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EDITORIAL

editor@caremanagementmatters.co.uk
Editors: Angharad Burnham, Olivia Hubbard
Content Editors: Aislinn Thompson, Henry Thornton

PRODUCTION

Lead Designer: Ruth Clarry
Director of Creative Operations: Lisa Werthmann
Studio Manager: Jamie Harvey

ADVERTISING

sales@caremanagementmatters.co.uk
01223 207770
Advertising Manager: Daniel Carpenter
daniel.carpenter@carechoices.co.uk
Assistant Advertising Manager: Aaron Barber
aaron.barber@carechoices.co.uk
Director of Sales: David Werthmann
david.werthmann@carechoices.co.uk

SUBSCRIPTIONS

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info@caremanagementmatters.co.uk
01223 207770
www.caremanagementmatters.co.uk

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CONTRIBUTORS

@CQCprof

Debbie Ivanova
Deputy Chief Inspector for Adult Social Care, Care Quality Commission

@blimeysimon

Simon Bottery
Senior Fellow in Social Care at The King's Fund

@johnnycosmos

John Kennedy
Independent Social Care Consultant

@KathyRobertsMH

Kathy Roberts
Chief Executive of Association of Mental Health Providers

@KGerlich777

Karolina Gerlich
Executive Director of The Care Workers' Charity

@JamesBullion

James Bullion
Executive Director of Adult Social Services

@askhamvillage

Aliyyah-Begum Nasser
Director at Askham Village Community

@LlpGordons

Neil Grant
Partner at Gordons Partnership LLP

@mroutled

Martin Routledge
Head of Development at Community Circles

@wearehourglass_

Richard Robinson
Chief Executive Officer of Hourglass

Social care insights

From Simon Bottery

Reflecting on how the social care sector has gained more support since the first wave of the pandemic.

As many people feared, summer and autumn turned out to offer no more than a brief lull in the impact of COVID-19 on social care. With the onset of winter, death tolls in care homes started to climb again. The high rates of transmission in the wider community and the newer, faster-spreading variant mean it has proved impossible – despite valiant attempts by managers and staff to keep the virus out of all care settings.

Facing this second wave, it is clear there is far more support for social care, particularly care homes, than in the first wave. The social care taskforce has brought much-needed expertise and knowledge of the sector, working relations between the NHS and local authorities have improved and there has been a huge effort by representative bodies like the Association of Directors of Adult Social Service, Care England, the National Care Association, National Care Forum and the UK Homecare Association to give voice to the sector. January's additional funding for workforce recruitment in response to worrying numbers of vacancies was a sign of their impact.

However, the sector's voice has not always been heard. This was evident before Christmas during an increasingly angry dispute about resident visiting, with families understandably desperate to see loved ones but Government apparently uncertain about how to permit this safely. The failure to address the issue properly over the summer led to the rushing out of a plan, that providers felt was undeliverable with the resources and time available. The argument has now been dampened down somewhat by the reality of the wider national lockdown, the increasing number of deaths and – more positively – the vaccination programme.

There was a similar problem in relation to care home insurance. It was clear into the autumn that many providers were struggling to find cover because insurance companies had pulled out of the market or were quoting far higher premiums. Yet, the Government was reluctant to act and the eventual response – a workaround that was both belated and applied only to those homes designated to take COVID-19 patients from hospital – had to come from the NHS.

These episodes illustrate some key themes in adult social care policy – the extent to which national Government involves itself in the working of the social care market, the degree to which the sector has influence and the relationship between the NHS and adult social care. COVID-19 has undoubtedly brought about changes in all these areas. There is greater awareness of social care from national Government, more support from the NHS for providers and the sector has a louder voice.

This is not without its own challenges. Greater involvement leads to calls for more oversight and regulation; more NHS support leads some to believe it should run social care; a louder voice brings even greater attention to what is being said.

Nonetheless, we must accept the scrutiny that more support and engagement brings. Greater understanding of social care will be key to achieving long-term reform of social care when COVID-19 is – hopefully – far less of a threat.

Simon Bottery is a Senior Fellow in Social Care at The King's Fund. Email: **S.Bottery@kingsfund.org.uk** Twitter: **@blimeysimon**

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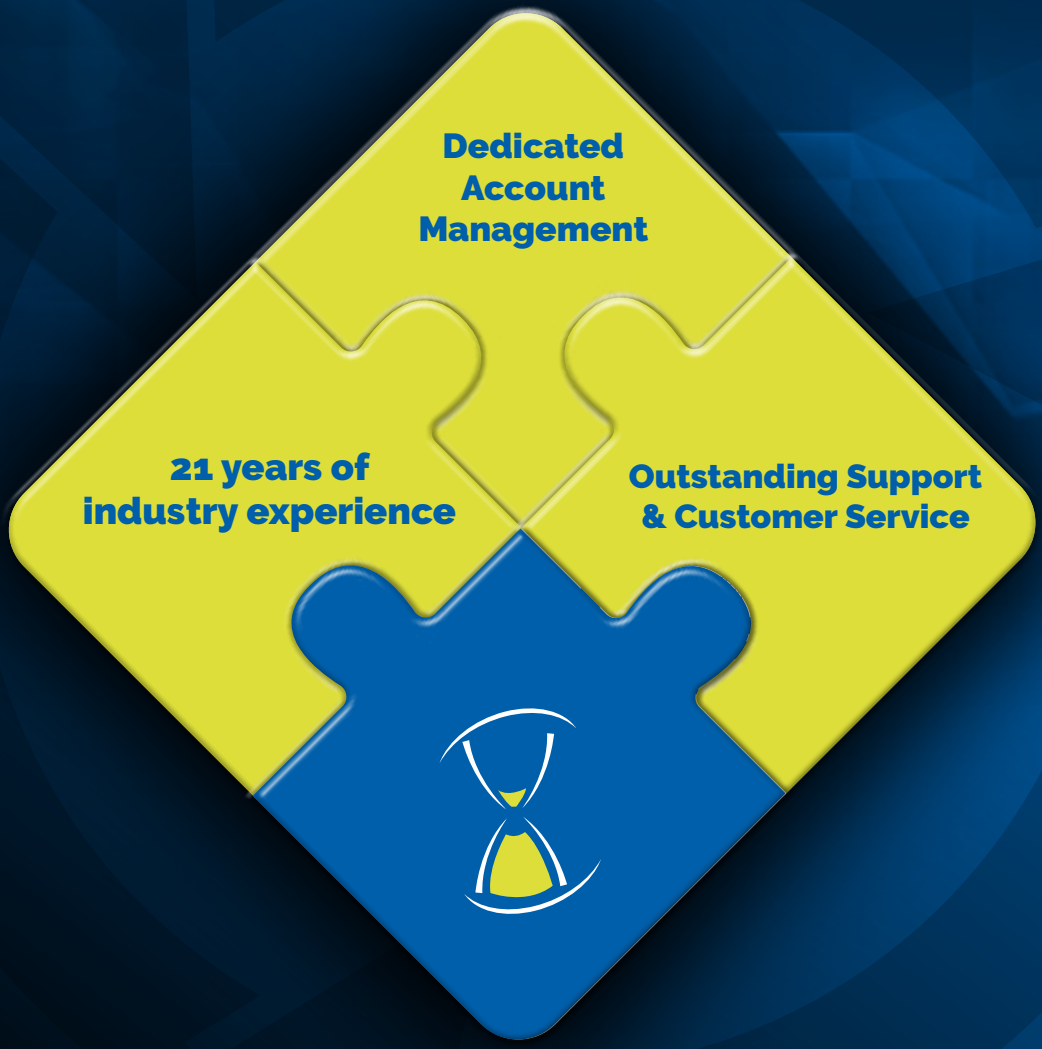

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Inside CQC

DEBBIE IVANOVA

Debbie Ivanova, Deputy Chief Inspector of Adult Social Care at the Care Quality Commission (CQC), explains how a collective effort is key to improving support for people with learning disabilities and autism.

We've seen too many times over the past few years that people with a learning disability and autistic people are not getting access to the right care. I've recently been appointed as lead for a programme of work focusing on transforming the regulation of services for people with a learning disability and autistic people. I want to share my early thinking on the programme and use this column throughout the year to keep you updated.

In October 2020, we published our review into the use of restraint, seclusion and segregation – *'Out of Sight: Who Cares?'*. Throughout this review, I listened to people's experiences of restrictive practices and heard how they were failed by the health and social care system. They often reached out for help and didn't receive it, or the help they received did not meet their needs. Their passion for change reignited my commitment to support people with a learning disability and autistic people to get not only the care that they need, but the life that they deserve.

This review, together with Professor Glynis Murphy's review into CQC's regulation of Whorlton Hall, made a number of recommendations for CQC, which we have already started taking forward. You can read more in a recent blog by Kate Terroni, Chief Inspector of Adult Social Care.

Despite the *Transforming Care* programme, too many people with a learning disability and autistic people are still living in hospitals and there needs to be more decisive and collective action to bring about lasting change. We can, and we should, do better.

There has been some progress in bringing these issues to light; but this has not achieved the change we all want. We need to shift the focus to people getting personalised support from skilled staff in their own communities when they need it. We are acutely aware of the pressures and know this is not easy to get right. For example, there are huge workforce challenges to overcome, but we are up for the challenge of working with others in the system to achieve this.

I've spoken before about our work on Closed Cultures – this is now about implementing and operationalising the work. Throughout our engagement with people who use services, the discussion often returned to – how are you going to use regulation to make a difference? What's within your power to lever change? This will be our focus, to both improve the way we monitor and inspect services and to use the full scope of our regulatory powers, to make sure the quality of care in services for people with learning disability and autistic people is good. We have started at pace, and right now, we are refining our methodology by learning from our work on Closed Cultures, including ensuring our reporting process is fit for purpose.

CQC cannot do this alone and we don't want to. We need everyone in the health and care system to work together to make this happen; our partners in NHS England and the Department of Health and Social Care, commissioners, local government and those providing care in these services. We've already had some productive conversations about how best to do this – and the renewed focus on *Transforming Care* and *Building the Right Support* gives us an opportunity to make a collective step change this year.

We're currently developing the focus of the programme, so far it fits into three key areas.

REGULATED AND REGISTERED

We'll be ensuring that our newly updated Right Support, Right Care, Right Culture is being used by providers across the board. This is the policy which describes what we expect good care to look like for autistic people and people with a learning disability, covering registration through to inspection. It is about ensuring people have the right model of care and are going into a service that meets their individual needs, whether that's in adult social care, primary medical services or a hospital.

TAKING ACTION

We want to make sure we respond quickly and appropriately where services are not caring for people in line with good practice. We'll be reviewing our approach to inspections of services for people with a learning disability and autistic people across the organisation. We'll begin with a review of all hospital settings where our evidence shows there are the highest risks to keeping people safe and respecting their human rights. We will put people's experience at the heart of our inspections.

PATHWAYS AND HEALTHCARE

This workstream will look at access to services and what happens to people as they move between health and care services, focusing on choice and consent whether they live in regulated settings or in the community. We will work with local systems to identify commissioning gaps but also seek out best practice models. Then, alongside examples from our inspection programme, we will share this learning widely.

We're in the very early stages of exploring this work and will keep you updated. At the programme's core, it's about making sure people with a learning disability and autistic people receive the right support, at the right place, at the right time.

Debbie Ivanova is Deputy Chief Inspector of Adult Social Care at the Care Quality Commission. Share your thoughts and feedback on Debbie's column at **www.caremanagementmatters.co.uk**

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NEWS

Call for urgent action on care home visiting

The Relatives & Residents Association (R&RA) has issued a joint statement with Age UK, the National Care Forum, the Registered Nursing Homes Association, John's Campaign and Rights For Residents on reuniting residents of care homes with their relatives and friends by 1st March.

The joint statement echoes R&RA's campaign to End Isolation In Care which has been calling for older people to be safely reconnected with their family and friends in order to protect their rights.

The organisations stand united in calling for residents to be allowed meaningful indoor visits with essential caregivers by 1st March.

According to the organisations who have backed the statement, if care home visits are delayed any longer, care home residents will have waited over a year to see and touch their loved ones. The organisations backing the urgent call say this is 'unacceptable' and that the absence of meaningful indoor visiting fails to recognise the fundamental role that relationships and love play in a resident's wellbeing.

The statement follows the news that The Joint Committee on Human Rights has drafted a new law which would end the blanket ban of relatives visiting care homes. The law would require residential care homes to allow visits unless, after individualised assessment, a face-to-face visit is not possible for safety reasons.

The joint statement said that through the use of individual assessments, care homes should balance the risk of harm from the virus with the risk of harm from isolation and lack of connection with those important to the resident.

Although the statement is limited to England, the organisations who have backed the statement feel passionately about the restoration of meaningful relationships across all of the UK.

Helen Wildbore, Director of the Relatives & Residents Association, said, 'Almost a year of isolation is having a devastating impact on older people in care. Our helpline hears the distress, despair and heartbreak of separation, and the desperation for a light at the end of the tunnel. We must safely reconnect families and friends, to stop the human rights crisis unfolding in care.'

Visit the Relatives & Residents Association website to read the joint statement in full.

Public urged to consider work in social care

The Department of Health and Social Care launches the 'Care for Others. Make a Difference.' campaign to drive awareness of career opportunities in the social care sector.

The campaign aims to alleviate the shortages being felt across the sector and encourages individuals to take up short-term paid work in the adult social care sector.

Workers currently on furlough will be eligible for the scheme. Those who have registered as NHS Returners and Volunteers can also respond to the Call to Care.

For the short-term scheme, for individuals who have registered their interest online, DHSC will pass their registration details onto their local authority and local adult social care service providers. Care providers will then contact candidates directly. Further information on access to training, DBS checks and vaccines will be provided when candidates are contacted.

Training, including infection prevention controls and use of PPE, will be provided as well as vaccinations in line with key worker status and the priority vaccine scheme.

Kathy Roberts, Chair of the Care Provider Alliance (CPA), said, 'This initiative is a welcome move from central Government to increase staff capacity in adult social care. Data from Skills for Care reveals a shortage of the care workforce by 112,000 vacancies and this is before the challenges of the pandemic that have seen care providers working tirelessly to manage capacity issues and alleviate the shortages.

'But we need more than a short-term solution, we need a long-term strategic plan that goes to the heart of addressing the workforce capacity issues. That is why the CPA is calling on the Government to develop a People Plan that will provide a clear pathway for resolving the workforce issues in adult social care.'

APPOINTMENTS

VALORUM CARE GROUP

Two senior appointments have been announced by Valorum Care Group with a new Chief Executive Officer and Board Chair now appointed. Rhian Stone joins the group as a CEO from the Pobl Group where she was the Managing Director of its care and support division, while Simon Harrison takes up the role of the Group Chair.

CORNERSTONE HEALTHCARE

Care provider Cornerstone Healthcare has appointed Kinga Odendaal as its Area Manager for East region, which includes Hampshire and Surrey.

Kinga has over 10 years' experience in senior healthcare management roles and brings a wealth of both clinical and business knowledge to the Cornerstone management team.

NEW GROUP DIRECTOR

North Yorkshire care provider Saint Cecilia's has expanded its management team by adding the new post of Group Director.

Its first holder is Laura Clegg, a care professional with more than 30 years' experience in the sector, who joined this month.

The role will oversee the expanding group's four homes and, working with the registered managers, help build upon and improve the care they offer.

VIDA HEALTHCARE

Harrogate-based dementia care provider Vida Healthcare has appointed a new Registered Home Manager at one of its homes, Vida Hall. Clare Shuker brings over 20 years' experience to Vida and will support the team in managing care delivery to keep residents safe. The role will see Clare manage care delivery to keep residents safe and well and work to maintain the home's Outstanding Rating.

NCF Pulse Survey update

The National Care Forum (NCF) presented the latest results from the Pulse Survey on 11th February.

The Survey was completed by NCF members operating 1,180 care and support services throughout England.

A summary of the Pulse Survey findings revealed:

- Vaccination: good progress but more to do to ensure all care staff who wish to be are vaccinated by 15th February – key gaps remain in the care workforce beyond care homes for older people, especially in domiciliary care.
- Finance: facing very serious financial pressures which, according to NCF, will only get worse – costs are up, income is down, occupancy is declining and many local authorities seem to be struggling to offer fee rate increases that will cover the increase in the National Living Wage.
- Workforce: combined pressure due to vacancy rates and increasing absence rates; vacancy rates sit at around 5% while the absence rate had increased to 8% in January 2021. NCF said it is clear that staffing pressures vary greatly, but the impact of COVID-19 infection and isolation can be very significant in individual care services.
- Visiting: providers trying hard to keep some visiting going within lockdown limits – 67% of respondents were still offering visiting during January.
- Data matters: NCF said it is totally unacceptable that key COVID data collected from the sector is not being shared with the care sector. From the progress on vaccination, to visiting, to numbers of positive cases and outbreaks, providers cannot see the overall national picture, nor their more local and regional picture. This data is essential to help nimble and responsive operational and contingency planning by care providers who need to adapt quickly to their local situation across the country.

Vic Rayner, Executive Director at the National Care Forum, said, 'There is a very real concern that providers may not be able to continue to operate existing services and to invest in new services and innovate for new models of care.'

The forgotten frontline

The Care Provider Alliance (CPA) said we must not lose sight of the fact that so much more work needs to be done to vaccinate more of the vulnerable people being supported in social care and the wider care workforce.

Currently only older people with learning disabilities and those with Down's syndrome are in the first phase priority for the vaccine, whilst people with a mild or moderate learning disability such as autism are not. This is despite the Joint Committee on Vaccination and Immunisation (JCVI) advising that 'the first priorities for the current COVID-19 vaccination programme should be the prevention of COVID-19 mortality and the protection of health and social care staff and systems.'

Kathy Roberts, CEO of The Association of Mental Health Providers and Chair of the Care Provider Alliance, said, 'Whilst, there is much to celebrate from the achievements of the vaccine rollout in the UK to date, people with learning disabilities and severe mental illness are the forgotten parts of the social care system in the vaccine prioritisation programme.'

Free PPE for unpaid carers

Unpaid carers across the country, who do not live with the people they care for, can now benefit from free PPE through a new national scheme, the Government has confirmed.

Following a successful pilot scheme to establish the distribution method and logistics, free PPE is now being made available to 'extra-resident' unpaid carers who need it, so they continue to keep themselves and those they care for safe from COVID-19 if they have to move between households.

Local authorities and local resilience forums (LRFs) were informed of the extended PPE offer by a letter sent 25th January and already almost two thirds have signed up to support this. The Minister for Care, Helen Whately, is now calling for more to take part and help unpaid carers in their areas access free PPE.

Professor Deborah Sturdy OBE, Chief Nurse for Adult Social Care, said, 'Unpaid carers provide a fundamental pillar supporting our social care system and have the gratitude of a nation for their work before, during and after this pandemic. The scientific advice is to wear PPE while caring and we are ensuring extra-resident unpaid carers can now access this for free.'

The provision of free PPE to unpaid carers builds on the Government's commitment to provide free PPE until at least the end of June 2021 to the adult social care sector.

Over 7.6 billion items of PPE have been distributed to protect our health and social care staff.

Call for fair rates for care providers

Care England has written to all Directors of Adult Social Services regarding fee rates for care providers.

The details of the letter highlighted that in addition to the human cost that the pandemic has had upon care homes, the financial impact upon providers has been unprecedented.

According to Care England, local authorities have a legal obligation to promote the efficient and effective operation of the care markets in their localities, to ensure that people have a variety of providers and services to choose from. They must also have regard to the sustainability of the market, which includes a duty to ensure adequate fee levels.

The Directors of Adult Social Services will hear the case that the pandemic has had a significant and immediate impact upon providers' costs of care and while there has been some financial support provided to care providers, it has been limited and has not been provided on an indemnity basis. Care England said this has left providers having to absorb the financial shortfall on their increased costs often with reduced occupancy and calls for fair fee rates for care providers.

Professor Martin Green OBE, Chief Executive of Care England, said, 'We are deeply concerned with the feedback we are receiving from many of our members about local authorities who are proposing to make very little increases, if any, to the base fee rates they pay for the care services that they commission. This impact, combined with other inflationary pressures, has created the perfect storm, placing the care home market, home care and supported living settings in an incredibly precarious financial position.'

County Councils Network publishes report

A new report, *The Future of Adult Social Care*, commissioned by the County Councils Network, which represents England's largest local authorities, argues strongly that social care should remain being delivered by local authorities rather than giving increased control to the NHS or central Government.

The report outlines new ways of working and practices for local authorities, care providers and the NHS in what care specialist Newton terms an 'optimised local delivery model' for many of the 1.4m people who approach councils each year for local authority arranged care in England.

Newton said this can be achieved through a mix of interrelated improvements, including better long-term commissioning of residential and home care, greater collaboration between councils, the NHS and care providers, investment in reablement services, maximising the use of the voluntary and community sector and embracing digital transformation.

However, the report warns that this model can only be delivered if councils are given the clarity of a long-term funding model for care, due to be outlined in the Government's long-awaited green paper, and services remain under local democratic control.

The report suggests reforms could also be underpinned by a new, outcomes-based performance framework. In exchange for more funding, the framework would make clear the impact of funding decisions, highlighting areas of good and poor practice, and give central Government a new mechanism to monitor and support improvement.

Cllr David Fothergill, Health and Social Care Spokesperson for the County Councils Network, said, 'The evidence presented in this report is compelling: only councils, who know their populations and their providers, have the means to deliver improved social care services to keep people independent for longer.'

New standards for care home nurses

The first ever standards for nurses working in residential homes have been published by community nursing charity, The Queen's Nursing Institute (QNI).

The 'Standards of Education and Practice for Nurses New to Care Home Nursing' were launched at a meeting of the QNI's Care Home Nurses' Network on 29th January 2021.

The standards are augmented by a Practice Portfolio developed with Skills for Care. The QNI was commissioned by NHS England and NHS Improvement (NHSE/I) to develop the new standards to support the transition of a Registered Nurse who is new to working in the care home sector.

Currently there are 36,000 registered nurses employed by adult social care (Skills for Care 2019/20; NMC 2019) and the care required by residents is becoming more complex and technologically sophisticated. This requires the registered nursing staff to be skilled, knowledgeable and competent in caring for this group of people.

The QNI worked with a representative group of care home providers and commissioners to address and identify specific education and practice standards. The resulting standards are comprised of a set of benchmarks that can be used to assess the skills and knowledge that the registered nurse will need to demonstrate in the care home setting.

Dr Crystal Oldman CBE, QNI Chief Executive, said, 'The well-established national QNI Care Home Nurse Network (supported by the RCN Foundation and the CNO for England) is a dynamic place for all care home nurses to share and learn. Members of our network were vital to the development of the standards being launched today.'

The Care Workers' Charity launches mental health programme

The Care Workers' Charity launches a Mental Health Support Programme, to support the UK's social care workforce.

The COVID-19 pandemic has had a devastating impact on the mental health of the social care workforce. Care workers are said to be struggling with insomnia, anxiety, depression and PTSD as a direct result of their role and evidence from the Government Select Committee points to a great many more care workers facing 'total burnout'.

The Mental Health Support Programme will provide up to 10 sessions with a qualified therapist through Red Umbrella, an accredited mental health organisation. The cost of all these sessions will be paid for by The Care Workers' Charity and will help care workers better cope with the challenges they are facing.

Many care workers are not eligible for bespoke therapy and those who are, are unable to afford its cost.

Karolina Gerlich, Executive Director of The Care Workers' Charity, said, 'Our Mental Health Support Programme aims to bridge the shortfall in mental health resources for those working in the social care sector, which we hope will not only improve individual wellbeing and resilience in the short term, but also go a long way towards increasing staff retention rates, reducing workforce shortages, as well as leaves of absence and sickness related to mental ill health.'

COVID-19 vaccine offered to all eligible care homes

Official figures confirm that the NHS has now offered the COVID-19 vaccine to residents at every eligible care home with older residents across England. Nurses, GPs and other NHS staff have offered the COVID-19 vaccine to people living at more than 10,000 care homes with older residents.

While in a small number of cases a severe outbreak of COVID-19 will have prevented a team from visiting, any care home yet to be visited for a vaccination clinic is going to have one booked in as soon as it is deemed safe by local public health protection clinicians to do so. Vaccination staff are also returning to homes that have been covered to jab any resident who was unable to have it during the previous visit because they had recently had COVID-19 or for other clinical reasons.

Vic Rayner, Executive Director, National Care Forum, said, 'This is an amazing outcome – and a clear example of care and health working together to achieve the best for the most vulnerable members of society. It is partnership that has got us to this place, with everyone doubling down to get the job done. It is a testament to both the care homes who have managed to ensure all available residents and staff were supported to receive the vaccine and the fantastic team of NHS community health colleagues who delivered in record time.'

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Institute of Health and Social Care Management

The Institute of Healthcare Management has relaunched to become the Institute of Health and Social Care Management, in a move to give a voice to leaders and managers working throughout both health and social care.

Having represented healthcare managers for nearly 120 years, the membership body's name change signifies its commitment to supporting individual leaders working throughout both health and social care, at a time when the integration of services is high on the national agenda and when professionals have been working tirelessly in response to the coronavirus emergency.

In line with this move, the Institute of Health and Social Care Management (IHSCM) is actively expanding its membership in social care as it champions policy change and delivers programmes to provide practical support to individual managers responsible for delivering services.

The renaming of the institute comes as the IHSCM recently published a new green paper on integrated care – highlighting examples both of best practice, and where a lack of integration across health and social care has caused distress for people and families.

The institute has also been leading a national campaign alongside The Care Workers' Charity, the National Care Forum and Thank And Praise to recognise inspirational social care workers, managers and leaders for outstanding work during the COVID-19 pandemic.

Jon Wilks, Chief Executive at the Institute of Health and Social Care Management, said, 'Professionals in social care are just as deserving of support as colleagues in health, and we believe having a single organisation dedicated to supporting individual leaders throughout health and social care is significant.'

Care home trial launches

A UK-wide clinical trial, PROTECT, funded by The National Institute for Health Research (NIHR) and conducted by the University of Nottingham, aims to identify treatments that can protect care home residents from developing COVID-19.

Prophylactic Therapy in Care Homes (PROTECT) is a platform trial that will test one or more treatments with the aim of reducing the risk of care home residents catching the virus that causes COVID-19 and of developing severe disease.

The trial will recruit more than 400 care homes from across the UK and approximately 12,000 residents. Care homes will be randomised to treatment or standard care (no additional treatment).

The study will be run from the University of Nottingham with involvement by the Universities of Cambridge, Edinburgh, Surrey and Warwick, and University College London.

The Nottingham Clinical Trials Unit will set up a large clinical trial platform that will test several treatments intended to reduce the spread of COVID-19 within care homes and reduce the risks of hospitalisation and death. A trial platform allows multiple treatments to be tested in parallel, with results analysed regularly. As soon as a treatment is shown to be effective or ineffective, it is removed from the platform.

The University of Nottingham said resident, relative and carer involvement is central to the study and it will seek to be representative of the communities the care homes serve based on gender and ethnicity.

IN FOCUS

Health for Care coalition report

WHAT'S THE STORY?

The Health for Care coalition is calling on the Government to deliver on its promise to address the failures of the social care system, as the coalition launches its report: *Let's do this: The promise of fixing social care*.

Health for Care, a coalition of 15 national health organisations, led by the NHS Confederation, warns that the COVID-19 pandemic has thrown into stark relief the failings and underlying weaknesses of the social care system, which have left health and social care services struggling to cope.

The coalition said the social care system must be drastically overhauled, and the Government urgently needs to deliver on its manifesto commitment to fix the failing social care sector.

WHAT ARE THE FINDINGS?

According to the latest research, there are 1.4 million older people currently estimated to have an unmet need for social care, yet without a comprehensive and properly funded long-term plan for the sector, this important infrastructure is jeopardised.

Central to the report are proposals for a better funding model and a restructured social care system. Report authors lament the ongoing repercussions of the failure to plan properly for vital services and the dramatic falls in spending on social care in England, with figures showing a 12% decrease per person over the decade to 2018/19.

The coalition also warns of very high staff vacancy numbers, with 112,000 social care posts left empty, and very low pay, status and career opportunities.

WHAT DO EXPERTS SAY?

Danny Mortimer, chair of the coalition and Chief Executive of the NHS Confederation, said, 'While addressing the immediate COVID emergency has rightly been the Government's top priority, there is a real risk that allowing the current circumstances to excuse further delays to social care reform will mean that an opportunity is missed once again.

'The NHS and social care are sister services and have been supporting one another and working closely together throughout the pandemic. However, when one service does not work, the other suffers, and the past few months have brutally exposed how fragile and under-resourced England's social care system has become.'

James Bullion, president of the Association of Directors of Adult Social Services, said, 'It's great to have such solid support for social care from our health colleagues. Some people may be surprised to see one sector campaigning so passionately for another, but we are both part of a single care and health system and each depends utterly on the other.'

Project provides exercise equipment for older people at home

The charity Sporting Memories has rolled out its latest national resource: The Sporting Memories #KITbag.

Since the start of the pandemic, Sporting Memories – the charity which brings together older people across the UK at over 130 clubs for companionship and physical exercise – has developed ways for older people to keep in touch and a wide range of physical, online and radio resources.

Through the charity's #TalkAboutSport campaign, it encourages everyone to use the power of sporting memories to tackle loneliness and depression and spark positive memories for people living with dementia. The campaign has attracted practical support from many well-known personalities from the world of sport.

Its latest national project is the Sporting Memories KITbag, which in Scotland has received funding from the ScottishPower Foundation, the National Lottery Community Fund, the CORRA Foundation and Spirit of 2012. Delivered to people's homes, the KITbag pack contains inclusive equipment for helping with being active, a DVD with magazine programmes, an exercise guide, Sporting Memories sports articles and quizzes, and a personal record book.

Chris Wilkins, Sporting Memories Co-Founder, said, 'We have been conscious throughout the pandemic that many of our club members either could not engage with online activities or their conditions meant that these were not suitable. At the same time, so many of our members were not getting out of their homes, some through those early and now current months of shielding, and others through fear and inactivity. For some, reduced mobility has really taken hold.'

Extra care housing scheme in Norfolk

Sequential Investors has teamed up with not-for-profit housing provider Housing 21 to deliver a much-needed 98-bed extra care housing scheme in Thorpe St Andrew, Norfolk.

The £20m investment is the first in a planned pipeline of developments across the country, responding to a critical need in the market for the provision of properties for over 55s of modest means. Current studies in the Thorpe St Andrew area suggest that, by 2023, there will be a 433 extra care unit shortfall within a five-mile radius of the site.

Research: Dementia Care Mapping

Researchers have been carrying out a randomised controlled trial for several years to test the effectiveness of a tool called Dementia Care Mapping (DCM), which is used in care homes to improve care for people living with dementia.

The Centre for Dementia Research at Leeds Beckett University (LBU), which aims to improve the care for people living with dementia, is to be highlighted by the National Institute of Health Research (NIHR).

The current study was part of a UK research trial that looked at whether DCM, when implemented by care home staff in the UK, led to reductions in resident agitation, neuropsychiatric symptoms, use of anti-psychotics, use of healthcare resources and improvements in quality of life.

The research team worked with colleagues from the University of Leeds, the University of Exeter and the University of Bradford.

Dementia Care Mapping works by asking staff to put themselves in the place of residents, through watching and assessing their experiences, and feeding those back to the staff team who then develop action plans to improve residents' experiences and care.

The DCM-EPIC Study found that, although Dementia Care Mapping is widely used in care homes across the UK, it doesn't lead to beneficial outcomes for care home residents when compared against usual care and it isn't providing good value for money.

Professor Claire Surr, from the School of Health and Community Studies at LBU, who led the research, said, 'The findings suggest that even with established tools like DCM – putting them into practice can be extremely challenging.

'Even with the additional support to implement DCM offered within the trial, the majority of care home managers were unable to support staff to use DCM regularly.'

Open University calls for social care reform

The Open University is calling for significant reform in adult social work and social care to aid the sectors' recovery from COVID-19.

In its new report: *The path forward for social care in England*, the Open University's School of Health, Wellbeing and Social Care has made a number of recommendations to employers, sector leaders and policymakers which could help the sector weather the ongoing difficulties it faces.

The report has been published in response to a survey, which surveyed leaders across England. The Open University has found that the sectors are facing significant challenges in the shape of skills shortages.

Nearly half of employers (44%) across adult social work and social care are operating with or below the bare minimum of skills required to run operations successfully.

The Open University said defined career pathways and progression opportunities remain an obstacle to recruitment and retention in social care, though more than one in three people surveyed agreed that pathways between social care and social work, such as the recently introduced degree apprenticeship, could provide a possible solution to staffing issues.

Professor Samantha Baron, Head of School for Health, Wellbeing and Social Care, Faculty of Wellbeing, Education & Language Studies at The Open University, said, 'Public services have been at the frontline of the response to COVID-19, and it's no secret that the severity of the pandemic has tested the preparedness and resilience of adult social care.'

Visit the Open University website to download the report in full.

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Charlie Mason,
Registered manager and director of Summerhayes Care Home

Learning disability charity responds to Mental Health Act reform

On Wednesday 13th January, the Government unveiled a white paper setting out its plans to reform the Mental Health Act first introduced in 1983.

United Response Chief Executive Tim Cooper said, 'These plans are a positive starting point to replacing the outdated and uncompassionate Mental Health Act with new and properly funded protections worthy of the 21st Century.

'The current system simply fails to uphold the rights of the very people it is designed to support. It is therefore especially welcome that the new proposals will place people with urgent mental health needs, a learning disability or autism right at the heart of any decisions about their care.

'The Health Secretary's commitment to seeing people not as 'patients' but individuals with rights is long overdue – but must not remain lip service. This fresh approach needs to go together with investment in mental health and learning disability services, directly linking to similar care within the NHS and leading to more effective wider support to meet these aspirations.'

Care recruitment kickstart for young people

Sanctuary Care will offer job placements to 300 people aged 18 to 24 as part of the Government's Kickstart Scheme – a fund creating work opportunities for unemployed young people in a range of sectors.

As the pandemic has highlighted the importance of health and social care workers, Sanctuary Care's intake will offer the successful applicants a six-month placement as either a wellbeing or maintenance assistant.

Sanctuary Care will provide participants with CV writing support, interview coaching and training to develop their digital and communication skills. It is hoped that some roles will lead to permanent jobs within the organisation.

Sarah Clarke-Keuhn, Group Director – Sanctuary Care, said, 'Both roles are invaluable in helping us to enrich the lives of our residents, who are always at the heart of everything we do. We are delighted to be involved in the Kickstart Scheme providing opportunities for young people in the current challenging job market. It's never been more critical to support people into work in our sector, and there are clear benefits for everyone involved.'

Encore Care Homes promote a career in social care

Frontline workers at Encore Care Homes are promoting the benefits of a career in care as they support the search for 500 people to sign up to a new not-for-profit care agency.

The team at Encore Care Homes is looking to welcome 500 Dorset residents to sign up to its new initiative, Care Club, to fulfil a range of roles at Great Oaks in Bournemouth, Oakdale in Poole and Fairmile Grange in Christchurch. The not-for-profit care agency is backing Encore Care Homes' partnership with the NHS to temporarily welcome in extra non-COVID residents at short notice to reduce the pressure on hospital staff as coronavirus patient numbers rise.

New state indemnity scheme

The Government has announced a state-backed scheme to indemnify care providers operating in designated settings.

Care England has long called for the Government to help with insurance, including a letter to the Prime Minister at the end of last year.

According to Care England, the lack of insurance has been a major stumbling block in the low take-up of designated sites and so this move by the Government is very welcome. The majority of care homes are in the independent sector and, unlike their counterparts in the NHS, they do not have automatic indemnity.

The Care Quality Commission (CQC) is continuing to work with the Department of Health and Social Care (DHSC), local authorities and individual care providers to provide assurance of safe and high-quality care in designated settings, which are part of a scheme to allow people with a COVID-positive test result to be discharged safely from hospitals.

The Government's aim is for each local authority to have access to at least one designated setting as soon as possible. CQC is working closely with the Department of Health and Social Care to ensure designated settings are appropriate.

Vic Rayner, Executive Director of the National Care Forum, said, 'This announcement, though a positive step, does not go far enough. It is a temporary solution only committed to until the end of March, with a review due in mid-February. We continue our call on the Government to address the wider insurance issues for the sector and to extend the indemnity arrangements to the entire social care sector on parity with our colleagues in the NHS.'

Marie Curie partners with a care provider

End of life charity Marie Curie and care provider Hallmark Care Homes are working together to implement the care group's End of Life Care Strategy.

Marie Curie will provide training in end of life awareness, communication, coping strategies, symptom management and care planning to 2,100 Hallmark employees. Meanwhile, Hallmark will support Marie Curie to hone its resources for a care home audience and in the progression of relevant research to improve end of life care outcomes for older people.

Hallmark approached Marie Curie to seek input on the development of its End of Life Care Strategy. To support the strategy Marie Curie is providing mentorship, clinical supervision and training in counselling and leadership support for the Hallmark Care Homes End of Life Care Champions.

Eamon O'Kane, Deputy Director, Devolved Nations and National Programmes at Marie Curie, said, 'Marie Curie's priority is to improve the experience of dying, death and bereavement for all. Even before the pandemic, the number of people dying was increasing annually. COVID-19 has increased the pressures on care workers to support both residents and families in very challenging circumstances. We commend Hallmark in their proactive efforts to change the experiences for their service users, relatives and their workforce.'

LEAVING THE EU:

THE IMPACT ON SOCIAL CARE

With the end of the transition period now upon us and with a deal confirmed, social care consultant, John Kennedy, informs providers about what they should be aware of and alert to in relation to the EU exit.

What seems like a lifetime ago, in the dim pre-pandemic mists of January 2020, the UK formally left the European Union. At the time, there was a frenzy of activity as sector representatives, the Department of Health and Social Care (DHSC) and local authorities tried to assess the impact on social care and put in place reassurance and guidance to support the sector. Then of course the brutal and seemingly remorseless virus hit and, rightly, thereafter all attention has been focused on getting through day by day. The social care sector has demonstrated phenomenal bravery, resilience and kindness throughout the crisis. Stepping up wave after wave.

For social care, relentless is business as usual; there are no 'half-day closing' days, closed on Sunday or any other day. It really is a truly 24/7 commitment.

Planning for any crisis, being prepared, and constantly reviewing contingency is, more than many other sectors, very much business as usual.

The end of the transition period following the UK's exit has now come to an end. Although a deal was struck, there are still aspects that providers should be aware of and alert to. It seems that we may just be on the verge of a glimpse of a light in the distance. The roll out of vaccines and the hope that they bring should soon lead to lower infection rates and, most importantly, a reduction in the number of people getting critically ill and dying. Hopefully, the time will soon come when the sector, by its standards, can have some time to regroup. Relentless though it will remain.

THE SETTLEMENT SCHEME

Of the approximately 1.5 million people working in social care, it is estimated that 7% (more than 100,000) are EU Nationals. This is an average, and Skills for Care estimates that the figure could be as high as 16% in certain parts of the South East and other areas.

According to the Office for National Statistics (ONS), of the more than four million EU Nationals living in the UK, a significantly high proportion have already applied to work in the social care sector. The vast majority of those who have applied have been granted either full settled status or pre-settled. This allows them to remain and continue to work legally in the UK. However, there isn't any firm data on the proportion of EU Nationals working in social care who have not yet applied. A recent survey from the Joint Council for the Welfare of Immigrants made for some troubling reading. From an online survey, they reported one in seven EU Nationals not knowing about the Settlement Scheme, which increased to one in three who were surveyed in person. >

> The response from Government has been confident in asserting that the take-up of the Settlement Scheme has been very high. However, providers might feel it prudent to review their individual situations and take any action to ensure that EU Nationals in their workforce are aware of and are supported to apply. The deadline for applications is 30th June 2021. It might be wise to apply early and avoid any unforeseen changes or policy shifts nearer to the date.

Similarly, EU Nationals in receipt of care, for example those living in a care home or receiving homecare, also need to be aware of the scheme and supported to apply. If they don't apply by the deadline of 30th June 2021, there is a risk that they lose their right to access public funds and may face difficulties in accessing NHS and other statutory services. Providers may feel it is also prudent to ensure that clients and their next of kin are aware of the scheme and are signposted to access the right support.

"The Care Provider Alliance has a very useful set of guidance for providers to assist in supporting staff and customers in applying for settled status."

The Care Provider Alliance has a very useful set of guidance for providers to assist in supporting staff and customers in applying for settled status. The guidance also sets out the actions and limitations in respect of the duty of providers.

Key recommendations are:

- Review your business continuity plan to ensure it covers the EU Settlement Scheme and implications for your workforce and people who use your services.
- Assess how many members of staff and people who use your service might be affected by the EU Settlement Scheme. You'll need to understand if they're likely to leave the UK before 30th June 2021 or if they might need extra support to apply to the scheme, and what actions you can take to manage the implications and reduce any risks.
- Ensure relevant staff, people using your services and their next-of-kin or advocates are aware of the EU Settlement Scheme and how to apply.
- Encourage and support staff and others to apply to the EU Settlement Scheme before 30th June 2021.
- Provide information and reassurance to staff, those using your services and their family or friends.
- Ensure staff can direct people using services and their carers to information about the EU Settlement Scheme but ensure they don't act as formal advisers on the issues or process.
- Allocate staff time and resources to the issue. This will vary depending on the scale and type of your organisation. Staff with lead responsibility for workforce contingency planning and engagement with people who use your services may be the most relevant leads on the EU Settlement Scheme.

The full guidance can be found on the Care Provider Alliance website.

Providers should also be aware that EU Nationals have been added to the Government's Voluntary Returns Scheme, which provides financial support for EU Nationals to return to their country of origin. This could potentially create a challenge for the stability of the workforce.

A KINK IN THE CHAIN

The full implications of the UK leaving the EU will not be known for years to come, but some early potential issues are worth being aware of, particularly in relation to how any difficulties are escalated. The DHSC wrote to all care providers on 21st December 2020 setting out the main issues and provisions that have been made from a national preparedness standpoint.

The main areas of note are in relation to potential supply chain disruption around medical supplies, non-medical supplies and data security.

The letter includes:

- Messages for adult social care providers preparing for EU transition.
- Summary of actions taken by the Government on continuity of supply.
- Responding to local supply disruption – update for adult social care providers and local authorities.

Apart from the reassurance around national supply, the letter also sets out how providers can escalate difficulties to get support to maintain their service provision. Escalation should normally be first through the local authority and/or Local Resilience Forum (LRF), including, where necessary, reporting to the National Supply Disruption Response (NSDR) team.

One point to stress: the local authority has the same responsibilities and duties under the Care Act irrespective of whether a service or individual has their service commissioned. The local authority has a general responsibility to ensure local people's needs are met, state-funded or self-funded.

Sector representative bodies have been working closely with Government on EU exit preparedness. It is important that providers escalate issues promptly so that the voice of the sector can be heard.

LASTING LEGACY

As we hopefully emerge from the grim shadow of 2020, it would be good to be able to expect that the incredible example shown by all those working in social care will finally result in the recognition and respect that the sector deserves, so the next crisis that arrives can be met by a better resourced, respected and cherished sector. Crucially, with the exclusion of social care staff from the new UK immigration system, never has it been more important for providers to be able to offer the pay, conditions and opportunities that will be required to build the new care workforce.

Over the course of the pandemic emergency funding has been filtered through to providers to help with increased cost associated with infection control measures and PPE. The recent announcement of a further £120m Workforce Capacity Fund is welcome. Surely, the time has come for a long-term, sustainable and fair funding settlement for social care, with a properly resourced People Plan to build and enable a stable and skilled workforce. It's time to value social care. **CMM**

John Kennedy is an Independent Social Care Consultant. Email: **jpkennedy366@gmail.com** Twitter: **@johnnycosmos**

How prepared are you for the associated impact of the EU exit? Comment on this feature on the CMM website to share how you have approached the changes and what it means for your workforce, **www.caremanagementmatters.co.uk**. More guidance on Business Continuity in general and specific guidance on a range of potential issues can be found on the CPA website.

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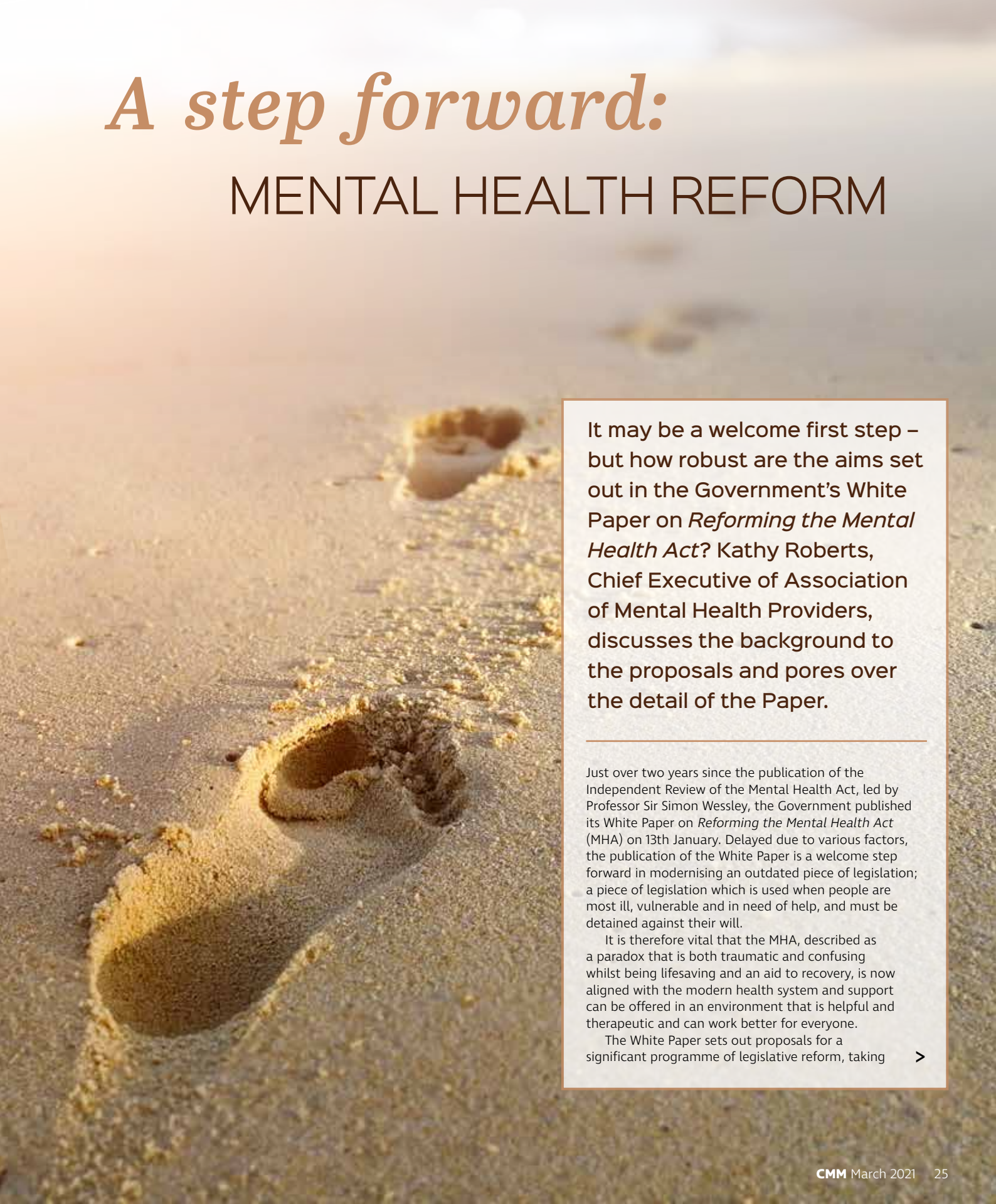
A step forward:

MENTAL HEALTH REFORM



It may be a welcome first step – but how robust are the aims set out in the Government's White Paper on *Reforming the Mental Health Act*? Kathy Roberts, Chief Executive of Association of Mental Health Providers, discusses the background to the proposals and pores over the detail of the Paper.

Just over two years since the publication of the Independent Review of the Mental Health Act, led by Professor Sir Simon Wessley, the Government published its White Paper on *Reforming the Mental Health Act* (MHA) on 13th January. Delayed due to various factors, the publication of the White Paper is a welcome step forward in modernising an outdated piece of legislation; a piece of legislation which is used when people are most ill, vulnerable and in need of help, and must be detained against their will.

It is therefore vital that the MHA, described as a paradox that is both traumatic and confusing whilst being lifesaving and an aid to recovery, is now aligned with the modern health system and support can be offered in an environment that is helpful and therapeutic and can work better for everyone.

The White Paper sets out proposals for a significant programme of legislative reform, taking >

> forward the Government's commitment to legislate to give people greater control over their treatment and ensure they are treated with dignity and respect. It also provides the Government's full response to each recommendation made within the final report of the Independent Review, accepting and taking forward a vast majority, but not all, of the recommendations made. And although the White Paper has now been published, we must remember that this is only the first (welcomed) step towards changing the law and ensuring reforms are delivered.

UNDERSTANDING THE AIMS

The Government's proposed reforms aim to tackle the racial disparities in mental health services, provide an improved response to the needs of people with learning disabilities and autism and ensure appropriate care for people with serious mental illness within the criminal justice system.

The aim is to introduce new guiding principles, initially developed by the Review and in collaboration with people with lived experience and carers, which will shape the approach to reforming legislation, policy and practice. The principles set to be at the forefront of the reforms will encourage a more person-centred system, where care must have a therapeutic benefit for the patient. The principles are:

1. Choice and autonomy – ensuring people's views and choices are respected.
2. Least restriction – ensuring the MHA's powers are used in the least restrictive way.
3. Therapeutic benefit – ensuring patients are supported to get better, so they can be discharged from the Act.
4. The person as an individual – ensuring people are viewed and treated as rounded individuals.

RACIAL DISPARITIES

Between 2006 and 2016, the number of detentions under the MHA rose by 40% and tens of thousands of people continue to be detained each year. Furthermore, there are substantial disparities between different groups in terms of who becomes subject to the Act. The statistics are stark, particularly for black people who are four times more likely to be detained and ten times more likely to be discharged from hospital with the further restrictions of a Community Treatment Order (CTO).

There is an urgent need to ensure that people of Black African and Caribbean descent with poor mental health receive the treatment and support they need without being discriminated against. The Paper outlines two key approaches to tackle the disproportionality. Firstly, the introduction of a Patient and Carers Race Equality Framework (PCREF), a practical competency tool which enables NHS mental health trusts to understand the steps they need to take to improve Black, Asian and Minority Ethnic communities' mental health outcomes. Secondly, improved culturally appropriate advocacy services so people from minority communities can be better supported by people who understand their needs.

Whilst the Independent Review did not recommend the abolition of CTOs, we know the most staggering racial disparities are highlighted in their use. CTOs have not reduced hospital readmissions, but are often considered as intrusive and coercive. It is concerning that the Government has chosen not to accept the recommendations in relation to CTOs in full and transform care for those facing serious inequalities and discrimination.

SHIFTING SUPPORT

Sadly, the White Paper makes little mention of the role of the voluntary, community and social enterprise sector (VCSE), with the exception of a passing reference in relation to the previously announced investment through the NHS Long Term Plan.

Our members provide advocacy and liaison and diversion services through which they support people with mental illness detained under the MHA. Whilst proposals related to both areas have been welcomed, further clarity continues to be sought in terms of funding and ensuring there are suitable community alternatives with the appropriate levels of support.

Although local authorities, the main funders of statutory advocacy services in the VCSE and social care sectors, do the best they can with over-stretched budgets, commissioning of advocacy services is often predicated on the funding pot available rather than >

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> driven by need. Consequently, this puts significant pressure on VCSE providers to do more for less – an unsustainable and precarious position.

The Paper mentions the need to shift to support in the community to prevent avoidable detentions and we know that the majority of community-based mental health services are provided by the VCSE sector. Supporting the development of better preventative and early intervention services will ensure mental health support is offered earlier to reduce the risk of people reaching crisis point whilst offering alternative options to detention under the MHA, but these must be appropriately resourced.

There is certainly a need to improve access to community-based mental health support, including crisis care, to avoid the need for detention and admission. But with this, there also needs to be the recognition that the sector is severely under-resourced and needs additional support, especially with the continuously changing environment and new challenges as a result of the pandemic.

RESOURCING THE REFORMS

A key line in the White Paper states the proposals outlined are 'subject to future funding decisions, including at Spending Review 2021'. These include the expansion of advocacy, entitlement to culturally sensitive advocacy, increased access to tribunals and review of the physical requirements for wards. Significantly, without the changes to advocacy and tribunals, bringing real change to other areas will become unattainable and, as such, it is essential that all planned reforms are fully resourced and there is assurance to this effect.

Furthermore, in order to provide more effective community support, improved crisis responses and alternatives to detention, more resources need to be made available. Merely changing legislation will not have the desired impact and we may continue to see an increased number of people with mental health needs sectioned against their will.

WHAT NEXT?

The majority of the recommendations from the Independent Review in December 2018, which the White Paper agrees to, do not require legislative change. It is about expanding and improving services and developing the workforce, including the roles of Approved Mental Health Professionals and Independent Mental Health Advocates. We hope we can begin to see changes sooner rather than later, with the appropriate financial resources to support.

For changes which require legislation, a consultation with 35 questions will continue until early Spring 2021 and it is key that people with mental health needs, their carers and those offering support services make their voices heard. This consultation period will last for 12 weeks and, despite the White Paper being a complex and dense document with over 180 pages, it is no overstatement to suggest that this is a once-in-a-generation opportunity to alter this legislation. Following consultation, the Government will consider and report on the responses and bring forward a draft Bill when Parliamentary time allows. To guide professional practice, the Code of Practice will later also be revised to align with the reformed legislation.

Over the consultation period, The Association will be examining the content of the White Paper in more detail, as well as engaging with and seeking the views of our membership to inform our formal response to the White Paper.

The Reforming the Mental Health Act White Paper and consultation present an important opportunity to modernise an outdated law, which we know is confusing, coercive, traumatic and disproportionately impacts on Black, Asian and Minority Ethnic communities. The proposals outlined are welcomed and we hope the new principles at the forefront of changes will give people the choice, control, respect and dignity that they deserve in receiving care – whilst, at the same time, reducing inequalities that we know exist in the system and through the use of the MHA. **CMM**

Kathy Roberts is Chief Executive of Association of Mental Health Providers. Email: **Kathy@amhp.org.uk**
Twitter: **@AssocMHP @KathyRobertsMH**

What was your reaction to the four priority areas outlined in the White Paper? And what do you think will be the biggest challenges for reform? Visit **www.caremanagementmatters.co.uk** to comment on the feature and join the discussions.

HOW DO WE ADDRESS CARE WORKERS' PAY?

It has been long understood that care workers' pay simply isn't enough. Whether you compare care workers' pay to that of their colleagues in the NHS, consider the disparity between some care workers' pay and the National Living Wage or agree with the 82% of the public backing Government investment in social care to fund a pay rise for care workers, it's no longer a question of why should care workers' pay be addressed, but rather it's a question of how and when.

CLOSING THE FINANCIAL GAP

From April 2021, the National Living Wage (NLW) will be increased to £8.91, a growth of 19p from the current rate, £8.72. According to Skills for Care, it is estimated that 35% of the adult social care workforce (equating to roughly 485,000 workers) is currently paid below the new NLW rate. In addition, analysis from Skills for Care for the Living Wage Foundation reveals that nearly three quarters (73%) of independent sector care workers are paid less than the Real Living Wage of £9.50 across the UK and £10.85 in London.

Introducing long-overdue reform for the social care sector has been identified as a fundamental vehicle for increasing care workers' pay. In October of last year, the Health and Social Care Committee, chaired by Jeremy Hunt, called for a 10-year funding plan for reforming social care. Of the committee's headline recommendations, an increase in annual funding of £3.9bn by 2023-24 was top of the wish list. This would serve to increase the average pay in social care to just 5% over the NLW, according to the Health Foundation.

Recognising the skilled nature of the social care workforce is also acknowledged as a long-standing tool for increasing care workers' pay. Providing competitive pay in comparison to other sectors such as retail, alongside ensuring parity with NHS staff, must be considered as possible avenues for change. In the case of NHS parity, the case has been made to link social care pay to equivalent bands of the NHS Agenda for Change contract, identifying clear progression opportunities.

PROBLEMS IN PRACTICE

Despite its widely regarded necessity, the prospect of increasing care workers' pay faces a series of challenges in the real world. The fact that most care workers are employed in the private sector immediately limits the materialisation of any proposed increase to sector funding in workers' pay.

To combat this, The King's Fund suggests public sector entities must come up with ways of agreeing increased pay for care workers when commissioning private care services. In addition, greater investment in training and qualifications to motivate progression through sector-specific career pathways is an encouraging prospect for increasing care workers' pay, The King's Fund continues.

A further issue associated with increasing care workers' pay is the comparison with other sectors outside health and care. Although a steady growth in the NLW seems like an attractive prospect for increasing social care recruitment, it could result in jobs across other sectors with low pay closing the gap with social care, according to Skills for Care.

As a result, the price to pay for increased recruitment seems to be that of retention, with the risk of workers preferring employment in roles typically associated with less responsibility than social care, for close to if not the same pay.

Changing public perception is key

Karolina Gerlich, Executive Director, The Care Workers' Charity

The latest Skills for Care statistics showed the average pay for care workers at £8.50 per hour, compared to the National Living Wage of £8.72. With care providers currently struggling with the additional costs associated with the pandemic, to increase the pay of their workforce is something they simply cannot afford.

Underfunding is both a cause, and consequence of, a general lack of respect and recognition for care workers – whose job is perceived as low skill, and therefore low value. This then drives down hourly pay rates as there is no expectation, or belief, that care workers need to be paid any more than minimum wage for their 'easy' work.

To remedy this perception, a proper reform of the social care sector is needed. Such reform must be centred on the workforce, and include workforce professionalisation, as well as adequate investment from the Government into the sector.

The social care sector must stop being perceived as the place where money goes to die and instead where investment gives a significant return on the UK economy.

A report from Women's Budget Group showed that investing in care would create 2.7 times as many jobs as the same investment in construction – giving it a greater impact on the overall employment rate, as well as decreasing the gender employment gap.

There are, rightly, expectations that social care providers and workers provide a good or excellent quality of care to those who access the sector's services. There should be similar high expectations that ensure care workers receive decent pay on which they can live and not just survive.

Adequate national funding is needed to ensure providers are able to do this – and that care workers are not paid minimum wage because of providers' financial constraints.

Care workers play a vital role in the lives of those who use care services, as well as positively impacting on our economy and society. It is unacceptable that we expect them to do this on minimum wage.

Increasing care worker pay is an investment worth making to ensure we continue to provide high-quality care to those who need support.

The time for action is now

James Bullion, President, Association of Directors of Adult Social Services (ADASS)

The response of care workers to the COVID-19 pandemic has been nothing short of magnificent. That will have come as little surprise to anyone familiar with the sector, but it has clearly struck many others. We must capitalise on this new awareness to seal the deal on a social care people plan we can be proud of.

None of us can have much pride in how we typically reward care workers at the moment.

With average pay rates 25% lower than for equivalent jobs in the NHS and rates for workers with five years' experience just 12 pence an hour more than those for colleagues with less than 12 months in the job, it's no wonder the sector has an estimated annual turnover rate of more than 30% and carries an estimated 112,000 vacancies at any one time.

We have to look after our people better. At ADASS, we are calling for a national care wage equivalent to NHS rates; an enhanced wider reward package so that workers can be confident of support like proper sick pay; and training and career progression that encourages staff to stay with their employer.

Alongside this, there must be greater support for family carers through increased carer's allowance and respite opportunities.

What we cannot do is continue to rely solely on increases in the National Living Wage.

While the significant rises in this legal minimum since 2016 have been welcome, and the target that it should reach two-thirds of median earnings by 2024 is one we should all support and safeguard, the way it has squeezed differentials between entry-level pay and rates offered to higher-grade workers is making staff retention and career progression ever more challenging. Pay has to be looked at across the board.

In the end, nothing will change unless and until the sector gets the long-promised sustainable funding and the fresh blueprint for adult social care that we have repeatedly been assured are imminent.

A comprehensive people plan must be a cornerstone of that programme.

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ATTRACTING YOUNG TALENT: Hiring the next generation

Could 2021 be the year that more young people choose a career in social care? Aliyyah-Begum Nasser, Director at Askham Village Community, outlines what you should be telling young people who join your organisation and says it's time social care stopped living in the shadow of healthcare.

Despite the coronavirus pandemic significantly impacting on the social care sector over the past 12 months, it has also opened the doors to new possibilities and opportunities.

Young people have an opportunity to immerse themselves in an industry that is brimming with careers offering respect, rewards and plentiful avenues for progression. The sheer volume of recognition cast over social care throughout the pandemic has brought to >

> the fore stories of bravery, comradery and selflessness that would rival any profession. I would argue that this is what makes now a prime time for young people to join your organisation.

When you are planning your next round of recruitment, it is worth considering that for those young people who are finishing their education or are in jobs that they don't find rewarding, challenging or meaningful, a position in social care will offer all that and more. However, these benefits may not be obvious to young people and as a sector we need to make sure we are being clear about what they are to encourage more people to consider a career in social care.

SOCIETY STATUS

For decades, social care has lived in the shadow of healthcare and is often viewed as the inferior sibling. However, times have changed with the sector being thrust into the limelight during the pandemic; this is just the start. Firstly, we need to remind young people that if they work in the industry, they will now hold key worker status. There aren't many professions that get such recognition and being a social care worker puts you in this select group of people who are recognised nationally as offering a vital service.

The NHS has always been trumpeted for its work, and rightly so, but now social care is beginning to be acknowledged for its work in protecting society's older and more vulnerable people; giving them the best quality of life possible by offering places where they can thrive. Having someone's life, their trust, insecurities and dreams in your hand, is something you can't get anywhere else – that is a key role.

PRIORITY FOR HEALTHCARE SUPPORT

Working in an environment where health is crucial, staff wellbeing is paramount. It's important that the next generation of people choosing to work in social care know that their life is just as important as the lives of the people they care for. A role in social care provides people with the tools to thrive so they can better themselves and empower those around them. Mental health initiatives, such as one-to-ones and workshops, for example, provide safe spaces to share and seek support on any issues – the industry is very transparent and help will be given to those who seek it. Everyone pulls together and looks out for each other. The overused saying, 'We're more like family than colleagues' actually stands true with social care; it's one community where the people at board level right down to the frontline workers are all viewed as being on a level playing field.

"The overused saying, 'We're more like family than colleagues' actually stands true with social care."

RESPECT FROM THE NATION

We saw some incredible stories covered by the mass media over the last 12 months which really highlighted what a career in social care is all about: people going above and beyond the call of duty because they care. Inspirational stories of courage and selflessness, such as those who made the incredibly difficult decision to move into care homes and leave their families behind for weeks at a time, were rightly applauded. These people, however, never asked for the recognition or respect from others, they do the job because they care. It's not about financial rewards or public recognition, it's simply about looking after the welfare of others, and while it's a little sad it's taken a global pandemic to throw these stories of heroism into the limelight, it's great they are getting the attention they deserve. Long may it continue, this year and beyond.

EXCITING PROSPECTS

Ensure that the conversations you're having with new recruits discuss the endless possibilities in social care in terms of progression and varying roles. One thing social care isn't is a dead-end career. At Askham, for instance, you could be a physiotherapist, occupational therapist, nurse, doctor or psychologist, as well as having access to specialist equipment such as a hydrotherapy pool and pioneering robotics.

The beauty of the profession is if the opportunity is there and people want it and work hard enough for it, they will achieve it. In other words, you get out what you put in and if you put in a lot, you'll reap the rewards. Does your organisation offer a clear outline of a possible career pathway? At Askham, someone could start as a care worker and work their way up to a nurse, then registered manager, or into head office. There is no glass ceiling in social care.

MAKING A DIFFERENCE

One thing's for certain in social care, your workforce will be making a significant and life-changing difference to people's lives. That's pretty special and not something that's afforded to most jobs in other professions. There are young people up and down the country working in supermarkets who currently have no long-term career ambitions and it's those people I encourage to consider a career in social care. There's a reason so many people who join the profession make a career out of it until retirement.

JOINING THE MOVEMENT

There is a clear change happening in the industry, thanks in part to the events of the last 12 months. More communication channels have opened up with healthcare and with this growth will come more resources and scope to provide even better care. Healthcare settings are realising how fundamental our industry is and that can only be a good thing. There has never been a better, more exciting time to join the movement.

Overall, the points mentioned above are just a few of the benefits of joining social care this year – if I had the space to list more, I'd fill a book! Ultimately, this is the message providers should be putting out: for young people who are at a crossroads in their lives and unsure whether to explore a role in social care, if you decide to join our sector, you will be joining a special community of people who will transform your life for the better. Some people make the mistake that it's just about giving others the best quality of life possible but it's important not to forget; that includes you, too. **CMM**

Aliyyah-Begum Nasser is a Director at Askham Village Community, a specialist rehabilitation and care community.
Email: **info@askhamvillagecommunity.com** Twitter: **@askhamvillage**

Do you think young people are currently equipped with enough information to choose a career in social care? Share your thoughts, by visiting **www.caremanagementmatters.co.uk** and commenting on this article.

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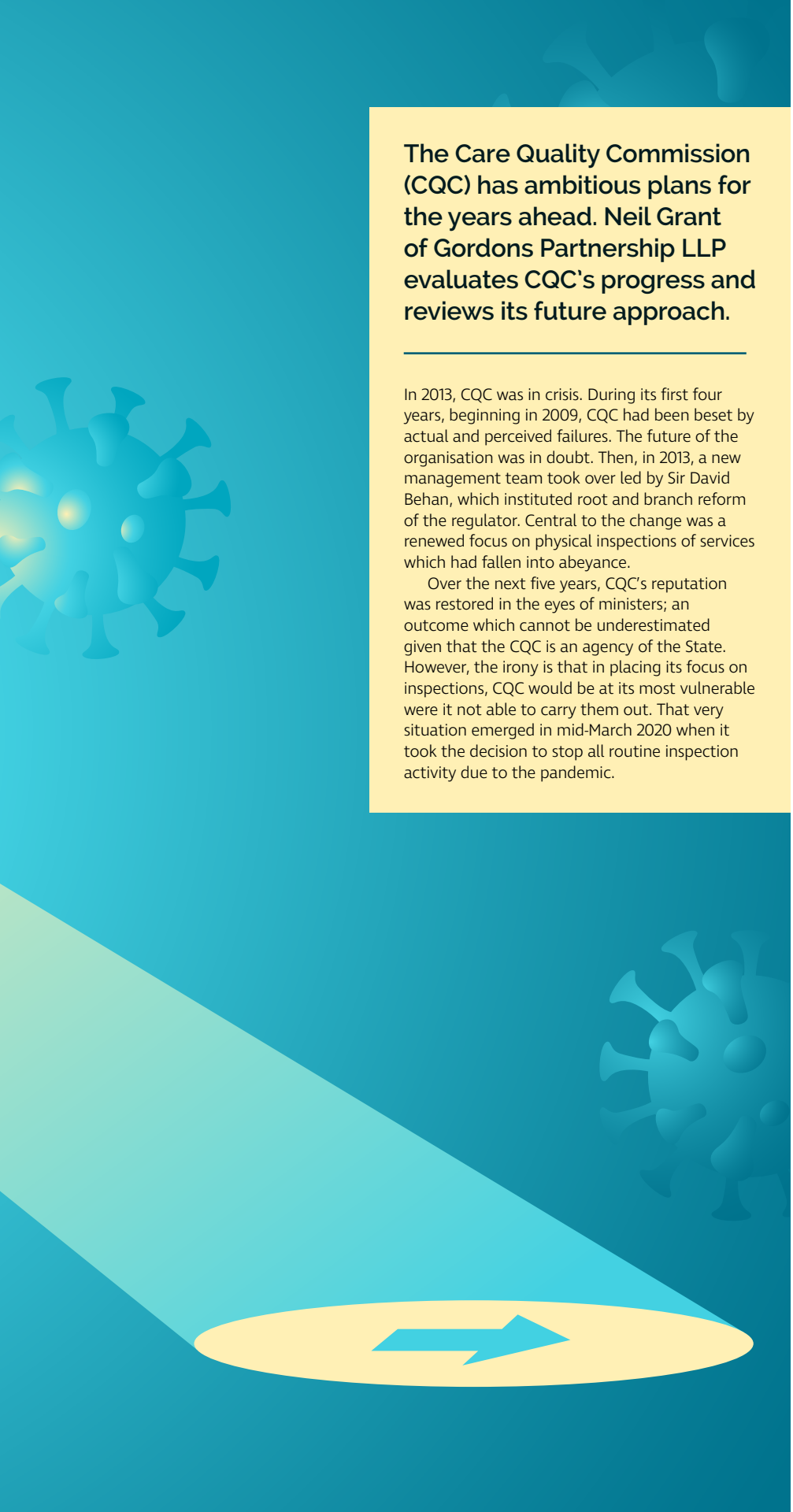
CLOSE INSPECTION:

CQC's changing role during the pandemic and its future



The Care Quality Commission (CQC) has ambitious plans for the years ahead. Neil Grant of Gordons Partnership LLP evaluates CQC's progress and reviews its future approach.

In 2013, CQC was in crisis. During its first four years, beginning in 2009, CQC had been beset by actual and perceived failures. The future of the organisation was in doubt. Then, in 2013, a new management team took over led by Sir David Behan, which instituted root and branch reform of the regulator. Central to the change was a renewed focus on physical inspections of services which had fallen into abeyance.

Over the next five years, CQC's reputation was restored in the eyes of ministers; an outcome which cannot be underestimated given that the CQC is an agency of the State. However, the irony is that in placing its focus on inspections, CQC would be at its most vulnerable were it not able to carry them out. That very situation emerged in mid-March 2020 when it took the decision to stop all routine inspection activity due to the pandemic.

REGULATION AT RISK

How CQC responded to the pandemic will no doubt be considered as part of a future Public Inquiry, which will look at how all the agencies of the State dealt with the public health crisis. After the SARS outbreak in 2002 to 2004, public health professionals around the world warned that a pandemic would emerge at some point. However, globally, little effort was made to prepare for the inevitable. It later became apparent that the UK was woefully ill-prepared when the COVID-19 pandemic struck in early 2020.

CQC found itself in a real dilemma at the start of the pandemic given its statutory responsibilities remained in place. How could it regulate effectively if its primary tool, the routine inspection, was off the table? It was obliged to rethink the way it regulated registered services, particularly those in adult social care where the greatest emphasis on physical inspections was concentrated – it had already loosened the reins of comprehensive inspections in areas such as the NHS and primary care where there is a far greater focus on data collection and analysis.

FLEXIBILITY

After the suspension of routine inspections, CQC committed to introducing a more flexible way of working, with an emphasis on the remote monitoring of services. After some delay, in May 2020, CQC introduced what it called the Emergency Support Framework (ESF). In essence, this was a system of telephone or online calls to registered managers to see how their services were coping with the pandemic. Understandably, there was a focus on infection prevention and control which, until the pandemic, had been just one of many areas inspectors had to assess on inspection.

A standardised set of ESF questions was developed with simple yes or no answers which were used to judge whether or not a particular service was managing during the pandemic. It was a rudimentary risk management process but at least it filled an immediate gap in CQC's toolkit. In addition to the calls with individual services, CQC communicated with local agencies about services in their areas.

Significantly, the regulator committed to working in a supportive fashion with services, which was a change of tone compared to before the pandemic. Many providers and managers welcomed this supportive approach, even if the ESF itself was of debatable efficacy. The ESF remained in place until the beginning of October 2020 when it was replaced by the Transitional Regulatory Approach (TRA) which looks at a broader range of indicators, with a focus on safety, access and leadership. >

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> As with the ESF, the TRA focuses on supportive conversations with managers but there is a risk scale that requires regulatory action if a service is judged to be very high risk or high risk. The work under the TRA is called Transitional Monitoring Activity (TMA). Since introducing the TMA framework, there has been an increasing number of physical inspections based on considerations of risk, as well as many infection prevention and control inspections of care homes carried out at the request of the Department of Health and Social Care. The vast majority of site visits have been conducted either as targeted inspections or focused inspections.

As a result of the increased inspection activity required of it by the Department, as well as its focus on registering services that support the system's response to the pandemic, CQC will be doing fewer TMA calls during the first few months of 2021 than originally planned. It will also not be reviewing the ratings of services that are due for review, or have improved, unless improved ratings of such services would increase commissioning capacity within the system. The reality is that if the Department wants CQC to concentrate on inspection activity and registering new designated COVID-19 services, CQC must pause other areas of work. It is, after all, a body with only finite resources overseen by the Department.

RELEVANCE AND IMPACT

CQC was keen to assume a national role at the start of the pandemic, notably signing up to the 2nd April 2020 national guidance document, *Admission and Care of Residents during COVID-19 Incident in a Care Home.* This guidance contained the statement, 'Negative tests are not required prior to transfer/ admissions to care homes' which caused so many problems for care homes subsequently. In addition, CQC initially took a lead role on testing before it was taken away from it. CQC also developed a tracker for homecare services, in parallel with the development of the care home capacity tracker by the NHS.

Some have suggested that CQC could have done far more to support the adult social care sector during the pandemic, possibly seconding inspectors to the front line or reinspecting at scale far sooner than it did. According to this narrative, CQC has much to do to enhance its reputation, having largely stepped back from inspection during a national crisis. I believe this is unfair. Understandably, during the first lockdown, CQC did not want to have its inspectors going into services given the risk of cross-infection. However, CQC did not stop inspecting altogether, instead adopting a risk-based approach when deciding whether to cross the threshold of a service.

There is a strong argument that CQC's credibility is based on its ability to carry out physical inspections, and there are now far more inspections being undertaken than before. As the Executive Team Report for the 20th January 2021 Board Meeting said, 'At the request of the Department of Health and Social Care, we have agreed to complete 1,200 inspections in adult social care in December 2020 and January 2021 – an increase of 300 over our previously agreed commitment. In future months we aim to complete over 600 inspections per month in these settings.'

The majority of the inspections are risk-based, drawing on the significant increase in information received from the public during the pandemic, including whistle-blowers. CQC is also continuing 'to monitor and assess services where there is a risk of closed cultures developing.'

BEYOND THE PANDEMIC

On 7th January 2021, CQC published a consultation paper on its proposed strategy for the next five years: *The World of Health and Social Care is Changing. So are we.* It runs until 5pm on 4th March.

It is based around four themes:

- People and communities.
- Smarter regulation.
- Safety through learning.
- Accelerating improvement.

The document contains a good deal of rhetoric, and is short on detail, so the sector will have to see what transpires when CQC provides its response to the consultation in May 2021.

What is proposed is a radical change in the way CQC regulates the care sector. To a significant degree, it is informed by the new remote and virtual ways of working that CQC has had to adopt during the pandemic.

CQC proposes that it becomes a regulator of local systems, not just individual services, tackles health inequalities and assumes a greater improvement role rather than the current one which is compliance and enforcement driven. It also proposes moving to a regulatory system based around greater real-time intelligence to support its improvement role and target its regulatory interventions more effectively. A move to real-time regulation would allow for ratings to be changed more frequently, without the need for a site visit.

CQC also wants to introduce a regulatory system that focuses on outcomes based on the experiences and expectations of people using services and their families rather than one dominated by processes and inputs.

REGULATING BY ALGORITHM

CQC would prefer a system of regulation that is no longer based on a set schedule of routine inspections in adult social care. It wants to introduce a system that is technology driven, supported by targeted or focused site inspections, as required by risk analysis. As the consultation document says, 'We now have IT systems that can handle large amounts of data, which will enable us to use artificial intelligence and innovative analysis methods. This replaces more manual handling of data and will ensure we interpret data in a more consistent way.'

The difficulty with adopting a desktop, intelligence-driven approach to regulation, supported by risk-based inspections, is that it looks a lot like the strategy of CQC back in 2010 which failed so spectacularly. CQC may say that 10 years on, technology is far more sophisticated, but regulating by algorithm is risky and depends on the quality of the data received, including the ability of providers to self-assess the performance of their services in an accurate fashion.

Significantly, the University of Manchester and The King's Fund's Study on CQC Regulation, in September 2018, emphasised that regulation is a social process, saying, 'For the regulator, it seems their credibility, authority and effectiveness are only as good as the people who make and sustain regulatory relationships with providers. Many of the decisions that CQC staff are called upon to make are complex and require expertise in the clinical domain as well as a sophisticated understanding of organisations and their development. We think that investment in those staff and in the processes of recruitment, training and professional development is particularly important.'

I would agree wholeheartedly with this statement. Of course, CQC will argue that the choice is not a binary one, which must be right on one level. CQC needs to invest in its people and in new technology. However, if CQC is to carry forward a stronger relational and supportive model of regulation in adult social care, it will need to be driven by humans not computers; for the time being at least. **CMM**

Neil Grant is Partner at Gordons Partnership LLP. Email: **neil@gordonsols.co.uk** Twitter: **@LlpGordons**

How do you think CQC has responded to regulation during the COVID-19 pandemic? Share your feedback on the CMM website, where you can comment on this article, **www.caremanagementmatters.co.uk**

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- Weekly Zoom Calls and Regular Briefings
- NCF is also working closely with CPA & other members of the All-Party Parliamentary Group on Adult Social Care (APPG) to influence parliamentarians
- #HereToCare Campaign - NCF is ensuring the amazing work happening in the sector is being recognised at national & local government and in the media

NCF innovations:

- The Hubble Project: digital innovation hubs offering care providers the chance to learn how other have introduced, used and evaluated a range of digital technology to improve care
- IPC Compliance Assessment Tool – developed using the most recent information from CQC and others
- Covid-19 Checklist to help people navigate care home choices during the pandemic

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BUILDING MEANINGFUL CONNECTIONS

Having meaningful and purposeful connections with people, albeit virtual over the past year, is vitally important in supporting people who find themselves isolated. Martin Routledge of Community Circles explains how their model has adapted during the pandemic and how care providers can incorporate their methods.

Social care is going to need to be very different after COVID-19. We are still going through this horrible pandemic. Vaccines offer light at the end of the tunnel and many people are discussing the things they want to do when lockdown is eased. Getting together with loved ones and friends, having meals and drinks out, going on holiday! We are reflecting on the meaning and purpose that linking through joint endeavours in our work, or leisure activities, gives us. We yearn for connection. >

> And yet, in all this talk of normality, the pre-pandemic 'normal' for many who draw on social care was of a system that didn't sufficiently value or prioritise these things that make our lives worth living. Since COVID began, images of people restricted from seeing loved ones in care homes, or 'visiting' through the window with people trapped in their rooms, have shown us that we are going to have to move more rapidly towards something better. Otherwise, many people face a kind of permanent lockdown – supported to stay alive and safe, but not to pursue the connections and activities that bring purpose and meaning to our lives.

The Social Care Future movement has been exploring in-depth how the public might respond to a new way of thinking about social care. Research, soon to be published, will show that it looks possible to shift public ideas about social care in ways which could increase both support for investment and for better approaches.

SPREADING THE CIRCLES

Community Circles is an approach that seemed to resonate with the public in the research. 'Circles' aim to bring people, resources and support together to keep people connected to the people and things they love. We share methods and experience with others and spread Circles to people who can benefit from them. As well as doing this with people living in their own homes, we have offered support to others living in accommodation with support, such as care homes and extra care housing. Most recently, we have used our learning to support people and public service allies determined to build something different at the wider community level.

We approach how we build community connections from a different angle – starting with people's interests and potential contributions.

This helps in the following ways:

- It grounds action in what is important to people, in what they have to offer and in connecting people with shared interests.
- This reduces the risk of commissioning or setting up something that people don't want or won't engage with.
- It looks at a wider range of assets, bringing more – and new – resources to bear.
- It releases creativity and contribution in ways that traditionally commissioned or established services may not.

You might be looking at how to intervene to reduce loneliness in a geographical area or exploring how to support people living in accommodation with support to get 'a life not a service'. You might have decided that traditional, building-based day supports, or short breaks, can be transformed into opportunities for people to pursue opportunities with meaning and purpose.

Perhaps you are focusing on a defined group of people, for example, older people in a specific area who have found themselves isolated and disconnected, with risks to their wellbeing and health.

Community Circles has a range of simple but effective methods to find out what they might want to do; an interest or hobby, something they have previously done and miss or something that has arisen in a care plan or 'one-page profile'. It is crucial at this point to explore what people can contribute to others and activities, not just what they 'need', as this can be an asset and encourages people to be far more likely to get involved. Sometimes people have been isolated or disconnected for some time or, for example, they have had a major health issue or bereavement and can find it hard to identify their interests and contribution. We have an approach called 'good days in the community' that can help.

This approach, rather than starting by designing a service in response to what a person wants or needs, explores other possibilities:

- There might be an existing local group that a person might join. If this is the case, the question is, can the person join without support and, if they need some support, who might offer this? For example, it could be a family member, social prescribing link worker or members of a community circle and, if necessary, a paid staff member.
- If there isn't an existing group, we first ask, does the interest match the skills and interests of a member of your group or organisation? If it does, you can agree a date/time with the person, find a suitable venue, >

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"The groups are a way to keep involved with a favourite hobby or try something new, get together with friends or create opportunities for new connections and relationships."

> tell others about the event/ meet-up via social media, get started, do a social media post to encourage others to join and build the group.
- If there is no suitable person within your group or organisation, we explore local partners who may employ or know someone such as an artist or interested volunteer.

Through this process, we can build up a programme of activity which can be available as widely as you want, potentially to everyone within a defined community or based on what matters to a focused community. If necessary, it can start with one person and build from there.

SHOWING HOW IT'S DONE

We have been modelling this approach with our partners, Wellbeing Teams, in Abingdon in Oxford and Ashton in Wigan. More recently, we have been working with the Connected Communities programme in Suffolk.

In Abingdon and Ashton, we started with people who used a local homecare service. We wanted to show a new way to expel loneliness, through connecting people based on shared interests and contributions, enabling people to connect with others in their community who enjoy the same things, and creating the conditions for friendship and mutual support. We support people to connect to their purpose, to use their gifts and be active in the causes that matter to them. Community connecting meets social action and mutual support.

We started bringing people together around shared interests and then established monthly programmes of events shaped by the interests of members. Events included coffee club, knit and natter, mindfulness, meals out, cinema trips, craft sessions, book club and walking groups. Whatever ideas or interests people have, we help to support. The groups are a way to keep involved with a favourite hobby or try something new, get together with friends or create opportunities for new connections and relationships.

Because of the pandemic, our face-to-face groups have had to be put on hold for the time-being and that's where the idea of 'Circles Connected Facebook Group' came from; an opportunity to bring people together in one virtual space. Circles Connected started to virtually replicate our face-to-face groups and has now grown to a variety of posts, events and activities, from cocktail making to conversation starters, quiz nights, guitar lessons, virtual tours, photography challenges and everything in between. Hundreds of people have joined. As we move on from the 'acute' phase of the pandemic we will offer an increasingly blended set of face-to-face and virtual opportunities.

If the pandemic, and our response to it, has brought one very big elephant into the room it is that connections with meaning and purpose are not 'nice to haves', they are the core of what keeps us alive. We have sadly come across service providers who are not able to distinguish between necessary safeguarding and rules and behaviours that risk people effectively dying of loneliness. Brilliantly, others have grasped this challenge and adapted creatively and flexibly to the enormous benefit of the people they support. We can all do this; and we must. **CMM**

Martin Routledge is Head of Development at Community Circles. Email: **martin@community-circles.co.uk** Twitter: **@mroutled**

Have you considered partnering with another organisation to help strengthen connections within the community? Which elements of this model could work for your service? Visit **www.caremanagementmatters.co.uk** and share your views and comments on the article.

CELEBRATING EXCELLENCE

The annual Markel 3rd Sector Care Awards took place on Friday 12th February and united the voluntary care and support community.

This year, the ceremony was broadcast live to our computer and TV screens for the first time due to COVID-19. Despite the change in circumstance, the focus remained on celebrating excellence, innovation and creativity in the voluntary care and support sector. Dame Esther Rantzen and her daughter, Rebecca Wilcox, returned as long-standing co-hosts of the awards and executed the perfect balance between professionalism and wit as they have consistently done over the years. The entertainment on offer was also clearly not disrupted by the shift online. Those in attendance were treated to a trio of superb performances from the Soundabout Inclusive Choir, supported by the King's Singers and The Beathovens from Autism Together.

Congratulations to all the 2020 winners. The winners were as follows:

1. Compassion Award – Gladys Nkhola, Monet Lodge

The award recognises someone who conducts tireless and unwavering work to ensure those around them feel safe, respected and dignified. Monet Lodge is a small, specialist unit, providing best-practice, personalised dementia care. Staff involve carers in patient care plans and ensure they have easy access to independent advocates, respecting patients' privacy and dignity in all decision making. Gladys really championed the idea to turn the hospital into a centre of excellence and Gladys places the care of her patients as her foremost concern and continues to positively impact on everyone around her.

2. Community Engagement Award – Barnsley Dementia Gateway Service

Community engagement is about developing relationships with positive outcomes for all. The Barnsley Dementia Gateway Service, working as part of the Barnsley 3rd Sector Dementia Group, is a two-year pilot service commissioned by Barnsley Council. It aims to bring sectors together to raise awareness of dementia and improve the information, advice and support for people affected by dementia. The Barnsley Dementia Gateway Service was recognised for its consistent and responsive service delivery across its catchment area. The service works with the local authority to ensure that nobody living with dementia slips through the net and misses vital support.

3. Leadership Award – Paul Bott, Chief Executive, SJOG

Leadership in the sector can be best described as positive actions that improve standards of care and encourage a culture of putting people and quality first. Paul Bott, Chief Executive, SJOG, won not only this award, but the admiration and respect of the audience after expressing how he values the 'genius' of his colleagues.

4. Technology Award – Craig Atkin

Using technology in an innovative and person-centred way to enhance people's lives is invaluable. Craig Atkin, Support 4 Independence, impressed the judges with his enthusiasm, dynamism and passion towards engaging

people to try new ways of doing things. Craig has overseen several user-led projects, most notably an app designed to support the independence of its users. The app is available on the App store and is suitable for those with disabilities, including children. The app is sustained through a small charge and all the money made goes back into improving the lives of those it supports.

5. Creative Arts Award – Demelza, Hospice Care for Children

Using the arts to engage with vulnerable people holds crucial importance in managing quality of life. Those intertwining the arts amongst regular service provision deserve special recognition and that's exactly what Demelza, Hospice Care for Children, achieved by winning this award. The use of art in hospice care provides a beacon of hope in what can be, at times, a deeply sad setting. Demelza's uplifting work to inspire creativity in children exemplifies the sector's values.

6. Collaboration (Integration) Award – Project Collective, Options for Supported Living

Another key value of the sector is that of collaboration and integration – when organisations work together to deliver services that could not be achieved otherwise. Project Collective, a group of six organisations working together to engage adults with learning disabilities in Liverpool, came out on top in this category, shining a spotlight on how collaboration can transform activities and build long-lasting connections.

7. Dementia Care Award – Music for Dementia

Music for Dementia pipped the competition to the post in this category through its inclusive and accessible offer at a national level. Music for Dementia launched m4d radio in June 2020, five stations bringing meaningful music direct to the homes of people living with dementia and their carers. The station has been fully funded by Music for Dementia, providing a free 24/7 service.

Music for Dementia champions music as the soundtrack to our lives. It aims to enrich the lives of people living with dementia and their families by evoking memories associated with music, particularly when communication may break down.

8. Innovative Quality Outcomes Award – The Care Workers' Charity

COVID-19 has demanded innovation from almost all those involved with delivering services. To facilitate this, The Care Workers' Charity has raised over £2 million to support care workers in need of financial support during lockdown. The COVID-19 Emergency Fund has supported care workers with grants of up to £2,000 each for funeral costs, shielding, childcare, rent, car repairs, living costs and more.

9. Contribution to Sector Development Award – St Luke's Hospice

St Luke's Hospice has developed a model of care which is shaping the sector. The St Luke's Palliative Helpline (Pall 24) is available to patients, carers and healthcare professionals who need advice and support regarding end-of-life care. Pall 24 provides advice and a co-ordination service 24 hours a day, seven days a week. Direct care can also be delivered through their rapid response team. St Luke's has been working closely with the London ambulance service.

10. End of Life Care Award – Martin House Hospice Care for Children and Young People

Martin House stood out from the other finalists thanks to outstanding dedication to lasting pastoral care, from anti-natal referrals through to bereavement and counselling support. The care at Martin House is holistic and family centred. The team offers flexibility and choice in its care and recognises the importance of family.

11. Campaigning for Change Award – Intergenerational Music Making – Care to Create

Intergenerational Music Making bridges the gap between generations through the arts and its response to COVID-19 landed the project its recognition in this category. By mixing digital and non-digital home activities underpinned by music and performance, the charity has reduced feelings of distance brought on by the pandemic. From community think tank sessions, steering groups, to coffee and chat mornings.

12. Making a Difference Award – Kaye Wright – Friends of Dorset Care Leavers

The final award of the ceremony was dedicated to making a difference. In what seems like an avenue with endless possibilities, Friends of Dorset Care Leavers targeted an untapped area with enormous room for growth, building trust between adults and vulnerable young people leaving children's services. Kaye's enthusiasm and personal commitment has meant that, financially and organisationally, something sustainable has been formed that can be taken forward by others.

Lisa Werthmann, Director of Creative Operations at Care Management Matters, said, 'We were absolutely delighted that we could still deliver the greatly anticipated Markel 3rd Sector Care Awards. It's so important, especially during these challenging times, that we continue to recognise the achievements and contributions made by the voluntary care and support community. This year's event demonstrated what we can deliver when we join forces, think proactively, and put people at the heart of care.'

Liz Jones, Policy Director at The National Care Forum, said, 'The NCF team shared an inspiring and uplifting morning celebrating the amazing creativity and innovation happening in the third sector to support people who live and work in care. The Markel 3rd Sector Care Awards highlight the incredible breadth and diversity of the sector. Congratulations to all the winners!'

THANK YOU TO OUR SPONSORS

Our thanks go to the ceremony's headline sponsor, Markel, without whom, the event would not be possible and Everylife, who sponsored the technology award. Our thanks are extended to the National Care Forum, Learning Disability England, the Care Provider Alliance, the Association of Mental Health Providers and VODG for their continued support of the awards. See you next year!

Did you miss the event? search 'Markel 3rd Sector Care Awards' on YouTube. **CMM**

MARKEL 3RD SECTOR **CARE AWARDS** 3

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The Markel 3rd Sector Care Awards is run specifically for the voluntary care and support sector. Visit **www.3rdsectorcareawards.co.uk** to find out more about this year's event. Sponsorship opportunities are available.

With thanks to our supporters: National Care Forum, Learning Disability England, The Care Provider Alliance, Association of Mental Health Providers and VODG.

THE KING'S FUND: WHAT'S IN STORE FOR HEALTH AND CARE IN 2021?

28th January 2021

In its first online event of the year, The King's Fund delivered an insightful and detailed webinar looking ahead to the challenges and opportunities the health and social care sectors face in the next 12 months. Employing the knowledge of its own sector experts, The King's Fund also responded to a series of topical questions from the online audience.

BACKLOG FOR CARE BUT PROMISE OF LEGISLATION

Richard Murray, Chief Executive of The King's Fund, summarised a gloomy outlook for social care, citing the impact of COVID-19 on creating an inevitable backlog of people needing social care services – people who were too fearful of the virus to come forward in 2020.

On a more positive note, the sector should be encouraged by the prospect of new legislation passing in 2021 outlining further plans for integration between health and social care. The King's Fund Chief Executive said one of the few positives arising from COVID-19 is that public awareness of the social care sector has grown in the last 12 months. The King's Fund expects this to drive positive change and remind Government to keep its promise of delivering much-needed reform.

THE GAPS IN THE FUNDING

The webinar panel shared its understanding of The King's Fund's predictions for 2021 and responded to audience questions. Sally Warren, Director, Policy, at The King's Fund lead the discussion around the importance of a long-term financial settlement for the sector. Despite its long-standing necessity, the funding offered thus far has been limited and does not cover the wide-ranging investment needed to level-up social care in areas such as recruitment and community initiatives that will enable people to live the lives they want.

The discussion reached the conclusion that if the Government continues to neglect its commitment to reform, there will be a reduction in care providers and the quality of care will be driven down.

In response, Siva Anandaciva, Chief Analyst, Policy at The King's Fund, suggested that despite the impact of COVID-19, public awareness of the social care sector and its potential for growth is still not yet significant enough to materialise itself in a Government that is forced to address the demands of its constituents.

Siva holds the belief that COVID-19 has only served to increase public engagement in social care through an 'institutional lens', because of the extensive media attention surrounding care homes. To secure reform for social care moving into 2021, the narrative needs to shift towards the true ambition of the sector. That is, to address the needs of working age adults and maintaining independence at home.

RECRUITMENT DRIVE FOR 2021

Staying with the question raised of what long-term reform may look like for social care in the next 12 months, one challenge for the sector is retaining its workforce in a post-COVID setting. Sally Warren said one way this could be achieved is by making the role more attractive with incentives such as increased pay. Suzie Bailey, Director, Leadership and Organisational Development at The King's Fund, echoed this whilst also identifying that employers must focus on getting the basics right first when it comes to the management of their staff. In addition, the fundamental shortage of care workers must be singled out as a key issue facing the sector in 2021. A recruitment drive should be undertaken in the next 12 months to address this. Lastly, whilst there are many factors that are beyond employers' control in determining the sector's labour supply market, employers should look within and enhance their pastoral capacity. This is something that can be controlled and many should act upon to aid recovery from COVID-19 in social care.

The webinar concluded with closing remarks from the Chair and signposted to The King's Fund resources to complement the webinar's subject matter. A recording of the webinar and associated resources can be found at https://webinars.kingsfund.org.uk/whats-in-store-for-health-and-care-in-2021/od

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RICHARD ROBINSON • CHIEF EXECUTIVE OFFICER • **HOURGLASS**

STRAIGHT **TALK**

Richard Robinson from the charity, Hourglass, shares details of the proposed amendments to the Domestic Abuse Bill and explains the barriers that older victims of domestic abuse face.

The Domestic Abuse Bill 2019-21 is a landmark Bill with much to commend it. But there is still a long way to go to strengthen protection for older victims. The Bill is currently undergoing scrutiny at Committee in the House of Lords, the line-by-line debate considering almost 200 amendments.

Currently, the Bill defines domestic abuse as occurring between two parties that are 'personally connected'.

We were pleased by the inclusion of 'relatives' as well as intimate partners and ex-partners within this definition – however, this view on personal connection does not go far enough. The Bill needs to be more realistic about how people organise their life and personal relationships.

We know that older people live among a wide range of personal connections: family, friends, community. We also know that there are times when these different types of relationships are tragically violated.

In the first six months of 2020, 24% of calls to our Helpline concerned neither a professional nor a relative or (ex-)partner, but identified 'friend', 'neighbour' or 'other' as the perpetrator of abuse. We suspect COVID-19 restrictions have intensified personal connection with neighbours and others in the community, more than relatives. A shift in the proportion of abuse follows: in comparing January-April 2019 and the same period in 2020, the Helpline saw calls relating to abuse perpetrated by a neighbour double.

The second major barrier that older victims of domestic abuse face stems from a perception that, for older people, domestic abuse is primarily a social care issue. This perception stems from ageist attitudes and the effect is to channel abuse through adult safeguarding avenues, as opposed to a criminal justice response.

The crossbench peer and our charity Patron, Baroness Greengross, submitted two amendments that seek to join up adult safeguarding and criminal justice mechanisms, such that older victims are not confined to the former. All victims have a right to justice as well as safeguarding.

The first – a new local authority duty to report suspected abuse – would ensure that where any local authority employee suspects, in the course of carrying out a financial assessment for adult social care, that a person is the victim of domestic abuse, they must report the suspected abuse to a relevant social worker or the police.

The second would introduce new powers of entry. These powers would apply to registered social workers, who, through an application to the magistrate's courts, would be able to enter the premises of a person if abuse or risk of abuse were suspected. The power of entry was introduced in Scotland in 2008 and similar powers came into force in Wales in 2016. In England, similar powers were considered in scrutiny of The Care Act (2014), but ultimately did not make it into the Bill.

There is a broader consideration regarding how this new legislation will sit with existing law passed by the devolved legislatures. Scotland has had a Domestic Abuse Act since 2018 but the definition is limited to relationships between partners and ex-partners and does not protect victims from family abuse. Recently, the Northern Ireland Assembly completed the final stage of the Domestic Abuse and Civil Proceedings Bill, which was broadened to family members but does not include caring relationships. The final stages and the implementation of the Westminster Bill may see the definitions for England and Wales vary once again. The whole of the UK should be striving for a shared definition of domestic abuse.

There is also poor public understanding of the nature of abuse experienced by older people. Public perceptions polling we conducted in June 2020 found that 34.4% of respondents in our survey did not consider 'domestic abuse or domestic violence directed towards an older person' as a form of abuse. Survey respondents also strongly associated abuse of older people with a care home – rather than domestic – setting. Sadly, we find that the vast majority of abuse is perpetrated in the older person's own home those closest to them.

For legislation in all four nations to work, messaging about domestic abuse needs to resonate with the experiences of all victims. We have written to the Home Office regarding two of its projects. The #YouAreNotAlone initiative and the 'Ask for ANI' pharmacy schemes both seek to respond to the spike in domestic abuse that has been seen since the start of the pandemic. Messaging must steer away from reinforcing a narrow view of domestic abuse, one that excludes older people by focusing on partner abuse and younger victims.

The UK has come a long way in bringing domestic abuse out of the shadows and onto the Government agenda. However, older people must not be left behind and must be considered at every stage. Abuse does not stop in older age and we cannot allow these victims to be hidden from sight. **CMM**

Richard Robinson is the Chief Executive Officer of Hourglass. Email: **enquiries@wearehourglass.org** Twitter: **@wearehourglass_**


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