

Scotland - It's time to care
A survey of Scotland's homecare workers

February 2014

Contents

Introduction.....	3
Time limits on visits.....	4
Effects on clients and quality of service.....	6
Effects on staff.....	9
Future prospects.....	11

Introduction

A survey of care workers was undertaken to find out how current austerity measures, local government and NHS cutbacks are impacting on the services provided to patients and clients and the effects on the workers involved.

Workers were asked which kind of organisation they worked for:

57% are from the community and voluntary sector, made up of charities, private companies, etc

40% are from local government

3% are from the NHS

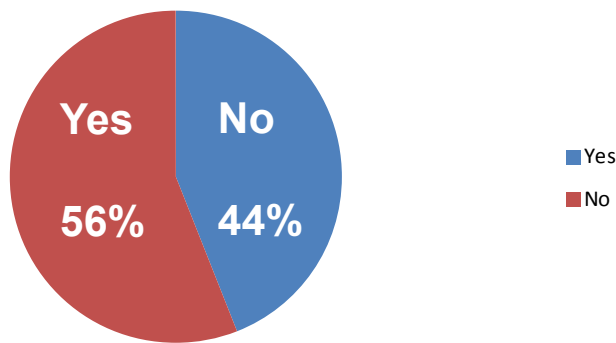
41% were support workers, mainly working for the community and voluntary sector, 33% were care workers, mainly working for local government and 25% worked in health, mainly private nursing homes. 52% worked in home care and 26% in either care or nursing homes.

Time limits on visits

Almost half (44%) of home carers said they were limited to specific times to spend with clients. They were asked what the effects were on their clients and how they coped if they did not believe the time was adequate. Some just stayed on in their own time, or went late to the next client; some cut back on the tasks they were able to carry out; some

referred back to their manager and asked for a reassessment of the time allocated to the particular client. Those working in local government were more likely to be given proper consideration to their request, but those in the community and voluntary sector felt they were mostly ignored.

Are you limited to specific times with each client



What the carers say

“I have to just rush from one house to the next. It’s very, very stressful. I have told my manager but nothing is done.”

“Reduce the tasks - e.g. instead of a full body wash top and tail. Cut down on recording notes. Don’t take time to speak to client.”

“By cutting corners/prioritising and not involving myself in matters of no consequence.”

“We are not able to deliver the care we are trained to do and want to give/ should be delivering to our service users.”

“I take longer time. And if pulled up I argue my case.”

“I find working under time pressure quite stressful.”

“I took the time needed and would have contacted management if time was inadequate I will not work in that position again on point of principle.”

“I am a carer and feel time should be given to people in my care, however there is a degree of bullying from team leaders who are under pressure to get clients covered.”

“Rush rush rush, I think they forget we are dealing with human beings, old ones at that.”

“We work under pressure due to more clients being added to our lists. Poor communication skills from higher up.”

“Stay longer even if my boss is not very happy. I was interviewed that I am not sticking to times properly.”

“Fifteen minutes is not a realistic time.”

“You have to explain to service user that you either have to leave them to support another who requires assistance or arrive a little later but this would leave their support with less support and losing out on their activities for that time.”

“I prioritise tasks, never rushing the client but rush through the manual tasks. If it is not possible or is detrimental to the client I speak to line manager to find solution.”

“I’ve been a carer for 16 and a half years, so I am old school, I spend time with my clients, and therefore if I am over my time I am over. These are people who rely on you, not just in and out. Have a couple of minutes for a wee chat, it makes their day, not to get rushed about in the morning or evening.”

“In the company that I work for we do not get walking time between service users so it always makes us late going into the next service user so we play catch up all day.”

“No, you have to try and rush through your service users lists to make your next call times and some service users can be 25 minutes apart; being a walker this can be very tiring and very stressful.”

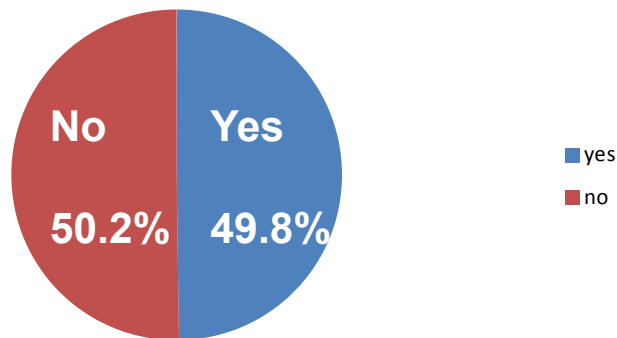
“I take as long as I need and if people don’t like it then tough. Care services are 24/7.”

“By doing the best that we can with the time given. I’ll admit I sometimes miss out a job so that I can sit for two minutes with the person receiving care. That means more to them than the dishes needing dried.”

“New telephone systems had been installed for some staff, and they had to phone in when they arrived and again when they were leaving, at a cost of 40p per visit which they had to pay themselves. There were also incidents reported of 20p or 40p fines if they were late for an appointment or left late.”

Paid travel time

Do you get paid for travel between clients



What the carers say

“We don’t get any travel time but we are allowed to leave a 30 minute visit in 25 minutes, that’s how we’re meant to get to the next visit on time.”

“Sometimes I spend up to 2 hours sat in the car waiting to go to the next client. I do not get paid for this.”

“Yes, but I have to cut service users time in order to get to next on rota.”

“It’s included in our daily hours, so they tell me. There’s an average of five minutes travel between clients.”

“I am paid from when I start till I finish but my list of users has no walking or travelling time included on my list. For example, my first user is 7.30am for 30 minutes, next 8am for 30 minutes, but they don’t all live next door to each other - some are 15-25 mins apart.”

Effects on Clients/Quality of Service

Most home care staff believe that the service they are providing is not sufficient for the needs of their clients, both from the time they can spend and the quality of care they can give.

What the carers say

“It’s getting worse. I don’t know where its going to end, no one cares about the patient or client anymore.”

“Staff are not receiving the training they need to carry out their roles, only the training which is low cost or has been identified as core.”

“Service often focussed on sorting out client benefits due to sanctions etc rather than looking at other areas i.e. alcohol/drug use (time constraints dictate that urgencies are dealt with, often leaving little time for anything else.)”

“Clients are losing out, care is not given properly, clients are missed out or forgotten about, no one cares or listens to staff or clients.”

“Clients are anxious as they don’t know which carer is coming from day to day.”

“No continuity for the service user.”

“No continuity, staff not having enough time for proper personal care.”

“Terrible choice of food for clients no time to do any things for the clients as they wish.”

“Budget cuts affect the amount of

care we can give. Sometimes we are the only people some clients see all day so cutting budgets is detrimental to the clients and to the carer.”

“We used to be able to access classes in the day; the council have ceased daytime community classes. Other classes are too dear.”

“Service users are not getting to achieve goals and dreams anymore unless it’s wandering around a shopping centre. Even that has been restricted by the cost of petrol and how far we are allowed to travel. Sometimes after picking people up we have already reached our mileage quota for the day.”

“Personalisation in Mental Health field is a disaster, it’s further isolating people we help to engage in the community and gain their independence and is not promoting recovery.”

“Some of my own clients are not getting as much care as they need. More patients would be out of hospital if time was more organised and not dictated by the 'tagging in' with phones.”

“Our service users no longer have holidays away from our unit which were paid for by the company. The

unit is constantly in need of repair and redecoration and it is obvious that these tasks are not carried out until outside authorities see this for themselves and demand action.”

“They have no outings, no activities, food and drink is being monitored.”

“We cannot help a person with recovery or regain independence and engage back with their community if we merely substitute one dependence for another, the Self Directed Support (SDS) system works only some of the time. Its trial and error with personalisation/self directed support (SDS) but in mental health, there can be no room for error.”

“When service users did not have to pay for the service they could turn up

to groups alongside their 1-1 support or vice versa.”

“Stop threatening charities indirectly that you will take the SDS contracts away from them and move to another provider if workers challenge decisions...Being told by management this is the case and we all must be quiet even though the workers sole concern is for the service user they care for and want the best for them.”

“Charities used to be free to service users, now they have to pay, you cannot put a price tag on mental health or any of the vulnerable groups, and if they need our help they should receive it no matter what.”

Effects on staff

Staff report high sickness levels, both physical and mental, with high levels of stress and depression reported and low morale. Pay and conditions, particularly in the community and voluntary sector are declining rapidly in a race to the bottom.

What the carers say

“You become very stressed and despondent and feel that clients are being let down and some like me end up having a heart attack through the worry.”

“I have been off sick due to work-related stress.”

“I'm currently signed off work due to stress and anxiety. Now I have depression. Been off work for three months now.”

“Just had holiday, sickness and pension benefit cuts, lowers morale, more stress less patience.”

“My employer cut our salaries by a considerable amount "due to economic pressure" this had a huge effect on morale. The company has not given the staff a pay rise for approx. 5-6 years now.”

“Service is not able to retain staff due to terrible wages, my work load has increased and I'm getting paid less. Less staff, more turnover means paper work e.g. health and safety procedures get overlooked due to time needed for more urgent things like supporting people.”

“Making me look for another job.”

“I feel the staff in our organisation are paid pretty poorly for the standard of work they are expected to provide. This means we often have difficulty in recruitment and cannot attract a quantity and more importantly a 'quality' of staff. It can be hard to keep experienced, well trained staff as staff shortages and low wages lead to overwork, stress and dissatisfaction to a point where employees resign.”

“I feel that many people choose to have a career in the social care sector because they are caring individuals but this side of their personalities, so vital to the job, can at times be exploited by cash strapped companies chasing limited funding. The very staff needed to provide a high quality of care are left feeling undervalued and disillusioned. There seems to be a vicious cycle of staff shortage, stress, sickness which culminates in poor staffing levels. This in turn impacts on the people we support.”

“Minimum/not enough staffing. Responsibility expected is not reflected in payscale. I have observed an increased stress level among colleagues, low morale and tiredness. Negative effect on

home life and relationships. Staff doing shifts in one house and going straight on to another shift. Increase in staff giving unpaid time. Staff loathe complaining or rocking the boat for fear of reprisals.”

“Stressed and no family life, high sickness.”

“We are expected to take more people with less staff. Less person centred when you have more people to take into account, not everyone can get what they want. More staff off sick stressed. Sometimes our safety is compromised when you can't carry out proper moving and handling techniques because of inadequate staffing.”

“Shorter times with residents increased workloads and lots of stress that doesn't just end when we finish our 12 and a half hour shift.”

“Before Christmas I ended up 2 weeks on sick leave, because I was doing 16-18 visits during long day and my body couldn't cope any more, I had to work although I was sick, and when I asked my manager to take half

a day off I was told there is no one to cover my shift. My breaks were reduced to minimum and there was not even time for having hot meal during day.”

“Privatisation essentially means lower wages as care packages are mainly awarded on 'value for money' e.g. cost.”

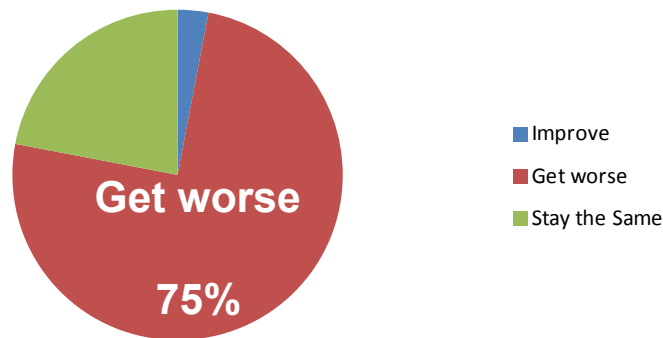
“With the introduction of direct payments of benefits, all our contracts are being re-written so that we are more contracted to the individual than the organisation; as a side-effect of this, it will be possible for our new contracts to be terminated if the people we support are unhappy with us. This is also resulting in a far more outcome-based work structure, with time spent with clients having to be accounted for much more strictly, and with the necessity to prove that the time you've spent has been spent working towards the client's specific stated outcomes.”

“No one cares anymore it's all down to money that the council hasn't got.”

Future prospects

Members were asked whether they thought things would improve, stay the same or get worse in the future. The vast majority believed they would get worse, as council budgets were cut even further. Some comments were very damning about the whole care service and the lack of care given to “the carers”.

In the next year do you think the situation will...



What the carers say

“Staff have had a pay freeze for over three years, training is now seen as a luxury and which training staff receives does not marry up with staff and customer requirements.”

“There is a move to make front line staff responsible for more and more administrative work and duties normally carried out by line managers. An example is if a member of staff phones in sick the staff are expected to phone to get cover.”

“I feel worthless.”

“I feel that often the most vulnerable in our society are the ones with the quietest of voices. Just because something may be said in a whisper doesn't mean it has no value. No-one would choose willingly to be 'a

supported person' and those needing care of whatever sort still wish to be as independent as possible but I do feel that their potential is being quashed by a short sighted vision seen through eyes focused on pounds and how to save them.”

“If each section of society was enabled to function at the best of its ability then the general populace would be healthier and better off as a whole.”

“I think homecare organisation is a disgrace in my area. Homecarers are given no respect at all. We are treated poorly and given too much to do with no facilities for toilet breaks or tea breaks. We are out in all weathers and dealing with duties that nurses should be doing not us. It is not right. I hate it.”

“The ‘who cares for the carer’ adage comes to mind. The nature of the carer leaves them open to abuse. There is a vast gap between what is and what should be, despite the policies and words. Management do not appear to have the resources to change much of the burden placed on their staff.”

“As for operational managers and service managers, have little or no time for support workers who constantly cover shifts and keep services running and many have worked in their own time to gain the required SVQ 3 qualification and it’s all just taken for granted. I find myself and colleagues are disillusioned and drained.”

“Working with people should be considered a priority by governments. Providing less money means less resources for people, most of them being the most vulnerable people in our society who need support and care to live fulfilling lives.”

“Basically, the Care Commission needs to step up to the plate and push for the law to start supporting residents rights more fully, providing them with the type of care, staffing levels and environments which is in accordance with what they have been led to believe will be provided instead of the sham which is.”

“The uncertainties which lie ahead

can be unsettling. Also the job can be quite physically and emotionally demanding which may be difficult in later years with pension age rising.”

“Our council used to be held up as an example of best practice in care. The service we give now is a pale shadow of what was a good service. It is still better than a lot of areas - only because other areas have got very much worse. How a local authority expects vulnerable people to employ their own domestic assistance is beyond me.”

“How can a person isolated from the community possibly out of touch with modern society make safe and informed choices about who is safe to let into their house to carry out domestic tasks they have no access to disclosures or any idea what one would look like. The most vulnerable people of our society are being thrown to the dogs.”

“I’ve heard a lot of carers say that they used to say we were proud to work for our company and now its an embarrassment to say it. The ‘phones’ dictate our times which mean we see less clients than we could actually fit in. There isn’t enough communication between care workers and senior staff. There’s a big worry about the medication side of things, nurses refuse to take on the responsibility of medication and now doctors and pharmacists are handing it over to Carers to deal with, they have trained for years - we got

1 day training, we don't even know what the medication is for, mistakes are going to be made, it's not our responsibility."

"Companies who are suppose to put the people we support and their needs first are treating it like a business and nothing more!! It's what works for them NOT the people we support."

"Social care is going to have major staff shortages if it keeps going the way it's going as a lot of people who do this job just can't afford to stay in it as it'll be constant long days to get full time hours or they can't afford to go part time with the cost of living going up all the time.

Also there has been a pay freeze in this type of work for the best part of the last 5 years so no wage increases will eventually force people to leave to find better paid professions."

"I've worked in homecare for 12 years and since the change of system in 2009 have seen the service steadily deteriorate to the point where I am ashamed and embarrassed to be part of it."

"The current circumstances I have stated above, and my health, have made me reassess my career, options, for my wellbeing. I wanted to be a voice for the residents, but I just feel like there ate not enough carers who feel the same. Institutionalised, task orientated and low staff moral."

It's Time to Care!

UNISON
Scotland



Typical care staff in Scotland:

Paid below the Living Wage,
on zero-hour contracts, and with
too little time to care properly.

Care of older people in Scotland is a 'national disgrace'

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