UNISON
the public service union



Suffering alone at home

A UNISON report on the lack of time in our homecare system



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"As a care worker you feel you have let down that vulnerable person because of not having enough time"



Executive summary

"You cannot rush very elderly frail service users so 15 minute visits are completely inadequate to provide more than the very basic minimum care. Instead of doing all that would be required, you have to prioritise the one or two most urgent tasks. Maintaining dignity and compassion nearly always has to be sacrificed in those circumstances."

There is an escalating crisis in our homecare system and one of the most devastating manifestations of this is the lack of time homecare workers are given to provide dignified care for the elderly and disabled.

Our report, based on data obtained under the Freedom of Information Act, reveals that 74% of councils in England are still commissioning 15 minute homecare visits.

This is in contravention of the recently released National Institute for Health and Care Excellence (NICE) guidelines on homecare which say "homecare visits shorter than half an hour should be made only if: the homecare worker is known to the person, and the visit is part of a wider package of support, and it allows enough time to complete specific, time limited tasks or to check if someone is safe and well."

Meanwhile a new UNISON survey of 1,102 homecare workers reveals the human costs of being asked to deliver dignified care in a system that consistently denies care workers adequate time[1]. Our main findings show that:

- 58% of homecare workers have been given just 15 minutes or less to deliver personal care for homecare users
- 57% of homecare workers have been given just 15 minutes or less to deliver personal care for somebody they have never met before
- 74% of homecare workers believe they do not have enough time to provide dignified care for their homecare users
- 61% had not had enough time to provide a dignified level of personal care to a homecare user aged over 90 years.

Homecare workers are battling against a system starved of funding which is denying them the time they need to deliver dignified care. They are being pushed to the limit. Many of them provide the additional care that people desperately need for no pay, in their own time, resulting in them being paid below the National Minimum Wage.

The vast majority of homecare workers are women who do the job because they want to make a difference to the lives of those dependent on homecare. Our survey shows that many work beyond their paid working hours for nothing in order to meet users' needs for personal care, meals and assistance with everyday tasks. It is hard not to conclude that the government, councils and care providers are exploiting what is seen as women's traditional role as carers to maintain a creaking and massively underfunded system of care. It is hard not to concur with what one of the homecare workers in our survey said – "The service is run on emotional blackmail and goodwill".

As the quotes taken from the survey and used throughout this report show, many

1 The online survey was completed by 1,102 homecare workers for 6 weeks between August and October 2015.

homecare workers are burdened by the sense of guilt and shame that comes from being forced to leave or rush their visits knowing that their homecare users needed more time.

"I sometimes go to one lady who has no visitors, and it makes me feel very sad, and if she is my last call I spend more time with her"

This scandalous situation cannot be allowed to continue. UNISON is calling for a homecare system that treats everyone with dignity through our Save Care Now campaign. UNISON calls upon the government to immediately invest in our social care system and for standards to be improved through more councils adopting our Ethical Care Charter.

"Not being able to spend longer with clients who are terminally ill makes me feel as if I'm short changing clients and makes it seem as if I don't care about them"



15 Minute homecare visits

According to responses to UNISON's Freedom of Information request, 74% of councils in England still commission 15 minute homecare visits[2]. Worryingly, there has been no improvement in the last year: in 2013 the figure was 69% and in 2014 it was 74%.

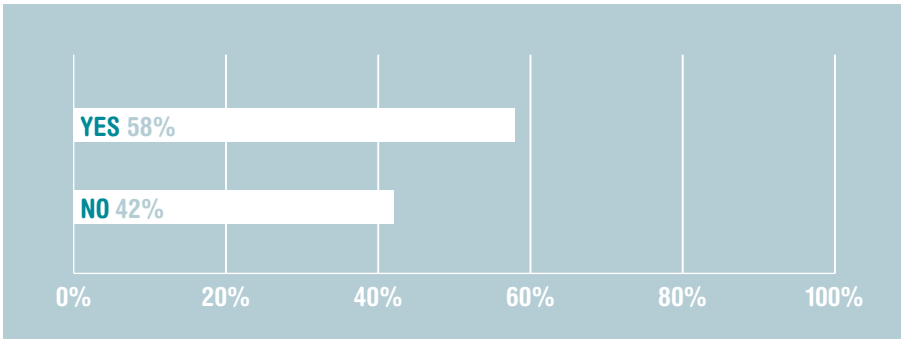
This is despite the homecare guidelines recently issued by NICE which state that care workers should spend at least 30 minutes on home visits to older people in England[3]. The guidance states:

"Homecare visits shorter than half an hour should be made only if: the homecare worker is known to the person, and the visit is part of a wider package of support, and it allows enough time to complete specific, time limited tasks or to check if someone is safe and well." Unfortunately as the results of our survey illustrate, 15-minute homecare visits are being delivered by strangers and used to provide personal care.

15 minute visits being used to deliver personal care

In their responses, a number of councils stated that 15-minute visits are only used for medication prompts, rather than to deliver personal care. However, UNISON's new survey of 1,102 homecare workers by UNISON shows that 58% of homecare workers have been given just 15 minutes or less to deliver personal care. They are given this short amount of time despite their homecare users having serious conditions like dementia, Parkinson's disease and multiple sclerosis.

HAVE YOU EVER BEEN GIVEN JUST 15 MINUTES OR LESS TO PROVIDE PERSONAL CARE TO A SERVICE USER?



As well as contravening NICE guidelines, this state of affairs also goes against the statutory guidance to the recent Care Act which says "short home-care visits of 15 minutes or less are not appropriate for people who need support with intimate care needs"[4].

2 Responses were received from all 152 commissioning councils in England Of those, 112 councils commission homecare visits of 15 minute visits or less. In Torbay and North East Lincolnshire homecare services are commissioned by the local CCGs instead of the local council

3 Homecare: delivering personal care and practical support to older people living in their own homes, NICE, 2015 www.nice.org.uk/guidance/ng21

4 Care and Support Statutory Guidance: Issued under the Care Act 2014, Department of Health, 2014 www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

These quotes from homecare workers describe what it is like to have to deliver personal care in 15 minutes.

"One client had cancer of the bowels, so frequently had bad days of passing blood and not realising she had. I had 15 minutes to normally get her ready for bed, toilet her, give her personal care and give her tablets and supper. When it came to her bad days I personally felt under pressure, rushed, harassed and frustrated and felt this was unfair towards the client as I wanted her to feel at ease. She was bound to feel embarrassed, humiliated and under pressure to hurry up."

—

"I've 15 minutes to provide a meal to a lovely lady. She always knows we are busy and does not want to be a burden. When I contacted my manager she told me she would love to give me extra time but could not because of restraints with finance to provide services. I always try to give this lady extra time which can be difficult. Not the service we should be providing."

—

"In the 15 minutes we are the only person they see all day, and not being able to have a decent conversation with them makes me feel bad for them, it's the very least we can do for them as well as provide them with their meal, toileting, medication. They need the stimulation of a conversation and it's frustrating when we just cannot give them the time."

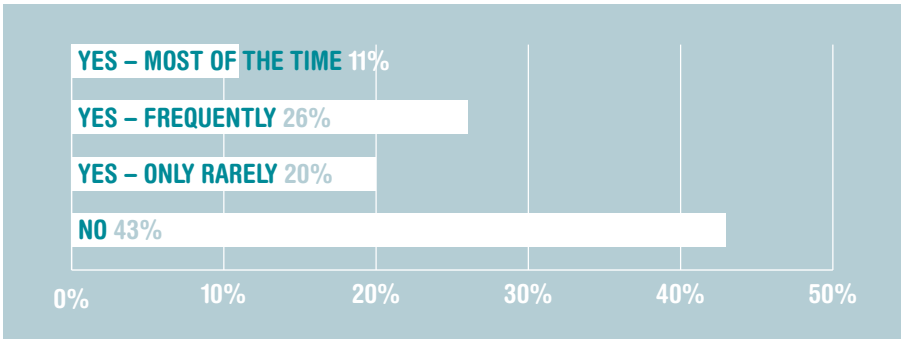
"I have 15 minutes to take someone to the toilet, wash their hands, prepare a nutritional meal and try to have a conversation. Makes me feel a failure and the families blame us for not providing the level of care expected"

15 minute visits being used to deliver personal care to strangers

Scandalously, 57% of respondents reported that they had also been given just 15 minutes or less to deliver personal care for somebody they have never met before – another unacceptable practice. As the NICE guidance says "Homecare visits shorter than half an hour should be made only if: the homecare worker is known to the person".

However, 26% of respondents stated that this practice happens frequently in their job. Whilst a further 11% said that this happens most of the time.

HAVE YOU EVER BEEN ASKED TO PROVIDE PERSONAL CARE IN 15 MINUTES OR LESS TO A SERVICE USER YOU HAVE NEVER MET BEFORE?



"Service users feel let down by workers constantly changing, coming at different times every day and being in a rush to do the job and move on because of their time constraints"

"It makes me feel angry, ashamed and embarrassed. I used to be proud of the work I did for the council. As workers we felt we stood head and shoulders above some of the care agencies because we could be relied upon to provide an excellent quality of service and continuity of care. This is no longer the case with staff under constant pressure to do more and more in less and less time. Service users feel let down by workers constantly changing, coming at different times every day and being in a rush to do the job and move on because of their time constraints."

This also highlights another major problem whereby homecare workers are routinely not allocated the same homecare user to visit. The Care Quality Commission has reported that 'continuity of care' is one of the most important aspects of personalised care[5]. The NICE guidelines also state that continuity of care is vitally important, saying providers should:

"Ensure continuity of care so that the person knows the homecare workers and the workers are familiar with how that person likes support to be given, and can readily identify and respond to risks or concerns, by: introducing people to new homecare workers"

Our survey shows that 37% of respondents deliver personal care to homecare users they have never met before 'most of the time' or 'frequently'. Clearly, when a homecare worker is expected to deliver personal care to someone they have never met before, they

5 CQC finds common issues undermining majority of good homecare, CQC, 2013 www.cqc.org.uk/content/cqc-finds-common-issues-undermining-majority-good-home-care

"I challenge those that make the rules to have their breakfast, use toilet and shower within 30 mins of getting out of their beds"

are extremely unlikely to be familiar with how that homecare user likes support to be given.

Furthermore, our survey reveals that homecare workers are caring for a high level of people who suffer from dementia. Where our respondents did not have enough time to deliver care, 84% of those homecare users suffered from dementia (see graph/table on page 11/12). We know that consistency in care workers is particularly important for people with dementia. The National Dementia Strategy for England has highlighted that problems often arise from inconsistency of homecare workers and timings, which can be confusing and distressing to people with dementia[6].

These quotes demonstrate how challenging it can be to care for someone with dementia when they don't have enough time

"I hate not having enough time with dementia clients because they tend to be very lonely and forget people have been. I would hate to be like that."

—

"Conversation is important to dementia service users. We don't have enough time to sit and listen and take part in their conversations."

—

"People need time to be treated with dignity. I find my dementia clients are particularly short changed as it can take time for requests/guidance to process eg "good morning Jane, it's time to get up and I am going to pull your duvet back is that ok?" It can take several minutes for a response."

"I hate not having enough time with dementia clients because they tend to be very lonely and forget people have been. I would hate to be like that"

—

"If a person has dementia it is very difficult for the service user to be rushed into a shower. It takes time to persuade them, especially when they don't want one. I find it distressing as I wouldn't like someone to rush my mother like that."

—

"Dementia is a hard one as you could go in the morning and they could refuse the service or they could take you it all depends on the care worker that is there for the mornings. I think that people with dementia should have at least an hour or so and have the same two ladies go, so if one is off then the other goes in. It's fine when you all have a full team that you can spend more time, but that only happens now and again."

—

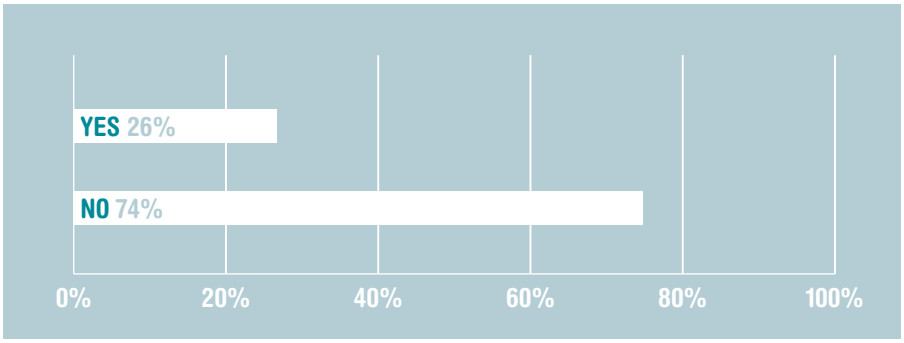
"I challenge those that make the rules to have their breakfast, and use the toilet and shower within 30 mins of getting out of their beds. Add to that mobility issues and frailty and maybe they can appreciate how impossible it is"

6 Living well with dementia: A National Dementia Strategy, Department of Health, 2011 www.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf

The lack of time in our homecare system: beyond 15 minute visits

The widespread use of 15 minute homecare visits has come to symbolise much of what is wrong about our care system. However, a homecare visit that is longer than 15 minutes could still be insufficient, depending on the needs of the individual. Our survey findings reveal that the vast majority of homecare workers, 74%, do not feel they are being given enough time to provide care that ensures the dignity of their service users.

OVERALL DO YOU FEEL THAT YOU HAVE ENOUGH TIME TO PROVIDE CARE THAT ENSURES THE DIGNITY OF YOUR SERVICE USERS?

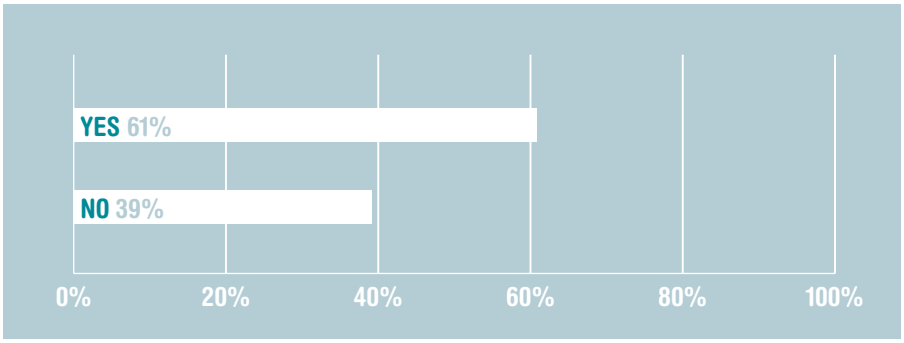


"I think that people with dementia should have at least an hour or so and have the same two ladies go, so if one is off then the other go in. It's fine when you all have a full team that you can spend more time, but that only happens now and again"

The lack of time to care for homecare users aged over 90

Homecare workers were also asked if they had ever had insufficient time to provide a dignified level of personal care to a homecare user who is over 90 years old.

HAVE YOU EVER NOT HAD ENOUGH TIME TO PROVIDE A DIGNIFIED LEVEL OF PERSONAL CARE TO A SERVICE USER WHO IS OVER 90 YEARS OLD?



61% of homecare workers said that this was the case. This contingent of homecare users will undoubtedly include veterans of the Second World War, who despite being feted for their wartime efforts by the Government, are condemned to exist in a homecare system that is denying them dignity.

"I have a 30 minute call with a 98 year old lady with dementia, who lives alone. In this time I prepare a meal, see to her personal care, wash up and chat. She likes me to stay with her whilst she eats, if she is my last call at either dinner or tea time, then I stay with her (I am not paid for this time). If I can't stay due to another call then I feel guilty"

"Terrible it's not fair on the client or me, I have many a sleepless night worrying about them"

"I used to care for a lady of 103 years old. I was given 15 minutes at night to change her into night wear and make a drink. She was so alert and friendly and always offered me a drink with her but I never had time. I hated it."

—

"A lady of 92 has dementia and depression. She isn't even aware that she needs extra help. Her clothes smell of urine as she is becoming incontinent. We are not allowed to help with laundry as we are not allocated time by social services to do that because when they review her she tells them she doesn't need the help! We keep reporting that she thinks she's more capable than she actually is and they tried to cut our time down to 10 minutes for her evening visit!"

—

"I had to visit a lady who is 102 years old for a shower, help her get dressed, make food, tidy kitchen, give her medication, and put her bins out, in 20 minutes – that's all the social services would allow. If the carers go over that time we don't get paid. It's humiliating as we haven't got time to have a chat."

When asked what it is like not having time to properly care for homecare users of this age we were given these sorts of responses.

"Disrespectful – these people have lived through wars to become reliant on help, it feels like you're abusing them or their rights."

—

"Demoralising! It made me feel inadequate and uncaring."

—

"Guilt inducing and shameful."

—

"It's awful rushing a client of 103!!"

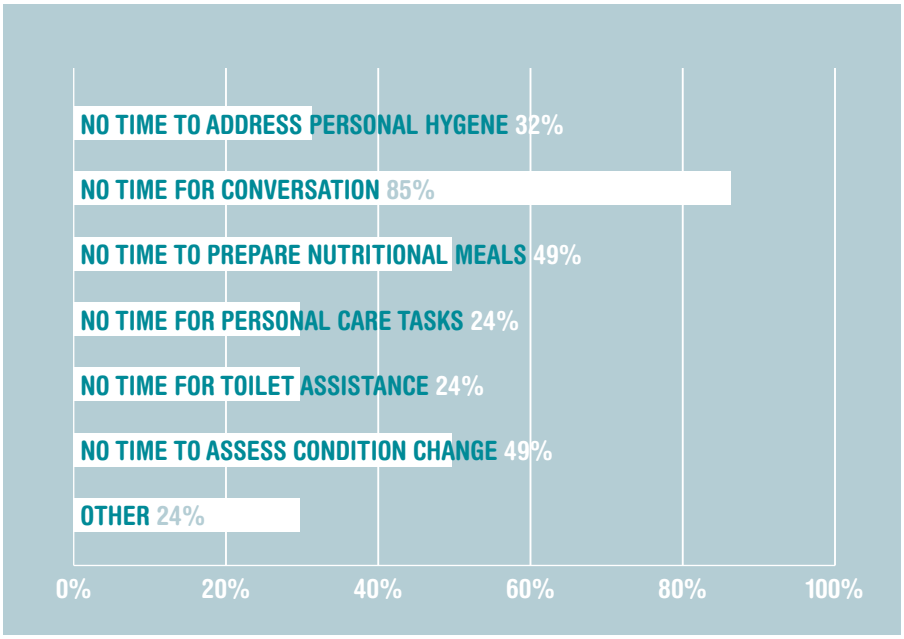
Unmet health and care needs

The lack of time also means that many homecare users are routinely being left with unmet care needs. Homecare workers were asked what their homecare users were regularly missing out on due to the lack of time allowed.

- 85% said they did not have time for a conversation with their homecare user
- 49% said they did not have time to notice a change (deterioration) in the condition of their homecare user
- 49% said they did not have time to prepare varied nutritional meals
- 32% said they did not have time to address personal hygiene needs eg washing/bathing/showering
- 24% said they did not have time for personal care tasks to be properly completed eg stoma care
- 24% said they did not have time to take their homecare user to the toilet

IF YOU ARE NOT PROVIDED WITH ENOUGH TIME TO PROVIDE DIGNIFIED CARE THEN WHAT ARE YOUR SERVICE USERS REGULARLY MISSING OUT ON?

"Disrespectful – these people have lived through wars to become reliant on help, it feels like you're abusing them or their rights"

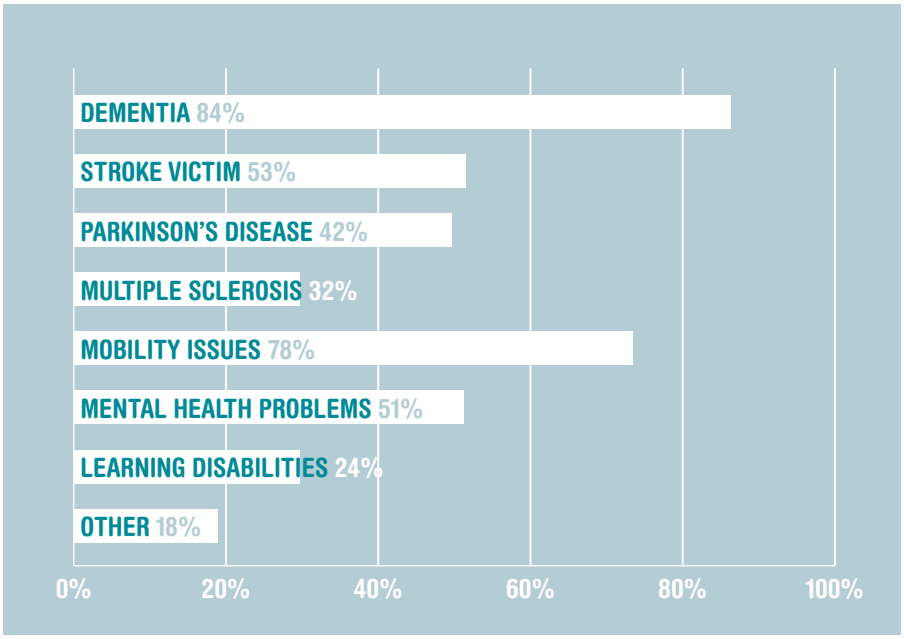


Homecare workers were also asked about the conditions of the people who weren't getting enough time for care.

- 84% mentioned dementia
- 78% mentioned mobility issues
- 53% mentioned stroke victims
- 51% mentioned mental health problems
- 42% mentioned Parkinson's Disease
- 32% mentioned multiple sclerosis
- 28% mentioned learning disabilities

"The lady had been ill during the morning, I was the only person she would see that day, I had to clean her up and try to encourage her to drink, assist her to the toilet, she was very upset refusing to eat, I felt frustrated as I wanted to stay longer but the manager said if I did I wouldn't get paid and be in trouble for being late on my next call"

WHAT CONDITIONS DO THESE SERVICE USERS WHO ARE NOT GIVEN ENOUGH TIME HAVE?



It is clear that homecare workers care for people with very serious health conditions. Furthermore, councils have had to ration their services so that only people with very high levels of care needs are now eligible for homecare.

This combination of the serious conditions, age and examples of unmet need, paint a frightening and desperate picture.

Not having the time to prepare a varied meal or to carry out personal care tasks properly presents a clear threat to the health and wellbeing of the homecare user. For instance, if stoma care is carried out incorrectly then the homecare user runs the risk of contracting an infection.

A staggering 85% of respondents said that where they were not given enough time with users and that they didn't have time for a conversation. This, along with the inability to have their personal hygiene needs addressed, denies the homecare user the most basic level of care. Without genuine interaction, the homecare worker will not be able to find out about people's needs and how they like to be cared for. This in turn means that homecare users are more likely to have their health worsen and have to be admitted to hospital.

A report in January 2015 by the Health and Social Care Information Centre stated that hospital admissions are rising fast, with 15.5 million patients admitted into a hospital bed during 2013-14 – an increase of 870 admissions a day compared to the year before[7] – with social care cuts being one of the reasons for this increase.

As the following quotes from homecare workers show, they are often left to try and deal with the consequences of a care system that does not provide them with enough time.

7 Hospital Episode Statistics Admitted Patient Care, England – 2013-14, Health and Social Care Information Centre 2015 http://www.hscic.gov.uk/catalogue/PUB16719/hosp-epis-stat-admi-summ-rep-2013-14-rep.pdf

"The lady had been ill during the morning and I was the only person she would see that day, I had to clean her up and try to encourage her to drink and assist her to the toilet. She was very upset and was refusing to eat, I felt frustrated as I wanted to stay longer but the manager said if I did I wouldn't get paid and be in trouble for being late on my next call. She had no family, only a friend who lived a few miles away. I rang her and stayed until she arrived, went off completed my calls and went back to see if she was ok. Her condition was worse so I called paramedics, she had pneumonia and if I had left her she would have died by teatime."

—

"I was caring for a lady with Parkinson's. On arriving we were expected to read her care plan and previous log book entries. We were given thirty minutes to give her evening meal, assist her to eat, wash dishes and clean kitchen, make a hot chocolate and give her medication, we would then have to get her upstairs on a stair lift, take her to the bathroom to help her wash herself all over (her choice and the routine she had done for many years), assist with nightwear and then into bedroom and into bed and make comfy, fill in log book, log out and make house secure.

The call would take at least one hour and fifteen minutes. It took her 20 minutes to get up from her chair and into kitchen as her movements were very slow. I felt guilty and distressed for trying to rush her and possibly put her at risk. Many carers hated going because she took so long and they were only getting paid approx £3 for 30 minutes call. We were also not getting paid any travel time. As most of our day was spent travelling we would actually only be getting paid approx £1.50 for what was supposed to be a 30 minute call but would take over an hour."

—

"I care for a wide range of service users, one particular client required end of life care. To achieve a high quality of care, you need to give the client time. I cannot do this effectively within the time frame. Everybody involved in the care of this client felt we were failing to achieve a high quality of care. The only way we could all achieve and maintain a high quality of care was to work outside of the parameters allowed."

"One particular client required end of life care. To achieve a high quality of care, you need to give the client time. I cannot do this effectively within the time frame"

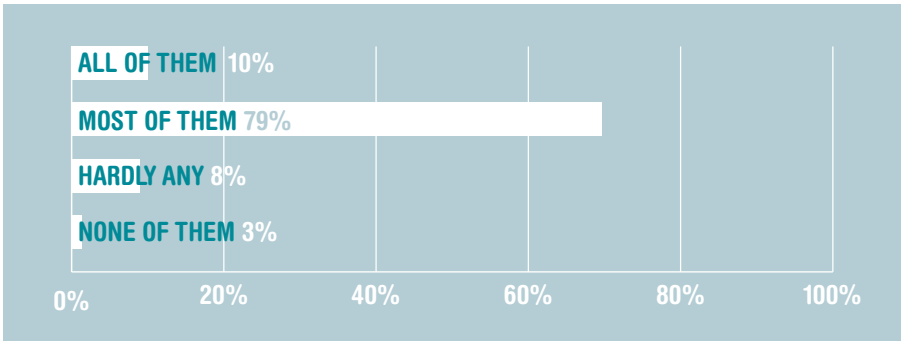
Isolation

Our survey findings also illustrate just how lonely and isolated many homecare users are.

89% of homecare workers said that all or most of their homecare users were housebound, which is largely a consequence of eligibility criteria which restrict care to those with the highest levels of need.

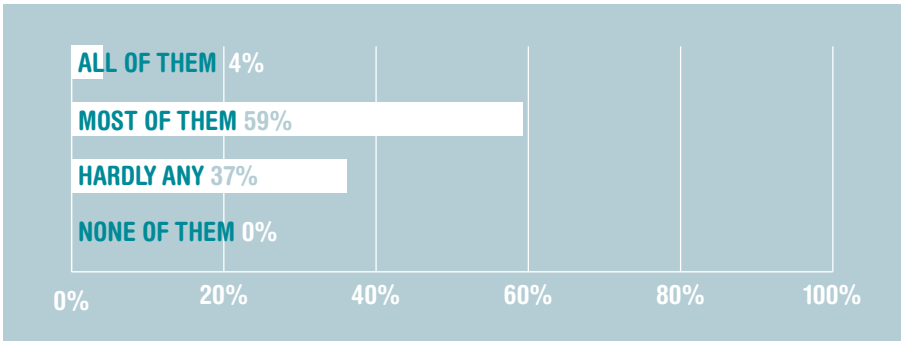
"For a lot of the elderly they are lonely and if we have to leave early you are taking away one of their few opportunities for some company"

HOW MANY OF YOUR SERVICE USERS ARE HOUSEBOUND?



More than a third of homecare workers then said that their homecare users hardly ever had anyone else, such as friends or family, come to visit them.

HOW MANY OF YOUR SERVICE USERS HAVE OTHER VISITORS, SUCH AS FRIENDS OR FAMILY MEMBERS, COME TO SEE THEM?



Whilst 63% of homecare workers said that most or all of their homecare users had friends or family visit them, the frequency of these visits paint a bleak and depressing picture.

Homecare workers were asked to describe which of the following situations was the most accurate for their homecare users who did have visitors.

IF YOUR SERVICE USERS DO HAVE OTHER VISITORS, WHICH OF THE FOLLOWING DESCRIBES THE SITUATION BEST?



The results show that homecare workers are caring for people who very rarely have visitors. 96% of homecare users do not see anyone else other than their homecare worker for many days at a time. Given that we have revealed that many homecare workers are not given enough time to have a conversation, the extent of the isolation of many homecare users becomes vividly clear.

The vast majority of the written responses to the survey from homecare workers backed this up.

"I feel sorry for them as they must feel so lonely, everyone needs someone to talk to now and again. I personally feel I need to get to know someone to give them the best possible care"

"Loneliness is the biggest condition most of these people have."

—

"For a lot of the elderly they are lonely and if we have to leave early you are taking away one of their few opportunities for some company."

—

"I feel that only physical needs are addressed, emotional needs not taken into account. I think they feel confused, a burden, and very often lonely."

—

"I feel desperately sorry for service users who do not have any visitors other than their carers, because loneliness has an adverse impact on both physical and mental health. I feel, therefore, that it is even more important to have enough time to sit and chat to these service users, in addition to delivering personal and domestic care, because I am acutely aware that I might be the only person they interact with on a regular basis."

—

"I feel sorry for them as they must feel so lonely, everyone needs someone to talk to now and again. I personally feel I need to get to know someone to give them the best possible care."

—

"I went to a teatime call (30 minutes) for an elderly, frail service user with dementia. It was a bank holiday and she was terribly upset and unable to stop crying, because she was aware that, in her words, her 'brain was going'. The purpose of the call was to prepare her evening

meal, which effectively takes most of the 30 allotted minutes. I felt a terrible dilemma between wanting to take the time to sit with her and try and comfort her, and the knowledge that I also needed to ensure I provided her with a meal. I felt a bit helpless and inadequate that I could not do both, and I know from talking to colleagues that they very often face the same dilemma. It's horrible having to make tough choices between delivering practical care and delivering time and compassion."

—

"It makes me feel sad. Why should they suffer alone at home? Aren't they human beings?"

—

"In the past I have been the only person to see a service user on Christmas day and their birthday, it makes you feel very sad and you just try and do your best to make it a bit more special."

—

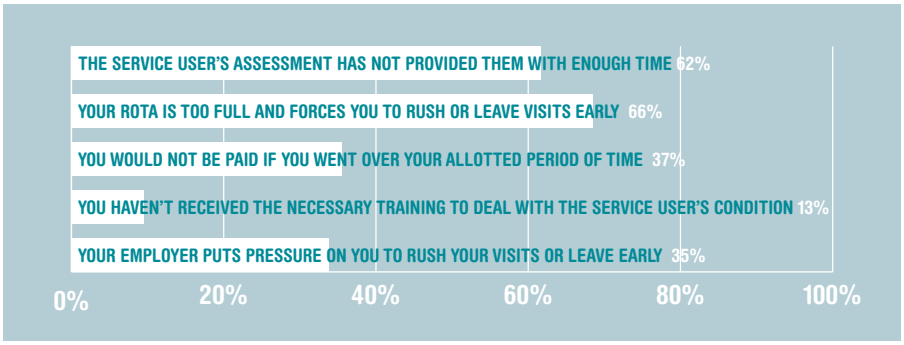
"I feel very sad for them and I will visit then on my days off."

"I feel guilty when I lock the door at night knowing they're alone till the morning. Most clients who have no family are often treated the worst as there's no one to complain to the office."

Why are homecare workers not being given enough time?

Given the devastating impact of a lack of time to provide care we also asked homecare workers what was preventing them from having enough time to provide dignified care.

WHY DO YOU FEEL THAT YOU DON'T HAVE ENOUGH TIME TO DELIVER DIGNIFIED CARE TO YOUR SERVICE USERS?



"In the past I have been the only person to see a service user on Christmas day and their birthday, it makes you feel very sad and you just try and do your best to make it a bit more special."

The answers point the finger at both poor employment practices by individual care employers and poor commissioning practices by local councils.

However, there is no escaping the fact that this crisis has been caused by huge funding cuts to homecare services. The Association of Directors of Adult Social Services (ADASS) has estimated that councils in England have had to make savings of £1.1bn from their social care budgets in 2015-16, taking the social care spending cuts to £4.6bn since 2011[8]. The Chancellor's Comprehensive Spending Review of November 2015 has revealed that the shortfall in social care budgets will continue. Due to the huge cuts, the number of older and disabled people receiving council help fell by 28% between 2009-10 and 2013-14[9].

The cuts have also manifested themselves in the lack of time that councils are commissioning for homecare users. The amount of hours of homecare provided through councils in England has also fallen significantly in recent years, from 200 million in 2010-11 to 186 million in 2013-14[10]. And as UNISON's own research has shown, a significant number of the remaining hours of homecare are parcelled up in 15 minute visits. The UK Homecare Association has also consistently reported on the low rates that many councils are willing to pay their homecare providers for their service[11].

This has created a perfect storm whereby all too often both homecare users and the workers who care for them are not being given enough time.

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8 Social workers forced to cut care packages as £1bn wiped off social care budgets, Community Care, June 2015 www.communitycare.co.uk/2015/06/04/pressure-social-workers-cut-care-packages-1bn-wiped-social-care-budgets/

9 Adults' services teams diverting three-quarters of referrals away from social care, Community Care, 2015 www.communitycare.co.uk/2015/10/07/adults-services-teams-diverting-three-quarters-referrals-away-social-care/

10 Community Care Statistics: Social Services Activity, England 2013-14, HSCIC, 2014 www.hscic.gov.uk/catalogue/PUB16133/comm-care-stat-act-eng-2013-14-fin-rep.pdf

11 Rapid action must be taken to protect people who need homecare, UKHCA, 2015 www.ukhca.co.uk/mediastatement_information.aspx?releaseID=232570

The impact on homecare workers

Homecare workers in our survey were asked to describe how they felt about not having enough time to provide care and how they felt about homecare users who did not have any other visitors. It is clear from the responses that they feel sad and guilty at the state of the current system. Understandably, they also articulate a sense of anger and disgust as well. We received a huge number of harrowing written responses which detail the devastating human consequences of our broken homecare system.

"I feel deeply sad and upset at times. For me, I feel that these service users have worked all their lives and that they deserve to have time and to be treated with respect and with pride and dignity"

"Guilt! That is what you feel. I am not in this type of work just for a wage. I want to make a difference to people, more so those who have no one. I want to let them know there are people who CARE. It's not all WORK. We all matter at the end of the day. That will be me one day. And God help us if it keeps going the way it's going today. Because there is no CARE left in the community from what I witness now, it's like a conveyor belt as many of them as you can get through in one shift. I sometimes think of sheep being herded through. Awful."

—

"I had a user who was receiving end of life care, the lady had terrible diarrhoea, was covered in faeces. I found myself extremely stressed as I had very little time to give to the lady the care she deserved and comfort her husband who needed some time and who was in tears. Just awful."

—

"12 years experience didn't prepare me for the feeling of failing the person."

—

"It makes me feel ashamed, makes service users feel devalued, as if they're just a number."

—

"I feel rude, frustrated, upset for the person I'm caring for, and angry they don't get a decent service."

"I feel very bad these people are like our parents and grandparents."

—

"I felt as if I was letting the service user down. The service user felt as if they were just a number and not a human being."

—

"It breaks my heart that we may be the only people the service user sees so when I am able to I spend time chatting and maybe having a cup of tea with them."

Many homecare workers detail how they will care for people in their own time, despite not being paid.

"The service is run on emotional blackmail and good will."

—

"I am employed as an end of life carer, and often stay behind longer than I should, but do not get paid for the extra time."

—

"More often than seeing them miss out, actually I try to provide the care that is needed, but spend over the rostered time there, which I don't get paid for. I then could be late arriving with the next service user, or else have to go without any break myself, if I was due a break. It means I get paid, in effect, less than the minimum wage, and sometimes clients complain if I arrive late (because of being held up with previous client). But sometimes I do leave when there are still things that need doing."

—

"I don't feel I have enough time with any service user. I recently had arranged to take one of my service users to an hospital appointment. Because I was running late I phoned my office and asked for the call before to be taken out. As usual I was told it could not be covered and was asked to "just go in and do the basics " I phoned the hospital and they said they would put the appointment later. This meant I then worked 2 hours extra for no pay. I was happy to do a proper job but it made me feel angry and undervalued and taken advantage of."

"We get upset and look for a better company but it happens everywhere. Makes me angry that we do not get enough time and it makes me angry that we can't care to the best of our ability"

It is clear that homecare workers, along with homecare users and their family members, are bearing the brunt of the burden caused by the various short-comings of our homecare system. This is a scandalously undervalued workforce in which between 160,000 and 220,000 of them are not even being paid the National Minimum Wage[12] and where staff turnover rates are at around 30% a year, one of the highest staff turnovers rates for any sector in the British economy[13].

Homecare workers are personally propping up a collapsing system of homecare, but they are being pushed to breaking point. That they are still willing to deliver good levels of care in spite of the system is nothing short of heroic.

12 Adult Social Care in England: Overview, National Audit Office, 2014
www.nao.org.uk/wp-content/uploads/2015/03/Adult-social-care-in-England-overview.pdf

13 Cavendish Review, Camilla Cavendish, 2013
www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf

UNISON's response

The Government's austerity agenda can sometimes seem like an abstract concept. The figures representing the level of cuts are so large that they can seem unreal. We hope that this report illustrates the human costs of the cuts to our homecare system. It is simply unacceptable that in one of the richest countries in the world, in a nation that considers itself to be civilised, we continue to allow homecare users and workers to be treated in such an appalling manner.

UNISON has been campaigning for a homecare system that treats everyone with dignity through our Save Care Now campaign.

UNISON is calling on the Government to stop the cuts in homecare funding and instead invest in social care in order to provide homecare users and workers with dignity. This would also help alleviate the growing pressures on the NHS. Figures from UNISON's 2015 report "An austerity audit" showed that spending on homecare has dropped 19.4 per cent since 2010/11, falling by £435m from £2.25bn to £1.815bn. The same report also shows that these cuts to social care mean hospitals are unable to discharge patients and this cost the NHS £287m in the last financial year[14].

UNISON is also calling on all councils to sign UNISON's Ethical Care Charter, which comprises a set of commitments that together ensure the health, safety, and dignity of the UK's most vulnerable people. The standards in the Charter mirror many elements of NICE's guidance for homecare. The Charter is included in this report as an appendix.

UNISON is also calling for councils to survey their homecare workforces regularly, to ensure that 15-minute visits are no longer used to deliver personal care and that other elements of the Charter are being upheld.

"The service is run on emotional blackmail and good will."

14 An austerity audit: Coalition cuts to local communities in England since 2010, UNISON, 2015, https://www.unison.org.uk/content/uploads/2015/05/On-line-Catalogue23139.pdf

"I felt as if I was letting the service user down. The service user felt as if they were just a number and not a human being"

Appendix
UNISON's Ethical Care Charter

Stage 1

- The starting point for commissioning of visits will be client need and not minutes or tasks. Workers will have the freedom to provide appropriate care and will be given time to talk to their clients.
- The time allocated to visits will match the needs of the clients. In general, 15-minute visits will not be used as they undermine the dignity of the clients.
- Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones.
- Visits will be scheduled so that homecare workers are not forced to rush their time with clients or leave their clients early to get to the next one on time.
- Those homecare workers who are eligible must be paid statutory sick pay.

Stage 2

- Clients will be allocated the same homecare worker(s) wherever possible.
- Zero hour contracts will not be used in place of permanent contracts.
- Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing.
- All homecare workers will be regularly trained to the necessary standard to provide a good service (at no cost to themselves and in work time).
- Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation.

Stage 3

- All homecare workers will be paid at least the Living Wage (as of November 2015 it is currently £8.25 an hour for the whole of the UK apart from London. For London it is £9.40 an hour. The Living Wage will be calculated again in November 2016 and in each subsequent November). If Council employed homecare workers paid above this rate are outsourced it should be on the basis that the provider is required, and is funded, to maintain these pay levels throughout the contract.
- All homecare workers will be covered by an occupational sick pay scheme to ensure that staff do not feel pressurised to work when they are ill in order to protect the welfare of their vulnerable clients.

When homecare services are well run they can help to ensure that people are able to live with dignity and in comfort. But when they are delivered poorly they can have a devastating impact on the lives of care recipients and their families.

The over-riding objective behind the Charter is to establish a minimum baseline for the safety, quality and dignity of care by ensuring employment conditions which a) do not routinely short change clients and b) ensure the recruitment and retention of a more stable workforce through more sustainable pay, conditions and training levels.

Notes

UNISON
the public service union





UNISON are campaigning for a better care system. You can find out all about it and join us by visiting savecarenow.org.uk

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save care now!