



UNISON
Scotland

We care, do you?

**A Survey of care workers
in Scotland**

July 2016



“

The effects of the cutbacks are that at the age of sixty I have to work a lot of overtime to get a decent living wage, our wages are disgraceful considering the amount of people that we take care of. The clients are getting more difficult to handle, what I mean by that is they are being kept at home with more serious illnesses, we are being asked to use more equipment, usually equipment more suited to hospitals such as hoists, stand aids etc., all on carpeted floors or too small a space making it difficult to manage. We are also asked to double up with very frail people that should be in hospital, and people that are seriously overweight that are so difficult to handle.

At the moment I am giving care to someone who is dying and should be getting nursing care, I have to give the person medication by hand into their mouth which is wrong and has been reported but if we don't do it who will? I also have to feed them as well as cover all my other clients. We are also expected to be given time to clients with mental health problems that are past to us from social workers who then think it is ok to not put as much input into these clients, but these people need time and help. This is affecting my own health as well as a lot of other workers.

We are always getting phone calls throughout the day to ask us to cover numerous shifts even on our days off, it is relentless, we don't get any downtime. I am so exhausted that when I get home I am not able to enjoy my own home life. Last year a lot of the workers had to fight to get their own annual leave, a lot of them were denied their leave which then affects their families not to mention their own health. We have been told in the past by management we have to be 100% fit, well I don't know anyone in this job that is 100% fit.

”

Care worker, UNISON member





Home care workers

This survey is the latest in our series of reports looking at the impact of austerity on public services and those who deliver them. In this report we outline problems experienced by our home care workers.

UNISON carried out a survey to find out what difficulties our members were experiencing doing their job as home care workers. This was carried out in tandem with Freedom of Information (FOI) requests to local authorities querying various elements of home care service provision.

These surveys are asked against a backdrop of the UK Government's austerity programme which will result in a further £2billion of cuts to Scotland's public services. The Scottish Government has chosen not to use its tax raising powers to mitigate the impact of these cuts and further cuts are anticipated to local authority services in the future.

According to the Scottish Social Services Council's report - Scottish Social Service Sector: Report on 2014 Workforce Data - published in August 2015, there were 64,990 people then employed in the housing support/care at home sector.

What the councils said:

We carried out a Freedom of Information-based survey of Scottish local authorities, requesting details on a range of issues relating to home care provision. These ranged from questions relating to the terms and conditions of the workforce (use or otherwise of zero and minimal hours contracts, payment of living wage etc) to the level of contracting out of the service; and levels of training provided to staff to issues around the quality of care provided.

We received responses from 31 of the 32 councils, including the three islands councils. There was no response from South Ayrshire council, despite a reminder. City of Glasgow advised that as all of their care services were contracted out to Cordia, an Arms Length External Organisation (ALEO) they would not be able to respond to our survey. ALEOs are not subject to Freedom of Information legislation.

24 councils advised that they used a mixture of in-house and contracted-out staff. As mentioned above, Glasgow's were 100% contracted out. Clackmannanshire/Stirling (shared service) contracted out all of their over 65s care after a six-week assessment. Aberdeen City and Scottish Borders contracted out all of their over 65s care. The islands councils all used in-house staff.

We asked councils about the length of time visits to clients lasted. Most said that 15 minutes was the minimum time their staff could spend with clients. Some councils specified these visits were only for medicine prompts or assisting with clothing e.g. helping to put on support stockings. All indicated that each client was given an individual assessment with all visits being on assessed need. All said that the length of visits could be reviewed if necessary but, perhaps unsurprisingly, felt that the time allocated was sufficient. As will be shown, our members' views of these issues were very different to the rather rose-tinted view of the local authorities.



The percentages of the services contracted-out varied widely. Some were 50/50, others varied from 10% (West Dunbartonshire) to 91% (West Lothian). Although similarly high figures were recorded elsewhere of 90% in Perth & Kinross, 88% in Midlothian and 87% in East Lothian.

The survey also showed a highly variable picture regarding use of contractors. With the number of contractors, and hence employers of home care staff, varying from three in East Renfrewshire to 38 in West Lothian.

Recruitment and retention of staff is a big issue in social care. Staff turnover is often high. Whilst this is in part a reflection of low pay – it is compounded by the use of minimal and zero hour contracts which hold down earnings and, as previous UNISON Scotland surveys have shown, serve as a method of disciplining the workforce. Although many councils said they did not use zero hours or minimal hours contracts for their own staff, eight said they did. Most also believe their contractors do – although many of them say they do not know and do not ask if this is a practice amongst their contractors.

Some councils said that their and their contractors' staff did work split shifts, but often clarified this was only if employees wanted to.

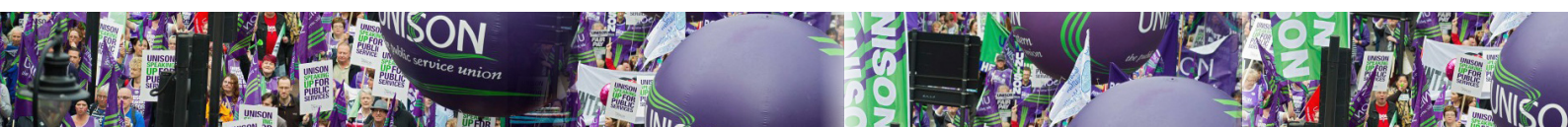
Almost all councils say they pay the Scottish Living Wage to their own staff, but not many believe their contractors do. Most say their contractors pay either the minimum wage or the new National Living Wage. Many referenced the Fair Practice Framework, which is part of the financial agreement with the Scottish Government for the 2016/17 budget settlement, which should mean all contractors' staff being paid the Scottish Living Wage from October 2016.

Guidelines following the recent Procurement Act allows payment of the living wage to be a factor in the issuing of contracts. We asked councils to what extent they had used this guidance. Those councils who answered this question said they did not use the procurement guidelines.

One source of frustration for staff, and drag on their income is whether or not they are paid for the time they spend travelling between clients and whether they are reimbursed for any costs incurred in doing so. UNISON's view on this is clear, the time spent travelling between clients is time being used in furtherance of the service being provided, and money spent likewise. Home care workers should not be expected to have to subsidise the home care they provide.

We asked councils if they paid travelling expenses. Twenty-five said they do, but four were only for their own staff. Three did not pay at all and one council said it varied, expenses were paid for some contractors and not others.

Similarly, 25 councils (but not necessarily the same ones) paid time for travelling between clients. But, again, four were only for their own staff. Four said that whether travelling time was paid differed, depending on the provider.

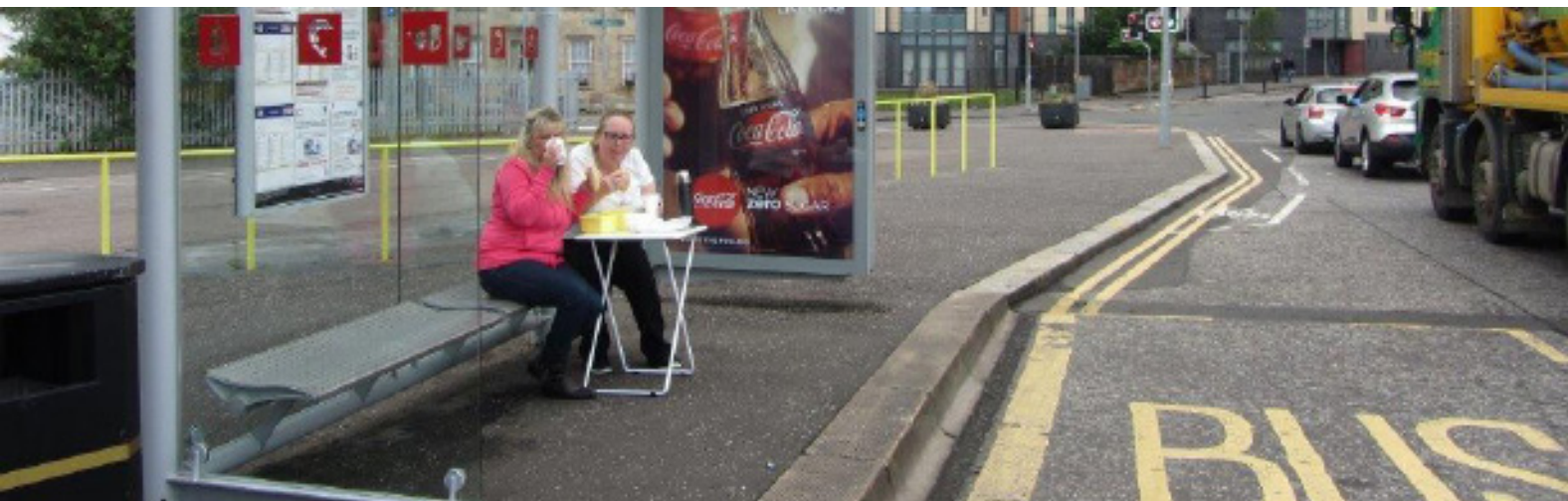




All councils said manual handling training was given to all their staff, including those employed by contractors. Some had two-day courses and some also had ongoing refresher training.

Unsurprisingly, all councils said they took violence seriously, some indicated they encouraged staff to fill in the accident book in the event of a violent incident and those managers then investigated and put processes in place to prevent re-occurrence.

All said that they carried out risk assessments for each client; some were generic but could also be individual if the need arose. This could lead to two carers attending a particular client if necessary. Some said that a risk assessment was carried out by their staff at the assessment of need stage and that there would also be a further assessment by their contractors. One or two added that further specialist assessments would be carried out for any health and safety breach.





The survey

We also surveyed UNISON Scotland members employed as home carers across local authorities, the health service and in the community and voluntary sector.

We asked for responses to a wide range of questions: their views of the standard of care; the impact of budgets cuts; wage rates and other terms and conditions; and morale amongst their colleagues.

Of those who responded 81% worked in local government, with the rest coming from the NHS and the community and voluntary sector. The vast majority (94%) were female with only 6% males. 6% were in the 18-30 age bracket, 46% in the 31 – 50 age group and 48% were over 50.

Client visits

We asked members about the time they were able to spend with clients and whether they felt this was enough, what steps they took to increase the time and whether this was acted upon. 88% said that they were limited to specific times with many reporting that this was too short a period to properly cater to a client's needs. It was pointed out that various admin tasks would have to be accomplished in this time frame, some stated that scheduling did not account for travelling between clients. The assertion on the part of employers that 15 minute care visits are only for the most minimal needs was roundly contradicted.

Their comments included:

There seems to be more 15 mins jobs getting put on the schedules now. 15 minutes means running in and out no travelling time and this means no one is happy

Yes despite 15 minute pop-ins being dropped - they still happen. Not good for clients or care staff - can actually cause more harm than good.

Sometimes you feel like you are not getting a chance to talk to the client, its just in do job and back out again

Sometimes very difficult to stick to allocated time given when dealing with sick and elderly clients

Yes and this does not allow for travel time, logging in and out by phone and recording the nature of the visit in the log book

Sometimes I have 4 clients with all 15min scheduled time in the space of 1 hour with no travel time to each one

Reading care plan and filling in care plan and unlocking and locking doors with keysafe are in the time allocated so the client could only get 10 minutes of the 15, not much you can do in 10 minutes.

Quite often I have been told to cut back on allocated time for a service user, to fit in another.



15 minutes is never enough time. I do many 15 minute visits, I overrun on most 15 minute visits

Yes but not always easy to squeeze in a shower in 15 minutes

We have care plans put in place. Most people are a minimum of 30 mins. 9/10 they don't get

this time? 30 mins - 10 mins travelling time, 20 mins with client

I'm always giving my manager a hard time about 15 min slots its very difficult to provide a meal cook it and some times feed the client it takes some clients 20 min to decide what they are actually going to eat then if you have to assist to toilet and do dishes.

Clearly shortage of time to adequately deal with clients' needs is a major issue for many staff.

Responses to the situation varied, whilst some felt that nothing could be done, others made efforts with their managers to try and improve the situation – with varying results. There were also many who went over and above the remit and resources provided by their employer to provide a decent service to their clients.

Comments included:

Phone Co ordinator. Usually falls on deaf ears. Have to phone the office but often they cannot/do not want to help. Under pressure themselves probably

Try and make the time from elsewhere. I try stay untill care is done. I'm trying to give my client as much time as I can even if I finish late without claiming overtime.

I phone my office to advise them of this. They are usually able to allocate some extra time for myself or a second carer on an ad hoc basis.

If it takes longer it takes longer and if I feel a client needs more time I request that they get more time and usually they do

Tell them I'm sorry! And edge towards the door..In some cases I have returned in my own time

Go over the time. Do what is required for each persons needs. However have to be ruthless sometimes to get the job done within my 8 1/2 hour shift

I give my clients the time needed and report it to senior staff.... Take the time I need, but get into trouble for it

Usually take as long as it takes, cannot leave someone half way through my duties. Often report I need more time but usually this gets ignored.

Report back to coordinator to ask for reassessment, will not leave a service user until I am comfortable knowing that they are safe and comfortable and if it means I am running late I will notify applicable person

Stay as long as needed and continue on with my other clients apologising for running late.



One element of contention and occasional controversy when home care is discussed are the times clients are helped getting up and going to bed. Our members reported that they had to provide breakfast to clients and what times they could put them to bed. Times in the morning varied between 6.45 and 11.30, but between 7 and 10.30 was the norm. With regards to bed visits, the norm is between 7pm and 11pm, although some start as early as 4.30 until 11.30. Several had no specific hours but accommodated clients' requirements or needs. There was a level of discomfort on the part of some carers who feel that they are being forced into being too prescriptive.

Comments on this included:

Earliest 7am but can still be doing breakfast at 11am, after giving the client a shower so be nearer 11.30 when they eat

08.00 - 11.00 hours. Service users are not happy about delay

Anytime between 7am and 10.30. There have been times when a client has a late breakfast ie 10.30 and a lunch visit may be at 11.30

7.30 which is a nightmare clients dont want to get out of bed at that time. 10.00 is last clients time allocated. I had one client who got up at six, and another who gets up at 10am

7am - asked once to give breakfast at 12 noon and refused. Told office to find someone earlier which they did

I have been sent to someone's house as late as 11'30 to provide breakfast,

7am & 10:45 am but nobody likes it that early or late & it's met with an attitude from higher up that if they want the help they'll take what they get

7 am ridiculous when some want to lie in after working all their lives !

Bed visits start at 1900 and finish at 2200 sometimes later and at the earlier time these clients don't actually go to bed they just get into night clothes we try to work to clients wishes

Each service user is different and some request earlier visits and some request later calls, if possible I try to accommodate

19:00 work to 22:00 but !!! There has been occasions where we have come up against things 23:50





Working conditions

With regard to the hours worked, only 3% said they were scheduled to work under 15 hours; 60% between 16-30 hours and 32% worked over 31 hours. Only 8% said they worked on a zero hours contract, 92% worked contracted hours.

43% of respondents said they worked longer than their contracted hours. The practice of employing people on a nominal hours contract (for example 15 hours) but usually allocating more work (with the possibility of withholding the excess) is still widespread.

That the work necessary could not be accomplished in the time available is a frequent complaint.

Comments given were:

Have always done possible 20 odd hours overtime but recently I have been told I can't do anymore than 48 which has had an effect on tax credits they set a precedence in given me these extra shift now I fear I will not maintain my bills possibly even food bank stage .

On average I do an extra 20 hours a month

I work 15-20 extra per week

It varies but I can work between 8 and 14 hrs extra per week

On a 21 hour a week contract I work week on week off and can work over 50 hours in the week and then 15/20 hours on my week off

My contract is 20 hours but I've seen me filling in my time sheets and find I've worked 40+ but not every week, most weeks I average 30

I can't do extras due to other commitments but I'm constantly hassled by email/text/phone to cover extras.....getting a bit wearing being contacted by any means on your days off.

They keep putting pressure on me to do annualised hours so they can call you when they need you some weeks you can work 60 hours other weeks 2 hours but get paid the same each week

I am classed as casual, temporary relief, but regularly do more than 40hours a week.

I'm contracted for 4 shifts per week and my holidays are calculated at 5 hours per shift. My colleague is contracted for 4 shifts per week and her holidays are calculated at 4 per day as she on a 16 hour contract which I've always said is discriminatory. Our weekly work is the same but her holidays and sick are only 16 hours a week and mine are 20. I brought it up with the co-ordinator and I got snubbed.

Over and above this we are paid per minute i.e. If we are given 30 minutes to complete one clients tasks and it only takes 20 minutes, then we only get paid 20 minutes. We are clocking in and out of clients houses using iconnect phones and this is how they monitor us



41% said they worked split shifts, and 59% said they did not. 71% got paid overtime rates, such as double time for public holidays. When asked if they were paid time for travelling 74% of respondents said they were and 26% were not.

Comments included:

Yes, but inadequate travel time between clients and always rushing to catch up and over run.

Do not get paid for the first and last 5 miles or if I work on the mainland to not get the distance on the ferry covered.

We take travelling time off clients 30 mins so they really only get 20.....but they don't tell the clients/family this and they think their time is being cut

Not from home to client, but area of travel has widened, it could take me an hour to get to a place, in my time and my petrol.

Adequate breaks during the working day are of course a legal requirement. And for most people taken for granted. For home care workers, however, getting a break can be a difficult task. We asked if workers had anywhere to go between visits to have a meal, hot drink or toilet break and, if not, what arrangements they made for these needs. 66.5% said they had no specific place to go, while only 33.5% said they did.

Comments on how they coped included:

I use the local sheltered housing complex. Weekends are worse as not close to places that are open

Don't have break time can only use toilet in certain service users homes. Or its public toilets or restrict fluid intake, eat snack in car

I have to travel to ASDA. Go to coffee shop or ask at clients

Depends on where I'm working. I sometimes get time to go into a cafe. I take a flask and sandwiches and often sit in car to eat but sometimes I take my food with me into a client's if I have to wait for them to eat

their meal as some clients actually like the company. It is also very nice to sit quietly on my own if I've had a busy morning and I have a chance to stop talking for a while.

Carry flask of tea and sandwich / rely on public toilets or ask client if i can use toilet

Eh no!!! In all the time since 2001 there has never ever ever been somewhere to go! And there are workers who don't have the luxury of having a car. So it's up a close to shelter

Sometimes depending on the schedule I can grab a quick sandwich from the supermarket and sometimes can get a toilet in a clients



house. We walk about or if it is raining we sit in the bus shelter.... sitting in public park or street with a flask of tea

We have been told to use clients toilets ...but some aren't usable ...if you know what I mean. We have to go to a cafe for tea....which costs money

I could sit in car for 3 hours during my shift. I use local supermarket for toilet. There have been times when its closed and had to go behind a hedge.

I work in outlying villages there are no facilities for us to use. We have been told to sit in car and eat dinner, use client toilets. So wrong

Eat in the car whilst driving, ask client if I can use their toilet which is embarrassing and can be unpleasant.

I worked a six and half hour shift today without using a toilet or having a drink, this is the case winter and summer. I have in the past asked my clients if I could use their toilet or have a drink of water, this is not always appropriate. We have been told by senior management that we are not entitled to a break, also that we have to work every single minute. Do they not have a toilet break or drink liquids when at work? We have to make sure our elderly clients are not dehydrated, what about ourselves?

It's really embarrassing and humiliating that we have to have a break basically on the street specially when it's raining or cold we should!!!! I am a walker so being soaked every day and having to walk miles it's just not fair!!

I don't eat during shifts or drink so I don't need to go to the toilet

Regarding training we asked members whether they felt they received adequate training on matters such as lifting and handling, prevention of violence, etc. This received a comparatively positive response with 82.5% saying they did, while 17.5% said they did not (although this amounts to nearly one in five of the workforce).

The impact of cuts in care

We asked our members if the service they provided was suffering from budget cuts or privatisation and, if so, what effects this was having on the service and their working life.

80% said they believed the service they provided had been affected. The specific impact can be summarised, and was by several staff, as meaning an emphasis on "quantity rather than quality" in terms of the service delivered. Some elements of provision were being dropped (either by design or consequence). A more target-driven environment seems to have had a particularly big impact on the 'social' elements of social care



With regard to the effects on the service our members commented:

Less care been given seems to be more about quantity that quality. Have lost cooking meals for clients and having a bit of a chat.

Service users not getting their full care having less time with clients means we don't have time to listen properly to their problems as we just have time to do the set tasks and leave

Less time with clients. Clients want a wee natter but not got time for that so you feel your rushing them.

It's not a real caring service now its all about the clock ticking unfair on elderly who don't

have family.

You are not getting time to spend with clients, we could be the only person they will see all day and they might only have gave us 15mins

It means clients receiving less time and care packages being reduced or cut altogether; rushing to maintain acceptable service levels

People in need of palliative care need more than half an hour and it is getting more difficult to ask for time if things don't go to plan this service is not always the same as depending on health issues people need more care time

As well as an impact on the clients, cutbacks also mean more pressure on the staff. There were many reports of increased stress because of increasing workloads and feelings that the job isn't being done to the standard clients deserve. In addition to this some staff report the double bind of an intensifying workload and reducing hours

On our question about whether they thought the situation would improve, 72.5% thought it would get worse, 23.6% felt it would stay the same and only 5% expected improvements. Unsurprisingly, 63% said morale amongst their workforce was very bad or poor; 29% said it was good and 8% said very good.

Yes increased workloads, less staff more and more pressure to do more clients in less time - less time with clients and more tasks to perform including personal care and medicines administration. It is a serious accident waiting to happen - everyday is getting more difficult. And no one seems to do anything about it.

Rather stressful at times. Feel more and more work and responsibility put on us

Can be quite stressful as we are only human and of course be build up a rapport with our clients, and you feel guilty when you have to leave after a short time

Feel undervalued as a carer, more stressed with heavier workload. Its very stressful... not be able to carry out job to a high standard.

Increased workload inability to provide a high standard of care due to time constraints staff doing more and more work having an adverse effect on morale and health



Comments continued:

Lower staff morale due to uncertain future of service. Substandard equipment (e.g. food preparation gloves being issued for performing personal care tasks).

Less staff so having to cover more clients, walking distance between clients ie I have to finish 9.30 at 1 client but be at next at 9.30 but have a 15/20 min walk to that client (I don't have wings)

Stressed- feel bad that sometime you are rushing the client as you have too much work on or the client is trying to rush themselves as they know your time is limited

Distress don't know if we will all have jobs in the near future

Always rushing things stressed out and most times dont get our break to which we have been told to claim 30 mins overtime....but when your rushed off your feet its important to have that break

Very difficult can be extremely stressful and you don't always get support you want from management

More sickness more stress and more responsibilities

It is quite stressful trying to spend enough time with clients who think you are just running in and out of their home and not caring that you maybe the only person they see in a day

Housework service cancelled carers having to go into dirty unkept houses but still expected to give the same level of care even though your trying to clear a working space.

My department are currently looking at a more worker friendly rota which will give carers a better work/life balance

I have already been of work sick with depression as the work was getting out of hand

Huge increase in workload and unrealistic targets set by higher management especially in terms of hospital discharge and sds (Self directed support)paperwork for moving client packages on to private providers.





Additional comments about their working lives included:

The staff that care the most will be pushed even more to try and provide a quality service to all clients...this can't go on for ever

Morale can be quite low at times. Pressure to have to go on courses etc when its days off. Enjoy my work but can be a very stressful workload. Careplans dont always sum up the work involved with some clients. I would say time factor is the main issue

I have never worked in a job where all my colleagues feel so low and fed up in our job, we love working with the clients but there is too much politics involved with the job now

Carers do this job because they love the job and people they care for but getting more difficult due to all the cut backs and low morale

Its so unfair these service users have worked all their lives paid their taxes and not getting the service they should be. Carers are stressed to the hilt ,getting more work piled on each other with nearly nothing, if we ask for a move around example heavy work load we don't get then we need to go to physio with sore bits, back shoulders, etc

I feel there is no respect from the office towards the home carers. They change the rules to suit themselves. I see service users at times with no homecare visits or frustrated because they cannot get the help they need

Feel sad for the future people who require home support as it most likely wont be available unless they can pay for it and many wont have the funds
Although we are given training on moving and handling some of these are good in theory but

not in practice and when you are dealing with hoisted clients it does tell on your back and I think these clients should be rotated every month so you get a break rather than have them indefinitely. Also more time for clients + double time for PH

There is no support for us, i have a client that says sexually inappropriate things, 2 social workers have said 2 carers should attend but office says he is low risk..... Yes till something happens to one of us.

I have done this job for over 20 years and have never felt so demoralised, mainly because more and more is being put on my shoulders, mostly because of higher age related problems, mental health and other social problems. These have always been there but the council seems to think it is ok for low paid workers like home carers to tackle serious issues for the least amount of money that they can get away with. This is totally unfair while management seem to get paid decent salaries. There seems to be an attitude of the less they listen the problems will go away, I for one would retire this year if my pension age had not risen. In the meantime I am looking for other work, which is a shame because I have mega experience in my job, but it is one of those jobs that are constantly undermined and undervalued.

I'm now working for local authority but before worked for 2 different contracted service providers. I'm happier, better paid trained and supported now. Pricing constraints between local authority and provider meant low pay for staff which did affect quality of provision and service users shouldn't get differing level of service depending on who is delivering it.



Conclusion

These parallel surveys of local authorities and our members working as home care staff showed marked discrepancies in how each other viewed the service being provided to clients. In particular relating to the nature of 15 minute visits, which most authorities said were only used for medicine prompts or clothing assistance, such as putting on support stockings. As can be seen, our members say that they are having to carry out many other tasks in the 15 minute visits which are far more common than local authorities are either aware of or willing to admit to.

Our members' responses show a dedicated, caring workforce who are being stretched to the limit, often resulting in their own stress and ill-health. They juggle with travelling time and running late, to ensure their tasks are completed as best as they can, some often go back in their own time to make sure their clients' needs are met.

Many highlighted the fact that as the political and financial climate had changed, more of their clients were being looked after in the home, rather than in a nursing home or hospital, and had multiple, more severe needs, and were often much older than previously. They were also more vulnerable and liable to fall and injure themselves. There are also more clients with mental illnesses who need specialist treatment.

In addition, loneliness is now being recognised as a major problem with old people, leading to more illnesses, such as depression. The pressure to get in and out of people's houses do not allow the staff to chat to their clients, which they feel the clients would want, as they are often the only people the clients might see or talk to in a whole day.

Care in the home is certainly perceived by the workforce as being a cheap option when contrasted with the cost of care homes or hospitals. With the closing of many day centres, the carers are having to provide personal care, feeding and washing up as well as waking and providing the tuck-in service at night. In addition to this, some companionship where possible.

Most care is being carried out by private contractors (whose interest let's not forget is in meeting contractual requirements whilst delivering a return to shareholders, rather than anything as abstract as 'caring'). This leaves local authorities, at best at one step removed from and with very little control over how home care functions are delivered. A demoralised workforce with a high turnover is the responsibility of the contractor, not the council.

The impact this has on the care delivered will only figure if there is some way of capturing the disappointment that an elderly person feels when their carer tells them that they are no longer able to stop for a cup of tea in the performance metrics of a contract. It's difficult to avoid the conclusion that the fragmented delivery of home care complicates the task of driving up standards for both clients and staff. In this regard it is disappointing that the opportunities provided by the procurement act have not as yet been taken up by local authorities.

UNISON Scotland is campaigning for local authorities to sign up to its Ethical Care Charter for home care services, which sets minimum standards to protect the dignity and quality of life for people who need home care. It commits councils to buying home care only from providers who give workers enough time, training and a living wage, so they can provide a better quality care for thousands of service users who rely on it. Find out more on our website or visit this link: <http://bit.ly/2bjYgPI>

Home carers deliver services to the most vulnerable in our society. They provide decency for others and should surely be able to expect decency at work in return. This should obviously include a decent, and reliable, wage for the work they do. It should also include proper facilities and a workload which allows them to do their job properly.

They care for us – it is only right that we in turn care for them.



ESSENTIAL COVER WHEREVER YOU WORK

Worried about your job in today's uncertain times? If you work for a private company or voluntary sector organisation providing public services, **now is the time to join UNISON.**

Every member, wherever they work, receives our full range of member benefits and services which includes:

- advice, support and help when you need it at work
- a helpline that is open until midnight
- legal help for you at work and your family at home
- financial assistance and debt advice in times of need
- compensation for accidents and injuries at work.

And we offer a range of exclusive member discounts that can save you and your family money when you are shopping, buying insurance or looking for a holiday.

And you get all this from as little as £1.30 a month – depending on how much you earn.

From
£1.30
a month

UNISON
the public service union

UNISON – essential cover for you

**PUBLIC
WORKS:**

UNISON
Scotland

For further information contact:
UNISON Scotland's Bargaining and Campaigns team on 0141 342 2811

Join online at joinunison.org or call free on 0800 171 2193