstrate compliance with the payment of the national minimum wage as part of their contract monitoring processes. One of these responses implied that it was part of the duty of care for local authorities to ensure that staff were receiving fair payment for the work that they are providing.

“As part of contract monitoring processes, local authorities should make providers demonstrate ongoing compliance with National Minimum Wage.”

Domiciliary Care Provider, west Wales

“Local authorities have a duty of care towards those people for whom they contract services and under that duty of care they should ensure that staff provided are complying with minimum standards.”

Swansea Councillors

54 other responses felt that the service regulator, Care and Social Services Inspectorate Wales (CSSIW), should build the checking of compliance and non compliance of paying the national minimum wage into its inspection process. If they felt that there was non compliance, they should inform HMRC, who were responsible for dealing with this. All of the responses reiterated the ideas that we outlined in 10.i. and 10.ii.

Two further responses disagreed with this point of view, arguing that CSSIW should focus efforts to inspect the quality of service provision and would not be qualified to check this information. They argued that HMRC was responsible for this and it would duplicate effort

11.	<p>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?</p> <ul style="list-style-type: none"> 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.
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As in question 10 above, many of the responses to this question (60) argued that the checking of payments for travel time between calls and ensuring sufficient time is given during calls should be part of the local authority contract monitoring process and reiterated the idea outlined at Question 11.i.

One respondent expressed the view that these issues should form part of the commissioning process, where local authorities plan for the inclusion of travel times and time spent with clients. Whilst another also felt that the strengthening of monitoring procedures would also be an improvement and should also form part of the monitoring systems. Other comments included:

“The commissioning, planning and scheduling of home care visits must also take into account the changing nature of individual’s needs, and recognise that what is possible to be completed within thirty minutes on one day may not be possible on another. ...Therefore, a realistic and flexible approach must be taking to ensuring that home care workers have enough time with an individual to appropriately and effectively support them and their needs.”

Older People’s Commissioner for Wales

“Rules on paying the NMW are made clear by HMRC and strengthening the monitoring of contracts should be sufficient to root out those providers that are not abiding by the law. If this is not the case, work should be done by the relevant bodies to improve this system.”

Chwarae Teg

Of the 60 respondents who felt local authorities had a role in monitoring, 47 also felt that this should also be included in the inspection process to ensure that providers were delivering quality care for the individual within agreed timescales.

“...The inspector - CSSIW - should include time allowed for travelling as part of the inspection process.”

Health/Social Care Worker, Torfaen County Borough Council Social Care and Housing

12.	<p>Please use the box below to let us know about any other ideas or comments on National Minimum Wage or travelling time.</p>
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There was an overwhelming call from 38 replies arguing that there needed to be an improvement in the way local authorities commissioned services and that they should include travel time to and from clients as part of calculations for the contracts. Whilst many accepted funding was tight and local authorities were trying to get the most value for their

money, it was felt that this should not be at the expense of those they serve or transferring the costs to domiciliary care providers. Responses indicated:

“Council budgets are getting tighter. Council should look at where providers have existing packages and allocate on distance so that efficiency can start from the top.”

Domiciliary Care Provider, west Wales

“...if providers are to pay for traveling time then it should be up to the commissioning service to pay the provider for the traveling time as care providers just have not got the finances and with the living wage coming in and the pensions, providers will either stop taking on packages or go bust.”

Domiciliary Care Provider, south Wales

“...I can also see how this could happen and commissioners need to use what the average cost of domiciliary care is (for e.g. published on UKHCA) and broker packages at a minimum of this price... Due to the authority and health boards sustainability policies they will commission client referrals based on the cheapest cost which limits amount of resources available to the domiciliary care providers which results in breach in NMW, no travelling time, poorly trained staff, client dissatisfaction, unhappy staff, poor image of domiciliary care.”

Domiciliary Care Provider, west Wales

“...the suggestions are over-simplified and based on the premise that the solution and the problem are vested solely in the provider, rather than acknowledging problems within commissioning.”

Care Forum Wales

A number of responses to this group of questions around payment of national minimum wage and travel time costs reference the work that the UK Home care Association (UKHCA) undertook to calculate the minimum price for homecare at National Living Wage rates, which it calculated at £16.70 per hour. In their response, UKHCA was ‘frustrated’ that commissioning practices have yet to reflect this figure and that costs continue to vary across the UK. For example:

“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. 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.”

The UK Home Care Association (UKHCA)

“I have been banging on about this for years – for example trying to get LAs to accept the implications of the UKHCA fair rate calculators and build in escalators for unavoidable cost increases – such as the minimum wage.”

Domiciliary Care Provider, mid Wales

Some responses felt that this work could benefit from further development with the Welsh Government to provide clear guidance around commissioning practices to local authorities and are keen to explore this work further. These included:

“...clear guidance from WG so local authorities can be flexible in commissioning, enabling providers to seek innovative solutions that can ultimately save money.”

Cymorth Cymru

“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 [UKHCA] would welcome discussions with Welsh Government as to how this work could support providers and commissioners in Wales.”

The UK Home Care Association (UKHCA)

“WG [Welsh Government] may wish to collate information on fee rates for domiciliary care (LA & HB) post implementation of the NLW increased in April 2016. All parties need to work together and have more trust in one another.”

Domiciliary Care Provider, north Wales

Others called for more work by the Welsh Government to address the issues relating to payment of the national minimum wage (and the subsequent introduction of the national living wage).

“For new organisations seeking to register, there is an opportunity for them to be required to demonstrate how they intend to meet the Minimum National Wage requirements as part of their application (as well as an opportunity to inform/raise awareness of the requirements if their proposals are inadequate). This should be considered by the Technical Group looking at registration under the Regional and Inspection of Social Care (Wales) Act 2016.”

AGE Cymru

Calls less than 30 minutes long and call clipping

13.	<p>Which, if any, of the ideas set out below do you think will help prevent call clipping?</p> <ul style="list-style-type: none"><li data-bbox="252 1682 1345 1778">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.<li data-bbox="252 1798 1345 1861">ii. Make sure domiciliary care workers rotas allow enough time to travel to each call and complete each call.<li data-bbox="252 1881 1345 1944">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.
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82 responses agreed with the ideas listed in our question, reiterating the need for greater clarity on the length of time spent travelling to and with those receiving these services; that

rotas allow enough time to travel and that providers should provide payment for that time. Sadly, whilst there were no immediate ideas on how this greater clarity could be injected into the system, both the Care Council for Wales and the Older People's Commissioner for Wales felt that greater clarity around the responsibilities of paying the national minimum wage (and national living wage) would be useful to help ensure that providers understood the potential implications of failing to do this. Some of the views included:

“Payment of the National Minimum Wage and travelling time are included in the comments above about improved terms and conditions for domiciliary care workers. The Care at Home report recommended that we could recognise the value of the workforce by reviewing their terms and conditions to ensure that they are being appropriately remunerated for the job they do.”

Care Council for Wales

“National Minimum Wage (soon to be the National Living Wage) is law. As such, it should be enforced at the very minimum and I welcome the proposal to increase the awareness of employers on their legal obligations in relation to the minimum wage.”

Older People's Commissioner for Wales

Care Forum Wales felt that the examples outlined in our question implied that the problems rested solely with the provider and did not include areas such as commissioning.

“...the suggestions are over-simplified and based on the premise that the solution and the problem are vested solely in the provider, rather than acknowledging problems within commissioning.”

14.	<p>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:</p> <ul style="list-style-type: none"><li data-bbox="247 1355 1340 1489">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.<li data-bbox="247 1512 1340 1646">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.<li data-bbox="247 1668 1340 1724">iii. As part of the inspection process check any calls which last less than 30 minutes meet the conditions set out in the Act.
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There was clear agreement with the ideas outlined in our question, with 63 responses favouring making providers log the time spent travelling to and with clients, of these, 53 added that these figures should then be included into the inspection process to ensure that enough time is being allocated for both travelling and to deliver the care service required by the client. For example, the most popular proposal was:

“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. 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.”

Domiciliary Care Provider, north Wales

59 responses felt that any calls less than 30 minutes are automatically part of the inspection process to ensure that they adequately meet the needs of the individual and the conditions set out in the Regulation and Inspection of Social Care (Wales) Act 2016. This answer reiterated our idea:

“As part of the inspection process, check any calls which last less than 30 minutes meet the conditions set out in the Act.”

Health/Social Care Worker, Caerphilly County Borough Council

However, two responses argued that local authority commissioning practices needed further examination and a simple strengthening of the guidance would not be sufficient. One of those responses called for the same regulation and inspection of commissioners as for providers.

“Strengthening commissioning guidance is unlikely to change this as guidance can be (and is) ignored. Commissioners need to be accountable for what they purchase and should be subject to the same level of scrutiny and regulation, including inspection, as providers.”

Care Forum Wales

“The problem is that LAs won’t pay for this time. All we ever hear is about action to make us comply but we are powerless to affect the inadequate rates paid by LAs...”

Domiciliary Care Provider, mid Wales

These two comments would seem to indicate that more work was needed than simply updating local authority commissioning guidance to ensure that local authorities understand the expectations for the delivery of future care services for their constituents with the implementation of the proposals as outlined in the Social Services and Well-being Act 2014. This may not simply be about better communication with local authorities but might also include liaison with the wider sector to show what work is ongoing and therefore improve the understanding between both purchaser and supplier. This was a comment picked up from service providers during one of the workshops that helped Manchester University’s research, where providers “...felt some commissioners did not understand how care is delivered in practice. Many felt tendering processes lowered the level of care quality.” It could, counter to this view, be that service providers are also unaware of the problems faced by local authorities when it comes to commissioning some services and so, a mutual understanding, might be beneficial to both parties.

15.	Please use the box below to tell us about call clipping and about any ideas you may have to prevent it from happening
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34 respondents to this question highlighted the need for the more realistic arrangement of visits to take into account things like travel time, particularly in rural areas. The respondents

provided a number of thoughts as to the causes of the issue, ranging from the way care was commissioned to poor planning by providers, to staffing problems and the need to better utilise modern technologies. Comments included:

“Arrange calls with enough travel time between them.”

Domiciliary Care Provider, north Wales

“More funding for travel time, esp[ecially] in rural areas. Every contract for every client should be separate and allow better planning between clients.”

Domiciliary Care Provider, north Wales

“Paid time for calls should be longer than necessary to factor in travel time. Either factor in travel or add a set amount to each call. More funding for councils.”

Domiciliary Care Provider, south Wales

“Caused by poor planning of calls, poor knowledge of area covered. Proper planning would stop this.”

GMB Trade Union

“Interesting how no responsibility is placed with local authorities in the above questions. Call clipping happens as a direct result of local authorities failing to provide sufficient funding to enable providers to have a sufficient workforce to cover the calls.”

Domiciliary Care Provider, mid & west Wales

Promote the use of ECM (electronic call management) to provide greater clarity over length of time actually with customer. The mandating of prescriptive travel time by commissioners will not work as it removes the flexibility of providers to remodel runs more efficiently to reduce travel time.”

Health/Social Care Worker, Powys County Council

The promotion of new technologies to help deliver better monitoring is raised by a number of respondents, but there is a note of caution that there are limitations to doing this as the sector is “underfunded” when compared to primary care and that technology is not always the answer. Responses included:

“...neither the care giver nor the recipient of care should be overburdened with paperwork; in this regard, the use of IT systems similar to those being introduced by the NHS Wales Informatics Service (NWIS) for community nurses may be beneficial.”

Royal College of Nursing

“Promote the use of assistive technology for calls below 30 minutes. More flexibility in service delivery, moving away from ‘time task’ to outcome focused and ‘what matters’ will aid improved use of available time within calls.”

Powys County Council

“Whilst technology is available in urban areas, mobile phones are making land lines redundant and in undulating countryside mobile phones have no signal. Apart from a punch card system it is a very difficult problem with the client being the only observer.”

Domiciliary Care Provider, west Wales

“Welsh Government, local authorities and providers should work together to ensure that enough money is being directed into social care budgets to effectively fund contracts.”

Chwarae Teg

24 respondents felt managers of care providers should do more to check with their clients, their families and carers to ensure they were receiving the right length of time per visit. This would imply that many service providers do not seek regular feedback from their clients to understand how the services they provide meet the individual's requirements. For example:

“Regular contact with users, family and others to ensure compliance. Calls by MGR [manager] to check attendance.”

Domiciliary Care Provider, west Wales

“More frequent reviews with service users. The local authorities and the providers need to speak more often with the people at the heart of the system, the service users!”

Domiciliary Care Provider, west Wales

“Check with clients/unpaid family carers that care workers are staying with them for the full allotted time.”

Domiciliary Care Provider, south Wales

21 responses felt there also needed to be better communication between managers and their staff to ensure that rotas are being fairly set and that care workers are able to deliver quality care services within specified times. However, two of the responses from providers indicated that they reviewed their staff rotas on a regular basis. The responses outlined that:

“Feedback between staff and management to assess time including travel and time with clients.”

Health/Social Care Worker, Powys County Council

“Inspection of rotas and time scales should make call clipping obvious.”

Domiciliary Care Provider, south-east Wales

“We calculate travel time between calls using AA Route Planner and also ask the staff to inform us if we have not provided sufficient time between calls.”

Domiciliary Care Provider, south Wales

“All care support workers have a weekly rota, detailing the amount of time for the call. The staff will enter their own mileage on a report sheet which is checked on a weekly basis. Staff may have their rotas altered if their client is taken ill.”

Domiciliary Care Provider, south Wales

“Carers to check in on arrival and when they leave. Check calls and supervision of staff.”

Domiciliary Care Provider, west Wales

Career structure/ development and training

16.	<p>Which, if any, of the ideas set out below do you think will offer domiciliary care workers more opportunities for training, development and progression?</p> <ul style="list-style-type: none">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 a requirement for 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.
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The majority of responses agreed with the ideas suggested within the consultation report – require specific qualifications at registration, develop career pathways and creating diversity in the workplace. Some of the common comments around these areas reiterated the proposals outlined in questions 16i., 16ii. and 16iii.

However, there were some responses that offered other thoughts or elaborated on issues that affected the development of staff. These included:

“Providers considered that Care Work had a very low profile, with poor media coverage and the work was considered to be of a low status with no career pathway. Some providers indicated that although there was a great deal of training available from the Council, it was difficult to let sufficient numbers of staff attend as they had to back fill their attendance at the courses.”

Health/Social Care Worker, City of Cardiff Council

“Another issue raised was the ceasing of funding for QCF level 2 for the over 25s which would have a significant impact on the skilled training of the workforce. The Council internal service offers a comprehensive and well structured training and development scheme which is considered far superior to domiciliary care competitors.”

Health/Social Care Worker, City of Cardiff Council

“In response to a request from the Welsh Government, the Care Council is working with partners to introduce more training and support for these workers. This is in advance of their registration by 2020. We have brought together CSSIW, SSIA, SCIE, Health & Social Services Social Care Research Wales and the Welsh Government to scope the development, improvement and regulation programme for this group.”

Care Council for Wales

The responses clearly reiterated that there is a widely held perception that the sector is poorly skilled and unprofessional when compared to other health and social care sectors. Whilst some comments outlined that there was access to training opportunities to improve this position, there was a difference of opinion as to whether training was the only solution. Some of these comments outlined that:

“We are concerned that a requirement for all workers to obtain the Level 2 or 3 Diploma in Health and Social Care, rather than a percentage of the total workforce, may prohibit the uptake of these roles for people who are new to the sector or who are established in the sector and may be concerned about taking on a new qualification.”

Sense Cymru

“There are social workers that carers could see as part of their career structure. It would be useful to have senior carers that can support direct carers that are delivering the system to ensure supervision and on the job training is achievable and updated.”

Swansea Councillors

“The other thing that needs to be understood here is that Dom. Care is not a career for most of our workers – neither would they want it to be. They are doing this job to make money in a way that they can fit around their other jobs and family life. Many of our workers will be mothers – these are the people who have the life-skills needed for this job.”

Domiciliary Care Provider, mid Wales

The views reflected above indicate that for some domiciliary care workers the job is not about securing academic qualification but about delivering care and that any desire to see them further “educated” would be anathema to them. The latter comment implies that some workers are not interested in careers in the sector but are using the role to simply pay the bills. Whilst this may well be true of some, this statement is in stark contrast to the evidence gathered by Manchester Metropolitan University, which indicates that the most common motivation for joining the sector was the desire to help and a make a difference to the lives of others and not simply a way of making money. The evidence shows that there are other sectors (e.g. retail) that have much better terms and conditions that would clearly be a better choice for this motivation.

17.	Please use the box below to leave your views about training, development and progression within domiciliary care.
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The majority of responses to this question felt that introducing greater training opportunities would be useful, but accepted this would require an injection of funding into the sector to deliver. This is particularly an issue for service providers who argue that they are balancing the need to ensure their staff are adequately trained against ensuring their funding delivers quality care. Some of their views stated:

“Our training budget is minimal. Putting requirements onto providers does not solve the problem. We desperately need increased funding to pay for training.”

Domiciliary Care Provider, north Wales

“Although there are many training and development opportunities available to this area, without funding being made available to the providers many low paid workers will be unable to carry out their training during the working day.”

GMB Trade Union

“Training, development and progression are important in domiciliary care and I believe all care workers should be registered. However there are cost implications that need to be considered and shouldn’t all be put in the lap of domiciliary agencies.”

Domiciliary Care Provider, west Wales

“We are keen on the quality of our training and staff development, but some smaller providers would find this too expensive with the current levels of funding as we may get the training free from the local college, but we still have to pay the carer to come in to take the training. We used to train our care staff up to level 3 (supervisory level) in the H&SC diplomas but as most of them left to go into the NHS (because of our training behind them) we now only train up to level 2 as this is a requirement.”

Domiciliary Care Provider, north Wales

This is in contrast with local authorities that develop their own staff with a wider pool of resources and training programmes.

“Whilst local authorities provide good internal training and development opportunities for their social care workforce which includes domiciliary care workers, they are mindful that restrictions on adult learners funding which is negatively impacting on the numbers of ‘developed’ candidates entering the workforce.”

Local authorities HR Directors (Wales) Network

A number of responses highlighted that many workers in the sector were older people who did not seek to take on academic qualifications but had other “life” skills that could not be learned in a “classroom” which were either overlooked or ignored as part of the wider toolkit for a domiciliary care worker. This is further endorsed by the fact that a few responses felt that training courses alone would not necessarily improve the quality of care being delivered. The idea that other methods of training might also be useful in developing staff was also mooted, ranging from shadowing or mentoring to e-learning. For example:

“45% of our workforce are over 50. They are far better qualified with Life Skills than all the students who come out of college with certificates. When I suggest they all have to do QCF 2 and 3 they all hand in their notice.”

Domiciliary Care Provider, south-east Wales

“Avoid the over reliance on academic qualifications. Value practical work and skills.”

Carer, south Wales

“Don’t over egg the cake. Many people with good caring and people skills could do this job well with good in-house training and supervision. Not all will want to collect qualifications, though that should of course be available to those that want career progression.”

Carer, south Wales

“Training alone cannot ensure quality care, but it can help to increase the confidence of staff in carrying out their jobs and the ability of those staff to do their job to a good standard.”

AGE Cymru

Surprisingly, it was not just the workforce that required training and some responses felt that the management level of service providers also required training in how to develop their workers

“...majority of domiciliary care providers in Wales are small organisations. They do not have the resource to allocate positions specifically for training and development. As a result, many providers have quite basic training 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 who will need to look to professionalise further their workers.”

Expert Reference Group Domiciliary Care Wales (ERGDCW)

There were some who felt the current economic climate was restricting opportunities for low paid workers to take up academic courses, such as the QCF level 2 or 3. The Welsh Government’s decision to withdraw apprenticeship funding for over 25 year olds came under criticism, particularly as one respondent indicated that funding for other sectors was widely available.

“...advised that if I was after funding for QCF in hairdressing and shop work there was funding coming out of my ears but that is not what society needs! We need to invest in social care, a service that benefits us all.”

Domiciliary Care Provider, south-east Wales

“Yet recent policy developments with the loss of funding for training for those above the age of 25 has made this a more challenging issue for all providers. It must be hoped that the utilisation of funding made available by Welsh Government to SCW will be a matter of discussion with the sector, and the probability of that funding need increasing as we get a more clear understanding of the sectors needs, must be recognised as significant.”

The UK Home Care Association (UKHCA)

In conclusion, whilst there was an overwhelming desire to see a qualified and professional workforce, there was a clear understanding that not all of the workforce would embrace an academic approach as the only one. Some of those that answered this question felt that there should be a consideration of the practical “caring” abilities and “life skills” that some of the workforce brought to the role.

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.
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This question saw a resounding call from 49 responses for more efforts to be made to promote the “good” work that the sector was doing to help alleviate the “bad press” that the sector tended to be seen through. The responses highlighted that this negative light of the sector and its workforce was responsible for the overall poor view of domiciliary care workers as being uneducated, uncaring and unprofessional. It was felt this was a polarised view, but one that had taken root in the overall psyche of society. Some of the comments were:

“Promote good news stories. Cuts to front line services need to be stopped.”

Domiciliary Care Provider, west Wales

“More stories in the Press about the kind of workers employed in the sector and what they do to enhance the lives of their clients.”

Domiciliary Care Provider, south Wales

“Awards and good publicity. Long service recognition with clients.”

Carer, south Wales

“Any publicity/ media that focusses JUST on the great work of dom. care, and how it can be a profession, not just a job, making none of the regular references to low pay, poor hours etc. Just focus on how good it can be because for many people it is great.”

Domiciliary Care Worker, mid Wales

45 further responses felt that raising the profile of domiciliary care workers through better terms and conditions and pay would go a long way to recognising the importance of this workforce. However, some of these also felt that greater understanding from other areas of the primary care and social care sectors would also help to move the workforce out of being thought of as of lower standing.

“There is a serious lack of understanding in the authority and health boards of what domiciliary care providers have to do on a daily basis and how their decisions, poor communication and bad practice affect domiciliary care providers’ ability to provide an acceptable service. ... Due to this lack of understanding is why the professional status of domiciliary care workers is being undermined. I truly believe if authorities

and health boards had more experienced staff, the professional status of domiciliary care providers and their care workers would filter through to the public domain.”

Domiciliary Care Provider, west Wales

“Investment in carers pay rates. The status will not improve while it remains a low paid job, where you have to pay for and use your own vehicle and work unsociable hours providing personal care.”

Domiciliary Care Provider, north Wales

“Other professionals to respect the experience and the knowledge care staff have.”

Domiciliary Care Provider, west Wales

“...some providers stated that Care Work was considered to be of a low status with no career pathway. From the Council’s perspective, this is a problem and has been historically. There are no direct pathways to promotion or to a management structure.”

Health/Social Care Worker, City of Cardiff Council

“The status won’t improve until the funding is increased for local authorities to pay a higher / fairer rate for domiciliary care, preferably a set rate.”

Domiciliary Care Provider, north Wales

“Pay them more. Nothing improves the status of any career than providing a decent wage and until that happens, people will avoid the work.”

Carer, south Wales

“Registration of the domiciliary care workforce will very much support the ethos of raising the status of the sector, although GMB believes that the public will be surprised that this is not already the case. Improving pay and working conditions of the workforce will also raise the status.”

GMB Trade Union

A further 26 responses called for greater funding for training to be injected into the sector, whilst 24 others felt that more funding was necessary across the sector to help improve its profile and standing. This investment should also focus on working with schools, job centres and others to help raise the profile of the sector to encourage more people to take it up as a career.

Health and safety issues for 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 <ul style="list-style-type: none">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.
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Responses to this question supported our proposals that domiciliary care providers should have adequate policies in place and that these should be subjected to the inspection process. The majority of responses (79) felt that most domiciliary care providers had policies in place to ensure that their workforces were safe whilst they were working; whilst 67 further responses felt that inspections should check these policies are in place and test that staff are aware of them. However, 17 responses felt that local authorities needed to do more to ensure that client assessments were passed over to providers quicker and particularly so if the client has challenging issues that potentially could bring harm to carers (i.e. abusive or aggressive tendencies, etc.). Comments included:

“Authorities are reluctant to provide information to providers of clients that have a challenging or aggressive behaviour because the social worker feels it is better for their case load if this information is not communicated.”

Domiciliary Care Provider, west Wales

“Awareness and training in dealing with clients with difficulties. More consultation with families who probably know what those difficulties are.”

Carer, south Wales

Some responses provided an interesting idea that would also help raise the profile of the profession, that domiciliary care workers should receive the same opportunities as their primary care colleagues – e.g. having access to support services if they experience aggression or other traumatic incidents in the course of their work. As we continue with the implementation of the integrated service approach between health and social care, this would strengthen the drive that the Welsh Government wants to place all aspects of the workforce on an even footing.

“Carers feel that they are not of equal status as other healthcare professionals as nobody has the funding to invest in protecting them. But the funding is there to protect other health professionals.”

Domiciliary Care Provider, north Wales

“Ensuring there is appropriate access to debriefing and counselling services for staff if required. Regular meetings to refresh thinking and ensure ideas are captured to ensure good practice and improvements are always moving forward.”

Domiciliary Care Provider, south Wales

“Link up all community care workers to other services that work 24/7 for support and advice (WAST, Emergency Duty Team, District Nurses etc.)”

Health/Social Care Worker, City and County of Swansea Council

“Staff can be exposed to infections by having direct contact with a person’s infected bodily fluid. Staff need to have training on how to deal with blood and other bodily fluids, then learn how to follow the organisations policies and procedures on how to take precautions.”

Domiciliary Care Provider, west Wales

“Fund health screening and health surveillance for all dom. care workers (again, there is disparity between the local authority and health employed care workers in Swansea)...”

Health/Social Care Worker, City and County of Swansea Council

This was further explored with requests for training programmes to be developed alongside the usual needs to help staff deal with challenging behaviours such as those with aggressive tendencies.

“Aggressive behaviour shown by a service user they are supporting – when a risk is identified risk assessments are put in place. All staff should have the correct training for dealing with these types of incidents.”

Health/Social Care Worker, Conwy County Borough Council

“Duty of care for very complex cases including substance misuse, aggressive behaviours etc. resulting in increase in injury claims... Additional training and support for staff.”

Health/Social Care Worker, City and County of Swansea Council

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.
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As well as reiterating many of the issues raised in Question 19, 35 responses argued that there should be a mandatory list of health and safety training for the whole sector and greater clarity about what support structures are in place from employers at induction, regardless of whether they are in the public, independent or third sectors.

“The introduction of a mandatory regime of minimum health and safety training might be beneficial.”

Royal College of Nursing

“Domiciliary care workers need to have workable and reliable support outlined during training and enhanced by effective work policies.”

Royal College of GPs Wales

“Domiciliary workers are at particular risk due to the nature and circumstances of their work. Clear policies that are acted on, along with clear record keeping, are vital.”

Carers Trust Wales

Whilst the comments do not imply that there is no training, many of them call for greater recognition that many domiciliary care workers are “lone workers,” and as such are more vulnerable than their counterparts in residential homes or hospitals. Again, as outlined in Question 19 above, some of the respondents felt it necessary to re-iterate the need to provide domiciliary care workers with access to support services in the same way as their “professional” counterparts in the primary or social care sectors (i.e. counselling, etc.). Some responses indicated that greater opportunities for training and reflection were needed to ensure that staff were made aware of potential risks and how to deal with them, which would require greater support from managers. There were calls from some respondents that the service regulator, CSSIW, check that such plans were in place for staff as part of their inspection processes.

24 people felt that introducing new technologies to help monitor travel, time spent in each service user’s home, etc. would help improve the safety of staff, but accepted that this would only be possible with further investment in the sector, either through better commissioning processes or increased Government funding.

“Electronic call monitoring and people employed to manage it in real time.”

Domiciliary Care Provider, south Wales

“Investment is needed in technology so that carers could be tracked when working and electronically check in / alert their Manager to an emergency.”

Domiciliary Care Provider, north Wales

“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.”

The UK Home Care Association (UKHCA)

4 responses felt that both CSSIW and the Welsh Government had a role in helping identify technologies that would be useful to the sector and to ensure that best practice was shared to all.

Next Steps

The consultation has raised a number of issues for the Welsh Government to consider, particularly around the following areas:

- Commissioning and contract monitoring
- Zero Hours Contracts
- National Minimum Wage (NMW), Travel Time
- Calls less than 30 minutes and call clipping
- Training, development and progression
- Raising professional status of domiciliary care workers
- Improving safety of domiciliary care workers

Whilst some of the comments have given clear agreement and support to some of the ideas that the Welsh Government, there are others that have given some pause for thought and a need to reflect on the work that is being undertaken by the regulators and others on specific issues that neatly link into this work. The Welsh Government will therefore focus its attention on drawing together these various strands and making the links to draft a set of policy proposals that will be further tested with the sector and other interested parties over the next few months.