Speaker 2

The first question is what's your current role and what does your role involve? Just really briefly to get a sense of what you do.

00:00:19:20 - 00:00:45:08

Speaker 1

Yeah. So I'm the head of People and Communications. I'm here at P01. So on the people side, I support a team managing the full employee lifecycle of all of the employees. So from, you know, recruitment attraction all the way through to performance, managing absence, you know, wellbeing engagement all the way through to exit and leaving.

00:00:45:08 - 00:01:07:06

Speaker 1

On the comms side again a small team and so responsible for all communications I guess for the organization both internal and external. So maintaining our website, intranet, you know just that flow of communication, doing our newsletter and things like that. So yeah, that's our people and comms team.

00:01:07:08 - 00:01:15:07

Speaker 2

And how long have you. It sounds big. How, how long have you been in the role and have just got this question?

00:01:15:09 - 00:01:32:17

Speaker 1

So when I first when the organization set up in 2015, I just did People at the time and then took on Comms about two years later, maybe. Okay, Yeah. So six years in total for this current role.

00:01:32:19 - 00:01:42:21

Speaker 2

And sort of in terms of the care sector, just one last question and how you got into the care sector. How long have you been in the care sector?

00:01:42:23 - 00:02:07:02

Speaker 1

So I started working, P01 used to be an in-house council service for [Name] Council and I started back there 25 years ago and as a modern apprentice back in the day. And the scheme was that you were on a two year placement and every six months you went to a different team across the organization, across the council.

00:02:07:04 - 00:02:29:19

Speaker 1

Yeah. And my very first placement was in a team that was called staffing, which basically at the time was HR for social services but it was called staffing at the time. So what I did feel a little bit in a few others and then I got a permanent role back in that same team, which basically is the team that's also stepped out to P01.

00:02:29:20 - 00:02:43:05

Speaker 1

So in some ways is my, it's my very first job of working my way up, have just dabbled in a few of the teams along the way, almost 25 years, I guess, with a little bit of a dabble out of it. Yeah.

00:02:43:09 - 00:03:13:15

Speaker 2

Yeah. That's amazing. Oh, fantastic. And P01 since 2015. Yeah. Okay. So can you tell me a little bit about your care workers then? Your people, are they generally? I mean, I know this is about I've got hear about are they generally women? Are they generally old or younger? Have they got kids? They you know, what is the you know, the sort of people that you're managing in a way.

00:03:13:17 - 00:03:50:07

Speaker 1

And so we've always been 80% female, 20% male, there or there abouts give or take the odd percentage and predominantly we are an older workforce so and I will tell you exactly to the end of June we are 72% of our staff are over the age of 41.

00:03:50:07 - 00:03:54:16

Speaker 2

On oh my gosh.

00:03:54:18 - 00:03:58:21

Speaker 1

54% 50 or over.

00:03:58:23 - 00:04:00:01

Speaker 2

Gosh.

00:04:00:03 - 00:04:23:15

Speaker 1

Older workforce so many staff really I suppose you know their children are a lot older now, you know. And stuff like that. Many have been with us a long time as well I would say. Yeah. You know, and you know, so 30% of our staff came with those from the council and are still here.

00:04:23:17 - 00:04:34:11

Speaker 1

So, you know, still got ten plus years service and some of them 30, 40 years service so been around and with us for a long, long time. Yeah.

00:04:34:12 - 00:04:39:08

Speaker 2

Oh my gosh. So were they TUPEd across?

00:04:39:10 - 00:04:39:16

Speaker 1

Yeah.

00:04:39:16 - 00:04:40:17

Speaker 2

So how interesting.

00:04:40:17 - 00:04:54:12

Speaker 1

The teams that came across from the council, we all came across so roughly around 400 and odd staff at the time cos and so we stayed similar, we've gone up and down over the years but we have stayed quite similar to where we were. Yeah.

00:04:54:14 - 00:05:00:19

Speaker 2

Yes. And do they live locally in the geographical area you know.

00:05:00:21 - 00:05:27:08

Speaker 1

Yeah. Predominantly quite local and actually interestingly we have just done a bit of a survey recently because we're about to launch our [sustainability] understanding how people commute to work. Yeah. And so we do have quite a few people that walk to work because they, they live locally to their base but a lot do drive and I'd say mainly within the [town] area, give or take, we do have a few who are slightly wider, [region] but on the outskirts of your [other neighbouring towns] but predominantly local I would say.

00:05:42:00 - 00:05:49:04

Speaker 2

And, and then is the split in services terms of what sort of services do you provide. Basically.

00:05:49:06 - 00:06:19:17

Speaker 1

Yeah. So we, we find a range of services really. So we support older people, people living with dementia, people with learning and physical disabilities. Right. So we have a supported living service which is the biggest area of all of our services, 150 our staff are in supported living and so they're supporting people on a 24 seven basis, people in their own homes, working sleep-ins, and obviously a team of people working either on 1 to 1 or properties may have three people within them and we've got staff members supporting them. And we then have a learning disability day service. So we have nine bases across [local authority area, so smaller LD Day service bases, again, that is probably our second biggest service, about 70 to 80 staff within that service. So that’s our Learning Disability Day service.

00:06:51:21 - 00:07:17:09

Speaker 1

In terms of older people, we have one short stay service. So historically it used to be like a permanent residential care home but we do short stay and respite and IMC (intermediate care) within that service, about 40 odd staff in there. And then we do older people's day services and a day service people living with dementia as well, that quite small team, about 15

00:07:17:11 - 00:07:27:02

Speaker 1

And then we've got again a small extra care service for people predominantly 55 and older and that's a bit like dom care but all based at one site.

00:07:27:04 - 00:07:28:10

Speaker 2

So and.

00:07:28:12 - 00:07:50:16

Speaker 1

So like and like it's a big scheme with like 60 flats in it and we provide the wellbeing support for all those flats. So all our staff are predominantly only ever on site, but it is not a residential care home. You drop into people's flats. And so again, a small team, again about 20 are to in there as well.

00:07:50:16 - 00:07:51:07

Speaker 1

Yeah.

00:07:51:09 - 00:08:01:11

Speaker 2

Got that. So I've got, I can't go off script but I've got a question for you. That is right. Okay so real range. That's amazing. Yeah.

00:08:01:13 - 00:08:27:01

Speaker 1

And I mustn't forget we also do shared lives as well. So we have three staff who run our shared lives service as well for [Name] Council that and yes, so the shared lives carers aren't paid staff for us because they are self-employed and they get paid and claim from the local area but we manage the shared lives service.

00:08:27:02 - 00:08:27:22

Speaker 1

Yeah.

00:08:27:24 - 00:08:52:18

Speaker 2

Wow how do you keep a handle on all this. Right. Okay. Okay. So I will now ask about pay then. Okay. I mean it's going to be so interesting talking to you because I've been looking at the sheet you provided. Yes. And I've done lots of interviews with care workers that work for little private care homes that aren’t on as much as this.

00:08:52:18 - 00:08:57:17

Speaker 2

So, yeah. So it's really lovely to see the figures.

00:08:57:19 - 00:09:01:13

Speaker 1

And we are due a pay rise too.

00:09:01:15 - 00:09:32:20

Speaker 2

So in terms of the pay then and we're interested in what factors shape why providers pay what they pay now I remember when we chatted you were talking about I mean you've obviously got an hourly rate for the care workers at £11.39 and an hourly rate for the senior care workers. £14.17 And I mean, does that vary between across these different services

Speaker 1

No all the same.

00:09:32:20 - 00:09:47:13

Speaker 2

Okay. So if you're working with learning disabilities all you know, it's all the same yeah, it's yeah. And is there any sort of pay progression within those rates for seniority or experience.

00:09:47:15 - 00:10:22:00

Speaker 1

No, so we kept the local authority pay levels when we stepped out. And we do apply the local authority pay award as well. And this is probably one of the reasons why, you know, in some ways our rates are good in the sense that we're funded differently I guess by commissioners. So we have an agreement with the Council that our pay rates will increase in line with the same as the local authority rates

00:10:22:02 - 00:10:24:09

Speaker 2

And do they pay for that? They pay?

00:10:24:09 - 00:10:54:03

Speaker 1

Yeah, yes we are on what they call a block contract. Yeah. And block contract just gets increased each year with what’s calculated as the pay award element of it. Yeah. So in terms of your question around like different rates within grade for like seniority, your experience or knowledge and stuff like that and no, we don't have that, it is what we term spot salaries so there is no incremental progression within that for us.

00:10:54:03 - 00:11:14:17

Speaker 1

There was back in the council. So yes, we apply the pay line, we don't apply it in full in terms of incremental progression. we just pay the bottom of a particular grade. Yeah. Even if you were in the council there is just one. Yeah, yeah, yeah, yeah, yeah, yeah.

00:11:14:19 - 00:11:25:23

Speaker 2

And, and in terms of the senior care workers, I mean, do you feel, is that for you, was that a good rate for senior care workers?

00:11:26:00 - 00:11:56:19

Speaker 1

As far as I know, when we do have vacancies at that level we don't struggle to fill them. So I mean yeah, I've probably not done any benchmarking at that level for a while because we don't get many vacancies on that level, to be fair. Yeah. So and because we’ve not struggled we haven’t looked into it in a great deal but certainly heard about other organizations that will say, you know they get an extra 50p a hour or they might get an extra pound an hour or something like that.

00:11:56:19 - 00:12:04:14

Speaker 2

So that's what I was thinking. So it's quite big it seems it seems very good.

00:12:04:14 - 00:12:16:02

Speaker 1

The gap certainly seems big, bigger of what I hear anecdotally being said. Yeah. I like to think we’re competitive and if not significantly and are very good on that one.

00:12:16:04 - 00:12:27:17

Speaker 2

Yeah exactly. And do you pay by just the hour or the shift.

00:12:27:17 - 00:12:52:12

Speaker 1

No so all of our staff are salaried So I’ve just given you the hourly rate I've just broken it down to what the hourly rate would be, and we do recruit based on hourly rate because you know for people it makes more sense than just seeing this random figure of 20 grand figure and they have to work out what that means. So no, all staff are salaried then.

00:12:52:14 - 00:13:05:16

Speaker 2

Okay. Excellent. And and as if any increase for anyone. You know, you talked about sort of people staying over on 24/7.

00:13:05:16 - 00:13:07:21

Speaker 1

Support Living that would be.

00:13:07:23 - 00:13:09:05

Speaker 2

Do they get more for sleep ins?

00:13:09:05 - 00:13:32:15

Speaker 1

They do yeah so they get an allowance for sleeping in. I don't know if you recall last year or where but years ago there's a court case that went through that sleep in should be paid at an hourly rate, you know, rather than an allowance, everything like that. And then it got implemented and got overturned on court of appeal and stuff like that.

00:13:32:17 - 00:14:00:23

Speaker 1

Whilst it was going through that we implemented what we call sleep-in top ups. So on a month by month basis, we calculate someone's earnings and make an assumption that the hours on a sleep in are hours worked and we pay a top up on top of the allowance so that at least for all hours work it's the equivalent of the real living wage, which is currently £10.90.

00:14:00:23 - 00:14:17:04

Speaker 1

So again people who do sleep ins more often than not get a top up as well but it varies based on how many over time you’ve done, how many sleeps in you’ve done. maybe some additional pay on top of that as well.

00:14:17:04 - 00:14:21:13

Speaker 2

Gosh right. There is lot of think you've got.

00:14:21:15 - 00:14:23:04

Speaker 1

Yes I know you never stop calculating things.

00:14:23:04 - 00:14:43:06

Speaker 2

No, I know. Right. And yeah, I've got another question here about what factors lead to increase in pay and this is to do with qualifications, length of service, weekend working, things like that. But it sounds like this just a flat rate.

00:14:43:08 - 00:14:55:03

Speaker 1

Yes, flat rate. The only thing we pay extra for is Christmas Day, right? Yeah. Weekend and unsociable working we just pay a flat rate.

00:14:55:04 - 00:15:06:12

Speaker 2

And just so it's interesting, the people who started 30 odd years ago but haven't gone up to senior care worker, they still have that good hourly rate.

00:15:06:14 - 00:15:08:13

Speaker 1

Yeah, yeah.

00:15:08:15 - 00:15:11:14

Speaker 2

Yeah, it's interesting.

00:15:11:16 - 00:15:44:02

Speaker 1

So our apprentices options, if we were to take somebody on as what I call a true apprentice, so all of our staff, once they have completed induction, if they haven't already, will automatically sign them up to their level two qualification. And although that technically is an apprenticeship, we don't say that they're in an apprenticeship role. Yeah, if we were to do a true apprenticeship role, if you like a we would pay the year one national living wage irrelevant of age.

00:15:44:03 - 00:16:04:21

Speaker 1

And then in year two, we would pay the rate of the job. So whilst we don't have many of those roles, I suppose that bit about knowledge and experience and it's wrong to say an apprentice probably hasn't got experience and never done anything in care that could be half of our staff these days as we don't recruit because of knowledge.

00:16:04:21 - 00:16:19:10

Speaker 2

Yeah, yeah.

Speaker 1

But if we did a true recruitment round for apprentices that's what our rates currently say, whether we'd actually implement it because we've not had one for a while. That's what our current terms and conditions would say that so The Apprentice would be slightly lower for Year 1.

00:16:19:13 - 00:16:26:22

Speaker 2

But that's the only. Yeah. So they don't get extra for weekends, bank holidays because that's part of that of…

00:16:26:22 - 00:16:27:08

Speaker 1

Yeah.

00:16:27:12 - 00:16:41:15

Speaker 2

Okay. Right. And in terms of travel costs and travel time, I know this can be controversial. I was interested that a lot of your dom care just go to one site.

00:16:41:19 - 00:16:42:22

Speaker 1

Yeah so we don’t have dom care in its truest sense.

00:16:45:00 - 00:17:05:07

Speaker 1

But yes we would is the answer. We don't really have it but yes we would. So anybody who is having to travel between bases, so we might ask somebody comes in work this morning and has agreed to go and work somewhere else this afternoon we would pay for them to travel there. Yeah. Yeah. And we pay 0.45p a mile for that.

00:17:05:11 - 00:17:09:14

Speaker 1

Yeah. Yeah. So we don't really have it but yes we would pay it.

00:17:09:20 - 00:17:18:13

Speaker 2

And it's not classed as working time or is it just mileage . Is it the mileage you pay or is it working time not traveling.

00:17:18:15 - 00:17:23:19

Speaker 1

So it would depend I suppose I’m trying to think of how to explain it.

00:17:23:21 - 00:17:24:15

Speaker 2

Yeah…I'm trying to.

00:17:24:17 - 00:17:43:15

Speaker 1

Yeah. We don't play for people to come to work. But obviously if they are asked to go somewhere else because it doesn't happen often for us. But if we said somebody really need to go cover down at such a place because we are really short staffed that journey for them to get there would be working time and we pay the mileage.

00:17:43:20 - 00:18:04:19

Speaker 1

Yeah,. If somebody, for example, agreed to do 8 - 1 in one place and then picked up a shift for a 5 - 10, for example, later on that one day, then in between isn't travel time , you know, and isn't working time that's then choosing to go and do overtime something where rather than us asking them so it depends on the situation if that makes sense.

00:18:04:21 - 00:18:11:15

Speaker 2

So yeah that's Yeah that's interesting point actually that, that Yeah. Yeah. Rather than asking.

00:18:11:15 - 00:18:12:14

Speaker 1

Yeah. Yeah.

00:18:12:19 - 00:18:21:18

Speaker 2

And as they all live locally I mean in terms of reimbursement of public transport cos again it doesn't sound like they do travel a lot between now.

00:18:21:18 - 00:18:22:07

Speaker 1

Yeah.

00:18:22:13 - 00:18:23:14

Speaker 2

No. but we would do.

00:18:23:14 - 00:18:37:05

Speaker 1

We would do I suppose it is answer to that. It's really tricky because then if you don't drive you probably have a weekly bus pass anyway and we’re like, there's always a little bit of a trickiness there. Well I'm not paying for a half of your bus pass because you would have to buy it anyway sort of thing.

00:18:43:17 - 00:18:44:00

Speaker 2

Yeah.

00:18:44:01 - 00:18:45:15

Speaker 1

Actually we don't have a lot of it.

00:18:45:16 - 00:19:13:20

Speaker 2

Oh my gosh. Yeah. Gosh, you must have to manage it. It's just an interesting job for that, isn't it? Yeah. There's lots of grey areas. Yeah, yeah, yeah, yeah. Okay. And I've got here. How was time spent with clients accounted for? So when, you know, I mean, what are the usual sort of times of visits and things, you know, when for example in that block with 60 people do they go in half an hour, 15 minutes?

00:19:15:16 - 00:19:35:18

Speaker 1

So it would depend on their assessed care need and what they need supporting with at that time. So, you know, it may be that there is just a 15 minute pop in to prompt somebody to take some medication or it might be that somebody is being supported for a personal care and for a bath and to have a shower and so staff might be there for an hour. I suppose the difference then with extra care is that staff are always on site. So even though they've just popped in for 15 minutes to prompt medication and then they maybe go to the next person, anybody can buzz through using the care link intercom any time if they are stuck or anything. And we're commissioned, I suppose, to deliver. I think it works out about the equivalent of up to 5 hours a week for every person as care as part of that wellbeing support. It does go up and down ever so slightly based on need or somebody had a fall or yeah, anything happened. We're always on site to be able to respond based on that need. Yeah. So it's rather than, you know, somebody in a true home care set setup, I feel like you almost feel it once you bobbed in and gone. you don't see them for some time

00:20:33:02 - 00:20:38:13

Speaker 2

So are they paid for the whole time that they're there on site.

00:20:38:15 - 00:20:57:01

Speaker 1

Yeah. So our staff will have an 8 – 1 shift and within that they'll be allocated certain people that they will see during that period in time. But the staff member is paid the full 8 to 1. So if we can't fill that I feel that's our problem. We will probably say do your training or something like that. But that’s our problem. That's not the staff member’s fault.

00:21:03:12 - 00:21:27:18

Speaker 2

Yeah, yeah. Gosh yeah. Because once one project I was involved with, they'd introduced electronic monitoring, you know, so it was just very ‘Do you know where they then clock in and clock out’, you know. And it was quite interesting because some service users, they didn't want them to stay the full time, you know, it wasn't that they were leaving them sort of in desperate need of anything.

00:21:31:14 - 00:21:54:19

Speaker 1

Yeah, we do have electronic care monitoring in that service and they will sort of tap in to say they are there and tap out to say that they've gone and stuff like that, but that's more for recording length of time and care need time and not so much staff time. You know that helps as part of reviews. Yeah. You know if things need increasing we’ve got that information to be able to support that. Yeah well

00:22:00:06 - 00:22:04:00

Speaker 2

Gosh it sounds like such a good system. Oh, it's just brilliant.

00:22:04:02 - 00:22:05:08

Speaker 1

It has its problem.

00:22:05:10 - 00:22:33:18

Speaker 2

If the time care workers spend traveling between clients is counted as working hours, you know, so what other ways do you reward stuff other than pay? So I've got here I mean, it could be holidays, pensions, it could be employee of the month that you think you know. Yeah. Sort of anything innovative you know works or attracts staff.

00:22:33:20 - 00:23:01:14

Speaker 1

Yeah. So we don’t class it as a benefits as such but staff have 25 days holiday we do a 6% matched contribution scheme for pensions. we just changed our recognition process actually. So we've always had a system to recognize staff so that can be peer to peer, or manager to peer or staff member to manager, anybody in the organization can give it. We call it our high fives and we've got a system that's managed that process for us for a long, long time. We've just given notice on it actually. And, and instead the cost of that system, we are now reinvesting into our staff and we'll have four employees of the month, they’ll all get a £50 voucher for that.

And then out of all the recognitions, so you can send your recognitions in throughout the month and then at the end of the month we'll have a panel which is made up of a member of our leadership team, somebody we support and one of our new ambassadors, which the new thing we've just introduced. And they choose our four people that receive the vouchers.

And then at the end of the year, anybody that's won the voucher will go into a draw. And we just purchased a holiday home for the people we support and our staff. So a name will be drawn out of that and they'll get like half a week, three nights whatever it is, and stay in the holiday home as well. So that's one of our recognition schemes. And so it's new that we've just launched it now. We've literally just launched on the 1st of July, but I can see the stuff coming in already in terms of that recognition, which is great.

00:24:17:14 - 00:24:18:01

Speaker 2

That's amazing.

00:24:18:03 - 00:24:43:24

Speaker 1

yeah it is exciting. We also have an annual employee award ceremony called our P01 Awards. And so that's due to take place in October. And both the high five recognition and our award ceremony, they're all around our values. So we ask people to nominate based on values, how you've seen people putting the values into practice.

00:24:44:01 - 00:25:12:10

Speaker 1

So again, we're just so with that, we then have an evening ceremony. We have 100 staff get invited to attend. Obviously some staff have to work. Yeah. That’s the reality of running a 24-7 service. So an awards ceremony, 100 staff will have a meal, entertainment, presentation of awards and a little bit of a party I suppose afterwards.

00:25:12:12 - 00:25:32:09

Speaker 1

So again it's kind of like the event of the year with yeah, I've been a bit disappointed that with COVID over the last few years, you know, it's not, it's virtually on a really small scale. And although it was absolutely wonderful and brilliant, this is the first time we're getting back to almost what it once was. So, yeah, you know, hopefully that'll go down a treat, you know?

00:25:32:11 - 00:25:35:08

Speaker 1

Oh, that sounds brilliant.

00:25:35:13 - 00:25:36:03

Speaker 2

Yeah.

00:25:36:09 - 00:25:54:01

Speaker 1

And, and then, you know, I suppose I know it sounds really bit cliche, but we do encourage our managers all the time, just a simple thank you, that is often what the majority staff just want to hear. And if you ask them, what do you want? It’s just to be thanked, you’ve done a great job today. And yeah, I like that.

00:25:54:01 - 00:26:04:21

Speaker 1

Yeah. So we do have little recognition cards as well. So.

00:26:04:23 - 00:26:06:15

Speaker 2

Oh yeah. Yeah, you can.

00:26:06:16 - 00:26:25:23

Speaker 1

You can't say it's blurred but, that's like well done. Thank you, high Five. And then just a little space on the back for managers to write the comments and just so we can post out to staff as well. So again, just another way to do it in a slightly different way recognising it’s different for different people, what they like and what they gain from it and stuff like that.

00:26:26:11 - 00:26:29:16

Speaker 2

Oh my gosh. And you've got loads. It's part.

00:26:29:18 - 00:26:32:19

Speaker 1

Yeah. We do do the other stuff as well. Yeah.

00:26:32:21 - 00:26:57:11

Speaker 2

No, no, no. It's brilliant. Oh fantastic. Um, and yet, and finally, I know you've answered about contracts [on the form]. What contracts do you offer and why are you so I was quite interested that you've got guaranteed hours for 340 staff and agency staff on zero hours. That's interesting. So why, why have you got 80 staff on zero hours?

00:26:57:13 - 00:27:18:16

Speaker 1

Well, so basically we have our own bank staff, if you like, casual staff because we try and not use agency staff. Yeah, and that's because we want to know that staff have been trained the way we expect people to be trained and aim for that continuity of service. It's still not always possible. We still do some agency staff and they have that role within that and that’s great.

00:27:18:19 - 00:27:39:23

Speaker 1

Bizarrely, periodically we will text out to our casual staff and say, are you looking to come on to a contracted role? Sometimes people will contact us and say, ‘Yeah’, we'll work with them to look at what the vacancies are or whether they can slot into those. Last time we did it I had less than ten that came forward to do that. So when we tried to understand this a little bit more because our casuals probably work more than our permanent staff. you know because our causals work more than our permanent and will be racking up your 48 hours a week out type stuff. Yeah I think it's that control over being able to go yep, I'll do it all or no I won’t, the reality is they always do it, the majority are here more than our staff are here

00:28:07:10 - 00:28:29:19

Speaker 1

And you know they’d miss it if it wasn't there. But I suppose it’s still, if I change my mind and I don't want to do that, it's within my gift to do that and that's the only thing we can put it down to. I mean some of them genuinely do have a role somewhere around some with their second job, if you like and they are picking up a little bit of extra income occasionally.

00:28:29:21 - 00:28:46:14

Speaker 1

and some of them don't even work regularly at all and we will contact them every six months and say are you sure you still want to be with us. But I think it's that control. I mean even when we have done recruitment for the contracted roles and we'll say we'll offer you a role it’s ‘No, no casuals just right for me’.

00:28:46:14 - 00:28:48:14

Speaker 1

And I’m like what?! How can that be!

00:28:48:16 - 00:28:54:18

Speaker 2

Do you recruit casual. I mean do they, do they get recruited as casual staff?

00:28:54:18 - 00:29:13:11

Speaker 1

So we have done purely just Casual recruitment in the past. But more recently we've been doing contracted roles. People will apply and they'll be suitable and they'll say, Oh, actually I'll, do casual. I’m like what, ok if that’s what you want.

00:29:13:13 - 00:29:29:23

Speaker 2

It's interesting though, because I think Yeah, I know it's interesting I've come across that, you know because there's lots of lots of sort of negative press about zero hours and you know, I know it's a, it's sort of a dirty word, isn't it? But then when you when you talk to people, they actually prefer it.

00:29:30:00 - 00:29:43:20

Speaker 1

They want it like that. And I think as long as you're not using them and abusing them in the wrong way. Yeah. Almost the choice that they're making as well is that mutual agreement. It has its place.

00:29:43:24 - 00:29:45:22

Speaker 2

It's, yeah. No it's really important.

00:29:45:22 - 00:29:52:08

Speaker 1

It is basically an in-house agency.

00:29:52:10 - 00:30:02:20

Speaker 2

Yeah exactly. Um, and do stuff generally work the same number of hours and pattern of hours each week. Or do they vary week to week? What happens?

00:30:02:22 - 00:30:25:09

Speaker 1

So I'd say staff predominantly work on a two week or three week on a rolling rota. So the two week rota staff will work every other week and the three week rotas, they'll do two out of three weekends and that's in different services. So day services is absolutely Monday to Friday 9 til 5 type stuff.

00:30:25:09 - 00:30:46:21

Speaker 1

Older peoples will definitely have a two week rolling rota and work every other weekend it's LDA supported living in that they have weird and wonderful hours as well. Yeah well again some of this is historic so you know we've got staff members as they work a 24 hour shift they'll start at 3:00 in the afternoon work till they do the sleep-in and then wake up and stay with the person until maybe 3:00 the next day or 10:00 if they are going to day services. So and it really does work for them what they used to when they absolutely love it Bull people coming into the sector now I'm looking at jobs that are a bit like I want to be there for 24 hours, you know. so it's a challenge in terms of recruitment from that perspective because the generations have changed, it works differently for different people. So the 24/7 people, you know, they do three long shifts and then have four days off.

00:31:22:19 - 00:31:24:14

Speaker 1

You know. Yeah.

00:31:24:16 - 00:31:36:22

Speaker 2

It's interesting, but I mean in terms of I mean how do you think if your staff have children, you said they're an older age workforce, but I'm thinking if you've got kids you couldn't do that [24/7] could you.

00:31:36:24 - 00:31:56:00

Speaker 1

Well, no. Well, I don't think you could or you are relying on other halfs aren't you? Family and things like that. So and I think there's a mixture of all of that. And like I say, I think there is a change from what people want now, you know, like seeing younger people come through when they want their work life balance. They want their social life, yeah. They don't want to be work. 24/7. We are seeing those differences and it’s that transition period from staff who have been with us for a while working in a way that really suits and works for them as opposed to then struggling when they leave to fill that when we are in this transition period. Yeah I think at this moment in time to think about how that's going to pan out longer term.

00:32:20:19 - 00:32:40:13

Speaker 2

Yeah, no, that's a really important point actually. Yeah. No really interesting. And, and now a little bit on recruitment and retention and how would you describe your local labour market? How much competition is there for care workers.

00:32:40:15 - 00:33:03:21

Speaker 1

Oh God. Well There's a lot of private sector care companies within the very area. You know, I used to work in the council so from a commissioning perspective, you can see how many there are out there. I would say up until the end of last year that trying to recruit and attract people to work in social care was it was just constant, constant, constant and we would be getting one, maybe two people through and then they didn't show up for interview and it was really, really hard work. I think there's been a change since January this year and whether we completely revamped our recruitment process though, at the start of this year and literally we did it from an inclusivity perspective in the sense of trying to remove the barriers that were probably there that we didn't realize were a barrier. I.e no application form. you don't have to actually fill any kind of form out, you just need to give us your name and your number and we will ring you back basically and have a conversation with you. And from that, we've seen more than 100% more increase, we can be getting in 80 odd applications through at a time.

00:33:54:20 - 00:33:58:13

Speaker 2

That’s amazing! Is this based on sort of value based recruitment you are doing rather than….

00:33:58:13 - 00:34:24:12

Speaker 1

Yeah. Yeah. And whilst that sounds amazing and it is, lots of people were looking for sponsorship and we don't do sponsorship as an organization so and you do see bigger drop off rates at each stage of the process. But we are still getting those people through and making those appointments so definitely from January this year something has changed. And I think whilst we have changed our process and that's a contributory factor. I do think some of it as well is again people are looking to maybe come back into the sector or get into it in some way.

00:34:39:08 - 00:34:57:06

Speaker 2

Yeah that’s interesting. I mean do you think, do you think your rate of pay is competitive and it looks it to me, you know. Do you think you get people who look at the pay and think I should apply there…to get any feedback about this looks like a good place to work. This was better pay than other places.

00:34:57:06 - 00:35:16:04

Speaker 1

Yeah and we do get people you know, who do refer a friend. I was just talking to a staff member this morning they said really quietly, ‘I think our rates pay are really quite good’. But actually, I do I think we sell ourselves enough on that? Probably not. You know we don't go out there and shout we pay £11.39. Or anything like that you know. Yeah. We just put it out on an advert like anybody else. Right. So yeah, Yeah. Unless we go to an actual event where it sort of comes up a little bit more. You know, because people say, you know, it's quite low paid and it's like, oh well you know, we pay £11.39 a hour , you know, we don't sell ourselves on that.

00:35:35:10 - 00:36:06:00

Speaker 1

But Yeah I think we are are competitive, I think particularly against older people services who probably just pay national living wage. I think LD occasionally can pay more or similar to what we are certainly higher the minimum wage so there might be an element of not quite as competitive on the LD side

Speaker 2

Ah good point yeah

00:36:06:00 - 00:36:15:22

Speaker 1

And that's probably where our vacancies fit, on the learning disability side, I think it’s a combination of the rota. They’re the ones with the dodgy rotas, they’re the dispersed workforce, they’re the lone workers are in that service. So yes that’s where the challenges are.

00:36:16:03 - 00:36:29:24

Speaker 2

And I noticed you said there was 20 approximately vacancies which isn't many compared to some. I was going to ask are they predominantly in that service

00:36:29:24 - 00:36:30:21

Speaker 1

Yeah. Yeah.

00:36:31:01 - 00:36:39:22

Speaker 2

And there's nothing you can do about that. You can't change that role. It's inherent in the role, isn't it some of those rotas and terms and conditions in a way are part of the role.

00:36:39:24 - 00:36:40:12

Speaker 1

Yeah.

00:36:40:14 - 00:36:49:22

Speaker 2

Interesting. Oh, in terms of turnover then how much of a problem is that? It sounds like you've got a lot of stayers though, from what you've said. I see you've said it's at 17%.

00:36:56:04 - 00:36:57:13

Speaker 1

Yeah. Yeah.

00:36:57:15 - 00:37:03:01

Speaker 2

So why do they leave if these the people who do leave.

00:37:03:03 - 00:37:32:05

Speaker 1

So people who are leaving. So over the last 12 months people have gone and they've gone on to further education, jobs within health and social care, they have gone into nursing or to another local care. So I know one lady went from shared lives into a different shared life service probably because it was closer to home or something like that.

00:37:32:07 - 00:37:38:01

Speaker 1

And then probably it's around retirement and health reasons because we've got the older workforce.

00:37:42:05 - 00:37:51:06

Speaker 2

Okay. No that's great. And, and have you got sort of any golden hellos or recommend a friend, those things to get people in.

00:37:51:09 - 00:38:12:17

Speaker 1

Yeah. We do have a recommend a friend, although I wouldn't say it's our biggest source of recruitment at all. We upped it at the start of the year to £250. So £250 for the referrer and £250 for the referee. So £500 in total we pay at the end of induction. Yeah. But it's not where the majority of our staff come from at all.

00:38:13:18 - 00:38:16:12

Speaker 2

So gosh it's interesting. Yeah.

00:38:16:14 - 00:38:26:01

Speaker 1

Because it's, you know, this big thing isn't it. But refer a friend in social care is the biggest thing and I’m like is it! I don't see that in my figures.

00:38:26:01 - 00:38:42:07

Speaker 2

But I figure that's why it's important to talk to people like you, that it's like a myth that people go to retail, as I said before, people they, you know, and you know, people go into Amazon and, you know, in the fact they may be going around to the health and social care roles anyway, so are they not leaving the sector as such?

Speaker 1

Not in their masses .

00:38:47:07 - 00:38:59:03

Speaker 2

No I mean I've got a question about the cost of living crisis and if you think that's impacted anything in any way, vacancies or turnover. Are people going for better pay or. Um.

00:38:59:05 – 00:39:19:09

Speaker 1

I don’t get a sense of that for us you know, we've got lots of support out there around cost of living, but I don't feel like I'm hearing people say that I’m going because I can get a load more money over there. I'm not seeing it personally.

00:39:19:09 - 00:39:46:08

Speaker 2

Yeah. So what do you think Are the employment practices that do attract and keep people? I mean, got pay hours, training, job security. Are there things that you know are more important from your experience, do you think is it pay or is it the other stuff and you know job security or training or flexible working or guaranteed hours.

00:39:46:10 - 00:40:08:18

Speaker 1

I'm just trying to think when I’ve chatted with staff recently or some of the new starters coming through. I chatted to a few staff recently and, you know, said to them, like and they've both come from non-social care backgrounds. And you know so I said why, why did you come to us. And in both scenarios it was somebody in their family who said that they think they would be good at that, have you considered it, and yeah actually I think both that those people weirdly were in care themselves. I’ve just said to you refer a friend isn’t a big one for us but they weren’t necessarily employed by us all directly so that’s why we're not seeing it as a refer a friend, but somebody seeing it I guess and saying we’d think you'd be great at that. And, and then they come and just love being here. They love the atmosphere. They love, you know, what we're about, they love the impact they are having on the people that they support. They love that they are making a difference. And that's, you know, what's keeping people here. And I think, you know, if we can predominantly, you know, nine times out of ten have that really positive, happy environment, we are trying to do our best by our staff. We’ve done a chocolate hampers, you know, other recognition. This year it was chocolate, but it was more green because we've just launched our green plan as well. Yeah. Now I think Green Plan will be a great attraction for younger people in that climate change and efforts around that. I think that will be really good.

I'm surprised how many staff were very interested at the launch of our Green Plan in terms engaging in that and wanting to do something about that even just something small about climate. So we are quite switched on to that. So recognizing that and then once they've got here, they just loved it. I guess really I think pay helps but I don't think it's the driver but I think they then go, I get paid alright as well, so it's really it’s win win.

00:42:00:21 - 00:42:03:02

Speaker 2

Yeah That's really interesting because I.

00:42:03:02 - 00:42:26:23

Speaker 1

It is that making a difference, getting something out of it yourself, which, you know, without being disrespectful of the retail or anything like that, you know, you know it’s that feeling that you get back, you know what I mean? So it's yeah, it's a win-win. I think really that, you know, the key is that myth busting some of that horrible, horrible stuff you hear about care that you only get the bad stuff on the news all. You know, when we're going out in schools and colleges, you know, we're saying like that. You think it's all about wiping bums people. You know, I think once people realize that somebody was just telling me about a student coming from a college and she didn't know what she wanted to do, she thought she wanted to go into nursery nursing and thought she wanted to do aesthetics and all that.

00:42:53:07 - 00:43:14:01

Speaker 1

Yeah, yeah. Work experience with girls. And she's like, I really want to come back here. Yeah, I really want. I can see myself doing this. So I think in reality. Yeah. What it is, Yeah, I think you know it is a bit of a pull and I think it's getting that positivity out there and that's great.

00:43:14:01 - 00:43:25:23

Speaker 2

I mean, because in terms of younger people, because you say, I mean, so the people you train, you, you trying to get if you're getting older people leaving, I suppose you're right. It's trying to get younger people.

00:43:25:23 - 00:43:46:09

Speaker 1

And we are measuring that. So we're measuring success of under thirties throughout the recruitment process at the moment. Yeah, that was one of the things we introduced at the start of the year was understanding the demographics of our candidates. Yeah, and actually younger people are very successful. So in terms of the numbers that apply, that conversion into a job they do do really, really well.

00:43:46:10 - 00:44:03:04

Speaker 1

Yeah. You know, so they're coming through and they're actually being pretty good through recruitment as well and they're getting jobs sort of thing. So it's really interesting to see. Yeah, yeah. You just got to keep that momentum going I suppose. Change the face of what they believe care is. Yes. And who can be a carer I guess.

00:44:03:06 - 00:44:14:22

Speaker 2

Oh yeah. that's so true. Oh fantastic. I've got a couple of things about government and the impact of government. Has the National Living Wage impacted you

00:44:14:24 - 00:44:30:17

Speaker 1

Yeah. So we didn't have it. We only implemented it February 2022, backdated it to September 21, but it was a literally 20 of our staff. It was our domestic staff basically, and some admin staff and not care staff.

00:44:30:19 - 00:44:36:20

Speaker 2

They, they got it. Yeah. Oh okay. And you're, you've got the real living wage anyway.

00:44:36:20 - 00:44:37:23

Speaker 1

Yeah. Yeah.

00:44:38:00 - 00:44:52:08

Speaker 2

Yeah. You're fine. Yes I am. You know, intensive and commissioning and things and you've got a block contract so that impacts how you can pay your staff because they're funding.

00:44:52:10 - 00:44:56:10

Speaker 1

Yeah. So yeah. Predominantly a block contract.

00:44:56:10 - 00:45:07:18

Speaker 2

So that none of that I mean this is so I mean you're right So do you have a relationship with the local authority commissioning team,

00:45:07:20 - 00:45:41:23

Speaker 1

Yeah, Yeah, we do. So, so we've got two relationships with the local authority, if you like because they're our main and only shareholder, so they, I suppose in some ways can determine who and what we do as an organization, even though we have our own board as well. So it's not quite that simple. Yeah. But then obviously we do have those commissioner relationships as well because you know, I suppose referrals into the service as so as a local authority trading company we can be used as employer of first choice. So they could automatically send something our way without going through that commissioning process as well. More so I'd say on the supported living side, on that commissioning element you know, in filling , I mean if somebody was to pass away and then we had a property where there was a vacant room I suppose working with that local authority to identify somebody else to move into that property and things like that.

00:46:14:09 - 00:46:36:12

Speaker 2

So it's it sounds quite yeah, sounds quite like a partnership. So. Yeah. Yeah. Because it. Yeah. Okay. Yeah. Oh right. Last section the last sections on pay and wider job quality. So it's interesting. It taps into something you said earlier about whether pay is the main driver. it's sort of interesting because there is work getting developed around quality of working life, leading to quality care. And this is sort of the University of Kent trying to develop these ideas about what is good quality working life and we have some of their ideas and we wanted your thoughts on those and yeah, we can send you more information about that I think you'd be really interested in, actually.

00:47:04:09 - 00:47:07:18

Speaker 1

Yeah, that sounds good.

00:47:07:19 - 00:47:29:08

Speaker 2

So what aspects? Yeah, what aspects? Make a good quality working life and lead to good quality care. So thinking about your staff and differences, being able to make to people's lives, which of the following statements best describes how you think they feel? Yeah.

So they're able to make as much of a difference as they like. They're able to make some difference. They're able to make some difference, but not enough or they're able to make they're not able to make any difference. So do you think they can they feel like they can make as much of a difference as they like because they want to? Do you think they feel like they can make some difference and some difference? Some not?

00:47:46:13 - 00:47:53:21

Speaker 1

Yes, some difference. Yeah. Yeah.

Speaker 2

So why do you think they can't make all the difference they'd like to.

00:47:53:23 - 00:48:25:13

Speaker 1

Because I think ultimately it still comes down to what's an assessed need of somebody. So I suppose it's that want and that need element. So we're paid to deliver the need of somebody,

Speaker 2

Yes the assessed needs. Yeah. Yeah.

Speaker 1

But people will still want more and I think staff do that extra and, but we can't necessarily do it all because ultimately there's so many hours you are commissioned to do. So there are occasions where they feel they would want to do more but it's not we're restrained from doing it. Yeah, I think it's quite as obvious as that. Well that, that would be my first thing that comes into my head on it.

00:48:43:08 - 00:48:45:22

Speaker 2

That's really fascinating.

00:48:45:24 - 00:49:07:02

Speaker 2

My and the next one was thinking about your work has relationships with the people who are drawing on their care and support. Which of the following statements best describes how they feel about their relationships? Yeah. So overall, their relationships with people drawing on care and support are as good as they want them to be. Good enough, not as good as they would like or not at all good.

00:49:07:04 - 00:49:12:16

Speaker 2

You can say it's a basically going from ideal, a little less ideal.

00:49:12:18 - 00:49:14:23

Speaker 1

I'd say the first thing.

00:49:15:00 - 00:49:16:10

Speaker 2

As good as they want them to be.

00:49:16:10 - 00:49:29:19

Speaker 1

Relationships that all of our staff have with the people they supported, don't get me wrong, you get the odd little conflicts and you have to move people round occasionally. But yeah, I mean, yeah, I think that is the be all and end all for all of our staff.

00:49:29:19 - 00:49:39:08

Speaker 2

Yeah so you think why do you think that is? Is it because you think you've recruited the right people or…..

00:49:39:08 - 00:50:01:06

Speaker 1

I just think is who they are as people you know nine times out of ten it's already there, you know, and they, they want the best for the people that they are supporting genuinely. And, you know, you know, again, the girl I was talking to early today, she's on call yesterday. And this gentleman, two people in that property had had a fall as it happened.

00:50:01:08 - 00:50:20:21

Speaker 1

And she came in. You know, she didn’t have to come in on call, but she felt she needed to come in check that both were okay. And that's not because the other staff couldn’t. And she wanted to make sure everything was safe in terms of the systems. And she then got talking to one of the family members and just reassured her and said, I think we need to do some increased care calls just to make sure you know Betty or whoever is all right and stuff like that. And, you know, they sent an email today, thanks so much you have put that much effort in and on a Sunday, you know, I think, you know, she was probably out for an hour maybe doing all that but that's her, she felt she needed to do that, there wasn't anything written down that said you must do this. She just in her had to satisfy herself that they were okay and she'd done everything she could do to make sure that they were safe and well and ok.

00:50:54:03 - 00:51:17:13

Speaker 2

Oh, well, she sounds lovely.

Speaker 1

Yeah I think it's just who they are.

Speaker 2

The next one's about autonomy and do they have the freedom and independence to make decisions and to do and determine the tasks they do as part of their day to day work. So this, they have as much autonomy as they want. They have adequate autonomy, They have some autonomy, but not enough. Or they have no autonomy.

00:51:20:22 - 00:51:43:00

Speaker 1

I’m torn between adequate and some because I guess really because again it'll come down to that assessed need. Yeah. So yeah, they don't have any choice in that to a degree. I suppose they do with some of it in terms of how that might be done. Yeah. You know when they do have some autonomy to a degree on a day-to-day basis.

But I suppose you know, there are processes, there are procedures, there are things that have to happen.

Speaker 2

Mm. Yeah, exactly.

Speaker 1

To do that. So I suppose that leaves little room for autonomy.

00:51:58:00 - 00:52:00:05

Speaker 2

So they have adequate. Yeah. No that's good.

00:52:02:00 - 00:52:22:22

Speaker 2

And the next one to have time. This is about time. And if you think all the tasks they're required to do within their role in their ability to do them within their paid hours. And do you know this might include direct care and support paperwork, supervision and management. Do you think they have the time they need? They have adequate time. Speaker 1

They do not have enough time or they do not have time to do their job well and it's having a negative effect on them.

Speaker 1

It's so hard.

00:52:34:00 - 00:52:45:01

Speaker 2

I know! And you're a bit of a guinea pig with these because we are trying these out.

Speaker 1

It's interesting. It’s not the top one.

00:52:45:13 - 00:52:50:19

Speaker 2

No. Okay, so it's adequate time or they do not have enough time.

00:52:50:21 - 00:53:12:16

Speaker 1

I think for us and our staff we have adequate time. So we I suppose it hard to answer because depending on who you are supporting at any one time and their level of need. Obviously you could up a day if somebody falls for example please all hands on deck for that and that might mean that day

Speaker 2

That’s a good point…

Speaker 1

you’d run out of time to so some of your stuff. But if the day goes to plan then it's adequate time to do the stuff. I think staff would always say they need more time without a doubt. And again, because they like to give more to somebody, you know, they want to give that time. And I suppose that's why we're looking to get volunteers and things like that to do some of that. Yeah. So I think staff will say they don't.

00:53:39:07 - 00:53:39:22

Speaker 2

Right.

00:53:39:22 - 00:53:44:05

Speaker 1

I think they do in an ideal day but every day isn't an ideal day.

00:53:44:07 - 00:53:50:14

Speaker 2

That's a good distinction. Yeah, yeah,. It's a good distinction though. I like it. Yeah.

00:53:50:16 - 00:54:08:07

Speaker 1

Yeah. And we do in services, it’s up and down and we do particularly in our short stay service. It is dependent on who's in the beds on IMC and everything. We do have a system that we use to up and down our levels of support in terms of care staff based on needs. So we're not just like five staff all the time. If we've got lots of people who need 2 to 1 support will up to six but if nobody does. we down that to four for example, . It Swings both ways. I don’t know if I kind of copped out on that question.

00:54:22:23 - 00:54:40:19

Speaker 2

No, no you didn't. It was brilliant. No, it's really good. And this is about worrying about work. Do you think they worry about the people they care for support or any of the tasks they need to do within their working hours when they're outside of working hours is about the study at the university came up with finding that one of the things about good quality work in life is when it doesn't take over your mind outside of work.

So it's outside of working hours. They hardly ever worry about work. They occasionally worry about work, they often worry about work, or they constantly worry about work. I mean, again, you might not know, and if you don't, that's fine.

00:54:58:16 - 00:55:28:11

Speaker 1

You know, I think I don't think they worry about the tasks, I think the worry about certain people and I think for us it will be different in different services. So for example, supported living, you're supporting the same person throughout their whole life. So you, you ‘ve known them being whatever age when you started to growing up and you know there is that boundary of family friend but you know and they will worry somebody becomes poorly somebody's got COVID they will worry about that person, they can't help it.

00:55:28:13 - 00:55:51:18

Speaker 1

Do I think in some other services where you maybe got people, like I say, come for six weeks and then they go, I still think they will worry about those people, but not to the same level and extent. Because you have not got that long term relationship with somebody so there are some distinctions there. I think some staff are just very resilient and can go when work is done. Now I am going to do this and I think other staff find that hard to learn and to be able to do that and it probably will impact them slightly more.

00:56:06:11 - 00:56:17:11

Speaker 2

Yeah, and that's interesting. It's not a general trend and because this is good to feedback, because it's a toolkit, the idea of trying to get this toolkit together and but you're sort of saying it can depend on the service and the person and the nature, you know.

00:56:17:13 - 00:56:43:18

Speaker 1

Yeah, and what it is with that person. So I think there will be an element of it. I don't think it's all the time. I think it depends what's going on in that person's life. That will have those peaks and troughs then like if somebody is on end of life, I think of course they are going to be worried about them and sad when somebody passes, of course they are, and I don't think they'll be any care staff member that there was supporting that person that wouldn't think about that. And if they didn't, this might sound a bit awful, but I'm not sure they're in the right job.

00:56:49:02 - 00:56:50:10

Speaker 2

Know, I know.

00:56:50:10 - 00:56:58:01

Speaker 1

I don't think it necessarily absorbs their personal life and takes over from it. But I, I think occasionally they'll go, oh, I wonder how she's been at that appointment today. That's it. Yeah.

00:57:04:06 - 00:57:29:06

Speaker 2

Now all the care workers came to my mum's funeral, actually, and it really touched me. It was just so lovely. It's really amazing. And there's a question about whether they feel they can look after themselves at work, take comfort breaks, have time to eat and drink and rest. And again, I don't know, for your service it might be slightly different, but you think they're able to look after themselves as well as they want? Oh, are they able to look after themselves well enough or are they.

00:57:31:16 - 00:57:52:02

Speaker 1

I think, you know, I hear things, we are so busy we don't always get time for breaks so we do build in breaks depending on how long people are in work for. And some services like supported living they are paid breaks because when you are on support 24/7 you can’t. You know some of that might be in the evening watching Corrie together.

Speaker 2

Yeah Yeah

00:57:52:04 - 00:58:16:09

Speaker 1

So you are not doping constantly sort of thing. Oh where there is like short stay, you know, you know speaking to a few of them recently they say you know I don’t have time to have a break, you know we are on the go constantly and stuff like that. So again I think it depends on the role, the service, that constant need to be on the go.

00:58:16:11 - 00:58:21:21

Speaker 1

Supported living yes you’re physically on duty all at that time but I'm not sure you are on the go constantly.

00:58:21:24 - 00:58:43:02

Speaker 2

No I know and I think this is really interesting because you're the first interview. Yeah I think a lot of people are going to say this about these statements how you know, because it's such a varied, so many services, there's so many different type. Yeah. So there's not going to be one answer for all of the care workers you employ

Speaker 1

Yeah I don’t think so Yeah from my observations and my conversations .

00:58:48:07 - 00:59:05:20

Speaker 2

I mean this is interesting question, thinking about how supported your staff are in their role. Which of the following statements best describes how you think they feel. And this is about whether they supported I mean the extent to which they feel respected, encouraged by their managers so do they feel highly supported by their managers, feel adequately supported by their managers? They do not feel as supported as they would like or they not feel supported. I mean, you've given me examples of things you all do.

00:59:13:21 - 00:59:36:15

Speaker 1

I would say generally staff do feel supported, I think you will have the odd staff member who will say, absolutely, we don't. I think it's more challenging in dispersed community settings. So in supported living it's more challenging, they are lone working, they might not see their manager or speak to the manager every day, whereas your building base you will always see your manager every day. So it's different. Yeah. And you've got to find a way to deliver that in a slightly different way. So it wouldn't surprise me if sort of like, you know, your Dom care supported living ones feel less supported and I mean it's not that they’re not, it’s more about that accessibility and regularity of seeing somebody

01:00:02:17 - 01:00:05:08

Speaker 1

Yeah yeah

01:00:05:10 - 01:00:35:09

Speaker 2

And thinking about their income from their work in social care. Which of the following statements best describes how they feel about their financial security. So this means whether their income meets their own in their dependents needs. Please think about their pay in other benefits like pension, sick pay and how reliable income is. So do you think they have as much financial security as they want to mean, or do they have enough financial security or, they do not have enough financial security or do they not have any financial security?

01:00:35:11 - 01:00:52:17

Speaker 1

I think, well I don’t know, it's between the second and the third one that you said to me they have a will, but I'm not sure that there is necessarily enough. I think yeah. In between the check.

01:00:52:17 - 01:01:04:19

Speaker 2

So they have enough and they do not have enough, between the two, because I remember you saying that some of them didn't want to be paid the back pay because it would impact some of their benefits, you know, things like that.

01:01:05:00 - 01:01:26:14

Speaker 1

Exactly. Or we do what’s called [draw down system] where you can draw down on some of your salary in advance of pay day if you want. We allow staff to have a 25% draw down. Yeah. And our staff do that so that makes us think well you've not been paid enough, you can't live on what your earning, so it worries us slightly.

Speaker 2

Yeah

Speaker 1

But equally we think well you are better getting it from us than some loan shark if that makes sense. So yeah.

01:01:35:21 - 01:01:39:07

Speaker 2

What proportion do that then do you think?

01:01:39:09 - 01:01:47:16

Speaker 1

And I'm just don't think how many people on the list. Roughly 20. And not everybody every month.

01:01:47:21 - 01:01:50:05

Speaker 2

No. But it's interesting there's some months that is the case.

01:01:50:05 - 01:01:51:10

Speaker 1

Yeah. Yeah.

01:01:52:01 - 01:02:14:04

Speaker 1

But it's interesting the pattern that you see as well. So it's really there for that reasons, my freezer is broken whatever. So it’s there to do that big purchase. Yeah. Yes. And you see some of that but equally you'll see every other day 20 quid, 20, quid, 20 quid, and I’m like what are you doing. Yeah.. but that's how some people use it. And they're probably slightly more worrying because it's becoming that reliance of it I guess.

01:02:20:23 - 01:02:49:15

Speaker 2

Yeah yeah that’s really interesting and Oh and finally about valued how they're valued. Thinking about whether the social care role is valued by other people. That means the public people, you know, views expressed in the media. Do you think your staff feel their role is highly valued by others adequately about valued value? This not as valued as you would like, as they would like or not at all valued?

01:02:49:17 - 01:03:18:11

Speaker 1

I would say not as valued as they would like but. What I would say, I think that's about whether or not you've ever been exposed to social care. Yeah. So if you don't know what they do, you've never needed it in your life, your family’s life or anything like that. You see, I think that negativity and stuff like that. I think there's been a little bit better value of it through Covid and you know, all the stuff in care homes and things like that. But I think people who have experienced it because you know elderly parents or a grandma away. you see day to day what it actually is and I think large majority of people would do it. So it depends on your exposure to social care I think.

Speaker 2

Yeah. That's a really good point. Yeah. Really good.

Speaker 1

Yeah. Not getting good at giving just a yes or no answer.

01:03:40:12 - 01:04:09:05

Speaker 2

No, no, no. I don’t think these can be I don't think these can be this is really good because I'm conscious we've gone over time [and cut toolkit some statements]. This is the last one. I mean what should be main takeaway from you about pay, social care and how it can lead to better care? So from your experience, should we be focusing on pay, which you've sort of said it might not be the driver, or should we be focusing on other parts of the job employment or quality of work in life? What should we be focusing on? Because this obviously this project was defined for us. We need to find out about pay variation in the sector. Why are people not paying? You know, why is it seems to be a general sort of homogenous pay rate? And should we be focusing on pay?

01:04:29:06 - 01:04:50:05

Speaker 1

To a degree, I think we should. I think, you know, social care staff should be paid be paid more than the living wage. I genuinely do. And there's an argument of I've heard, I think where was in recent weeks, but this is sort of an argument about it being on par with for example like nursing, you know, something like that. And I think there is a difference for me personally, you know, But you know, people are seeing that they're doing something quite similar to that. Yeah, but providers are only paying the living wage, I think then we should focus on an increase. I would think it should be more than just the living wage. And yeah, obviously we pay more than that anyway.

01:05:15:24 - 01:05:42:20

Speaker 1

So I think we've then got to forget the whole the stuff is just equally important. I don't think if you said to me, I'm going to give you a care job, it’s going to be ,20 quid an hour, but everything else is shocking people wouldn’t stay. I still think it is about that whole package and feeling like you belong somewhere and, you know, you are respected and you know, you get to put your skills into action, all that type of stuff, you get to learn.

01:05:42:21 - 01:06:00:21

Speaker 1

Yeah I am. So I think it is more about that package, but I do think there is something about in certain situations getting that pay up a bit because I think that's what the perception of pay is in social care. I think it is perceived as being you just take the minimum wage.

Speaker 2

Yeah. Yeah.. Whereas some of it does overlap with sort of healthcare assistant roles in the hospital, doesn't it. Some of you know, the argument is should they be paid more.

01:06:11:24 - 01:06:13:23

Speaker 1

Yeah. So it's really Yeah. And the other thing that I'd heard I think where a was a there was this comparison to like teachers I mean I don't know that pay for example. Yeah. Yeah. You know, sort of like nursing, teaching, social care, there’s quite a bit of similar skills and stuff that. There's, there's some kind of comparable thing around that being on par.

Speaker 2

Yeah. Yeah. But I think these sort of caring female dominated occupations are often paid lower and I think that's really interesting what you're saying about teaching in well, primary school I suppose.

Yeah, Yeah. And oh my gosh, that's amazing. Sorry. I've know often over time but thank you. Is there anything you'd like to add to make any further comments

01:07:13:06 - 01:07:19:24

Speaker 1

I don’t think so, nothing that springs to mind anyway. No, no, I think I’ve said quite a bit.

01:07:23:01 - 01:07:31:02

Speaker 2

No, that's been amazing. Thank you so much. Sorry it’s taken you longer than the I think because we've. Yeah. This is the first one.

01:07:31:04 - 01:07:35:13

Speaker 1

I think we digressed a bit and went off on little tangents.

01:07:35:15 - 01:07:41:17

Speaker 2

I need to stick to the script. I mean, it's my first one. Yeah.

01:07:41:19 - 01:07:48:13

Speaker 1

It’s giving that context to it though sometimes, it giving that feel for that understanding it rather than just a black or white answer.

01:07:48:15 - 01:08:00:21

Speaker 2

I think some of the examples you gave actually in terms of the statements and in terms of some of the things you mentioned around the different types of services you provide and need.

01:08:00:23 - 01:08:03:06

Speaker 1

Because you need to give it that context I think.

01:08:03:06 - 01:08:27:16

Speaker 2

You do. I think when I did a presentation at the [organisation] providers meeting last week and they were really sort of sceptical about what 20 interviews with providers could do. And I understand it's small, it's only a small part of the project. And I was trying to argue that sort of innovation can be transferred across. If you get the context, some context might be similar. You know, I know it's a small number, but just even what I've got from this one interview, just different ways of doing things, I think.

01:08:34:06 - 01:08:51:03

Speaker 1

I think, you know, like I talk to people as well so I know I’ve shared with you, it's not relevant for us, but you know somebody. But yeah, you know, so you might not be interviewing three of us, but you've got some input into some of those questions from a wider audience from just talking to me I guess.

01:08:51:15 - 01:09:15:07

Speaker 2

Yeah, I know exactly. Yeah. No, it's just. Oh, it's just been so great. Thank you so much. Now. Oh, thank you very much. Yeah, really appreciate your time. Honestly, because I know you're busy and Oh. Thought and in terms the informed consent, you can just sort of email back. Yeah. Yeah. So I've done. Yeah. Um, right, we will.

01:09:15:07 - 01:09:17:23

Speaker 2

I'll be in touch. I'll keep you posted.

01:09:18:00 - 01:09:20:19

Speaker 1

Yeah, that'd be great. It's always nice to know where these things are.

01:09:20:19 - 01:09:22:14

Speaker 2

No, I think so. I think what.

01:09:22:14 - 01:09:24:02

Speaker 1

Happens with them, I think some of.

01:09:24:02 - 01:09:32:20

Speaker 2

The things you've talked about in terms of the statements as well is really interesting. And some of the contacts. Yeah.

01:09:32:22 - 01:09:33:08

Speaker 1

Yeah, yeah.

01:09:33:08 - 01:09:36:18

Speaker 2

Yeah, yeah. Now, thank you very much. Lovely to meet.

01:09:36:18 - 01:09:38:09

Speaker 1

You. Yeah.

01:09:38:11 - 01:09:40:09

Speaker 2

I, I think this.

**Second interview c 6 weeks after the first**

Interviewer: If I could just quickly ask you them, it shouldn’t take…

Respondent: Yeah, of course, absolutely.

Interviewer: Your answers to these were really great. It was all about… I don’t know if you can remember, it was these questions around trying to get a toolkit for good-quality working life for care workers.

Respondent: Yeah.

Interviewer: That’s what it was. And one of the questions that I missed out, so I’ll just read it now. The following statements best describes how safe your staff feel at work. By feeling safe at work we mean how safe they feel doing the job which includes fear of physical harm, from lifting and handling and risk of infection, physical abuse. And psychological harm, verbal or emotional abuse. You’ve got these options. It’s, they feel as safe as they want / generally they feel adequately safe / they feel less than adequately safe / they don’t feel safe at all. Obviously safety must have been identified as one of the ideas of good working life for a care worker. What do you think in terms of physical or psychological harm?

Respondent: I would say the second option that you gave me. I think generally staff do feel safe in the work environment. I think I’ve explained, we have lots of different services, so some services may be supporting people who may have, or display more behaviours that challenge. And so maybe more prevalent though is behaviours. But I think the fact that staff get that opportunity to have a training around behaviours and how to manage those behaviours. And also getting to know people. You understand where those triggers come from and stuff like that, don’t you? They put then really good plans in place to be able to mitigate and reduce those. So I would say generally staff do feel safe from that perspective. It’s not certainly something that I hear staff say is something that impacts them.

Interviewer: That’s really interesting because the training, yeah, and then the fact that you’ve got continuity of care between… because I think about my mum and I know what triggers her. So if you’ve got care workers who know… so they’re not getting moved around a lot, and so they get to know, that’s really good.

Respondent: Things do happen though, that’s not to say that they don’t. But then I think what’s important is then that conversation about say why, why did it happen, what was the trigger, what could we have done differently, what do we need to learn from this? I’m not saying we’re brilliant at that and it’s just something that I know we’re particularly looking at refreshing as an organisation at the moment, almost that debriefing and lessons learnt. I think that gives confidence to staff that we’re always looking at ways in which that… I don’t think they look at it as safety for them, per se. But that we’re always looking to make sure we’re doing the right things and you know, as individuals receiving support, we change, don’t we, from time to time.

So what might have been right now, might need to be different in six months, 12 months’ time, so it’s that constant looking at that and reviewing that and stuff like that. So yeah. I apologise, I keep dipping down, but my dog is doing my head in today, she wants lots of attention right now, so I’m throwing a ball for her at the same time. (Laughs) I keep dipping down.

Interviewer: Have I told you about that Zoom, we were on a Zoom with [name] actually, our prof who runs this. There were six of us on and there was this really big snoring (laughter), a dog obviously. And I was looking at the six, because I just would get the giggles. I do get the giggles. So I was looking at the six people, and I think, everyone is awake. (Laughs) Sometimes meetings are a bit… of course [name] was the one who went, “Has anybody got a snoring dog around?” And somebody’s dog was right near the speaker or whatever, it was so loud. That’s what working from home, it’s great.

Respondent: You can’t do anything about it because they just want you in that moment.

Interviewer: Exactly. Right, so that’s fab, that’s great. Next one, thinking about their professional relationships with people they work with, which of the following statements best describes how they feel. Depending on their role, your staff might regularly interact with family carers or other health and social care professionals. So overall do you think their professional relationships with the people they work with are as good as they want them to be / good enough / not as good as they would like / not at all good?

Respondent: Is this directly in relation to say people who are employed within the same organisation, so family care assistant, other care assistants? Or is it other professionals, some would say district nurses and things like that, is that both?

Interviewer: Yeah, it’s both…

Respondent: I think it’s different depending on which group of people it is. The people that are directly working with and employed in the same company and organisation, I think that would be generally said as it’s as good as it can be. And that is… we’ve done things in the past with our staff, like around asking questions. I can’t think what the question was now, but stuff like what makes work a good place to be, sort of thing. And a lot of things we get is the people that I actually work with. So I think it’s really important and I think that’s in place. I think for me it would be then a drop one lower from say like other professionals who access those services, so your district nurses, your doctors, social workers and stuff like that.

Because they’re one step removed and I think perhaps there can be then challenges and tensions with those… they’ve each got different priorities and yes, we can all say we all work together as a multidisciplinary team. But I don’t think in practice it’s the same, level of teamwork as what you get with other people who you’re with day to day, if that makes sense?

Interviewer: Yeah, and would you say that’s a point of frustration for staff?

Respondent: I think it can be. Yeah, definitely. And I’m sure though if their shoes are in the other person’s feet, they’d feel the same and they’ve got their own challenges and we’re not as aware of each of those challenges, just focused on that bit in time aren’t we? And I’m sure if we thought about that differently, but in the moment, I think it does present challenges. And I’d say probably across all of the services as well, you know, and I think about all our different services that we’ve got, I think that would be the same across the board.

Interviewer: Interesting, so learning disabilities…

Respondent: Yeah.

Interviewer: Interesting, right, fab. Thank you. Two more. Thinking about supported your staff are in their role, which of the following statements best describes how you think they feel. By supported we mean the extent to which they feel respected and encouraged by managers, so this must have been identified as one of the key areas of good working life. Do they feel highly supported by their managers / they feel adequately supported by their managers / they do not feel as supported as they would like to be by their managers / they do not feel supported at all by their managers?

Respondent: Again, I’d go with the second one, generally, I think it was, supported by the managers. I think that comes down to that relationship ultimately between the staff member and the manager. Generally, nine times out of 10 they are good and well and therefore manager and staff member works well together as individuals, but then as a wider team, to make sure whatever is needed at that time. I think there are just then some relations… so if you get a different person who is not having a good time or they feel like their manager hasn’t supported them in one particular reason, albeit there might be a valid reason for that, their feelings with that would be very different.

But again, for me it comes down to that line manager/staff member relationship ultimately that makes the difference. And I think if that’s good, then everything else slots around and you know, people are flexible and there’s that give-and-take approach. But I think you will always get situations where, for whatever reason, somebody doesn’t feel like that is right for them. We’ve just had an example recently, a staff member who’s worked with a manager for absolutely years, they’ve got on well, it’s been great, she’s coming to leave now because she’s going off and doing her nursing. And she’s wanted reduce hours for work/life balance extending, until she left. And the manager just genuinely couldn’t do it and she’d explored, you know, can I get casuals in, have I got other staff that will do additional hours. But ultimately [name], if I agree to that, I haven’t got enough staff in to be able to support people with support, so I can’t do it.

Well that staff member then, even though we’ve got years and years of really positive, good stuff, has gone off sick. (Laughs) Because she didn’t get what she wanted on this occasion. So I think understanding those pressures from each other can sometimes… you can’t always… then that person doesn’t understand and even though you’ve got years and years of a really good positive working relationship, ultimately the staff member is saying, “Well, I’ve not got childcare.”

Interviewer: Yeah.

Respondent: So yeah, you’re always going to get those situations.

Interviewer: Did you have to step in as your…

Respondent: Well, we had to follow the due process in the sense of, you know, so the work/life balance application has been rejected, staff member has the opportunity to appeal. And you know the manager was still, even though she’d said, “Look, I can’t,” she was still trying to resolve it. She was still having conversations with different people. And ultimately she was able to… just an off-the-cuff conversation with somebody else, and she was like, I don’t suppose you can lend me somebody on Wednesday for the next four weeks.

She went, “Yeah, I think I probably can.” So was able then to go back and say, “I found a solution,” but the staff member is still off sick. She might genuinely be off sick and it might be nothing to do with that work/life balance, don’t get me wrong, but ultimately that relationship or that employment is ending, I would say, on not a good, whatever the word is, what it would do. So it’s caused that few tensions at the end, which is a shame.

Interviewer: Gosh

Respondent: Do you know what, I don’t think enough credit is given to the line management of staff, and the challenges that that brings and trying to be consistent and everybody playing their part. Equally I’ve had another one this week where staff members are saying, “You’re not paying me SSP, so why do I need a medical certificate? I’m not coming in, I’m ill.” Like, you’ve been off for two weeks already, you’ve already had one medical certificate, so go and get me another one. By the way, you should have SSP, so let me check that out because that’s not right, let me check. And there’s been a payroll error, so fair enough. But what makes you think you can be off sick without a medical certificate? (Laughs)

Interviewer: I couldn’t, yeah…

Respondent: Just, honestly, just silly things like that. So I think while things are going well, yeah, but I think then those tensions occur and it’s working well together and you can do your absolute best as an employer, and it still not be right. So yeah, I’m not sure I’ve answered that question probably very well, but that’s the reality. (Laughs)

Interviewer: It’s been nice getting your stories in connection to these, I know they’re just multiple choice things, but actually some of the context around it, because staff generally do feel supported, but then when something doesn’t go their way…

Respondent: Yeah.

Interviewer: Years of support can just… it’s so frustrating though.

Respondent: It can be, but you know, you will have others who… the smallest of things. I mean this morning I’ve just rung somebody; she’s got 25 years’ service and we’d heard on the grapevine last week that she was like, do you know, it’s gone by and nobody has even rung me or anything. But my plan was to ring her on the day that she had 25 years’ service. I didn’t realise that was her day off. So I’ve had to ring her today, so it should have been last Thursday, but I had to ring her today. But though she was just like, “Oh, thanks so much,” and for me it’s something or nothing, 25 years is massive, don’t get me wrong, it is, but it’s also a little bit of something and nothing in the grand scheme of everything. (Laughs)

Interviewer: People really need that, don’t they? You’ve got to really, really tap into, because it wouldn’t bother me.

Respondent: No, well mine is a months’ time and I was able to then have that conversation. Interestingly I’ve got 25 years’ service this year and we had a chat about how she started and how I started, you know, been on the phone with her for 20 minutes, but that probably, she’s really chuffed at that. In the end also we have vouchers for staff after 25 service and whether she was aware of it or not, I’m not sure, but she was like, “Oh right, that’s great.” But she was happy with just a conversation of her 25 years. So you know, the positives… the other side of it, we’re going through a consultation at the moment with staff and we’re having to make some redundancies.

Just taking the time with each of those staff members to explain, look, this is your situation, these are your options, this is what it means to you. I can’t tell you which is the best for you right now in your life. But with all of these three options that you’ve got, which do you feel is better for you? And making sure staff understand each of those options fully, to make that informed decision, you know, staff will say, “Thanks for taking the time.” I had a lady last week and I explained something to her, “I didn’t realise that. I didn’t understand that.” I said, “Go away, have a think about it, talk to your family, come back to me and let me know, now you know those options, which is right for you.”

And she’s like, “Thanks so much for just taking the time to explain that to me. So even in the most challenging of situations, redundancy situations, staff and how you approach that with staff, they can have a positive outcome. It’s taking that time with people and it does make a difference to them as individuals. Like I say, even in some of the most challenging of times, so yeah, you can have positives when things aren’t going staffs’ way as well.

Interviewer: You obviously know your staff so much, so well. The thing is though, will that not put extra pressure on you, the redundancies? Is that not going to create gaps for you?

Respondent: Well, we’re losing roles in one role, so ultimately… I can’t think of the figures off the top of my head, but we’ve got a service that’s got say 100 staff in it at the moment. Ultimately that service will run on 130 staff, so there’d be more staff, but less in one role and more in another. So it’s more cost-effective as a service, but there’s physically more bodies in the service, if that makes sense? So yes, and that transition period will be very tricky to manage, that loss and that gain, but ultimately, we wouldn’t be doing it if we didn’t think it was right, we think as a service they will have better resource and capacity to run that service going forward.

Interviewer: Gosh, it’s a juggle. Which service is that then? Which is the service that’s getting more bodies?

Respondent: So supported living, our biggest service.

Interviewer: That sounds really interesting, yeah. (Laughs) Oh my gosh, that was brilliant. Two more. Thinking about the skills and knowledge staff need to do their job well, which of the following statements do you think best describes how they feel. So skills and knowledge might have been obtained through training, education, personal or life experiences and shadowing other people. Do you think they have the skills and knowledge they need / they have adequate skills and knowledge / they have some skills and knowledge, but not enough / they do not have skills and knowledge they need. So it’s they have the skills and knowledge they need. They have adequate. They have some, but not enough or they don’t have it?

Respondent: Yeah, I think generally they do have the skills and knowledge that they need. I think then there’s always work arounds, somebody supporting could have a particular illness or a way that you need then sometimes, that top-up of [\*\* 0:17:59] on a very individual basis and can take time. I think that’s where both sort of mapping of somebody maybe who worked with somebody for quite a while and somebody who is new in that, has to then go over that knowledge and skills. So the theory, if you like, the mandatory stuff, I think is always there, but then applying it to an individual and the people who support. It’s easier in some situations than others.

And then again, people’s lives change. We, for example, probably about five/six years ago, it’s probably more common now, but we didn’t support anybody who needed PEG feeding, so we had to source that training as something new for that individual and for the staff team that support them. We have situations where people come in, maybe on short-stay respite and they’ve got Parkinson’s, and they’ve never supported anybody with Parkinson’s before, so we would never have felt the need to train, but in that moment we need to be responsive, I guess, in being able to do that.

Similarly as well, nutrition is quite a big one that we see that comes up around particular dietary needs, not just because of cultural reasons, it might be cultural/illness reasons as well. And you can’t prepare for that. And I’ll be honest with you, sometimes in those situations it’s a little bit of obviously speaking to nutritional professionals, that are probably involved in that person’s life anyway, but also a little bit of Google. (Laughs) Trying to get that message across. It’s not always a direct learning that’s needed, or training, it is maybe somebody just taking that lead and going, I’m going to spend an hour, I’m just going to get on Google, research this up, I’m going to chat with the people’s families and that gives us a picture of that best support in that moment in time.

You can’t train for it, so generally I would say staff do, it’s the applying of that that takes longer and maybe sometimes they don’t, and then these ad hoc things that come up from time to time, that again, you’ve got to be quite responsive for. But I think people always think you need training on it, you need training on it, it’s that mindset of actually it’s not often a training. I don’t know how many times I get on Google a day and look at how can I solve this problem. (Laughs)

Interviewer: That’s really interesting though. In terms of training, is that expensive? Do you manage to…

Respondent: I think it can be really challenging for social care providers. I mean we have an e-learning system which has quite a lot of video-based learning. It’s not quite purely e-learning in the sense that you read it and take it in, it is video based. So try and give that blended learning approach. But I think then, like I say, it gives you the theory, but then applying that in practice is another thing. It doesn’t end with just going on the course.

Interviewer: Exactly, yeah.

Respondent: And how you apply that in different situations is different as well, and the people you support and stuff. So short stay, even just medication, for example, the amount of people that we have to administer meds to as opposed to say like the day services, the volume is completely different in some respects. So in terms of our learning management system, we pay like an annual fee for that and a cost for that. But then you get things like, for example you’ve got things like the [name] training that’s due to come out. It is out (laughs). Actually what we’re hearing are the cost of some of that, £40 just for an e-learning session, and then for a full day it’s going to be probably getting on for £100 per person. The cost on that to providers is massive, it’s huge. But it will be expected.

Interviewer: Somebody else mentioned that actually. The autistic…

Respondent: Yeah, yeah, they’re being really clear that it needs to be that training as well, it can’t just then be somebody else designing something similar, whereas… with other things like moving and handling, you’ve got a range of providers you can go to, do a bit of bartering and all that stuff. You’re not going to get that with [name] and it is appearing to be quite expensive to providers to be able to do that. So I think that will be a challenge, particularly with some smaller providers as well. As well as then having to do everything else that you are recommended to do and refresh on a regular basis.

Interviewer: Someone else has mentioned that, so that’s interesting.

Respondent: Yeah, I think it’s hard isn’t it, training, you often hear don’t you, that sort of thing that will go when things become tight and pressured and stuff like that. We’ve never been in that position to do that. I think our learning management system helps, but obviously… I can’t even think what we pay for it, but it would be significantly thousands and thousands of pounds that we’re paying for that each year. And it does allow us to monitor completion and stuff like that, but it’s still that time of applying that knowledge, of managers doing those observations in practice and seeing people apply it.

Interviewer: Yes.

Respondent: But it’s that assurance, isn’t it, that the quality of care that you’re providing is where it should be. It should never be seen as a… it’s how you assure yourself that you are delivering a good quality service and should never be the stuff that gets drops ultimately at the end of the day because it has that knock-on effect of everything else really.

Interviewer: Yeah, I think that’s really interesting. We’ll come up with that a bit when we’re speaking to smaller providers compared to bigger, I think, yeah. It involves difficult decisions, thank you.

And last one, thinking about career aspirations and if your staff would like to develop and progress in social care, which of the following statements best describes how you think they feel? Do you think they have opportunities to advance their career as they would like / they have adequate opportunities to advance their career / they have some opportunities to advance their career, but not enough / they have no opportunities to advance their career? So it’s they have all the opportunities they would like, they have adequate, they have some, but not enough, or none?

Respondent: Well, I’m probably going to choose somewhere between some/adequate, in the sense that… so it depends, I guess, on what somebody sees progression as. This is something we’ve really been focusing on actually for these last 12 months. Progression for a lot of people is seen as quite a linear thing. So become a carer, become a senior, become a deputy and become a manager and there’ll be a large proportion of people who go, “I don’t want to be that I don’t want to be a manager”. Or there’s those who are absolutely, that’s where I want to be. But some of the stuff we’ve been doing is around actually you can progress based on say your passion and your interest.

For example, we’ve just launched some ambassador roles, we’ve dabbled with champions in the past, we didn’t quite get there. So at the moment we’ve got some ambassador roles whereby… they’re strategy based, so for us, we’ve got a green ambassador, we’ve got a digital ambassador, things like that. And again, somebody who is really, really interested in the digital side of things, and he’s able to then share his interest and passion with the wider workforce in relation to that, but he probably doesn’t ever aspire to be the manager or the deputy.

Trying to, I think, one, be really clear about what progression is and what it means to an individual and how we can support that person, and then being able to give those opportunities. The other thing we’ve just launched is our ‘rising stars.’ Again, that’s for that more linear progression and we’ll deliver a training course around management skills and leadership skills for those individuals. But I think what’s really hard for us, even as an organisation the size of what we are, the regularity of those more linear opportunities coming up, it doesn’t happen often.

It’s not very often we have a coordinator that would leave, that would give that opportunity for a staff member to move up into that role. So whilst we can identify those routes, those options, provide additional support and training in relation to those, the reality of how frequently they occur is slim to none. We’re also working as well, so within our… so local care organisation in [town] to try and… so us as an organisation recognise that we have a role to play in the wider health and social care sector and that people might use social care as a stepping stone to becoming a nurse or becoming a speech and language therapist or something like that.

But then trying to work more closely with say our health colleagues or our social work colleagues to identify a better pathway from social care into those routes. And seeing how their skills that are specifically needed for those types of roles that we can support our staff to acquire in the role that they do, giving them that better opportunity when those… obviously we’ll have to follow that due recruitment process and everything like that. But that we’ll better equip them. And I can think of an example, one of our rising stars, she said she’d applied for lead roles before, so senior roles before and I’ve always been told I’ve not got the experience, well for one, I bang my head against the wall, but that aside, it’s like right, how can we support you to get that, even though you’re not in that role currently.

And that’s what some of our things, our rising stars programme is a little bit about now, that we’re just starting. So yeah, I think there’s opportunities to learn some of that stuff, but there’s not always the opportunity for that vacancy to occur, to allow you then to put that into practice, I think.

Interviewer: Yeah, that is amazing though. Do you think… so in terms of progression, it’s more, would you say it’s more about career progression, not paid progression? For example the ambassadors, the rising stars, they’re all still on the same pay…

Respondent: Yeah.

Interviewer: But they get opportunities and experience to then…

Respondent: Yeah, we basically appointed them to a role, so they get an extra five hours every month to do their ambassador duties, but it’s paid at the rate of their job. So they are getting extra pay, but only because they’re working more hours rather than an increase in pay, if that makes sense? And the same for all the rising stars, they’re not getting anything extra for it at all, other than they’re getting that release from their job to come on the session, but then they’re acquiring those skills that hopefully they can put into practice.

Interviewer: And in the long term that might lead to pay progression… I’m just trying to link it to the…

Respondent: Yeah, yeah.

Interviewer: … research actually. I think it’s interesting when we’re thinking about pay, we need to think about not just hourly rate, but as you were saying there, experiences that people are getting to actually improve their pay in the future.

Respondent: Yes.

Interviewer: We need to possibly think more around that as well.

Respondent: Yeah, definitely.

Interviewer: That sounds amazing. IT, HR, career stuff, honestly this is great practice. Honestly [name], that’s exactly what you should be doing.

Respondent: Yeah, yeah, thanks. (Laughter)

Interviewer: Honestly, that’s amazing, thank you.

Respondent: No, it’s been good, it’s nice to chat about these things, it makes you reflect on things you’re doing.

Interviewer: I’m really pleased I asked you, because I couldn’t ask them in the time, because I’ve taken up so much time, but that’s been really, really useful, thank you.

Respondent: Any time. What’s next for you in terms of this? You’re obviously mid-gathering all this information from a variety of people?

Interviewer: Well, to be honest, it’s not… I know we’re going to work on the flyer again. If I could send that to you and see if any care workers want to get the £25 voucher, that would be amazing.

Respondent: I’ll have a chat with… probably from when I spoke to you last time, we didn’t know who our ambassadors and rising stars were at the time. But we will do now, so it’s certainly something… almost I’ve got a little bit more influence over them, (laughs) to kind of say, “You know, now you’re on this programme of being an ambassador, it would be really helpful if you could have these conversations.” So it will help us a little bit more target it rather than just randomly, who can we think of. We can target people a little bit better as well.

Interviewer: That would be amazing. [name], the other person on the team, she’s working on the flyer and just sort of sprucing that up a bit. If I send that to you, to speak to any of the… I love the fact that the ambassadors link to your strategy as well because you were talking about your plan, weren’t you?

Respondent: Yes, yeah.