

TAKING CARE: A CHARTER FOR HOME CARE WORK

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1. Make time for people

We need a person-centred approach to deliver holistic support – and an end to demoralising minute-by-minute measurements

Domiciliary care is the only public service commissioned by the stopwatch. No other publicly funded service is commissioned or measured in this way.

If all the local authorities were to include this measurement in their commissioning process – and imposed it to the letter, our care system would collapse.

Many providers rely on the goodwill of the workforce to provide the care after the time allocated with their service user – who after all, is a person – has ended.

This kind of measurement has never been through a quality impact assessment and it is not used anywhere else in any other public service delivery.

The time measurement is often ignored in practice, with authorities allowing the providers, once they complete the actual care 'tasks' to mark their visit as 'further care declined' to enable them to draw down the full resource for that visit. This is understandable but open to abuse.

Local authorities and other public bodies must commit to ending the problem of minute and hours measurements in home care delivery by Block Care Commissioning.

2. Commission personal support

We need home care commissioned as a block of person-centred care – and end to the damaging 'time and task' culture.

Home care should be commissioned as a block of care and be person-centred so providers and carers can arrange rotas and plan their service over a sustainable shift pattern.

This will ensure carers are paid for all the time that they are committing to that block of care; it will discourage the non-payment of stand time, travel, training and hand-over – and enable providers to improve and sustain a more valued workforce.

A block of care should be no less than 5 hours and must include the current HMRC mileage rate and an accurate picture of travel and time commitment.

Local authorities and other public bodies involved in the delivery of home care must commit to a block care delivery model of commissioning and ending the culture of 'task and time' in home care delivery.

3. Guarantee fair pay

Local authorities have their own job evaluation schemes, where they measure and give a value in monetary terms to all jobs that sit within the sector.



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These rates and schemes have been tested through an equality impact assessment (EIA) and this includes their own evaluated rate for a domiciliary care worker.

Very few carers are paid more than the National Living Wage, while staff turnover is running at 47%. Retention is by far the biggest problem that the sector faces – with so many dedicated professionals forced out. Equality Impact Assessment's should be carried out during the actual commissioning processes for care.

Clearly the impact of low pay and 'no' pay is disproportionate and discriminatory for the workforce which is predominately made up of women – and action is needed to ensure equality for carers.

The job evaluated rate of pay in our local authorities should be the ultimate benchmark for the commissioning process, supported by proper equality impact assessments. This must be the starting point in the journey to increasing the value of care in our communities – and retaining excellent staff.

4. Invest in people

Home care is built on the dedication and professionalism of its people – the skills and development of those working can no longer be neglected.

The training and professional development of staff in the domiciliary care sector must be valued and recognised. Much more can be achieved where partnerships are developed and established – and form an integral part of the commissioning process.

Training and skills within the sector should be transferable, person-centered and contribute to a career pathway underpinned by continuing professional development.

Professional pathways must be built to tackle social isolation and client wellbeing, with a renewed focus on prevention rather than 'task and time'.

Domiciliary care workers must be supported to passport training across a range of providers, to ensure a diversity of training and to reduce cost to providers.

5. Recognise social value

The value of domiciliary care cannot be measured in purely monetary terms – the social value it provides to the communities in which it operates must be properly recognised. Preferred providers should be required to demonstrate how they will contribute to social value.

This can be evidenced, in part, by asking providers how they consult with their workforce, whether they recognise trade unions through formal agreements, and how they add social value to the communities where they deliver their service.

Social value must be given greater weight in the commissioning processes to recognise the wider value of home care to the communities it serves.

6. Improve service delivery

There are various groups and bodies that exist to look at partnership working and have an interest in the home care sector. Few are constituted or offer a seat or voice to all interested parties – and yet the feedback and input of a range of stakeholders can help drive improvements by reviewing home care delivery

At the commissioning body all partners within the home care sector can come together to review home care delivery within their communities, with a view to continually measuring and improving the service.

This should include home care providers, trade unions recognised within areas of delivery, councillors and MPs, and commissioning officers.

Local authorities and other public bodies involved in the delivery of home care must commit to resourcing and attending a commissioning body which draws together stakeholders to review and improve care delivery.



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