

Cash or care? The human cost of cuts and privatisation

Publicising the real effect on people of the crisis in home care across the country is always a sensitive issue.

UNISON does not want to sensationalise the problems but neither can we ignore the painful stories our members bring to us.

So long as the debate focusses only on cost, on systems and on generalisations, the real human experience gets lost.

That is why we have now chosen to publish real life examples.

Homecare services these days are not allocated unless people are unable to manage tasks such as feeding; dressing; washing; helped to the toilet; etc.

Many have three or four of the following serious health problems; loss of sight and/or hearing; mobility or balance disabilities; alzheimers; paralysis; incontinence; heart problems; diabetes etc.

They often face risks such as falling, choking and their health generally is deteriorating.

UNISON's Homecare campaign has voiced it's concern (mirrored by the public with whom we interact constantly)

regarding the policy of privatising 75% of the service and cutting the times allocated in the in-house and the private sector.

Our evidence is that the private sector does not give a reasonable service.

There is a pattern of;

- lateness and not turning up
- not knowing what the tasks are
- frequent changes of staff
- basic tasks not being done.

The halving of the in-house service from one hour to 30 minutes frequently means that there is not enough time to carry out the necessary tasks. In addition, there no allotted travel time.

Hot food is generally microwave meals.

Everyone is suffering - service-users; their relatives; the carers.

All the examples we give in this briefing can be verified.

Understandable only a few of those giving the information are willing to be identified.

But others are willing to speak on the telephone.

The campaign would welcome meetings with City of Edinburgh councillors to share these concerns.



When care and dignity are not met

Example 1: Mrs.A - 80, blind has a heart condition. She needed help at weekends and was told any time given would be taken off her allotted time during the week.

Example 2: A household where someone became terminally ill. This person was the carer for the second member of the household prior to becoming ill.

Staff had to fight for one hour a week of housework to be included in the care package - **and this had to do for all domestic tasks.**

Example 3: A 95 year old who had agency staff coming in at night. The tasks were to help her

into bed, give her medication and switch off TV and lights.

Over two years, the day carer had to complain constantly. They wouldn't put her to bed, didn't give medication and sometimes didn't come.

“She simply could not take the lack of care and dignity for the clients

Example 4: Female service-user who was dying and couldn't breathe easily had her time cut from one hour to 30 minutes.

The carer argued and fought as hard as she could for this - and other
Continued over...

The shameful day to day account of agency service

The following is a day by day account of the service received from an agency providing homecare.

It concerns a woman with leg amputation who is wheelchair dependent

She needs two carers for all transfers using a hoist (in/out of bed; on/off toilet).

The care package is two carers, four times a day. In the morning to assist out of bed and with personal care.

Middy to assist with personal care and assist back to bed - rest/skin care management.

4pm to assist back out of bed and into wheelchair and in the evening to assist with personal care and assist into bed.

There were no issues when the Council's Hospital Discharge team provided the service.

But mainstream services

could not provide the service thereafter so it went to an agency.

● **First day only one carer turned up at 7.30am.** The control did not have a note that two carers were required. A second carer arrived at 8.30am having been called in on her day off.

There were no issues when the Council's Hospital Discharge team provided the service

5th May 08 - Only one carer turned up at 4pm

The woman had to stay in bed (from lunchtime) for the rest of the day.

12th May 08 - Agency advised that the carers would be an hour later the next morning.

14th May 08 - Carers had not arrived by 8am. Control had the time changed to 8.30 as a permanent change.

24th May 08 - Control phoned at 6.50am to advise that one of the carers was off sick. The woman reminded control that two carers were required at 7.30. Only one carer arrived with no experience of working with a hoist. It took numerous phone calls before a second carer arrived at 9.30.

26th May 08 - Only one carer attended at 7.30. The manager had to attend as the second carer at 8.00

30th May 08 - Only one carer attended at 7.30; second arrived at 8.00

9th June 08 - Only 1 carer at 7.30; the manager eventually attended as second carer at 8.15

14th June 08 - Only one carer at 7.30. Various phone calls to control. Carer eventually advised control that she would have to leave and woman would be left in bed. Manager attended as second carer at 8.40.

17th June 08 - Only one

carer at 12.30; second carer arrived at 1.30.

Up until the 24th May there had been no warning of any changes to the service.

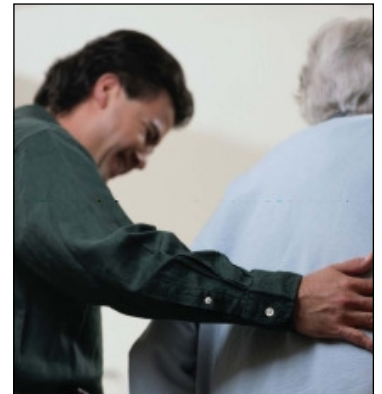
Although requested and promised, by 29th May 08, the woman was not getting a weekly timetable.

She has had this since but the timings on this do not reflect the actual times carers are turning up.

Over the time there has never been a letter of apology.

On 24th May 08, the woman's husband, who is himself disabled and has recently had a stroke had 'lost the head' with the co-ordinator.

He was given a letter, on unheaded paper, warning him about his behaviour. It indicated that the social worker had been copied into this. It was never received despite a request for a copy.



When care and dignity are not met

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service-users - but eventually had to leave. She simply could not take the stress and constant rushing to do the undoable and for her, more importantly, the lack of care and dignity for the clients.

Example 5: A relative reports her father's time being cut as his condition worsened. Necessary tasks such as shaving, washing etc, were not being done. She

met up with the home help to demonstrate how the bath aid worked. The home help was tearful because of the pressure she was under.

Example 6: A young woman who is physically and mentally disabled fell out of the sling of the hoist when she was being moved by agency staff.

Example 7: A council carer, who used to provide support, reports that since the service was privatised,

the teatime visit - the middle one of the day - is frequently missed.

Example 8: A relative reports that when her father-in-law was cared for by council carers the care was good. When it went to the agency, it was poor. Among other complaints, she spoke of offensive comments being written in the care book.

Example 9: The wife of a man who has alzheimers had two experiences of

poor care from agencies. On one occasion, the carer had three appointments for 9.30pm. On another occasion she had 12 carers in 17 days. When she complained she felt she was punished by the agency withdrawing care.

She reports that frequently they didn't come on time nor did they care for her husband adequately.