The Ethical Care Charter

(i) Rationale

The Ethical Care Charter (ECC) was launched in 2012 as a response to poor employment standards and service quality in home (domiciliary) care.

The charter came out of survey work conducted with UNISON members in home care and reflects workers’ concerns about their employment and about the way services are organised.

The charter is chiefly aimed at local councils. Councils commission the bulk of home care services and the aim of the charter is to change commissioning practices such that councils insist upon better employment standards and care quality from providers.

We recognise that it is difficult for individual provider organisations to unilaterally agree to improve their standards in a context of price competition. Therefore it is appropriate that the focus of the charter is on the role of council commissioning in shaping conditions where care providers are able / required to be good employers. The baseline standards in the charter help to protect the more principled care providers from the threat of undercutting.

(ii) Take-up

Eight councils in the North West have signed the charter, and 35 across the country. Four of the six Liverpool City Region councils have signed up, along with the big county councils in Lancashire, Cumbria, and Cheshire West and Chester. Manchester City Council became the first, and so far only, council in Greater Manchester to sign up in October 2017. Late-2017 also saw commitments from councils in Halton and Liverpool, and the charter seems to be gaining momentum in the North West.

Some individual care employers have also signed up to the charter (including Salford Aspire), which is very welcome.

(iii) Content

The content of the ECC is reproduced below. The content is a mixture of points about employment practice and service organisation and is divided into three stages of implementation. The staged approach reflects commissioning arrangements in home care, where the contracts issued by councils can last for several years.
UNISON Ethical Care Charter

STAGE ONE

• The starting point for commissioning of visits will be client need and not minutes or tasks. Workers will have the freedom to provide appropriate care and will be given time to talk to their clients.

• The time allocated to visits will match the needs of the clients. In general, 15-minute visits will not be used as they undermine the dignity of the clients.

• Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones.

• Visits will be scheduled so that homecare workers are not forced to rush their time with clients or leave their clients early to get to the next one on time.

• Those homecare workers who are eligible must be paid statutory sick pay.

STAGE TWO

• Clients will be allocated the same homecare worker(s) wherever possible.

• Zero hour contracts will not be used in place of permanent contracts.

• Providers will have a clear and accountable procedure for following up staff concerns about their clients’ wellbeing.

• All homecare workers will be regularly trained to the necessary standard to provide a good service (at no cost to themselves and in work time).

• Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation.

STAGE THREE

• All homecare workers will be paid at least the real (Living Wage Foundation) Living Wage. If Council employed homecare workers paid above this rate are outsourced it should be on the basis that the provider is required, and is funded, to maintain these pay levels throughout the contract.

• All homecare workers will be covered by an occupational sick pay scheme to ensure that staff do not feel pressurised to work when they are ill in order to protect the welfare of their vulnerable clients.
(iv) Impact

Researchers at Greenwich University produced an evaluation report about the ECC in 2017 based on interviews at seven councils.

They concluded that the councils’ “clear political commitment to UNISON’s Ethical Care Charter makes a difference”.

Commissioning officers described how having clear benchmarks helped to “remove elements of competition between providers that might lead to a downward spiral in terms and conditions and the consequent movement of workers between providers”.

The researchers found that implementation was more fragile where extra money had not been added to the adult social care budget. Three London boroughs (Camden, Islington and Southwark) had each found extra money for the adult social care budget corporately and had negotiated with providers such that they were paying the London living wage. The North West councils considered by the researchers (Lancashire and Wirral) have not yet implemented Stage 3. We can speculate that this difference might reflect local labour market conditions – where the living wage in London (even at a higher level than that across the rest of the country) is better established as an effective minimum wage.

The researchers found that where case study authorities (notably Southwark) have monitored the impact of the ECC, they have identified improvements in recruitment and retention and care quality.

In the North West, Cheshire West and Chester Council produced a brief report in January 2018 about their progress in implementing the ECC. They have now embedded the core principles of the charter in their contractual arrangements and invested to ensure that homecare workers are paid for a minimum of 30 minutes for all calls. The Council requires providers to offer guaranteed hours contracts and has reduced the proportion of zero hours contracts from 70% to 20%. The Council has also reviewed and increased the hourly rate it pays to providers in an effort to boost wages towards the living wage rate.

The Residential Care Charter

In 2017, UNISON launched a second charter in the social care sector – this time aimed at residential care. A similar process of consultation with members about their concerns was conducted. The content of the Residential Care Charter is reproduced below:
UNISON Residential Care Charter

Protecting and supporting residents
- Employers will maintain adequate staff ratios that enable quality care to be delivered. This must be care that extends beyond basic tasks and includes a social dimension.
- Care workers, residents and families must be given information about how to raise concerns and protection if they decide it is necessary.
- Employers will have clear and accountable procedures to follow up any concerns raised.
- Care home providers will ensure all residents have ready access to any NHS services required.
- Providers will carry out thorough risk assessments to ensure the safety of residents and care workers.
- Employers will provide care workers with safe equipment.
- Care workers will be given time to provide regular activities and effective forms of therapy for residents.

Training and support for employees
- All care workers – including bank and relief staff – will be regularly trained to meet the needs of all residents, as set out in their care plans.
- Training requirements will be met. Training must be free and carried out in work time, so cover staff must be arranged.
- DVD and e-learning will be used to complement high quality, face-to-face learning.

Decent pay for quality work
- All residential care workers will be paid at least the Living Wage – as calculated by the Living Wage Foundation or Greater London Authority every November.
- Councils which outsource employees on or above the Living Wage should ensure that new providers are required to maintain pay levels throughout the contract.
- Extra payment will be made for working unsocial hours, including weekends and Bank Holidays.
- Pay for sleep-ins must be at a level to ensure that the average hourly rate does not drop below the Living Wage.
- Holiday periods must also be paid as if at work.
- All care workers will be paid occupational sick pay.
- Employers will pay for Disclosure and Barring Service checks.

Time to care
- Zero hours contracts will not be used.
- Care workers will be given adequate breaks during their working day.
- Care workers will be paid for the time it takes to carry out a proper handover between shifts, which ensures safety and continuity of care for residents.
- Rotas will be planned well in advance to ensure adequate staffing levels and allow planned, time off for employees.

Part of the union
- Employers will recognise UNISON – negotiating pay and conditions with them and encouraging employees to join them.
- UNISON representatives will be given adequate paid time for the required training.
- Employers will provide opportunities for UNISON to meet members and employees as necessary.
Discussion

A strength of the UNISON charters is that their content reflects the specifics of social care work and the specifics of different social care settings (domiciliary and residential care respectively). They are a product of consultation with, and deliberation by, social care workers, and as such they reflect what workers need in order to deliver quality services and to have decent employment standards. The UNISON charters begin from the question ‘what do workers need?’ rather than ‘what will employers voluntarily agree to?’ or ‘what currently happens?’. The result is that the charter requirements are both demanding and meaningful.

The Residential Care Charter (RCC) – formulated five years on from the ECC – includes a mixture of points about both service design and employment conditions but there are some differences. It is notable that some of the specific points in the RCC are important in a residential care setting (e.g. handovers, sleep-ins) but do not apply in home care. Even within the social care sector, workers’ concerns vary between different work settings such that UNISON has produced different charters for home care and residential care.

There is a challenge here to make sure that a GM Charter is not just a statement of ‘lowest-common-denominator’ standards but that it speaks to the pressing concerns of workers in a wide variety of sectors and employment contexts. This is no easy task! It might be that a GM Charter could be backed up by some sector-specific standards. An important aspect of a GM Charter should certainly be to create the conditions where workers have the ability to negotiate collectively a set of employment standards that are appropriate to their sector and that reflect what is most important to them.

There remains a crisis of poor employment standards in the social care sector. There is still a need for more investment in the sector and a greater role for public authorities in direct care provision, but the charters are a positive development. It is a very important principle that service delivery and employment standards in commissioned public services are a matter of legitimate public interest and democratic accountability – not something that is solely a commercial matter. The UNISON charters can play an important part in making council requirements of the providers they commission more explicit.