National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Regulation and Inspection of Social Care (Wales) Bill / Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru)
Evidence from Professor Dame June Clark – RISC 42 / Tystiolaeth gan Yr Athro Fonesig June Clark – RISC 42

Regulation and Inspection of Social Care (Wales) Bill Stage 1

Response to consultation by:
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General

1. The Bill and its Explanatory Memorandum are so long and complicated that it is difficult for a concerned individual such as myself, or even for a relevant organisation, to identify issues of particular importance which are deeply embedded in the Bill. The fact that this is difficult at this stage suggests that front-end staff (eg the managers and staff of care homes) will find it difficult or impossible to ensure that they are complying with all its detailed provisions, and this may lead to excessive bureaucracy, challenges and appeals which may in turn detract from its actual implementation. My comments are therefore limited to a small number of the provisions which seem to me to be of particular importance.

2. At a time when there seems to be universal consensus in favour of better co-operation and integration of health and social services – especially from the service user's point of view – the bill is unnecessarily divisive, especially in some of its language. While the definition of a "care home service" to include both residential and nursing homes is very welcome, the definition of "care" as "day to day physical tasks and needs of the person cared for" is far too narrow; for example this definition takes no account of the psycho-social aspects of care which are absolutely fundamental. The absence of a definition of "social care" is significant. Rather than continuing the sterile debate about distinctions between "health care" and "social care" and between "personal care" and "nursing care" we should now focus on "care and support" as a unified phenomenon. I remember the response to the investigation of the government's Clinical Standards Advisory Group on Community Services for Elderly People (in which I was involved) way back in 1990:

   > *"It seems to be easier to continue with local bickering about who should pay for care rather than take the risk of implementing a national standards framework and costing mechanism".*

   Our report was instrumental in achieving the establishment of the Royal Commission on Long Term Care (of which I was a member) a year later, which carefully avoided the distinction between health and social care (which could be defined only as services provided by a particular agency) and carefully defined the three dimensions of care as "board and lodge", "indirect support services" and "personal care" and distinguished between them. More than twenty years later the problems persist - promoted, I believe, more by the professional protectionism of the health and social work professions than by concern for the people they are supposed to be serving.

For these reasons I simply do not understand, and certainly do not support the proposal to rename the Care Council for Wales as Social Care Wales, nor the definitions (and therefore the provisions) for "social care workers", which would, for example, exclude the hundreds of nurses working in nursing homes.

3. This quarrelling, along with the shortage of money and inadequate training of the workforce, constitutes the major barrier to implementing the provisions of the bill and preventing it from achieving its stated aims (which of course I support)
4. I support the re-orientation of the system from process to outcomes, the greater involvement of lay inspectors, and a quality rating system which is valid, reliable, and simple enough to be useful to people choosing a home for themselves or others But however worthy the aims of the bill, and however rigorous the processes for regulation and inspection, improving the care depends on follow-up and implementation of the inspection's recommendations for improvement. On this the bill appears to be silent. There are many reports of failure by the service providers to implement recommendations, infrequency of follow-up inspections, and lack of appropriate sanctions or incentives to ensure implementation.

The social care workforce (Part 4)

I have a particular interest in this Part. My concern is that "care and support" should be provided to vulnerable people by carers who have the appropriate type and level of knowledge and skill. It is now widely recognised that "care and support" is a multidisciplinary enterprise. Similarly, inspection teams must be multidisciplinary.

The following is the definition of social work approved by the IFSW General Meeting and the IASSW General Assembly in July 2014:

"Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.

Here is the internationally recognised definition of nursing:

"The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge"

My concern is that, as these definitions show, there is nothing in the knowledge base of social work that enables social workers or other social carers, without further training, to prescribe or to assess the quality of personal care, which, as the definition of nursing specifies, is part of nursing. Social workers cannot be expected to understand things such as the interaction between nutrition and pressure sores or the timing of diuretics and urinary incontinence. Staff of care homes, including residential care homes require access to nursing knowledge; so do inspection teams.

The Royal Commission on Long Term Care carefully defined "personal care" and explained why the issues of confidentiality and intimacy inherent in touching a person's body distinguished it from other types of "care" and required that people who

provided it must be properly regulated. It follows that I support proposals for the training, regulation, and registration of all care workers.

I confirm that I am willing if required to supplement these notes by oral evidence.

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