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Llywodraeth Cymru
Welsh Government

Welsh Government
Consultation – summary of response

Regulation and Inspection of Social Care (Wales) Act 2016

Phase 2 of implementation – Workforce Aspects

November 2017

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

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Section 1

1.1 Introduction

The Regulation and Inspection of Social Care (Wales) Act 2016 ('the 2016 Act') received Royal Assent on 18 January 2016. It sets the new statutory framework for the regulation and inspection of social care services and reforms the regulation of the social care workforce in Wales. Therefore it replaces relevant systems previously put in place under the Care Standards Act 2000.

The 2016 Act enables the Welsh Ministers to put in place a number of items of subordinate legislation through the making of regulations, together with the publication of guidance and the issuing of codes of practice. This implementation work is being substantially completed within three phases:

Phase 1 (2016/17)

This phase included regulations relating to the new system of workforce regulation required by the 2016 Act. These came into force on 3 April 2017. Alongside this, Social Care Wales (SCW) – the workforce regulator – developed the rules and procedures which govern its processes of registration and regulation.

Links to all of these regulations can be accessed via the SCW Information and Learning Hub: <https://socialcare.wales/hub/riscact-regulations>

Phase 1 also saw consultation on Regulations which will govern the registration¹ (and variation of registration) of service providers with the Care and Social Services Inspectorate Wales (CSSIW) from April 2018, requirements to be placed on those service providers in respect of making Annual Returns², and which prescribe matters about which CSSIW must notify local authorities in Wales and England³. The dates on which these Regulations were laid and will come into force are as follows:

Regulation	Date laid before the National Assembly for Wales	Coming-into-force date
Regulated Services (Registration) (Wales) Regulations 2017	29 September 2017	1 February 2018
Regulated Services (Annual Returns) (Wales) Regulations 2017	2 October 2017	2 April 2018
Regulated Services (Notification) (Wales) Regulations 2017	3 October 2017	2 April 2018

Phase 2 (2017/18)

This current phase includes regulations and statutory guidance relating to the requirements and standards expected of service providers and Responsible Individuals in providing care and support within the following regulated services:

¹ <http://www.assembly.wales/laid%20documents/sub-ld11204/sub-ld11204-e.pdf>

² <http://www.assembly.wales/laid%20documents/sub-ld11207/sub-ld11207-e.pdf>

³ <http://www.assembly.wales/laid%20documents/sub-ld11209/sub-ld11209-e.pdf>

- care home services (for both adults and children)
- secure accommodation services for children
- residential family centre services
- domiciliary support services

Phase 2 also includes the workforce-related draft regulations and proposals that were the subject of this consultation, as described below.

Phase 3 (2018/19)

This phase includes regulations and statutory guidance relating to the requirements on service providers and Responsible Individuals in providing care and support within adoption services (Voluntary Adoption Agencies and Adoption Support Agencies), fostering services, adult placement services and advocacy services.

1.2 The evidence for change

In summer 2015 the Welsh Government commissioned primary and secondary research, via the then Care Council for Wales, into potential links between the terms and conditions of domiciliary care workers and the quality of care. The aim of the research, undertaken by Manchester Metropolitan University, was to assess the extent to which the employment terms and conditions of care workers impact upon the quality of domiciliary care provided. The objectives of the research included identification of factors which may - positively and negatively – influence individuals in choosing to commence and remain working within domiciliary care, and identification of the extent to which these factors impact on the quality of care and support provided. A summary of this research was published by the Welsh Government in January 2016, with the full version published in March 2016.

In light of the Manchester research, the Welsh Government undertook a consultation on some measures that it felt would address the concerns raised by that research. An analysis of the responses to that consultation was published in November 2016 alongside a written Ministerial statement which outlined a number of actions that the Welsh Government would take forward, including its commitment to limit the use of zero hours contracts in domiciliary care, in order to improve recruitment and retention and have a positive impact on the quality of care and support provided. During Phase 1 of implementing the 2016 Act, the Welsh Government consulted upon draft regulations which set a requirement for all service providers to publish the number of their employees on each type of contractual arrangement, which will include non-guaranteed hours contracts, as a way of improving transparency through reporting. In this Phase 2, we consulted on options to take further action on non-guaranteed hours contracts, together with other measures to tackle concerns around clearly identifying travel time and care time.

1.3 This consultation

The proposals in this consultation have a significant part to play in serving and advancing this reform. They include using the regulatory powers within the 2016 Act to:

- require service providers of domiciliary support services to delineate between travel time and care time when arranging services to help address call-clipping
- require service providers of domiciliary support services to offer their staff on non-guaranteed hours contracts the choice of alternative contractual arrangements to help reduce the prevalence of non-guaranteed hours contracts and improve the continuity and quality of care
- extend the statutory register of social care workers to include domiciliary care workers from April 2018 to facilitate their mandatory registration from 2020.
- the role of social care managers and challenges relating to their recruitment and retention. This consultation sought to engage with the sector in exploring these issues and identifying potential solutions.

The consultation, which ran from 12 June to 7 August 2017, received 69 responses in total. Some of these were purely narrative and therefore do not appear in the summary of tick box responses within this report. All responses have been considered equally in terms of the comments received. A list of respondents is attached at Annex A. A summary of the responses, together with the Welsh Government's analysis and conclusions can be found in Section 2.

1.4 Consultation Events

Four consultation events were held as part of the consultation process. The events aimed encourage stakeholders to respond and to enable those attending to:

- gain an overview of the draft legislative framework and key changes it will effect
- check their understanding of the proposals and seek clarity, if needed
- consider potential implications for their role and organisation

The first and second events were held on 21 June in the Swalec Stadium, Cardiff. The third and fourth were held on 13 July in Glyndwr University, Wrexham. Overall the uptake of places for the events was positive, with approximately 100 attendees in total in Cardiff and 80 delegates in total in Wrexham. A range of public, private, voluntary and third sector organisations were represented, including a number service providers.

1.5 Next steps

The regulation relating to the delineation of travel time and care time and the requirement on service providers of domiciliary support services to offer care staff on non-guaranteed hours contracts the option of alternative contractual arrangements have been amended, where appropriate, following consultation and incorporated into the draft Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017. They will be laid before the National Assembly for Wales in November 2017 and are scheduled for debate in December 2017. If passed by the Assembly, they are due to come into force on 2 April 2018.

Regulations to effect the extension of the register of social care workers to include domiciliary support staff from next year will also be laid before the Assembly later this year.

Once laid the regulations and their Explanatory Memoranda will be available to view at:

<http://www.assembly.wales/en/bus-home/Pages/Plenary.aspx?assembly=5&category=Laid%20Document>

Section 2

Summary of responses received and Welsh Government response

Note: Due to rounding some of the percentages they may not add up to 100% overall.

2.1 A regulation requiring service providers to delineate travel time and care time

Question 1: Are the requirements workable in practice? If not, how could they be adjusted?				
Agree	Tend to agree	Tend to disagree	Disagree	Not ticked
21 (30%)	20 (29%)	7 (10%)	13 (19%)	8 (12%)

Summary of responses

There was broad support that the draft regulations are workable in practice with 41 of the 69 respondents (59%) agreeing that the requirement to delineate travel and care time separately would be deliverable. 27 respondents (39%) confirmed that providers already had this information and would not find it difficult to identify between these two elements in their weekly work schedules for staff. In particular, some respondents felt that:

“The requirements are workable in practice. Domiciliary support workers are routinely given rotas listing the appointments they must attend...” - Unison

The responses did however highlight that, whilst many employers had systems in place to provide a schedule to their staff, not all of them used electronic rota systems. They therefore suggested some flexibility was required in the regulation to ensure that those not using electronic systems could also demonstrate compliance.

Whilst there was broad support for the regulation there were also calls from 36 respondents (52%) for some flexibility to be built into the new requirement, arguing that rotas could change at very short notice due to last minute changes or unexpected emergencies (i.e. a client has to go into hospital, a care worker reports in sick, unexpected traffic delays, etc.). It was suggested that, as travel time was not an exact science, the system should allow service providers to show how they map out rotas and simply record any changes and the reasons for them.

We received 29 responses (42%) that sought clarity on what sufficient time would look like under the new requirement and how flexibility could be “built” into that description to ensure that it took into account the unforeseen changes that might arise. Respondents felt that:

“Whilst I agree that there should be a clear travel time element and care element to the rostering of care staff, it can be very difficult to, having in mind relevant circumstances (e.g.

parking and local events, etc.) traffic conditions can change greatly between days. The provider should demonstrate that they have 'mapped' the care roster and provided travel time using appropriate 'local' knowledge and/or software... – Service provider

“... We have to be able to adapt and change routes at short notice which can be impacted by external causes, or by internal changes such as sickness and emergency leave of care staff...” - Care Cymru

There was also a question from a number of respondents (28 or 40%) about who would meet the burden of extra costs that the requirement would bring with it, either from the need for updated systems or for the administrative cost of providing the new rotas. Many of these respondents asked whether service commissioners would help to meet the costs through increased rates or whether the Welsh Government would be investing additional funds into the sector. Several respondents felt that the Welsh Government should undertake an analysis of the potential costs that this regulation would impact upon service providers and consider how these could be met to help reduce that burden, including one who felt it should be a work strand for the Welsh Government’s “Costs of Care Group.”

17 respondents (24%) also called for service commissioners to have similar requirements placed upon them to ensure that they also accounted for travel time in their commissioning processes, as currently they did not always include these costs in their tender exercises and expected service providers to cover this cost. It was argued that commissioning rates could vary significantly from one local authority to another, with rural authorities more likely to consider travel time than their more urban neighbours. Service providers argued that commissioners should also be required to keep these costs under review as part of their contract monitoring processes and to help meet the increased costs by raising the fee rates. Some respondents argued in particular that:

“The ERGDCW understands the importance of these regulations, but we ask Welsh Government to consider how providers will be expected to fulfil their new regulatory duties while commissioners are contracting on such low hourly rates.” – Expert Reference Group for Domiciliary Care in Wales.

Welsh Government response

The Welsh Government welcomes the broad support for our proposal.

We have undertaken a Regulatory Impact Assessment (RIA) that seeks to clarify the impacts of the draft regulation on all aspects of the sector (i.e. workforce, service provider, regulator and local authority) to ensure that we understand both the risks and benefits. This will be published alongside the regulations when they are laid before the National Assembly for Wales for their consideration.

The draft regulation does provide for some flexibility in how employers schedule their staff rotas, as we have not prescribed any specific model of reporting, but have simply placed a requirement that travel and care times are shown separately.

Many of the responses from service providers have indicated that they are already identifying these two elements separately as part of their current systems, so we do not envisage that more would need to be done. Where scheduling does change rapidly, service providers would only need to record the final rota.

On the issue of service commissioning, whilst we accept that there is a clear link between commissioning and the delivery of domiciliary support services, the issue lies outside of the scope of this regulation.

However, the Welsh Government is working with partners to promote a new joint approach to commissioning to improve wellbeing outcomes and provide for increased sustainability.

We have led discussions around the development of statutory guidance and partners have translated these into an integrated commissioning process, including joint commissioning strategies as well as common approaches to setting specifications, agreeing fees and quality assurance. We believe that this will allow local authorities and health boards to focus on improved quality as well securing better value for money.

The statutory guidance includes a clear expectation that Regional Partnership Boards, provided for by the Social Services and Well-being (Wales) Act 2014, must put in place an integrated commissioning process. These boards are required to establish pooled budgets in relation to the provision of care home accommodation for adults by April 2018. These pooled funds will significantly support - and be a natural progression of – joint commissioning arrangements.

We are also aware that the National Commissioning Board is developing guidance to help commissioners in Wales deliver person centred care that will meet their agreed outcomes.

Question 2: Will the requirements result in transparency of care and travel time?				
Agree	Tend to agree	Tend to disagree	Disagree	Not ticked
22 (32%)	21 (30%)	8 (12%)	11 (16%)	7 (10%)

Summary of responses

There was broad support that the proposed requirement would improve transparency with 62% of respondents (43) agreeing. Several respondents confirmed this regulation would simply formalise their current business practices and would have no serious impact for them. Some respondents also felt that the transparency would assist service commissioners and the service regulator, Care and Social Services Inspectorate Wales (CSSIW), identify where call clipping might be happening and thus provide an opportunity to challenge those providers to explain why this had occurred during contract monitoring reviews or inspections.

“Yes, if documentation is transparent and available for inspections as and when required by CSSIW and any other appropriate bodies.” – GMB union

“Our recording processes around rotas already provide transparency, this would just formalise that.” – National Autistic Society

However, many of the respondents, whilst agreeing that it would provide transparency, questioned why this transparency was needed. They argued that the focus should be on working to ensure that visits met an individual's personal outcomes rather than simply micro-managing the process of scheduling visits. It was felt that having to delineate between travel and care time would not only incur additional costs in financial and staff resources, but could hamper innovation and delivery of care. Some respondents also felt that the proposal was a duplication of existing legislation (i.e. the National Minimum Wage Act 1998, which requires employers to provide similar information to employees (and HM Revenue and Customs (HMRC)) to demonstrate they are conforming to the National Minimum Wage criteria.

"Some providers feel it is a duplication of legislation, as it is a requirement to already report to HMRC, so why duplicate something that is already law and has to be applied across Wales." - Cardiff and Vale Care and Support Regional Workforce Development Partnership

19 respondents (28%) argued that delineating between travel and care time would not improve transparency. Instead they argued that the proposal akin to the current "time and task" approach that is being replaced by a flexible approach to meet an individual's outcomes for care and support under the Social Services and Well-being (Wales) Act 2014.

As outlined in question 1, many respondents also felt that greater flexibility needed to be built into the proposal to ensure that an individual's outcomes were factored into the scheduled visit – for example in case they did not want any assistance one day but then required something more on another, which would deliver the care they needed but over a longer timeframe.

A couple of respondents further outlined that in some instances, a rota could change simply because the "client" had contacted them to say they didn't need anyone to visit them on a specific day, after the rota had been set, which they could verbally communicate to the carer and thus switch or ignore that call, but which would cost time and money to redraft the schedule to show the change.

"...this approach to travel time continues to promote a task and finish approach and does not reflect what is required in outcome based commissioning." – National Provider Forum

Welsh Government response

The Welsh Government welcomes the broad support for our proposal. The aim of the draft regulation is not to stifle innovation or the delivery of high quality care. Instead it is to ensure that there is clarity for domiciliary support workers about what time they have to deliver care and what time is provided to travel to their next call so that we can address concerns about "call clipping."

From the evidence that we have gathered, we understand that many service providers already have systems in place that show these two elements separately and we do not expect that they will have to do more than this. However, where providers do not discern between the two elements, we expect them to begin the process of providing transparency to help both staff and any service users understand the difference and to avoid any misunderstandings.

We do not agree with the view that the proposal will stifle innovative approaches to delivering care or affect ways to deliver care based upon the individual’s outcomes. We have deliberately not prescribed how employers should complete their staff rotas, instead opting to simply require them to clearly outline the two elements to make it clearer for all to see - for their staff, the regulator and for service users who may feel that they may be having their care time cut short.

Question 3: Will the requirements help to prevent care time being eroded by travel time between visits?				
Agree	Tend to agree	Tend to disagree	Disagree	Not ticked
19 (28%)	15 (22%)	15 (22%)	13 (19%)	7 (10%)

Summary of responses

34 respondents (50%) agreed that the requirement would help to prevent care time being eroded by travel time. As with the previous question, whilst the proposal was generally welcomed, some queried what the proposal sought to achieve. Some respondents sought clarification about what reasonable travel time would look like and again highlighted that there were a myriad of variables that could affect travel time (i.e. traffic congestion, road works, cultural or sporting events, etc.); whilst others argued that provided there was some flexibility in how service providers planned schedules of work it would be possible to delineate between the two.

“Statutory requirements will help reinforce monitoring of call time. Whilst there are some known systemic factors that contribute to the erosion of actual call time e.g. poor scheduling, transport, risk management, service resilience.” City and County of Swansea

However, there was a concern raised that, by monitoring travel and care time closely, this could have an unintended consequence of making care workers less inclined to “do more” for a service user if they asked for it.

“However it may also reduce flexibility and the desire to move towards outcome focussed delivery, if a client needs more time one morning the domiciliary worker may be reluctant to stay as they are conscious that contact and travel time is being closely monitored and reported on.” Powys County Council

The Council did however, suggest that an agreement to develop “time tolerance” on service plans would assist with this concern and allow service providers the flexibility to cover any necessary changes. This again reiterated the need for flexibility to be built into the draft regulation.

41% of respondents who disagreed that it would prevent the erosion of care time argued that travel time could vary considerably between clients at different times of the day for reasons that were often beyond the control of service provider; and there was a concern that service providers might be penalised for failing to “plan” for such events. A number of service commissioners agreed with this view and also highlighted that they were aware of examples of care workers doing more to support their clients than simply providing care.

“Possibly though some providers may struggle to deliver planned travel and care times due to unforeseen travel events and most importantly needs of the people being supported which may require longer support than planned.” – Monmouthshire County Borough Council

“...other Providers report, that from their systems, workers are spending longer at calls in general, so call clipping does not seem to be an issue...” – Flintshire County Council and Partners

19 respondents (28%) also argued that the draft regulation was too focused on the current “time and task” approach which is being replaced by a flexible approach to meet an individual’s outcomes for care and support under the Social Services and Well-being (Wales) Act 2014. They felt that adhering to strict timings for both travel and care times did not fit well with the promotion or delivery of an effective outcome based approach to supporting people.

“Services should maintain an outcome focus, rather than activity or output measurement of performance.” - City and County of Swansea

Welsh Government response

The Welsh Government recognises there are mixed views as to whether such an approach would help to reduce the erosion of care time.

When considering our proposals, we took the conscious decision not to prescribe how employers should complete their staff rotas or what “sufficient” time should look like. We felt that service providers would be best placed to identify local factors that might impact upon the delivery of services and therefore plan accordingly to mitigate them. By opting to simply require providers to clearly outline the two elements within schedules/rotas we are simply seeking to provide transparency for their staff, the regulator and for service users.

We recognise that the scheduling of domiciliary care can be very dynamic and that rotas may change frequently, we would not expect service providers to have to re-issue rotas to reflect this, simply to provide a final version of the rota which clearly delineates between the care and travel time allocated.

Whilst we accept that service commissioning has a key role to play in this process, the issues around this aspect will form part of our wider policy work with key stakeholders as detailed in question 1.

Question 4: Commissioning practices are already beginning to change to focus on outcomes for the individual. Should they also emphasise greater collaboration between commissioners and service providers to agree on what adequate travel time looks like?				
Agree	Tend to agree	Tend to disagree	Disagree	Not ticked
22 (32%)	16 (23%)	15 (22%)	8 (12%)	8 (12%)

Summary of responses

This question generated a lot of support for greater collaboration between service commissioners and service providers when it came to delivering care and support, and not just to agree what adequate travel time should look like. 38 respondents (55%) agreed there should be greater emphasis on this approach and recognised the need to move to a more trusting relationship with greater co-production. There were a number of respondents who felt that, with greater collaboration and discussion between commissioners and their providers, commissioners would gain a better understanding of the challenges and true cost for each service, which would be reflected in the contracts.

“... Commissioners should have a good understanding of the personal care services that they are required to commission, which collaborative working with care providers would help ensure.” – Age Cymru

“Progress is already being made to achieve outcomes based commissioning of home care by collaborating with providers to build in trust and flexibility into their service offer.” - City and County of Swansea

There were several responses from service commissioners that recognised greater collaboration would help to improve services that are delivered to individuals. One respondent felt that this collaboration could also enable businesses to review their work planning to schedule visits that focus care workers on a cluster of nearby clients to enable the most efficient use of their staff.

“... This may give providers the opportunity of relooking at their business and planning calls around a patch-based approach to make the service more efficient.” – Greater Gwent Regional Transformation Team

In contrast, 23 respondents (34%) felt that greater collaboration in this area would not lead to improvements. There were conflicting views on why this would not work in practice, but many service providers who responded felt that collaboration should also include providers being part of the team that agrees the assessment and agreed outcomes with individuals, to ensure all costs are considered more accurately.

Again, many felt there was little evidence to show commissioning practices were changing quickly enough to adapt to the focus on the outcomes and service commissioners appeared to still be focused on the old “time and task” approach and their priority was therefore still only on cost and this often did not take factors such as travel time into account.

“... There is little evidence currently supporting the theory that commissioning is becoming more outcomes focused. Some local authorities are very good at this and some are not... Commissioners remain driven by price. The cost of care is being driven down, but the price that companies are paying to deliver care has increased (pensions, NMW, NLW etc.) and will continue to increase (registration of care workers, increase in NMW and NLW).” – Care Cymru

Welsh Government response

Whilst a number of comments related to policy matters outside the scope of the regulations, the Welsh Government will continue to work closely with our key stakeholders and service

commissioners to ensure closer partnerships are developed and productive discussions are held around how care is commissioned under the outcomes-based approach established under the Social Services and Well-being (Wales) Act 2014.

Question 5: Would a requirement on local authorities to factor in relevant local considerations (i.e. parking restrictions, etc.) as part of the commissioning process help providers of domiciliary support services plan visits more effectively?				
Agree	Tend to agree	Tend to disagree	Disagree	Not ticked
23 (33%)	25 (36%)	10 (14%)	5 (7%)	6 (9%)

Summary of responses

48 respondents (70%) felt requiring local authorities to factor in local considerations as part of their commissioning processes would help providers to better plan their schedules. Suggestions on how they could do this included providing parking permits for urban areas where residential parking could see parking fines imposed on care workers and advance warning of cultural or sporting events or road works. It was felt by many respondents that this “partnership” approach would reap benefits not just for service providers but service commissioners alike and create a true team mentality to the delivery of high quality care for the individuals they serve.

“The local authority could make a huge difference to the delivery of domiciliary care with a few travel concessions e.g. allowing care staff to use bus lanes and / or issuing a permit scheme whereby staff can park in resident parking spaces.” – Service provider

“Commissioners could indicate if the property was in a certain radius of a school, on an unclassified road, without street lighting or if parking restrictions are in place using GIS mapping when the package of care is brokered. This would help providers submit a realistic price for the work and enable journeys to be planned safely as local considerations are taken into account.” – Powys County Council

However, not all respondents agreed with this view and several responses, not all from commissioners, felt service providers should already be considering these issues as part of their planning processes. Some respondents felt these issues could be improved through better, more “mature” relationships between service providers and commissioners.

“We believe that the Service providers should ensure they factor in wider elements that can affect their business delivery into tenders, for future work, as part of an overall business decision.” – Torfaen County Borough Council

“This should be the responsibility of the provider to schedule their staff effectively to allow adequate planning of visits and travel time, utilising local employees and grouping calls in a local area to minimise travel time and increase efficiency.” – Service provider

Of the 15 respondents (21%) that disagreed with these proposals, several felt it would lead to a micro-management of contracts that would incur undue costs for service

commissioners; whilst others argued that it would be too difficult to update service providers of minor road closures or when accidents occur to aid their work planning. In their response, the UK Homecare Association (UKHCA) felt that whilst this could help in part they feared that

“...such considerations could move the discussion away from the severe underfunding of social care.”

Welsh Government response

The Welsh Government is grateful to all of those who responded to this question and who have provided useful evidence for consideration.

Whilst there are different views on whether service commissioners could do more to assist in the planning process, there is obvious common ground that could be utilised to develop a more collaborative approach to the delivery of domiciliary support services. The Welsh Government does not believe that there is a need for legislation in these areas, but we will continue to work with key stakeholders and service commissioners to investigate the viability of some of the suggestions made.

2.2 A regulation regarding Non-Guaranteed Hours Contracts for domiciliary care workers

Question 6: Will the requirement for employers to provide staff with a choice of non-guaranteed or fixed hours contracts, based on average hours worked over the preceding 3 months (or less than the average, if the employee would prefer this), help domiciliary support services to move towards more stable arrangements for the provision of care and support?

Agree	Tend to agree	Tend to disagree	Disagree	Not ticked
10 (14%)	14 (20%)	15 (22%)	19 (28%)	11 (16%)

Summary of responses

The majority of respondents (34 or 50%) disagreed with this statement, arguing that the type of contract under which a domiciliary support worker was employed had no correlation to the delivery of quality care.

“There is no evidence that the offer of fixed hour contracts attracts a greater number or better quality of candidate to the workforce.” – Home Instead Senior Care“

A common theme from these responses was that there can be a fluctuation in clients and/or work available for example, clients going into hospital and the uncertainty that came with not knowing how long they might be admitted for whilst having to keep planning cover in case they were discharged at short notice. Under these “spot contracts” a commissioner seeks provision for a specific care and support package on a short notice or emergency basis. Whilst employers can generally react to meet these needs, the downside is that there is no guarantee on how long such contracts may last. The evidence the Welsh Government has received indicates that, whilst the person is in hospital these hours are effectively “on hold” until the outcome for that person is known. Consequently, 35% of respondents commented that employers favour zero hour contracts because they offer greater flexibility to meet the demands on business when there is not sufficient work or there is a need for emergency cover.

“Most councils in Wales use spot contracts meaning that employers are not given the guarantee of hours which they could then pass onto their workforce.” - Unison

Another common response was that staff appreciate the flexibility of zero hours contracts, with one provider commenting:

“Care workers like the flexibility. Previously out of a workforce of 70 only 33% took up the offer [of an alternative contract] when asked...” – J-Care Support Services

Whilst the majority of respondents disagreed with this statement, 24 (35%) agreed that the requirement for employers to provide staff with the choice of either a non-guaranteed or fixed-hours contracts would help domiciliary support services to move towards more stable arrangements for the provision of care.

“Requiring service providers to offer care workers on non-guaranteed contracts and alternative arrangements could work to increase job security and retain experienced staff within the domiciliary care sector.” – Disability Wales. They also went on to say that: “... Our members currently receiving domiciliary support have told us that they are often unsure which workers will be providing their domiciliary care from day to day...individuals are having to re-tell their support needs and requirements to new care workers...Regularly repeating this personal information and having strangers in their home can be distressing. ... Increasing job security will hopefully lead to more stability within care rotas and better working conditions”.

“Fixed hours contracts will provide financial security for domiciliary care worker which means that they are more likely to remain in the care sector. Contracted staff on a rota enables the provider to deliver in a functional manner...” – Powys County Council.

Although there was a support for the requirement, some respondents also recognised there were drawbacks to both viewpoints:

“Our concern however is that undue pressure may be brought to bear upon individuals to accept the contracts that the employer would prefer rather than the contract which would suit the individual carer...” – GMB Trade Union

Welsh Government response

The responses show that the issue around zero hours contracts/non-guaranteed hours contracts (ZHCs/NGHCs) is a complex area, with mixed views on whether they are good for employers or employees or a mixture of both. The Welsh Government has recognised this complexity and the need to retain some flexibility in the process for employers and employees alike. We believe that the proposed requirement is proportionate, providing this flexibility whilst also seeking to reduce the reliance on non-guaranteed hours contracts to help improve the quality and continuity of care for individuals.

Whilst we have listened to concerns about the proposed three month review period, particularly suggestions that it should be increased to six months, we believe that a three month period is appropriate – for example we have subsequently received evidence from unions that a 12 week period is used to determine annual leave requirements for casual workers under the Working Time Directive.

Question 7: Would it be appropriate to require employers to offer this contract choice after the first 3 months of employment? If not, what do you think would be an appropriate period?		
Agree	Disagree	Not ticked
9 (13%)	42 (61%)	18 (26%)

Summary of responses

Nine respondents (13%) agreed it would be appropriate to require employers to offer this contract choice after the first three months of employment, with one stating:

“3 months is an adequate time period, there is no justification for taking longer” - Drive

However, more than half of all respondents (42 responses or 61%) disagreed with this timeframe, arguing that three months was not long enough. They provided two main reasons for this view, the first related to assessing an individual’s ability and competency:

“No. This is far too soon and many Carers are still getting to grips with the role and their clients at this point, having only just completed their induction phase” – Home Instead Senior Care

Whilst other respondents felt that three months would not be a sufficient time period to determine regular working hours for an individual, stating that:

“More proportionate period to base the average hours over e.g. initial 3 months will include induction, shadowing etc., and 6 months will allow Providers to monitor and assess performance accordingly” – Blaenau Gwent CBC

22 respondents (32%) also felt that six months seemed more of a realistic timescale to assess the competence of staff as it linked to the probation period and would provide a better judge of the average hours that the employee had worked.

“We do not believe this is appropriate and many providers/employers use 6 months as a probationary period” – National Provider Forum

Three of the 69 respondents (4%) who disagreed with this statement suggested that the review period should be conducted after twelve months, to align with the Taylor review⁴ and 19% (13 responses) suggested linking it to the annual appraisal. In contrast one respondent felt that the three month time period was too long:

“UNISON believes that delaying an offer of a fixed hour’s contract for 3 months will prevent a sizeable number of workers from taking the job in the first place, and so hampering the ambition to improve recruitment and retention levels”.

Welsh Government response

We have listened to the views about changing the initial review period, after which the offer of an alternative contract is made based on the average hours worked during that period. However, we do not agree that it should be extended to six months rather than three. We received evidence during consultation events from unions that a number of employers use a three month probationary period rather than six months.. A three month period for the initial review may have the added benefit of encouraging employers to focus on supporting and managing effective performance during the probation period at an earlier stage, something which was also highlighted during the consultation. Furthermore, we believe that holding a

⁴ <https://www.gov.uk/government/publications/good-work-the-taylor-review-of-modern-working-practices>

review at three month rather than six month period is likely to lead to greater stability in the sector as it could provide employees greater job security at an earlier stage.

Question 8: Would it be appropriate and workable to require employers to offer ongoing reviews of non-guaranteed hours contractual arrangements, every 3 months? If not, what might be an appropriate period for review?		
Agree	Disagree	Not ticked
10 (14%)	39 (57%)	20 (29%)

Summary of responses

The majority of respondents (39 or 57%) disagreed that it would be appropriate and workable to require employers to offer ongoing reviews of non-guaranteed hours contractual arrangements, every three months.

“No. Reviewing staff contracts every three months would not be desirable in our view. It would place a great strain on managers and resources.” – Marie Curie

19% of the service providers claimed changing contracts would be an administrative burden in relation to disagreeing with the statement.

“Given the fluctuating nature of domiciliary care and the way that it is commissioned, quarterly reviews of contractual arrangements would perhaps be too frequent, increasing administration and insecurity for both the provider and the care worker...” - UKHCA

There was some agreement with our proposals, nine respondents (13%) agreed it would be appropriate for employers to offer on-going reviews every three months.

“This seems reasonable. Domiciliary support workers have regular supervisions so this could be raised at these meetings...” – Powys County Council

In response to what might be an appropriate period of review five respondents (7%) said 12 months, six respondents (8%) said that six months is appropriate and four respondents (6%) stated after the initial six months this should be reviewed annually. Here are some examples of those responses, respectively:

“No, if a worker has said that they are happy with their current contract the issue should only be raised annually as part of an annual appraisal...” – Cardiff third sector council

“Due to volume, 6 months would seem more feasible...” – Hywel Dda University Health Board

“After the first six months (matching our probation period) we would prefer to make it part of the annual review all our staff receive...” – National Autistic Society Cymru

Welsh Government response

Although we acknowledge some of the concerns raised about further reviews needing to be conducted every three months if the employee decides to remain on a ZHC/NGHC we do not believe that this will pose a significant administrative burden for employers as it aligns with other supervisory or business planning processes. It is important that if a worker remains on a non-guaranteed hours contract then this is kept under regular review so that the worker has the opportunity to change contracts for example if their personal circumstances change.

Question 9: Following each offer, should employers be required to record the choice made by employees, to evidence that such offers have been made where appropriate?				
Agree	Tend to agree	Tend to disagree	Disagree	Not ticked
34 (49%)	7 (10%)	9 (13%)	4 (6%)	15 (22%)

Summary of responses

41 respondents (59%) agreed that employers should be required to record the choice made by employees, to evidence that such offers have been made where appropriate. They also agreed that it would provide evidence for audit and inspection purposes that they were complying with the regulations and could be useful if any disputes arose about whether the offer was made.

“This seems a sensible option to protect both the employer and employee, and to evidence to regulators and commissioners that providers are complying with requirements...” – Pobl Group

4 respondents (6%) outlined that this would simply formalise what was already in practice as any changes or discussions are currently already recorded through good management practice.

“Providers as good management practice will record any decisions taken with staff as part of the employment/supervision process...” – National Provider Forum

Some respondents seven (or 10%) stated that any changes (and the recording of them) should be contained as part of an existing procedure such as probation, appraisal or normal management practices like and therefore did not require legislation to ensure that they were being completed.

“If this is done as part of the annual appraisal, then it can be subsumed within an existing process without the need to create another process/procedure to do so. This will help to limit any unnecessary additional burden on employers to manage such an arrangement...” – Anonymous

Another recurring theme was that the record of changes should be signed by both parties; employee and employer with four respondents (6%) feeling that this should be part of the requirement.

13 respondents (19%) disagreed that employers should be required to record the choice made by employees to evidence that such offers have been made where appropriate. The responses highlighted that this would soon become a chore that would be ignored by some service providers, whilst others felt that it would simply increase the administrative and financial burdens on service providers.

Welsh Government response

The Welsh Government welcomes the fact that the majority of respondents agree with the proposal and we agree that, if employers consider it appropriate, these could be incorporated into existing review processes. We do not believe that it should increase the financial or administrative burdens of those service providers that operate in a way that values their workforce.

The Welsh Government believes that the draft regulation will strengthen the recruitment and retention of staff within the domiciliary care sector, as it will provide the workforce with a greater sense of job security. Increasing job security of the workforce will have a range of positive effects not just to the workforce itself but also for employers. For example, workforce morale would be improved which would flow through to the quality and continuity of care delivered. Employers would also see benefits to this approach with less staff turnover meaning less need for recruitment and induction training and their associated costs, as well as a happier workforce.

The Welsh Government recognises that some people could of course wish to remain on a zero hours contract/non-guaranteed hours contract as this will best suit their needs. This regulation will still afford them that flexibility but we will require employers to record this choice and show that it was mutually agreed by both parties.

2.3 Opening the register for domiciliary care workers in 2018

Question 10: Do you think that 2 years lead-in time from 2018 for people to join the register voluntarily is sufficient to complete the mandatory registration of domiciliary care workers by 1 April 2020?				
Agree	Tend to agree	Tend to disagree	Disagree	Not ticked
17 (25%)	21 (30%)	7 (10%)	13 (19%)	11 (16%)

Summary of responses

There was broad support for this requirement with 38 respondents (55%) agreeing that two years was sufficient lead in time for voluntary registration before it becomes mandatory in 2020.

However there were a significant number of respondents (32 or 35%), who felt that there was too little detail on the proposed qualifications, fee levels, and who was going to pay for the fees and/or additional training to take a view on how it would impact staff.

“More clarity and detail is needed before local authorities and service providers can assess the full impact of these proposals” - City and County of Swansea – Social Services

Several respondents (18 or 20%), felt that the need for qualifications in order to register, particularly literacy and numeracy requirements would put people off registering and deter some people from entering the sector which could exacerbate the retention and recruitment issues. A number of respondents also noted that many of the current workforce were not interested in academic studies or qualifications and wanted to focus on caring for people, or had come to the sector as a second or third career and were at the older end of the age spectrum and may choose to leave the sector rather than train for a qualification.

“Staff at the older end of the spectrum often do not want to engage in a formal qualification. Some of these staff have been part of our business for 15 years or more and are not willing to engage with this part of the requirement. There are concerns from older staff regarding computer skillsPotential staff loss due to lack of confidence in having the reading or writing skills to be able to complete the qualification...” - Care Cymru

Some respondents were concerned about the ability to provide the training necessary in Wales and questioned the number and quality of assessors.

“At present some 60% of the domiciliary care workforce does not hold a level 2 qualification and going forward we have significant concerns over the quality of training and the availability of qualified assessors which has seen a reliance on written evidence rather than the observation that is needed.” – Care Forum Wales

“Some carers do not work with all types of clients, historically we have found it difficult for assessors to get observation or witness testimony’s if a carer works part time with just a few clients and doesn’t have a client requiring e.g. med support/hands on personal care/dementia or sensory loss.”- Home Instead Senior Care

Respondents were also concerned about the cost implications for both service providers and/or the carer in terms of training, registration fees and the additional administrative burden.

“Cost of staff through the training required. There is no guarantee that there will be a budget big enough for training providers to offer the support to care staff to complete qualifications, especially the older workforce.” – Care Cymru

Welsh Government response

The Welsh Government is grateful for the viewpoints that have been expressed on this issue and we will carefully consider these alongside the responses to the Social Care Wales (SCW) consultation that closed on 16 October 2017 when preparing the draft regulations.

Whilst it is for SCW to set fee levels and qualification requirements for the workforce, we have worked with them on the issue of registration fees to ensure a number of options are considered and that fees are set at a level that is both affordable and proportionate.

We want everyone to play their part in ensuring that we develop and nurture our workforce. That means empowering workers to take charge of their own development; managers helping their staff to engage in appropriate training and development and employers playing their part in the regulation of the workforce by maintaining effective records.

The Welsh Government sees qualifications as being an essential aspect to the professionalization of the workforce to ensure we have social care workers that are appropriately qualified to deliver quality care to vulnerable people in our society. However, we also value the other skills, the so called “soft skills” like empathy, compassion and care that our workforce brings to the delivery of care.

2.4 Supply of social care managers

Question 11: Do you believe there is a challenge with the supply and availability of social care managers? i.e. finding enough of the right people for these roles and keeping them in their roles				
Agree	Tend to agree	Tend to disagree	Disagree	Not ticked
37 (54%)	17 (25%)	5 (7%)	2 (3%)	8 (12%)

Summary of responses

The majority of respondents, (54 or 79%), felt that there was a serious challenge to the availability and supply of social care managers in the social care sector. Reasons given for this included competition from other sectors, lack of adequate pay and recognition for the role, the lack of a career pathway and availability of adequate training.

“We have been informed anecdotally, that there is a great deal of competition for staff in the care sector, including social care managers, not only from the care and health sector but also from other sectors such as retail.” – Age Cymru

“There is a need to improve the career pathway within the social care sector.” - Royal College of Nursing

Some respondents felt strongly that the lack of adequate remuneration for the level of responsibility, particularly given the increased demands on the role was a key issue. Issues around high workloads, stress, on call duty and increased responsibility were also felt to be impacting on retention.

“The lack of value attached to the role, both financially and in societal terms does not help to encourage people to take and stay in these roles...” – Unison

Some respondents also felt that the requirement to qualify before registering would cause problems in recruitment, as previously staff could register while working towards qualification. It was also pointed out that many of the current managers were approaching retirement and that this would also impact on the supply of social care managers. It was felt that some workers who could progress into a manager role baulk at taking that step as they witness how it affects their managers and feel that it is not a role that they wish to take on.

“Workloads are high and this is having a serious impact on the stress levels and mental health of managers. Office based staff seeing managers under this sort of pressure from local authorities do not therefore want to progress to management...” - Cardiff and Vale Domiciliary Providers Association

Welsh Government response

The consultation sought views on whether there were current challenges in this area and the Welsh Government is grateful for the wealth of evidence provided. We will use this

information to work with key stakeholders, including Social Care Wales, to develop measures which will help to address the supply and availability of social care managers, for example developing clear career pathways and raising the profile and status of the social care workforce.

Question 12: If so, how do you suggest this is resolved?

Summary of responses

Generally it was felt that terms and conditions needed to be improved in order to attract people into the sector with 21 (30%) of respondents saying remuneration for the role did not reflect the responsibilities or accountability of the role.

“Competition within the private sector often means that larger organisations will be in a position to offer better T&Cs including remuneration. Remuneration does not always reflect the responsibility of the role”. - Blaenau Gwent County Borough Council

Having a clear career pathway was also felt to be important with 31% of respondents emphasising the need for better training and development within the role although the ‘Step up to Management’ programme was largely welcomed.

“Offering continued training and development to social care managers whilst in post” – Denbighshire County Council

The lack of support for managers was also stated as an area of concern and it was felt that this needed to be improved in order to encourage people into becoming managers.

“Managers must be supported by their managers and given the opportunity to relearn skills...” – Greater Gwent Regional Transformation Team

The WLGA highlighted the need for a workforce with a skills mix to work effectively within multi-disciplinary teams. It was felt that there was a negative perception about social care as a place to work and the work needed to be done to help counterbalance that.

Welsh Government response

The consultation asked for suggestions on how challenges around the supply and availability of social care managers could be addressed. We will use this information to work with key stakeholders, including Social Care Wales, to develop measures to support the supply and availability of social care managers for example developing clear career pathways and raising the profile and status of the social care workforce.

2.5 Additional questions

Question 13: Do you think that the proposals in this consultation will have any positive impacts on groups with protected characteristics? If so, which and why/why not?		
Yes	No	Not indicated
13 (19%)	15 (22%)	40 (59%)

Summary of responses

The majority of respondents either did not answer this question or felt that there would be no discernible impact on groups with protective characteristics, a number of respondents suggested that this was because they

“have a strong equality policy and the new regulations will have no impact on the positive and diverse workforce we already have and encourage” Care Cymru

Of those who did respond, slightly more disagreed that the proposals would have a positive impact on protective characteristics. One respondent felt that the proposals would do little to address the more fundamental issues affecting the domiciliary care sector particularly around staffing, pointing out that the sector is predominantly female but:

“unlike nursing it is not seen as a profession and does not garner similar levels of approval either within or without the sector” Service provider

Of those who felt that the proposals would positively impact groups with protected characteristics a number stated that they may improve some of the employment conditions for a predominantly female workforce. For example:

“there may be some benefit for women who are pregnant or who have recently given birth as the contracts may provide some additional protections that may not currently be in place” Interserve Healthcare

Other respondents pointed out that the proposals were likely to have a positive impact on those receiving care many of whom also have protected characteristics.

Welsh Government response

The Welsh Government recognises that there are wider sectoral issues which will not be addressed by these regulations however work is underway with Social Care Wales to support the professionalisation of the workforce and to raise its status and profile.

We also recognise that there are a higher proportion of women working in the sector and hope that these proposals will improve the terms and conditions of employees and provide better job security through the offer of alternative contracts and more clearly delineated travel and care time.

Question 14: Do you think that the proposals in this consultation will have any negative impacts on groups with protected characteristics? If so, which and why/why not?		
Yes	No	Not indicated
22 (32%)	10 (15%)	36 (53%)

Summary of responses

Again the majority of respondents either did not answer this question or felt that there would be no impact on groups with protected characteristics. However, of those that did respond two-thirds felt that the proposals would negatively impact groups with protective characteristics. A number were concerned that their staff do not wish to complete a qualification and may therefore resign:

“many care staff are more practically orientated and may not be as academically strong, so there is the potential of reducing the pool of very caring and compassionate care staff through the mandating QCF training” Interserve Healthcare

Other respondents were worried about the potential impact of fixed-hours contracts, stating that:

“it may be necessary to use staff in line with their contracted status rather than using staff who are best suited to the job” All Care (South Wales) Ltd

Further concerns were raised about the potential impact of the compulsory registration of care staff that do not have English as a first language.

Of those respondents who felt that there wouldn't be a negative impact on groups with protected characteristics it was noted that the proposals were intended to help reduce the use of zero hours contracts and that:

“key findings from the Office of National Statistics data found that women were more likely to be on zero-hours contracts, as well as people in full-time education and workers in younger and older age groups” Unison

Welsh Government response

The Welsh Government understands some of the concerns around the registration of domiciliary support workers and places great importance on the 'softer' skills that care workers provide.

Social Care Wales has consulted separately on the fees and qualifications that will be associated with registration. This closed on 16 October 2017. We will work with Social Care Wales to consider these responses and determine whether any further amendments are needed in this area.

In order to facilitate the registration of the workforce the register will open on a voluntary basis from 2018 ahead of mandatory registration from 2020.

Question 15: We would like to know your views on the effects that these proposals would have on the Welsh language, specifically on
i) opportunities for people to use Welsh and
ii) on treating the Welsh language no less favourably than English.

What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

Response Provided	Not indicated
10 14%	58 85%

Summary of responses

Most respondents felt that there would be no impact on the Welsh Language or did not answer this question.

Some respondents highlighted existing difficulties around recruiting Welsh language speakers, especially in areas where Welsh is not prevalent.

Other providers were concerned that the proposals around delineation of travel and care time and change of contracted hours may lead to a lack of continuity of care which could make it hard to meet service users' language preferences:

"this could lead to Welsh speakers being sent to non-welsh speakers and vice versa meaning language preferences are not fulfilled" Home Instead Senior Care

A small number of respondents noted that the proposals were intended to increase recruitment and retention which may positively impact on the number of Welsh speakers employed in the sector.

Welsh Government response

The Welsh Government recognises the importance of having sufficient numbers of domiciliary support workers to ensure that service users' language preferences can be met. These proposals are part of a range of measures being taken forward to help improve the terms and conditions in the sector and to raise the profile of the workforce, these are intended to help improve recruitment and retention in the sector which should have a knock on effect on the availability of Welsh speakers.

Question 16: Please also explain how you believe the proposed policy could be formulated or changed so as to have:

i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and

ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

Response Provided	No Response
21 (31%)	47 (69%)

Summary of responses

The majority of respondents did not answer this question, however, of those that did there was a broad range of opinions provided. These included:

“Domiciliary Care Providers should explore all opportunities for funding available, to provide staff who wish to learn to speak Welsh dependent on needs of service users” GMB Trade Union

“Many other languages in South East Wales are now more prevalent than Welsh due to the multi-cultural society” Care Cymru

“Welsh language provision should be a requirement to be included within the statement of purpose document to ensure individuals are fully aware of the service provision that is available” Denbighshire County Council

Welsh Government response

The Welsh Government recognises the importance of having sufficient numbers of domiciliary support workers to ensure that service users’ language preferences can be met.

Question 17: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to tell us about them.

Summary of responses

This question sought views on any issues that respondents felt were related to the draft regulations. Views were expressed by the majority of respondents, although 27 respondents (39%) did not provide any comments to elaborate upon what they had already said as part of the wider consultation exercise.

Of those that answered this question, one respondent questioned whether the Welsh Government had the statutory power to make changes in relation to zero hours

contracts/non-guaranteed hours contracts arguing that this was outside of its competency as employment law was a non-devolved matter; whilst another felt that the proposals lacked courage, vision and ambition. Two other respondents felt that the regulations had failed to seize the opportunity to undertake the “long overdue” transformation of the sector and *“give this profession the credibility it deserves and place it on a par with similar professions within the health sector.”*

15 respondents (21%) felt that significant funding needed to be invested in the sector in order to stabilise it and to ensure that commissioning practices were able to set sufficient fee rates to drive the necessary changes to the terms and conditions of the workforce. 10 respondents (14%) agreed with this view arguing that until there was the ability to deliver better terms and conditions for its workforce the sector would remain in a “fragile and unstable” condition. They highlighted that until commissioning practices were changed to understand and meet the “real” cost of delivering care and support services, the sector would continue to remain unstable.

“When much of the practice by domiciliary care providers is driven by commissioning it seems perverse to place so many requirements on providers but not on commissioners.” – Care Forum Wales

“The current climate is already placing great pressure on social care providers and the draft regulations, if introduced without reform to commissioning practice, may increase the pressure. This, we believe, is unlikely to improve the overall quality of care provided or incentivise recruitment and retention of staff, ultimately undermining the aims of changes to regulation.” - Dimensions

Nine respondents (13%) also felt that there was uncertainty around the requirement to register and how the fees and qualification requirements for this process would impact upon the domiciliary care workforce. Two respondents questioned the need for further registration of staff when *“...the Disclosure and Barring Service provided adequate enough checks to provide safeguarding checks on staff for safety of residents, relatives and staff.”* Three more respondents questioned why Personal Assistants (PAs) were not also being required to register, as they were also working with vulnerable people.

Five respondents focused on the need to clarify the roles and responsibilities of Responsible Individuals, but these questions have been addressed as part of the wider Service regulations.

Welsh Government response

The Welsh Government is working with key stakeholders to help professionalise the workforce through a range of measures, including the registration of the workforce and requirement for staff to have the necessary qualifications to deliver quality care. A registered and regulated workforce will provide greater public assurance that, should concerns about conduct and quality be raised, the workforce regulator, Social Care Wales (SCW), can and will take action to investigate and impose the correct sanctions. Whilst we appreciate that the Disclosure and Barring Service does provide specific checks on individuals, it does not provide all the detail required and further safeguarding is provided by the cross checks that are undertaken when they register with SCW.

We have also built into the Regulation and Inspection of Social Care (Wales) Act 2016 the powers to add further categories of the workforce to the register in the future, so we can keep under review when we should include them. However, we recognise that registering all aspects of the workforce at once would be challenging for the sector, which is why we are applying a proportionate approach to this work.

We have already provided comments under question 1 about the work that is taking place across the sector in respect of changing the commissioning landscape as part of the ongoing implementation of the Social Services and Well-being (Wales) Act 2014

Annex A – List of respondents

Summary table

Type of respondent	Number of responses	Percentage of responses
Anonymous	15	22%
Individuals	3	4%
Commissioner	1	1%
Health Board	1	1%
Local Government	14	20%
Regulator	1	1%
Representative organisations	8	12%
Service Providers	13	19%
Third Sector	8	12%
Trade Unions	2	3%
Other	3	4%
Total	69	*99%

*Percentages are rounded to the nearest percentage point.

No	Confidential Y / N	Name	Organisation/ On behalf of	Type of respondent	
1.	✓			Anonymous	
2.	✓			Anonymous	
3.		✓	Janice Hogg	Cymorth Llaw Ltd	Service Provider
4.	✓			Anonymous	
5.		✓	Robert Ramsaha-Southall	Q Care Ltd	Service Provider
6.		✓	Robin Bradfield	None given	Individual
7.	✓			Anonymous	
8.		✓	Kelly Andrews/Mike Payne	GMB Trade Union	Trade Union
9.		✓	Laura Young	J-Care Support Services	Service Provider
10	✓			Anonymous	
11		✓	Keri Llewellyn	All Care (South wales) Ltd	Service Provider
12		✓	Gwyneth Steddy	Steddy Ltd	Service Provider
13	✓			Anonymous	
14		✓	Matthew Murray-James	Wrexham Senior Homecare Ltd t/a Home Instead Senior Care Wrexham	Service Provider
15	✓			Anonymous	
16	✓			Anonymous	
17		✓	Chris Burden	AePS Engineering, Glitzi childrens story books	Other

18		✓	E Oldale	Flintshire invoice project - unpaid carer	Individual
19		✓	Karen Wylie	K L Care Limited	Service Provider
20		✓	Jayne Farr	Cardiff and Vale Care and Support Regional Workforce Development Partnership	Local Government
21		✓	Chris Manthorp	Barchester Healthcare	Service Provider
22		✓	Christopher Williams	Age Cymru	Third Sector
23		✓	Kathy Griffiths	Care Cymru	Third Sector
24		✓	Paul Harding	Marie Curie Hospice, Cardiff and the Vale	Service Provider
25		✓	Brian West	None given	Individual
26		✓	Sue Hudson	Denbighshire County Council	Local Government
27		✓	Barry Gallagher	Drive	Other
28		✓	Andy Rutherford	Unison	Trade Union
29		✓	Darryl Williams	Woodlands Limited	Service Provider
30		✓	Kate deBoeck	Care Cymru	Third Sector
31	✓				Anonymous
32		✓	Kate deBoeck	Cardiff and Vale Domiciliary Providers Association	Representative
33		✓	Alyson Hoskins	Blaenau Gwent CBC	Local Government
34	✓				Anonymous
35		✓	Emma Murphy	Flintshire County Council	Local Government
36		✓	Andie Gbedemah	Dimensions	Service Provider
37		✓	Rosie Raison	Royal College of Nursing	Representative
38		✓	Nygaire Bevan	Greater Gwent Regional Transformation Team	Local Government
39	✓				Anonymous
40		✓	Liz Davies	Age Connects Cardiff & Vale	Third Sector
41	✓				Anonymous
42		✓	Alison Clements	Pobl Group	Service Provider
43		✓	Juliet Green	Action on Hearing Loss	Third Sector
44	✓				Anonymous
45		✓	Jo Williams	Caerphilly County Borough Council	Local Government
46		✓	Giovanni Isingrini	RCT CBC - Accommodation Services	Local Government
47		✓	Giovanni Isingrini	RCT CBC - Support @ Home	Local Government
48		✓	Giovanni Isingrini	RCT CBC - Commissioning	Local Government
49		✓	Giovanni Isingrini	RCT CBC - Training	Local Government
50		✓	Yvonne Apsitis	Expert Reference Group	Representative

				for Domiciliary Care in Wales	
51		✓	Matthew Richards	Ceredigion County Council	Local Government
52		✓	Stephanie Davies	Home Instead Senior Care	Service Provider
53		✓	Natasha Hirst	Disability Wales	Third Sector
54		✓	Nicola Jayne	Care Cymru	Third Sector
55		✓	Melanie Minty	Care Forum Wales	Representative
56		✓	Nick Haake	National Autistic Society Cymru	Third Sector
57		✓	Stewart Blythe	WLGA	Local Government
58		✓	Susan Cooper	Bridgend County Council	Local Government
59		✓	Sarah Rochira	Older People's Commissioner for Wales	Commissioner
60		✓	Sarah Capstick	Cardiff third sector council	Third Sector
61		✓	Sally Beech	Powys County Council	Local Government
62		✓	Bruce McLernon	National provider forum	Representative
63		✓	Daniel Jones	UKHCA	Representative
64	✓				Anonymous
65	✓				Anonymous
66		✓	Mark Russell-Smith	Procompglobal	Other
67		✓	Denise Shanahan	Consultant Nurse, Midwives and Allied health Professionals Cymru	Representative
68		✓	Gerry Evans	Social Care Wales	Regulator
69		✓	Hayley Jones	Aneurin Bevan University Health Board	Health Board