

## **The State of Social Care in Blackburn**

Almost every week in the media we hear that social care is at a tipping or crisis point with funding identified as the prime cause of current issues. So, what is actually happening? What is the state of social care in Blackburn?

Social care encompasses several areas, including domiciliary care (homecare) (which is my sector), residential care, sheltered accommodation, and more. Each have different structures and ways of working but all need the same resource: care professionals.

Every day, a small army of carers, supported by their office colleagues, mobilise across Blackburn with Darwen in urban and rural areas 24/7, 365 days per year in all weathers to provide planned and crisis care to people in their own homes. They do this because of the difference they make to people's lives. In a survey of our carers, I asked, *'Why do you work in social care?'* One response was, *'The job is so rewarding. Seeing clients happy when you have done your work is so rewarding as you might be the only person whom they have seen that day.'*

We also asked our carers to select the top four things from a choice of ten that were most important to them. They selected job satisfaction, making a difference in people's lives, regular clients and regular work. Pay was sixth out of ten on the list. Their responses and the results of the survey are published on our website under 'Carer News'.

The organisations that employ care professionals meet daily, weekly and monthly challenges to ensure that care is delivered in agreement with the choices of the clients and in compliance with current regulations, standards and guidelines; and in spite of the many obstructions that come their way. No easy task.

So, what's the problem?

Essentially, the problem is that, in the last few years, the sector, nationally and locally, has reached 'peak carer'. This is the point at which there are just not enough people coming into the care profession. Consequently, the sector struggles to recruit and retain enough staff to sustain the level of current demand and meet projected demand. It isn't a case of not enough companies – there are enough and possibly too many – it's very definitely a case of not enough carers.

Over the last ten years, it became increasingly clear what was happening and where the sector was heading, locally and nationally. Care sector organisations, like ourselves and the United Kingdom Home Care Association (UKHCA) and many, many others, have warned local and national government of the impending problems. And here we are. Exactly where we predicted we would be with exactly the problems we predicted we would have.

Some government departments and the people therein have either ignored the warnings, not recognised what was going on or simply did not know what to do and buried their heads in the sands of austerity. The easy thing for politicians to do is to announce additional pots of cash here and there, which makes it look like they understand the problems and are responding to them. The reality is that throwing cash into the pot has only a limited effect and comes from a 'stick your thumb in the dyke' mentality; a policy development thought up while their heads were stuck firmly in the sand.

Treating the symptoms with a prescription for cash does not solve the problem. Consequently, the issues remain and, year on year, deteriorate.

To determine the state of local social care, we have to look at two distinct factors: funding and capacity.

It's all too easy to blame individuals within the local authority and health care but, after more than twenty years of working with them and other sector organisations, I should think they feel just as frustrated about the situation as I do.

The main issue is funding, but why?

The wider public might say, '*We keep hearing on the news that health and social care keep getting this cash from government, so where is it going?*' The funding that government announces does not make its way towards dealing with the problems, it goes to pay for actual services; the NHS in the main. None of it is allocated to problem resolution.

We need the funding to:

- a) meet the ever-increasing costs associated with providing care to people in their own homes, including all the costs associated with payroll, for example, pensions, fuel, holiday pay, statutory benefits, increases in minimum wage, and the need to employ more back-office staff and supervisors to manage increasing regulatory and contractual demands, funding development and innovation, etc.

and

- b) resolve the 'capacity' issue.

This IS the 'tipping point' or 'impending crisis' that you hear about. This is where there are simply not enough people wanting to come into and staying in social care, when we reach the point where we simply cannot meet the demand and care starts to fail.

So, the sector must be better funded to directly:

1. Improve the retention of existing staff by producing enough funding to allow pay rates to increase significantly, which in turn should see the development of carers' employment terms and conditions.
2. Improve the perception of care work, addressing the problem areas listed below and developing better pathways into local social care.

The following are the main reasons why people don't come into social care:

- It's poorly paid
- The working terms and conditions are not good
- The hours are inflexible
- It involves weekend work and unsociable hours
- There is little opportunity for career progression
- Lack of experience
- Lack of qualifications
- Lack of pre-employment training
- Care is seen as unglamorous work
- Public scandals put people off

Let's look at these in more detail.

### **It's poorly paid.**

I often hear that any increase in funding should be directed straight into pay for carers, and I totally agree; to a point. In my opinion, it would be a significant mistake for anyone to believe that simply increasing the pay rate would make all the problems disappear. That said, it is true that a significant increase in pay rates will contribute to attracting people into working in and remaining in the care sector. The issue here is what would constitute a 'significant increase'? How much would the hourly pay rate have to be to attract people into care work and retain more of those people that we already have?

When we look at other sectors, we regularly see that their pay and benefits are far more attractive than for those working in care. So, it's time for government to decide what value is placed on our carers and the organisations that employ, manage and support them.

### **The working terms and conditions are not good**

#### **The hours are inflexible**

#### **It involves weekend work and unsociable hours**

Delivering care in the community has its difficulties compared with the residential care sector where all the clients are in one place. So, we need a reality check here. Care is needed at all times of the day and every day of the week. It's not a 9 to 5 job; it never has been. It's not a role or job where you can pick your own hours as you go. Good care is built on good logistics providing consistent care by consistent carers. Don't forget that all care providers have very specific regulations about the provision

of care and all that supports it. Approximately 60% of daily care takes place between the hours of 7 a.m. and 11 a.m. So that often means an early start in all seasons. No one ever said care work was easy. (Describing the logistics involved in creating consistent weekly rotas is an article on its own.)

As of March 2017, the National Minimum Data Set ([www.nmds-sc-online.org.uk](http://www.nmds-sc-online.org.uk)) showed that, in the North-West, 48.6% of carers in home care were full time, 38.7% were part time, and the remaining 12.7% was made up of roles that had unspecified or no set hours. Ten years ago, the percentage of full-time carers was approximately 60%, and full-time work was considered to be 40hours/week plus; now it's between 30 and 35 hours/week. So, there have been changes to working patterns.

There is no way round it. Care is what it is. Twenty years ago, unsociable hours and weekend working were not particularly an issue. Now they are; it's a modern phenomenon, evidencing a change in social attitudes. Now we have a working population less likely to want to work unsociable hours. That's a significant problem to solve.

People in the public eye sometimes really don't help, preferring to 'spout off', hoping to look good, get on the evening news and issue what they hope will be vote-winning comment. Only this last week, I heard John McDonnell MP regurgitate a stance on zero hours contracts, believing that they should all be replaced by fixed hour contracts; and claiming that workers, including carers, don't receive statutory entitlement like sick pay, holidays, maternity and paternity rights. This is absolute and utter rubbish. There may be some care companies that fail to meet their obligations, but that does not mean that we all do.

In 2017, I asked all our carers if they wanted a fixed/guaranteed hours contract and laid out the pros and cons. Only half said that they might have one. Today, we have only approximately 7% of our carers electing to go for the fixed/guaranteed hours option.

Clearly, some politicians and heads of religious organisations have got it very, very wrong. So, to help, here's a two-part challenge for any of our politicians or religious leaders countrywide to take up to help them understand more about the social care sector:

1. Come and meet my carers in Blackburn. In fact, all the carers in Blackburn, and explain to them how and why you would force them to have fixed/guaranteed hours contracts when the vast majority do not want them.
2. Let's have a debate about the problems identified in this article and see what can be done to resolve them. Let's see if the political classes and the various commentators truly understand the social care problems faced by our country in 2018.

I'll wait for a call from Westminster and Lambeth palace.

### **There is little opportunity for career progression**

That's a bit of an urban myth and is untrue. Many carers have gone on to become supervisors, coordinators, managers, senior carers, trainers, crisis response care professionals, nurses, clinicians, childcare professionals, social workers, specialist carers working for national charities, etc. The issue here is that prospective carers are simply not aware of the possibilities.

### **Lack of experience**

### **Lack of qualifications**

### **Lack of pre-employment training**

None of these should be a barrier to working in care. In 2017, a local carer won Home Carer of the Year at the Great British Care Awards in Birmingham. Britain's top carer for 2017 works in Blackburn. He had no experience, qualifications or pre-employment training when he started working with Choice Care fourteen years ago. But he wanted to be a carer and so was mentored and trained, gaining his NVQs. It is not unusual not to have experience, qualifications or pre-employment training. Qualifications and training can be gained through care companies' own training programmes or

organisations, like St Mary's College or Blackburn College. Some local employment organisations, like Bootstrap, can also access funding to pay for pre-employment training. If someone came for an interview and was really committed to becoming a carer, that would be valued. If a person gave me a certificate of any pre-employment training in a care-related subject they had just done, I would think that they must be committed. If someone said that they had no actual experience but had looked after someone close to them with, for example, dementia, that would be viewed as valued experience. If someone had none of these but understood that you have to be committed and dedicated to becoming a carer, that would make you a good choice for selection.

### **Care is seen as unglamorous work**

I encourage you to look at the Choice Care carers' survey results on our website where you will find reason after reason for why people work in care. The following are some examples.

*'Help those people who can't help themselves and we are there for them.'*

*'Getting to know different clients' needs and learning whilst working.'*

*'Meeting different people and knowing my work does make a difference.'*

*'Rewarding knowing that we help people to stay at home with their families.'*

*'Feedback from clients that they are pleased with their care.'*

*'Knowing that you may have made someone's day a little better.'*

Glamorous work it may not be sometimes, but it is life affirming, positive and rewarding.

### **Public scandals put people off**

Social care is sometimes in the news for the wrong reasons and I imagine it must be a demotivator for people thinking about entering the care profession, worried about what could go wrong. But these occurrences are rare. Carers need to be – and should be – appreciated and valued and shown what good care looks like.

One other factor that is often not discussed is that there are few young people coming into care when the educational establishments award a high number of vocational qualifications to young people each year, yet we only see a minority coming through.

All the above problems have to be tackled, and quickly. Having spoken to colleagues and organisations across the country, they are not just local problems; they are national problems that won't go away.

What you probably aren't aware of is the deliberate move by many companies to switch to privately-commissioned care from that commissioned by the local authority. This is because staff and client turnover are much, much lower, hourly rates are higher, and you can provide a level of care that is not based on time slots, which means you can spend the necessary time needed and therefore provide a higher and more consistent standard of care. This can be evidenced by the correlation between companies that are privately commissioned who are more likely to be awarded a Care Quality Commission (CQC) rating of 'Outstanding', and companies like ours, who are commissioned by the local authority and are therefore unlikely to gain this rating. Fifteen-minute calls to carry out personal care do not represent quality care. So, the current contracting style of commissioning by Blackburn Social Services and other commissioners is, to a degree, an inhibitor of better standards of care.

This should not be happening, but it is a clear symptom of the funding crisis, which is real, and which does have a direct impact on people needing the care.

Winter is not far away, and I have already seen news reports about projected winter pressures, which has now become an annual event when we can expect to see more pictures of ambulances waiting, people on beds in corridors and commentary from

various politicians, each blaming the other for the current problems. It is these kinds of additional pressure that pushes the sector. Yet we manage to get through each year. But for how long?

Carers are not found in 'break glass' containers labelled '*Open in the event of shortage*'; there is no 'supercarer' waiting in the wings to come to our rescue. Carers are found, trained, mentored, supported and coached through continuing professional development. Retaining good carers takes commitment, dedication, support and funding. Recruiting people into the care sector is no different. We know what the problems are; the stark reality is that organisations in the care sector are left to pick up the pieces and deal with the problems that government and others have failed to address.

It remains to be seen if the announced extra £10 million for Blackburn hospital will alleviate the winter problems but, with no sign of any of that cash coming directly to local social care to help deal with recruitment and retention for the winter period, I predict continued problems, at least community wise. It would seem that the focus once again has been on only to try and resolve one part of the problem.

So, the question was, 'What is the state of social care in Blackburn?'

CQC inspection reports evidence that care companies do work hard, and against the odds, to ameliorate the problems they continue to face in providing care to some of our most vulnerable members of society. They, and countless others, do their best to keep it all together, which they do. But that ethos is under severe strain.

The way that Blackburn Social Services and other local authorities commission care is, in my view, inefficient, inflexible and too prescriptive, which only obstructs the development of new types of care delivery. The advent of the government's Integrated Care Partnership and forthcoming Green Paper compels health and social services to work closer together. Previous attempts at a 'marriage' between the two have ended in 'divorce'. I hope that the direction of travel is positive and, as long as all local

organisations get behind the developments and changes, improvements could be made to the benefit of the local population. My continuing worry is that others will make decisions about local care without consultation with those directly involved in local care. That can't be good. Domiciliary care providers are often/usually the last ones, if at all, to be invited round the decision makers' table, yet we have so much to offer.

The evidence is clear: the sector has been ignored, and look where we are.

Social care has a big public relations problem. Speak to anyone about social care and I'm sure they will have their own opinion of what to do. Currently, the Department of Health is planning a national recruitment campaign covering TV, radio and social media due for 2019. The problem is that the last national recruitment drive, some eight or so years ago, produced no discernible benefit in Blackburn, and campaigns like this have a very short shelf life and are forgotten very quickly.

We simply can't wait, so for the moment it falls to the local sector to do something about local social care. For that, I have several ideas for some events over the next year; one of which is a local care event, currently being organised and aimed at people who want to work in care, those who have questions to ask about working in care, and people who have thought about care but didn't feel confident enough to find out more.

Despite all the problems around funding, recruitment and retention and their inherent risks, care is still being delivered day by day by people in organisations that care a great deal about what they do, and by organisations that work hard in the background, that know and understand what is happening out there, but still work to deliver a committed and professional service to the people of Blackburn with Darwen. They are all a credit to the people whom they serve.

So, the state of social care in Blackburn is good. But...

Andrew Key  
Managing Director  
Choice Care

## **Biography**

Andrew Key has more than 25 years' experience in the health and social care sector and is Managing Director of Choice Care, a Blackburn-based domiciliary care provider. An active participant with differing local and national groups, he has managed to improve local commissioned care through: innovation in the administration of medication in the community; care sector training; the implementation of end-of-life standards culminating in receiving the Six Steps End of Life Accreditation from East Lancashire Hospice; and the development of a Night Care and an Integrated Triage and Response Care Team in Blackburn. In 2018, he was a finalist at the national Great British Care Awards for the category 'Outstanding Contribution to Social Care'.

Choice Care provides a wide range of domiciliary care to people of all ages in their own homes by highly trained and skilled, compassionate home care teams. They are accredited trainers for Parkinson's, Alzheimer's UK, the Stroke Association and others and have excellent working relationships with local care sector organisations. They are an active member of the UKHCA, are registered with the CQC and are commissioned by Blackburn with Darwen, Lancashire and Bury Councils, the area's Clinical Commissioning Group, insurance companies and private individuals. In August 2016, after nearly two years' work, they blazed a trail in social care to achieve the Six Steps End of Life Accreditation from East Lancashire Hospice. In 2017, one of their care professionals won the category of 'Homecare Carer of the Year' at the national Great British Care Awards.