Improving the recruitment and retention of Domiciliary Care workers in Wales

Consultation response form

Your name: Natasha Davies………………………………………..
Organisation (if applicable): Chwarae Teg……………………………..
Email: Natasha.davies@chwaraeteg.com…………..
Address or postcode: First Floor, Anchor Court, Keen Road, Cardiff, CF24 5JW………………………………..

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

About your interest in domiciliary care

Please let us know if you are: Yes/no

Someone who uses domiciliary care and support

A carer, a friend or a family member of someone who uses domiciliary care and support

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

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

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

As an organisation concerned with women’s economic development we would like to see steps taken to improve the pay and working conditions in sectors such as domiciliary care which are dominated by women.
Your views on recruitment and retention

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

Research carried out by both Welsh Government and others looking at the domiciliary care sector in England and Wales have drawn similar conclusions about why it’s difficult to recruit and retain workers in the sector.¹ These centre on working terms and conditions, perceptions about the job, training and progression opportunities and job insecurity.

The sector is characterised by low pay, with many workers not even technically receiving the National Minimum Wage (NMW) due to travel time not being paid.² Payment of the Living Wage is not common, with many care workers also being required to cover the cost of uniforms and DBS checks which also contributes to hourly pay falling below the NMW.

Job insecurity is a further significant factor with zero-hours contracts dominating in the independent care sector in particular. At the UK level 20% of those employed on zero hours are found in health and social care demonstrating that the sector is notably reliant on this kind on employment contract.³ The impact of these contracts on employees in the care sector are outlined in both the recent report from WG and Key to Care which outline the destabilising impact of the unpredictability of income and hours on people’s personal and financial lives; the barriers these contracts can cause for those looking to secure a mortgage and the lack of power those on zero hours contracts have to complain about poor working practices by employers and or colleagues, further embedding poor terms and conditions across the sector.

The lack of training and progression opportunities is also widely seen as significant issues within the domiciliary care sector. This is reflected across the labour market more broadly for women, with women in Wales significantly less likely to access employer training than men.⁴ In the domiciliary care sector this may have more of an impact on retention that recruitment. For many, it can be difficult to access training due to the pressures of meeting appointment requirements and there are few clear pathways for progression in the sector or opportunities to specialise. Not being able to access training and progression opportunities is a significant factor in the gender pay gap as women often remain stuck in low paid, lower skilled work.

There are further issues around public perception of the job which not only impacts on recruitment and retention but also on staff morale and motivation.

¹ Other research includes Resolution Foundation, Age Cymru and the Burstow Commission
² Welsh Government Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of care 2016 p. 3 and LGiU Key to Care: Report of the Burstow Commission on the future of the home care workforce 2014 p. 5
³ Resolution Foundation A Matter of Time: The rise of zero-hours contracts 2013 p. 3
⁴ NIACE http://www.walesonline.co.uk/news/education/women-wales-less-likely-receive-10408661
2. Why do you think it might be difficult to retain domiciliary care workers?

The issues outlined in answer to question 1 are also relevant here. A further issue which could be impacting on retention is the job being high pressured with little reward. Recent reports and media pieces have shown that domiciliary care workers often have to deliver near impossible care plans, have to rush between appointments and as a result deliver services they feel are unsatisfactory; all of this for minimum wage or less. The *Key to Care* report found that care workers in England are overworked and over stretched, which is having an impact on care quality. This was largely echoed by the WG report into care work in Wales.

The danger of this kind of work environment is that not only does it impact on service users, but also on staff morale and motivation.

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

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

The solutions to both the recruitment and retention problems encountered by the domiciliary care sector are the same so we are answering questions 3 and 4 together.

The *Key to Care* report states that work is needed to “make care work a career of esteem, where a living wage is paid, staff are trained and recognised as valued key workers who contribute a huge amount to society”. To achieve this we must address a range of inter-connected issues to ensure payment of the national minimum wage, encouragement to pay the Living Wage, improvement in job security by reducing the reliance on zero hours contracts, development of clear career pathways and exploring how domiciliary care sector workers could specialise and access training to move into other caring professions and ensuring that the manner in which care is commissioned offers flexible, secure and well paid employment in which workers feel safe, secure and able to provide quality care.

Many of the measures outlined in this consultation will do much to deliver these changes. However, we would encourage a greater focus on how care is commissioned to ensure that the tender process is not setting providers an impossible task to deliver the working terms and conditions we want to see in the sector while also offering too small an amount of money to reasonably cover the cost of this.

We would also echo recommendations from others, including the Burstow Commission and the EHRC, to move away from time and task commissioning which is encouraging call clipping and leaving many providers feeling unable to cover the cost of travel time for their workers between appointments.

The fact that the Welsh Government report into factors affecting recruitment and retention in the domiciliary care sector found that terms and conditions were

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5 LGiU *Key to Care* p.ii
worse for those working for independent providers than those working directly for local authorities demonstrates the crucial role that commissioning has to play. Some of the measures included in the consultation seek to make changes to how care should be commissioned. We would recommend that new guidance be made available as soon as possible to commissioning bodies and providers that brings together all the expectations that should be made clear in the tendering process and how compliance should be monitored.

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

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

   | Idea                                                                 | Yes/no |
---|----------------------------------------------------------------------|--------|
   | i. Making domiciliary care providers publish the number of hours of care delivered by care workers on zero hours contracts | Yes    |
   | ii. Giving all domiciliary care workers the choice about whether they are employed on a zero hours contract or a contract with guaranteed hours | Yes    |
   | OR                                                                                 |        |
   | iii. Converting all zero hour contracts to guaranteed hours contracts after a domiciliary care worker has been employed for a specific period of time. | Yes    |
       | What period of time? …6 months………………….………..                       |
   | OR                                                                                 |        |
   | iv. Restricting the number of care hours or the percentage of care hours which domiciliary care providers can deliver by zero hours contracts. | Yes    |
       | What you do think should be the maximum number of hours or maximum percentage of care hours? ………….. |        |

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

   | Idea                                                                 | Yes/no |
---|----------------------------------------------------------------------|--------|
   | i. As part of the inspection process, the Care and Social Services Inspectorate Wales will make sure domiciliary care | Yes    |
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. | Yes |

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

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

Evidence suggests that increasing job security would have a positive effect. We know that in the labour market more broadly, job security is incredibly important to low paid workers. Oxfam Scotland’s new report, considering what makes for decent work, found that job security was second only to a good standard of income. Zero hours contracts are a significant factor in increasing job insecurity and steps should be taken to ensure that the only people who are working on a zero hours basis are those who have a made a positive, conscious decision to do so.

Research has shown that on the whole those in the domiciliary care sector would rather not be employed on zero hours contracts. The insecurity that can be caused and ever changing income significantly increases the risk of poverty. In light of Wales’ persistent poverty levels and the increasing need for domiciliary care we need to ensure that this sector is offering secure jobs.

If taken together we think all three proposed options above could help to reduce the use of zero hours contracts in the domiciliary care sector and ensure that no-one is forced to work on this basis if this is not appropriate for them. We support limiting zero hours contract use to those who want them but would recommend that at 6 months this be reviewed and the option to change to a guaranteed hours contract be made available. We also support the proposal to limit the amount of care that can be delivered via zero hours contracts given the documented impact this is having on care quality. This may on occasion prevent a new employee opting for a zero hours contract but given how few workers appear to want to be employed on this basis we do not foresee this becoming overly problematic.

6 Oxfam Scotland What makes for Decent Work? A study with low paid workers in Scotland Initial Findings 2016 p. 3
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

Your views on National Minimum Wage and travelling time

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

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

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

| Yes/no | i. Make the Care and Social Services Inspectorate Wales include payment of National Minimum Wage as part of the inspection process | Yes |
|        | ii. Make the Care and Social Services Inspectorate | Yes |
Wales inform HMRC where domiciliary care providers are not, or they suspect they are not, paying National Minimum Wage

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

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

   i. Local authorities should check domiciliary care providers are allowing, and paying for, sufficient time for care workers to travel between calls
   Yes

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

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

   While employers should have access to details about the NMW we do not believe that this is the responsibility of Welsh Government. 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.

   There are well known issues with non-payment of the NMW in the domiciliary care sector. HMRC has complained that the documentation is poor\(^7\), so efforts to encourage providers to keep better documentation through local authorities and CSSIW should help to address this.

   While in theory we support the proposal that CSSIW consider payment of the NMW as part of its inspection process and report non-compliance to HMRC we would also advise against duplicating the work of existing bodies. Encouraging local authorities, as the commissioning body, to work more closely with HMRC and trade unions may ensure the same result without having to expand the remit of CSSIW.

Your views on call clipping

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\(^7\) LGiU Key to Care p. 5
13. Which, if any, of the ideas set out below do you think will help prevent call clipping?

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<tbody>
<tr>
<td>i.</td>
<td>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</td>
</tr>
<tr>
<td>ii.</td>
<td>Make sure domiciliary care workers rotas allow enough time to travel to each call and complete each call</td>
</tr>
<tr>
<td>iii.</td>
<td>Make sure domiciliary care providers pay domiciliary care workers for the time spent travelling to the client and the time spent with the client</td>
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14. Which, if any, of the ideas below do you think would work to check call clipping does not happen and calls under 30 minutes do not take place unless they meet conditions set out in the Regulation and Inspections of Social Care (Wales) Act 2016

<p>| | |</p>
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<tbody>
<tr>
<td>i.</td>
<td>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.</td>
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<tr>
<td>ii.</td>
<td>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.</td>
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<tr>
<td>iii.</td>
<td>As part of the inspection process check any calls which last less than 30 minutes meet the conditions set out in the act.</td>
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15. Please use the box below to tell us about call clipping and about any ideas you may have to prevent it from happening

Commissioning is clearly key to tackling this issue. Local authorities, as commissioning bodies, should be required to ensure that contracts offer suitable remuneration to ensure that providers can effectively cover the costs of sufficient appointments and travel time. The UK Home Care Association estimated in 2014 that providers needed to be paid £15.74 per hour to pay care workers the minimum wage, including on-costs, overheads, travel time and enough of a return on investment to keep them in business. Welsh Government, local authorities and

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8 LGiU Key to Care p.8
providers should work together to ensure that enough money is being directed into social care budgets to effectively fund contracts.

Monitoring compliance is a further crucial element to tackling this problem to ensure that providers are maintaining the standards set out in tender contracts. For this to be effective providers must be required to maintain better documentation so that commissioning bodies can accurately assess whether the expectations of the contract are being met.

Your views on career structure and development and training

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Idea</th>
<th>Yes/no</th>
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<tbody>
<tr>
<td>i.</td>
<td>As part of the registration process, require all domiciliary care workers to achieve a qualification such as a Level 2 or Level 3 Diploma in Health and Social Care and require domiciliary care workers to demonstrate they have taken part in ongoing training and development.</td>
<td>Yes</td>
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<td>ii.</td>
<td>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.</td>
<td>Yes</td>
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<td>iii.</td>
<td>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.</td>
<td>Yes</td>
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17. Please use the box below to leave your views about training, development and progression within domiciliary care

Increasing the qualification levels within the sector should have a positive impact on the status of domiciliary care and in the quality of care provided. However, we have some reservations about a qualification requirement being tied to registration dependent on what financial support is available to enable people to complete these courses, particularly in light of recent cuts to further education and adult and community learning.
It's important that efforts to make improvements in the sector do not reduce the accessibility of domiciliary care as a career path. If there will be increased focus on improving the qualification levels of employees thought should be given to what support could be made available, either directly to employees or via providers, to ensure broad participation in ongoing training and development.

As well as introducing specialisms into the role of domiciliary care workers we would also encourage exploring how opportunities could be made available for specialism beyond health and social care to open up pathways into other caring professions such as nursing or social work.9

Women often become stuck in low paid, part time jobs that leave them working below their skill level, making progression a key issue. Ensuring that there are clear progression routes in sectors that are traditionally lower paid and dominated by women, such as the domiciliary care sector, will not only enable more women to reach their full potential but also help to bring down the gender pay gap.

Your views on the occupational status of domiciliary care work

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

Many of the measures outlined in the consultation document will likely improve the status of the profession internally, i.e. among people working in the sector and related sectors, among commissioners and policy makers, but may have limited reach in improving the status of the profession among the wider public. We would recommend running a public campaign, once other changes have been made to improve pay and conditions and career progression within the sector, to promote domiciliary care as a viable career option and as a crucial public service. There would likely be substantial support from trade unions and third sector organisations for such a campaign.

Such a campaign should also aim to improve gender balance within the sector by promoting these career paths as a viable option for men as well as women.

Your views on the health and safety of domiciliary care workers

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

Yes/no

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9 LGiU *Key to Care* p.23
I. Domiciliary care providers must have policies in place – such as lone worker policies, communication and mobile phone policies, health and safety policies

II. As part of the inspection process, the inspector will make sure the policies are in place and will check domiciliary care workers are safe when working

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

We know that a safe working environment is incredibly important. In a recent report from Oxfam Scotland exploring the components of decent work, a safe working environment free from physical and mental risk of harm was ranked fourth out of twenty six factors.¹⁰

The measures outlined above would be considered the minimum in many workplaces. Ensuring that care providers are meeting these minimum expectations in relation to health and safety should be a top priority.

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

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¹⁰ Oxfam Scotland *What makes for Decent Work* p. 3