



Up close and personal

A toolkit for branches

Dealing with personalisation in social care

Foreword

Personalisation in social care and the expansion of the social care workforce provide both challenges and opportunities for UNISON

I am delighted to introduce this new toolkit which aims to help branches deal with personalisation in social care. Personalisation could mean wholesale change in how social care is organised and delivered.

As local authorities seek to implement personalisation in a climate of cuts it will be crucial for UNISON to support and organise all care workers who will be affected.

UNISON needs to increase its efforts to support and organise care staff. There are currently 1.75 million paid jobs and the number is predicted to double by 2025 to keep up with demand. The increase in the care workforce is expected for all devolved regions of Scotland, Wales and Northern Ireland.

Our commitment to support care activists and develop branch organisation now will enable us to organise new members at the heart of the personalisation of care. This will ensure that we are building and organising UNISON care activists who will be the future social care workforce.

Local government will be working closely with health colleagues who are having to deal with the pilot testing of personal health budgets and the potential increased casualisation of the workforce.

Membership levels need to rise to reinforce our strength in this sector. New members and activists also need to feel confident they are part of a growing body of activists organising and sharing experiences. These are exciting times with challenges but more importantly opportunities for UNISON to establish a greater presence and increased representation.

UNISON will be building on in the success of our members in the care sector whose continuous active support and organising enthusiasm is helping UNISON achieve its organising objectives within the personalised care workforce.

A handwritten signature in black ink that reads "David Prentis". The signature is stylized, with a large, sweeping 'D' and a cursive 'Prentis'.

David Prentis
General secretary

Introduction to personalisation and the social care workforce

Personalisation as a policy objective dates back to the mid 1990s when all four UK administrations introduced direct payments. These enabled people with learning disabilities, older people, disabled children, mental health service users and carers to receive a cash payment to arrange their own care rather than organised services provided by a local authority or other agency.

Personalisation, also called ‘self-directed support’, ‘person-centred planning’ or ‘choice and control’, aims to provide more independence, control and dignity for service users. As local authorities seek to implement it they are remodelling services and workforce roles.

Definitions of personalisation payment and budget schemes

Personal budgets

All individuals eligible for publicly-funded adult social care have their needs assessed and are given a personal budget. Users can choose to manage the money themselves as a direct payment or have it managed by the local authority or a third party (individual service fund) who buy services on the users’ behalf or provide the services themselves. Personal budgets can be a combination of these management methods as long as they meet the outcomes of the support plan.

Direct payments

Direct payments are cash payments made to individuals who have been assessed as needing services, in lieu of social service provisions. A person must be able to consent to have a direct payment and have the capacity to manage one, although they can have assistance to manage their payment on a day-to-day basis. Direct payment recipients mainly buy their own care by directly employing personal assistants (PAs) or agency care workers.

Individual budgets

Individual budgets have been piloted as a programme which tested the inclusion of a number of different funding streams in a person’s budget: Integrated Community Equipment Services; Access To Work; Independent Living Funds; Disabled Facilities Grant and Supporting People. Multiple budget streams have been problematic but may re-emerge in a different form in the future.

- provide value for money with personal budgets
- be more cost efficient and create efficiency savings
- allow independence and individual choice for care recipients.

Personalisation in varying forms has been rolled out in England and Scotland and to a lesser extent in Wales and Northern Ireland. It is likely to increase and evolve further across the UK.

UNISON supports the principles of personalisation, and the idea that those care users who can, should be able to use their own expertise and individual choice to plan and control their care and support.

However UNISON believes that the personalisation and transformation of social care has been introduced without adequate funding, with a main focus on expanding the private market in social care whilst neglecting to develop and personalise existing quality in-house services. There has been little consideration or planning for the development of a well-paid and qualified care workforce which will meet the expanding care needs of the future.

Drastic cuts to social care budgets will in turn increase the rationing and closure of local care services. At the same time there is recognition that privatised care has not increased the quality and choice of care for all care recipients, has produced an unregulated care market and provided little incentive for employers to invest in a well-trained and well-paid workforce.

Supporting and organising the social care workforce: meeting the challenges and opportunities

“It is essential that UNISON organises within the outsourced homecare workforce and among PAs if we are going to maintain a UNISON foothold in this crucial area of service delivery.”

Heather Wakefield, national secretary for local government service group

There is a widespread consensus that the current system of providing social care in the UK is unsustainable. Policy makers claim personalisation will:

- widen choice through developing local markets
- provide a quality service and meet growing demand
- remodel the social care workforce

1. Mapping workforce roles and members affected

Key workforce issues resulting from personalisation

- Downgrading and downsizing adult social workers' roles.
- Blurring of professional roles in health and social care.
- Privatising and commissioning of the homecare workforce.
- Increased rationing of care, restructuring and integrating services.
- Closing down social care services e.g. day care centres, community transport, meals on wheels.
- Closing down and privatising residential care.
- Increase in agency and PA workforce.
- Deregulation of care.
- Lack of employment, health and safety law and training needs knowledge amongst employers of PAs.
- Worse pay and lack of clear funding for training and skilling the workforce.
- No clear career progression path in personalised workforce roles.
- Weakening of UNISON membership and workplace influence.

The key message is that the direct approach works best. UNISON care activists around the country are dealing with these issues by working with stewards and organisers. They are campaigning, recruiting, making workplace networks and mapping contacts, negotiating staff roles and new recognition agreements. They are also establishing additional facility time for member and negotiations and gaining representation on commissioning and workforce planning committees.

The threat is not just limited to social care. In the NHS personal health budgets are being pilot tested and it is essential that the lessons learnt in social care are used to support colleagues working in health. Chapter 11 sets out UNISON's concerns on personalisation in health.

Use the personalisation toolkit resources

This toolkit provides 10 practical actions that branches need to take to support and organise the social care workforce.

The 10 actions are supported by branch case study examples and further detailed guidance (Please see the back of the toolkit for the list of further guidance to support each action).

Join the personalisation network

Join the UNISON personalisation network and receive a regular newsletter and share your branch experiences in dealing with the challenges of personalisation (30-second sign up).

<http://www.unison.org.uk/news/maillinglist.asp>

Personalisation will change the future structure of the social care workforce and provide new challenges and opportunities for organising new workers. In particular there is likely to be more health and social care integration, more isolated workers employed as PAs and increased privatisation of care workers. Branches should start to map out the organising challenges personalisation locally will bring.

There is a wide range of occupational groups in UNISON membership who are affected by personalisation.

Key workers identified in membership mapping around personalisation

Day care centre workers	Homecare workers
Residential care workers	Supported living staff
Domiciliary care workers	Healthcare assistants
Social workers	Community care workers and nurses
Occupational therapists	Administrative staff
Health workers	Managers
Transport staff	Call centre staff
Auxiliary staff	Re-enablement teams
Care managers	Financial assessors
PAs	Care package brokers
PCT staff	Public health workers

Workforce mapping helps to identify those staff that are likely to be affected by personalisation and is the starting point of an organising strategy. From the mapping exercise members should be contacted and asked to be involved with stewards in organising and recruiting activities, communications and ongoing consultation and negotiations.

How to map members and find potential members in social care

- List existing members, roles, departments and employers.
- On your map, mark down the number of UNISON members, the number of members by shift, the number of members of other unions, the number of potential members and which members might be interested in getting more involved in the union.
- Work with your local or regional RMS officer and use RMS codes for social care to search for :
 - private care employers in your local area with no members
 - members working for private care employers and their roles
- personal assistants or employees of direct payment

2. Building branch organisation and bargaining power

recipients on RMS.

- List stewards and contacts for each workplace or employer.
- Identify gaps and potential workplaces for future stewards and reps.
- Share information and co-ordinate mapping with health branches and community and voluntary sector representatives to include relevant roles.
- Cluster neighbouring workplaces for future visits.

Use the mapping information to:

- develop and support workplace representatives and stewards
- recruit and organise more social care members, contacts and stewards in the public, private, personal and voluntary sectors
- raise UNISON's profile and increase influence in the workplace
- inform social care staff about vital issues and developments in the personalised care sector.



The personalisation agenda is an opportunity for branches to negotiate enough facility time to deal with workforce issues and to represent members in the long term. This also means requesting management to consult with UNISON seriously, regularly and right from the start of any workforce changes and proposals. Earlier advice by the Department of Health clearly sets out that key to the successful transformation of personalised care is engagement and consultation with staff and trade unions.

Many branches have successfully negotiated extra facility time for stewards and regular meetings or specific time off for staff to attend union meetings to hold discussions over a particular issue.

A. How to negotiate facility time

- Consult with members and contacts and decide the issues that need to be addressed.
- Decide what type of extra facility time is needed
 - regular extra time
 - time specific to an issue
 - meeting time with managers
 - meeting time with members.
- Review existing use of facility time.
- Decide who needs the extra facility time
 - shop steward time
 - branch officer time
- staff time off for union meetings.
- Seek agreement with HR and management for extra facility time around personalisation.

B. Using facility time to build your branch capacity to negotiate on personalised care issues

Facility time means that you are able to engage in:

- meetings and consultation with members and non members
 - meetings and consultation with managers and HR
 - negotiating funded secondments or part-time release
 - recruiting supporting and organising stewards in each workplace
 - identifying potential activists and leaders
 - building contacts and networking with agency care workers, voluntary and community and PA workforce, migrant and apprenticeship workers
 - campaigning on service issues and cuts
 - linking all care workers' common issues
 - communicating to members and raising UNISON's media profile
 - building teamwork, confidence and membership density.
- Building branch capacity needs resourcing and activities

3. Negotiate workforce 'remodelling' agreements

can be funded through bids to UNISON's regional pool - a fund which exists to assist branches in organising and recruiting activity. Applications can include bids for:

- care organising staff – full or part-time
- administrative and IT systems to help network care workers in different sectors
- regional training events for care organisers
- joint applications with other branches for joint organising projects
- region-wide care organising activities and initiatives.

Barnet branch putting extra facility time into action

"Our management has taken the recommendation to consult with the unions seriously...our branch secretary was successful in arguing for an extra 2 days facility time to negotiate and consult on the restructuring of adult services. From the outset we agreed with management a process for developing a new structure and a timescale. We have had an extraordinarily large volume of meetings with various members of management and very many 'time-off agreed' union meetings including three three-hour union meetings involving all of our affected members.

As a result of all this we have been able to identify accurately the areas of concern which could lead to a dispute and avoid unnecessary arguments."

Personalisation frequently involves changes in the structure and the terms and conditions of the care workforce, often called 'remodelling'. It can mean:

- restructuring of departments and sections
- the re-negotiation of job roles, job titles, job descriptions and boundaries of duties and responsibilities
- job losses, negotiating redundancies, TUPE staff transfers and increased privatisation
- increased use of PAs
- loss of enhanced payments in new contracts (e.g. public holidays, shift and weekend working)
- integrating health and social care workforce roles and blurring service boundaries.

Examples of role changes

- Outsourcing of care workers leaving only re-enablement teams in-house.
- Care managers taking on social work responsibilities.
- Occupational therapists and social workers being made to take on parts of each other's roles.
- Increasing numbers of staff managed by care managers.
- Downgrading the use of trained and qualified social care practitioners in assessment and brokerage roles.
- Administrative staff being asked to make phone assessments following a prescribed tick-box format.
- Care workers being asked to be on call unpaid and losing enhanced benefits.

"I agree with what the government is trying to achieve regarding personalisation but I feel that there is a lot of work needed to be done with all the new staff."

A care recipient commenting on losing her social worker and problems with the replacement staff, responding to UNISON's Cash for Care stories campaign

Negotiating agreements in remodelling of the social care workforce

Proposals to add to the roles of existing staff members must be dealt with through consultation and jobs must be re-evaluated to reflect the full range of responsibilities and appropriate pay and rewards. Similarly, where new posts are created, they must sit within clearly defined local grading and staffing structures.

Organising to deal with remodelling of the care workforce

- Negotiate a clear process for jointly agreeing new staff structures and roles.
 - Request regular joint meetings with HR and directors of adult social care.
 - Request ongoing UNISON and staff consultation with time off for meetings.
 - Check single status agreements and ensure equal pay issues are addressed in changes in job responsibilities and terms and conditions.
 - Remodelled posts must be re-evaluated.
 - Use the UNISON equality impact assessment toolkit to measure and assess the impact of any proposals on staff.
 - Promote the training and skills development of staff in new roles and address deskilling issues by negotiating new career progression paths.
 - Advocate setting up a local social care workforce planning board with relevant stakeholder representation from the local authority, PCT, private and voluntary and community sectors and training providers to map out supply and demand pressures for the future workforce.
 - Challenge privatisation and commissioning of parts of the care support services or request UNISON representation on commissioning and procurement boards.
 - Work jointly with health and community branches to address workforce issues.
- See 'Personalisation toolkit resources' section, p18 for further guidance.

Staffordshire branch negotiates new staff structures and roles

"Staffordshire branch was well aware of the approaches being adopted within other authorities. The branch recognised that what was being presented by its authority on a piecemeal basis under the umbrella of modernisation did not in fact provide a clear vision of what the overall plan in the authority's personalisation agenda actually looked like.

As a branch we now have regular (fortnightly) meetings with senior management and HR from the social care and health directorate. Within this forum the proposed changes to services are discussed in detail. The branch recently presented a formal briefing paper which included a position statement of where UNISON sits as regards public services together with a series of 10 key questions around the personalisation agenda.

At the same time the branch has successfully obtained a UNISON formal procurement agreement with Staffordshire County Council. There was a level of reluctance and pursuing this has taken time and effort. The agreement was agreed in principle first and we are finalising the role of UNISON in the procurement process. The agreement would give the branch a seat on the main procurement board which is chaired by the leader of the county council together with guaranteed seats on the relevant project boards."

4. Strengthening the role of social workers in personalisation

Valuing and rewarding the important central professional role of social workers and providing access to social workers for service users is integral to building a quality personalised social care system. Branches need to ensure the recommendations set out in the Social Work Task Force report are addressed in adult social care services starting with the workload 'health check' process recommended by the task force.

This is vital in seeking to halt the development of personalisation providing social work on the cheap.

What branches should do to protect social work roles

- Seek agreement to no reduction in the numbers of qualified social workers.
- Seek agreement that no social work tasks will be merged into other care roles.
- Campaign on UNISON's 10-point plan to improve adult social work services.
- Use the UNISON guidance on the social work health check process
- Work with employers on implementing the local-authority-recommended reserved functions of social workers (Scotland).
- Seek a meeting with your director of adult social services to agree how the Association of Directors of Social Services (ADASS) advice note will be implemented, including the local statement on the functions which need to be carried out by registered social workers (see below and personalisation toolkit resources at the back).

UNISON's 10-point plan to improve adult social work services

- 1 Planned programme of investment.
- 2 Clear political commitment to strengthen the role of social work in adult services including the personalisation agenda.
- 3 Urgent action plan to fill vacancies.
- 4 More social workers and support staff based on optimum staffing models.
- 5 Cull of bureaucracy and performance targets, more contact with service users.
- 6 National standards on acceptable caseloads.
- 7 Better support and more reflective practice.
- 8 Better pay and career structures.
- 9 Review of the position of social work in health settings.
- 10 Change of management culture.

Advice note: Social Work in Adult Social Services, ADASS February 2010

ADASS recommends that each local authority determines a local requirement that certain identified functions must be performed by registered social workers.

Local statements – councils should consider the following:

- needs and demand analyses relating to their populations
- research about where social work has a positive impact
- the views and opinions of people who need and/or use services and their carers
- their local public's understanding and expectations of social workers
- the needs of families in their communities with high levels of contact with a range of services where more focused work with the family may improve outcomes overall
- developing the skills of social workers to provide a wider range of support and intervention models to support individuals and families with complex needs and dynamics
- modelling, and possibly piloting, alternative forms and methods of making social work and interpersonal support available
- the quality of social work education and other social care training and development in their area
- a framework for professional supervision
- the views and opinions of social workers and their representatives
- the requirements and recommendations of the General Social Care Council and the Care Quality Commission
- the need to meet performance indicators and other targets, including measures of quality
- the requirement to have sufficient, and sufficiently skilled, staff in place and the overarching duty of care.

The results of this analysis will be local but ADASS suggest local statements should include:

- undertaking the duties and responsibilities of an approved mental health professional along with nurses, occupational therapists and psychologists
- safeguarding individual human rights where there is a question of the deprivation of liberty
- investigation of referrals that have met the significant harm threshold as defined by the local safeguarding adults board and direct work with people
- who have been harmed or abused to support them in difficult decision-making and the consequent drawing up, implementation and review of protection plans
- direct work with families where there are intergenerational issues related to abuse, anti-social behaviour, substance

5. Seek learning agreements and the right to request time off for training

- misuse, mental health and other problems
- work with families where there are children's safeguarding concerns
- hospital discharge care planning and review
- continuing care assessments
- transitions – transfer of a looked-after child/young person or child/young person
- in need to adult services for an agreed time period
- specific work at the interface with the criminal justice system, for instance as part of drug intervention programmes
- contributions to research and the development of evidence bases relating to social work and social care practice
- consultations where social work skills and knowledge are beneficial; for example with other professional groups and with organisations led by people who use services
- a source of expertise and advice to the council in its wider community leadership role.



The transformation to personalised social care places emphasis on training the workforce to work in new ways. Branches should seek learning agreements with employers and request that union learning representatives be given access to staff in contracted out services and people working as PAs, as well as in-house staff so that all members are equipped for new roles and new ways of working. See 'Personalisation toolkit resources' section, p18 for further guidance.

Contracts with care providers should be dependent on their willingness to ensure that their own training and development practices make a contribution to creating a high quality workforce able to deliver personalised care and support.

The right to participate in local authority care training programmes may be lost in the outsourcing and procurement process and access to learning can be a valuable organising tool with care workers. Working with employers in partnership to deliver training and staff development is a benefit to all in the workplace. The new right to request time to train that came into effect in April 2010 gives UNISON branches new opportunities to build the union by creating another route through which union members can access workplace learning.

See 'Personalisation toolkit resources' section, p18 for further guidance.

What to negotiate around learning agreements

- Consult and identify with care workers their key learning needs.
- Raise awareness of basic skills and the importance of lifelong learning through targeting key care roles and learners who see education and training as having little to offer them.
- Identify the extent of training needs of English for Speakers of other Languages (ESOL) with migrant and vulnerable care workers.
- Work with existing union learning representatives and identify new ones to build confidence and motivation to learn and offer customised training as preparation for NVQs and other occupational training in social care.
- Raise the use of learning agreements and the right to request time to train in the procurement process.
- Organise regional training with other branches in the health and community and voluntary sectors.
- Negotiate training agreements with the employer and payments to attend classes or paid time off.
- Classes can be open to all staff and can be used as a recruiting and organising tool, highlighting the positive role of a trade union in the workplace.

6. Promote in-house PA ‘pools’

Worcestershire branch working to deliver training and staff development

The UNISON Choice and Control representative has been closely involved in discussions and decisions arising from the experiences of the learning phase.

In particular, the representative:

- holds regular meetings with a senior HR officer of the council to exchange information and receive updates on developments in the Choice and Control programme
- sits on the council's Choice and Control programme workforce project board and reports to the board on UNISON issues and developments
- takes part in joint union/management visits to workplaces to meet with staff, providing the opportunity for staff to learn more about Choice and Control and to put questions both to management and trade union representatives
- is jointly examining the scope for a learning partnership between UNISON and the council for the purposes of delivering training/learning opportunities for staff amongst the adult social care workforce on the issue of personalisation of care.

UNISON Northern Ireland organises low-paid social care workers to access training

UNISON's programme to help low-paid health and social care workers in Northern Ireland access the Open University's Introduction to Health and Social Care course has been a success. Negotiated paid release has been a cornerstone of the programme's success, alongside the workplace study sessions which have helped build mutual support and motivation among learners. The new right to request time to train offers a new opportunity for branches to consolidate organising around the learning agenda. By actively helping their members improve their job security and career prospects through workplace training, branches can further demonstrate the vital role they play in supporting their members at work, and thereby boost recruitment and retention.

“It's given us a really good profile in the workplace and we've definitely recruited on the back of it. It's about improving your staff and supporting them to do their job more effectively and promoting good quality public services and that's a selling point for managers, particularly line managers.”

Fidelma Carolan – regional officer for lifelong learning

Not all service users wish to take a direct payment – cash – and become an individual employer. UNISON believes that individual service users can still benefit from having a PA but would not have to be their direct employer if local authorities directly employ a pool of PAs whom service users can select from. In this way PAs would be employed by the local authority, rather than budget holders acting as micro employers.

Branches are encouraged to promote the benefits of an in-house pool of PAs. The advantages of this are:

- a common workplace to organise and unionise PAs
- alliance with workers and budget holder for quality service
- prevent isolation of worker and budget holder
- dispute resolution services provided
- mentoring schemes available
- apprenticeship schemes available
- access to training and development
- career pathways developed
- clearer risk management structures
- managing staff issues, e.g. covering absences easier
- compliance with employment and health and safety rights
- better pay and conditions.

As yet there are few examples of collectivised PA models in the UK but UNISON believes that collectively negotiated contracts, terms and conditions will support PAs, guaranteeing improved pay and conditions and including PAs in the formal care workforce. An in-house pool of PAs should be built into home care service provision which would provide added value to care services.

“I feel the changes to self-funding and one-to-one care to be very difficult and potentially isolating, which is not good for the young or elderly and in my daughter's case she would not be able to manage her own finances.”

A member of the public responding to UNISON's Cash for Care stories campaign

A step towards campaigning for an in-house pool of PAs would be to encourage local authorities to set up a single local register system which would vet and train all PAs directly and provide training for their employers too. Although the direct payment holder would still be the employer, there would be a single agency involved in a clearing pool for PAs and covering training requirements. A single local PA register would offer branch opportunities for PA negotiations on a range of issues (see action 7 for negotiation examples).

7. Supporting individuals who choose to be 'micro employers' and PAs

Doncaster branch raising questions on the employment status of PAs

Doncaster branch has raised with the council concerns about direct payment holders' responsibilities in employing and vetting PAs and the role of the authority in monitoring and enforcing safeguarding. The response from the authority was:

"Consideration is being given to the option of setting up a PA register agency arrangement which would potentially entail the contracting with an external organisation to vet, advertise and train and support independent PAs."

Doncaster Metropolitan Borough Council

Learning from other European countries on collectivising PA employment

"In some European countries the problems involved in becoming an employer are avoided or at least reduced, because the direct payment holder is not the employer. Instead the chosen PA becomes an employee of the municipal authority as in the case of Finland and Norway. They enjoy the same benefits as other municipal employees and can join their pension scheme.

In Norway direct payment recipients can now choose a voluntary organisation representing people with disabilities (ALABO) to become their chosen PA's employer. Those needing care have none of the responsibilities of being an employer. In the Netherlands, from the outset of the scheme in the 1990s, the national Social Insurance Board became the PA's employer. Direct payment holders can still make this arrangement but with the growth of home-care agencies, direct payment holders have the choice of either paying an agency to provide a personal assistant or arranging for their chosen PA to be employed by an agency."

Who cares: Who pays? A report on personalisation in social care prepared for UNISON by Hilary Land, University of Bristol and Susan Himmelweit, Open University March 2010

Personalisation is currently being rolled out with no framework to support the rights and responsibilities of all care workers and employers equally. UNISON believes there must be guidelines to ensure that people using direct payments to employ care workers are fully equipped to meet all their legal responsibilities as employers. Employees too need to be clear of their employment rights and responsibilities.

Branches should campaign for a framework of minimum standards for the employment of PAs. A framework for pay and conditions needs to be developed involving unions, service users and employers. The framework should be linked to direct payment tariffs and model contracts of employment.

What your branch needs to do to get a framework for good pay and conditions

UNISON has a national project which will look at how we can develop an organising strategy for PAs. Meanwhile you can:

- meet with PAs to discuss issues and look at barriers and opportunities for working with PAs to promote the PA case
- argue for PA terms and conditions to be modelled on local authority pay and conditions and a system for job evaluation of the role
- produce a model PA contract which would include:
 - training
 - travel costs
 - expenses
 - pensions
 - sick leave pay and absence cover
 - annual leave, maternity and paternity leave and adoption leave
 - health and safety
- campaign for a local PA register (see action 6) and induction courses for PAs to be provided by local authorities outlining their legal rights and responsibilities, health and safety issues safeguarding, funded training and development options and ways of negotiating work practices with their employer
- campaign for local authority funding to support the setting up of new institutions which bring together direct payment holders (employers) and PAs. There are two recent models where unions and employers/service users have been involved in a successful partnership. (See box below – the Service Employees International Union experience and the UNISON Scotland partnership work with Scottish Personal Assistants Employers Network).

"I feel that I cannot get my head around the legal and social obligations that come with being an employer...and there are no support groups that I can access."

A member of the public responding to UNISON's Cash for Care stories campaign

Partnership models between trade unions, PAs and PA employers and services users

Local authorities should encourage and financially support local associations involving trade unions and both PAs and their employers, building on their shared interest in providing good quality care and working conditions. This would provide:

- employment training for micro employers
- rights at work for PAs and their employers
- mediation services for employers and PAs
- forums for discussing care and support issues and workforce planning
- means of promoting the benefits of PAs being in unions
- opportunities for PAs to mentor and support each other
- opportunities for joint campaigning with direct payment holders and PAs for budget funding levels to be adequate to cover all the costs of employment including replacement care during sickness absence or leave, training costs and tax and NI, as well as pay rates necessary for appropriate qualifications and experience
- opportunities for joint campaigning for a Resource Allocation System (RAS) which ensures levels of support can be continually reviewed as needs change. Older people in particular tend to have increasing need. All personal budget holders should have the right to a review of the level of their budget and interim support provided in the meantime.

Two models to promote joint working of PAs and micro employers

1 Learning from the Service Employees International Union model in Los Angeles

"There have been some very interesting attempts to create organisations which involve both PAs and those using direct payments to employ them. One is the success in Los Angeles county of the SEIU, a nationwide union in the US, which in 1999 represented 1.4 million low and moderately paid workers in building services, health care and public services.

The union wanted to follow care work into community-based settings where the workforce had doubled between 1990 and 2000. In doing so, it had to overcome:

- the lack of a common workplace
- the absence of a clear chain of employment responsibilities between home-care providers, those using their care and the county, state and federal government
- the existence of a third party in the employment relationship, namely frail older people and those with disabilities, who wanted to control how personal care work is organised in their homes.

Based on their common interests, the union managed to create a long-term alliance between care workers and those to whom they provide care, which aimed to secure and maintain security for both parties.

After strenuous lobbying the union won the right to enrol members and collect dues on a voluntary basis. On this basis, they developed services such as a registry of home-care workers to assist recruitment and increase the public profile of home carers. They subsequently won the right to become a public authority which could act as an 'employer of record' for home-care workers, although those employing care workers in their own homes retained the right to hire, fire and supervise their assistant, thus removing some of the concerns of the disability activists. This organisation could then bargain on behalf of both care workers and the care recipients. They fought a common campaign for more public funds to have the costs of employing a PA recognised as well as for higher wage rates. Key to the success at both state and local levels was the mobilisation of workers and consumers (direct payment recipients) and the emergence of one voice that linked worker and consumer issues and identified solutions that enhanced the position of both within the in-house supportive services system.

Who cares: Who pays? A report on personalisation in social care prepared for UNISON by Hilary Land, University of Bristol and Susan Himmelweit, Open University March 2010

8. Organising care workers in the private care sector as part of the personalised care workforce

2 UNISON Scotland and the Scottish Personal Assistants Employers Network model

In Scotland it has been recognised that support for establishing and maintaining good employment practices is to the benefit of both the direct payment holder and the PA. UNISON Scotland has developed a partnership approach with SPAEN.

“Local authorities should review their current assessment procedures to ensure that prospective employers are aware of their responsibilities as employers; that funding packages include provision to meet these responsibilities; that reviews include assessments of compliance with employment legislation and that employers are able to either undertake training or access professional advice on employment law.”

Creating and supporting an informed employer/employee relationship within the self-directed support sector SPAEN/ UNISON final report June 09



With up to 80% of homecare now in the private, voluntary and independent sectors, organising around the roll-out of personalisation should include organising care workers in these sectors. With increased budget cuts in social care it is likely that the rationing of social care and restructuring of the workforce will increase privatisations of homecare services and create a more fragmented workforce.

Home-care workers in the private sector receive poor pay and working conditions and UNISON believes that a union-wide recruitment campaign to bring this vital group of workers into our union is needed. Recruiting workers in private companies and agencies needs detailed planning and organising.

Branch approaches to organising home-care workers in the private sector

- Map home-care employers and agencies with contracts for your local authority.
- Find out how many they employ, where they are based and how you can contact them.
- Call a meeting for the outsourced and agency home-care workers providing services within your local authority.
- Use the resources from the recent case study of Norfolk resources including a DVD and a model recognition agreement to show how UNISON helped private care workers (see ‘Personalisation toolkit resources’ section, p18)
- Publicise the online version of the DVD for further distribution.
- Discuss the issues they face and how UNISON can help.
- Order and use the new ‘Join UNISON today’ leaflet for home-care workers. The leaflet sets out the benefits of home-care workers joining UNISON, particularly with the looming cuts agenda and personalisation increasing privatisation of home-care workers. It has a direct debit section attached as a payment option for new members.
- Get home-care workers to join and try and get volunteers to be contacts or stewards.
- Help these workers to network and organise themselves with the help of the branch including setting up an online forum.
- Think about the issues that need to be raised with the employers.
- Ask to meet with the employers and raise issues of concern.
- Enter discussions to secure a recognition agreement at appropriate time with employers.

“Care rotas take no account of travelling time, and this places a burden of stress on the carer which, in turn, affects the quality of care given.”

A UNISON agency worker responding to UNISON's Cash for Care stories campaign

Norfolk branch organising and supporting private care workers

Norfolk County Council's decided to privatise 80% of its home-care services in 2009. The impact of outsourcing on the patterns and quality of care and the poor care workers' pay and conditions inspired Julie Heywood to find out how she could engage with her employer to improve care workers' conditions.

Julie became a UNISON steward and her colleagues organised to win a better deal from their private home-care agency, with the help of Norfolk County branch.

We commissioned a film to tell Julie's story and the organising steps the branch and care steward took. The film shows how it is possible for UNISON to get organised within privatised home care services with the support of branches, service users and employees who have had enough of the poor treatment many receive at the hands of private companies and agencies.

Model recognition agreement between Careforce Group PLC and UNISON Norfolk

As a result of Norfolk's campaign to improve terms and conditions for private home-care workers, a model local recognition agreement was signed between UNISON and Careforce, the private home care agency. Through the agreement, the branch has continued to make big improvements for care workers such as increasing Careforce payments for petrol from 25 to 40 pence per mile and agreeing to pay for travel time. The model recognition agreement can be used by branches to campaign and negotiate improved local terms and conditions with employers.

See 'Personalisation toolkit resources' section, p18

9. Campaign for high quality local care services

The debate around personalisation has placed more emphasis on joined-up services. With rising expectations from care users of quality joined-up care, UNISON believes that the in-house care workforce needs to be expanded and developed to meet this improvement in service.

Social-care services need to be funded and well resourced to not only meet the new focus on preventative and re-enablement care but to meet expanding demand on services such as meals-on-wheels, day centres, community transport, universal information advice and guidance services, brokerage services and residential homes. Community services which rely on economies of scale or are specialist services need to continue to be made available to preserve genuine care. Such services also provide an opportunity to break from the isolation of individual carers and increasing dependency on relatives or friends.

“At present he goes to two day centres, attending each for a full day, he really enjoys meeting other people and appreciates all that the dedicated staff do for him.”

A member of the public discussing her husband, responding to UNISON's Cash for Care stories campaign

Branches need to campaign to fight cuts and maintain in-house provision of these services to prevent restrictions on personal choice for those who wish to use these services.

“Lack of available services can also have a negative impact on carers. Cash payments alone, without appropriate services which they can be used to purchase, also risk institutionalising low-paid or unpaid informal carers and trapping relatives in enforced dependency on the person they are caring for.”

Who cares: Who pays? A report on personalisation in social care prepared for UNISON by Hilary Land, University of Bristol and Susan Himmelweit, Open University March 2010

Campaigning for quality care services in your branch

- Use the UNISON Cash or Care? 10 essential questions for councils on personalisation (see 'Personalisation toolkit resources' section, p18).
- Write to elected members raising concerns over cuts and privatisation and the future of the following services:
 - day care services
 - transport care services
 - meals-on-wheels
 - residential care

- specialist care services (e.g. dementia, mental health).
- Request information on any changes to how the Resource Allocation System (RAS) calculates personal budgets and eligibility criteria.
- Seek clarification over whether service users will be able to use their personal budget as a mixed budget combining direct payments and use of direct services.
- Request an equality impact assessment of how any proposed change will impact on staff and service users and follow the UNISON equality impact assessment toolkit guidance (see 'Personalisation toolkit resources' section, page 18).
- Use UNISON's branch guidance, Council finances – guide for negotiators (see 'Personalisation toolkit resources' section, page 18).
- Work with your regional organiser using the guide to help understand your council's finances and any proposed cuts and provide a detailed response to proposals.
- Develop a media strategy to promote issues of concern around service cuts, privatisation and quality of services:
 - call workplace meetings to discuss issues with members and activists
 - talk to local community organisations and service user groups
 - write a regular news-sheet for members and community organisations and organise public leafleting
 - prepare briefing packs for councillors
 - organise briefings for the local press and media and hold public meetings to tell local people how
 - lobby your councillors and MP's
 - organise publicity events.
- Refer issues to council scrutiny boards and request an investigation where there is a major concern over low quality services and complaints from the public.
- Use the joint UNISON and APSE guidance Think Twice to engage elected members in their roles on commissioning (see 'Personalisation toolkit resources' section, page 18).

Examples of branch campaigns for quality care services

1 The use of a scrutiny commission* in a UNISON community campaign in South Tyneside helped save some care-home services until a new dementia 'model of care' is established in the borough.

A local campaign in South Tyneside to save three care homes involved the use of a scrutiny commission to consider the validity of the closure plans. It concluded that all three homes should remain open until the specifics of the new dementia 'model of care' were known. However, on officer recommendations, councillors agreed to close two borough care homes, while a third home, specialising in dementia, is to remain open for about two years until the new dementia 'model of care' is established. The reason given for keeping one open is because of its specialist dementia care (although campaigners claimed that 93% of residents in another home marked for closure have dementia too).

This campaign was not fully successful but the use of a scrutiny commission and the campaign emphasis on local authorities providing specialist dementia care was an important ingredient in a partial victory and for ensuring more scrutiny on a new future dementia care delivery model.

See 'Personalisation toolkit resources' section, page 18.

2 The lack of consultancy and detailed plans in Blackburn and Darwen Council to transfer 350 adult-care workers to a social enterprise means that plans were put on hold to allow a full consultation on options – including retaining services in-house – after protests from the local UNISON branch.

UNISON campaigned very quickly against a Lancashire council's proposals to transfer care services for the elderly and disabled to a social enterprise company. The branch campaign focussed on the lack of consultation with staff and service users and the fact that there was no detailed assessment of the costs and benefits of setting up a social enterprise. It campaigned against the authority's argument that the move to personal budgets meant this restructuring was required.

Personalisation of care was being misrepresented to promote a social enterprise which it was claimed would allow a different approach to social care. The authority talked of the company being responsible for creating a new workforce of freelance or self-employed PAs, which they said was in line with the national agenda of personalisation. It was not clear how this role would be combined with the staff transfer of 350 in-house carers. The UNISON branch rightly pointed out that the in-house service was already providing an incredibly good service and personalisation was about choice of services and not everyone wanted to employ a PA. By winning the arguments for a more detailed consultation on options to meet the personalisation agenda the branch will be able to focus its campaign on a proper service review to maintain its quality in-house services.

10. Participating in workforce planning partnerships

As part of the personalisation of the workforce, local authorities have been tasked to develop and expand local markets in social care. Local partnerships have the responsibility to set out the needs of the future social-care workforce through workforce planning in all three sectors - private, voluntary and community and in-house.

UNISON believes this is an opportunity for branches to participate in local workforce partnership planning to ensure that the needs of the social-care workforce are best represented in the roll-out of personalisation.

A further future development will be the increased integration of social care and health care particularly around training and skilling, health and social care personal budgets and care commissioning.

Branch approaches to participation in workforce planning partnerships

Request the local authority to set up a local partnership workforce forum or board and to include union representation and address the following issues:

- adult workforce programmes are developed and funded to at least the same levels as the children's workforce
- the integration of health and social care workforces
- the role of the local authority in commissioning of local care services
- TUPE and the two-tier code of practice and transfer of workers between private agencies
- pay and conditions of agency workers, voluntary and community workers and PAs in line with in house-care workers
- funding and co-ordination of training and skills development
- migrant labour and apprenticeship issues
- regulation of the care workforce
- employment rights and responsibilities for micro employers and PAs.

"The new idea of personalisation, in theory, sounds very good, providing flexibility, greater choice etc but regrettably in practice we fear the worst. The national minimum standards brought much needed regulation into the care industry and it looks like in one blow they are trying to deregulate it."

A manager of a large care provider in Northumberland responding to UNISONs Cash for Care stories campaign

development of workforce strategies and influence action planning and outcomes.

Nottinghamshire County Council produced a joint adult social care workforce strategy for 2010 and beyond

Nottingham county council has a workforce planning team who have developed a workforce plan for the ageing population.

1 To assess the local need they used:

- joint strategic needs assessment
- local commissioning strategies
- national minimum data set for social care
- workforce planning data
- quality audit reports
- Care Quality Council regulatory data
- consultation event.

2 The workforce strategy had four key strategic outcomes:

- increased capacity in the workforce (48.5% by 2030)
- a competent, skilled and flexible workforce
- implementation of quality standards and best practice
- development of new ways of working.

3 Key things that the strategy identified as future workforce needs:

- recruitment and retention including preventing high turnover of care staff in the private sector
- apprenticeships
- improved access to training courses and funding
- regional training and pre-employment courses
- care networking events
- mentoring
- providers to produce workforce plans
- providers to carry out training needs analyses
- providers to have equality impact assessments
- planning for PAs
- addressing specialist services such as dementia.

Below is an example of a workforce planning partnership that was set up by Nottingham County Council. Branches are encouraged to join partnerships and participate in the

11. Personalisation in health

Personal health budgets are being pilot tested in around 70 sites in the NHS. This new way of delivering care to patients ranges from a “notional” budget where patients are made aware of their treatment options within a fixed budget, a “real” budget where an intermediary such as a GP helps the patient choose services, through to a direct payment where the patient receives money to buy and manage the services they need.

A small number of the pilot sites have also been authorised to test direct payments across continuing healthcare, long-term conditions, mental health, learning disabilities, and end-of-life care. The pilots will run until 2012 and the likelihood is that personal health budgets will be rolled out across the NHS.

As the pilot testing progresses, the impact on patients, services and staff will become more apparent. UNISON has pressed the government to ensure that the impact on the workforce is included in analysis of the pilot sites and will continue to monitor their progress.

UNISON health branches should use this guide as a starting point for issues that may arise and work closely with their colleagues in local government branches and social care to ensure that staff and therefore services do not suffer any detrimental effects.

UNISON supports the principle that everyone should have as much independence, choice and control over their own care and support arrangements as is right for them. However, we have concerns that personalisation in health is becoming synonymous with increased privatisation and as a result less choice.

Some of UNISON's concerns about personal health budgets are that:

- Personal budgets could lead to means-testing and patients ‘topping-up’ care with their own money, which would threaten the principle of the NHS as a comprehensive, universal service free at the point of need.
- that service users (including those who are vulnerable or who have complex needs) may not receive the time they need to work with qualified and accountable health workers to assess their needs and decide how to meet them.
- certain services may no longer remain viable and may close, because budget holders have chosen to spend their money elsewhere leading to increased outsourcing and closure of in-house services.
- there may be an increase in the use of agency workers and personal assistants.
- personalisation and personal budgets may be used as a means to cut costs and deliver care cheaply, but with lower quality standards.
- patients and service users who do not want or are unable to use personal budgets will not be able to access a wide range of services.
- NHS organisations may struggle to meet their obligations to safeguard vulnerable people and to ensure that staff are aware of accountability and risk management issues.



Personalisation toolkit resources

1. Mapping workforce roles and members affected

'Why is working with members important – workplace mapping'
http://www.unison.org.uk/activists/sh2_members.asp

2. Negotiating facility time and building branch capacity

Guide to negotiating time off for trade union duties
https://www.unison.org.uk/resources/docs_list.asp?k=Bargaining
 Working with the Employer and Local Bargaining: A guide for UNISON negotiators
http://www.unison.org.uk/activists/sh5_employer.asp
 UNISON guidelines on regional pool
www.unison.org.uk/acrobat/18100.pdf
 Developing and Supporting Workplace Representatives: A guide for branches
www.unison.org.uk/acrobat/19013.pdf

3. Participation in workforce remodelling agreements

Equality Impact Assessment toolkit
<http://www.unison.org.uk/localgov/servicechanges.asp>
 UNISON Fighting Redundancies in Local Government: A branch guide to redundancy
www.unison.org.uk/acrobat/18420.pdf
 From Commissioning to Contract Evaluation: UNISON's guide to campaigning and negotiating around procurement
www.unison.org.uk/acrobat/17808.pdf

4. Strengthening the role for social workers integral to personalisation workforce

UNISON's 10-point Plan to Improve Adult Social Work Services
www.unison.org.uk/acrobat/18035.pdf (this link is to the wrong report!)
 Safe and confident social workers? A UNISON branch guide to building a safe, confident future – the final report of the Social Work Task Force including guidance on the workload health check

<http://www.unison.org.uk/acrobat/18905.pdf>
 The Role of the Registered Social Worker in Statutory Interventions: Guidance for local authorities (Scotland)
<http://www.scotland.gov.uk/Publications/2010/03/05091627/4>
 ADASS Advice Note: Social Work in Adult Social Services
http://www.adass.org.uk/index.php?option=com_content&view=article&id=319&Itemid=257

5. Seek learning agreements and the right to request time off for training in new roles and ways of working in personalised care

All UNISON resources on branch guidance to learning and organising can be found on the UNISON LAOS webpage
<http://www.unison.org.uk/laos/publications.asp>
 UNISON guidance on right to request time to train
http://www.unison.org.uk/laos/news_view.asp?did=6081

6. Promote collectivised ways of providing personal care assistance

Who cares: Who pays? A report on personalisation in social care prepared for UNISON by Hilary Land, University of Bristol and Susan Himmelweit, Open University March 2010
www.unison.org.uk/acrobat/19020.pdf

7. Supporting individuals who choose to be micro employers and PAs

Creating and Supporting an Informed Employer/Employee Relationship within the Self-directed Support Sector SPAEN/UNISON final report June 09
<http://www.unison-scotland.org.uk/socialwork/index.html>
 Who cares: Who pays? A report on personalisation in social care prepared for UNISON by Hilary Land, University

of Bristol and Susan Himmelweit, Open University March 2010
www.unison.org.uk/acrobat/19020.pdf

8. Organising care workers in the private care sector as part of the personalised care workforce

Resources for organising home-care workers in the private sector
http://www.unison.org.uk/localgov/pages_view.asp?did=11850
 The DVD can be ordered from the local government team
localgovernment@unison.co.uk
 The online version of the DVD can also be watched at:
 Privatising home care (20 mins)
<http://vimeo.com/15225852>
 Getting Active in UNISON (9 mins)
<http://vimeo.com/15225182>

9. Campaign for local quality care services

Cash or Care? 10 essential questions for councils on personalisation
www.unison.org.uk/acrobat/18493.pdf
 UNISON and APSE Think Twice
<http://www.unison.org.uk/acrobat/B5150.pdf>
 UNISON local government anti-cuts pack
<http://www.unison.org.uk/localgov/index.asp>

The Case for In-house Services: A UNISON branch guide
<http://www.unison.org.uk/file/The%20case%20for%20in-house%20services%20-%20a%20branch%20guide.pdf>
 Effective Local Campaigning: A UNISON guide is at
<http://www.unison.org.uk/acrobat/19308.pdf>

10. Participating in workforce planning partnerships

UNISON information on the two-tier workforce
<http://www.unison.org.uk/positivelypublic/fairwage.asp>

a million
voices
for
public
services

add
your
voice

UNISON campaigning
for a fairer society

unison.org.uk/million



UNISON has more than a million members delivering essential services to the public. Services that protect, enrich and change lives.

We want to see changes that put people before profit and public interest before private greed. Add your voice to our campaign to create a fairer society.

To find out more or add your voice to our million voices for public services go to **unison.org.uk/million**

Join UNISON online **unison.org.uk/join** or call **0845 355 0845**

Designed, printed and published by UNISON, 1 Mabledon Place, London WC1H 9AJ
www.unison.org.uk CU/MARCH 2011/19716/2,500/Stock no. 2950/Printer's ref: 11595