**Researcher transcribed section**

**I= interview, P= participant**

**I**: what we're trying to explore is not just pay but motivations for pay. So we can get obviously absolute pay levels in various ways. But what we're trying to understand is why what influences that what. What kind of why providers make the choices that they make and just before I get into detail of that though, I wonder if you could just tell me a little bit about your role.

**P**: so I'm head of HR, been with [organisation] for 5 1/2 years. In terms of our structure, so I report to a Chief People Officer. So it's a joint role of Chief People Officer and Chief Operating Officer for our Learning Disability Division. So she's responsible for kind of the, you know, the Exec level for our people activity. But on a day-to-day basis, the responsibility for managing the function is with me.

**I:** And so you talk about learning disabilities that the whole organisation or the section of the organisation that you work for.

**P**: Just over 2000 staff. Pretty much three quarters of it is supporting people with learning disabilities in their own home. We have a mental health division as well, so we have quite a lot of supported living, but we also have [deleted for anonymity]. So that's where people will be with us for 12 to 18 months getting more clinical mental health support so.

**I:** That’s a health, rather than social care, that arm of the organisation.

**P:** Yes, it's NHS funded, but still social care. LD division is Local Authority funded.

**I:** So thinking about your answers, it might be helpful to focus on the ¾ that is social care funded. Can you tell me a little about the make up of the staff?Qualifications, gender, age, profile, that those kinds of things

**P:** Okay so 65% of our business is female. So within the LD division. We recognise there's a need for more male because it's disproportionate, so the people we support, where it's fairly fairly even split. Um, age profile averages 45.3 so that’s that's fairly similar to Skills for Care, isn't it? And we've done quite a lot of work on attraction recently and got some additional metrics around the kind of the people that look for our jobs. And again, it is averaging about 45 to 50 so. Well we tried some different marketing campaigns actually. So we had engaged a marketing company to support this last year and thet did a range of adverts, across Facebook, Twitter, YouTube, Spotify. They did some marketing materials, some with younger people, some with people that appeal to older in the ads. Different ethnicities, different genders. And actually the most successful were generally ads with females of the age group 45 to 55. Got considerably more hits and also more attractions.

**I**: Bit self reinforcing, I guess, isn't it that they get the best hits and so you do that and then that kind of reinforces that age and gender profile, I suppose. Yeah. Interesting.

**P:** Yes, even though we did sponsor in the other categories. It just doesn't get the same level of attraction. But we’ve done quite a lot of work on this in the last year and also tenure. So if we are able to recruit people in the 20 to 30 bracket, turnover is considerably higher, just cause I assume that people go off to other sectors and people aren't tied to roles and sectors as much as they were a few years ago. It's more of agile labour market as people jump across the retail or.  
You know, and any role actually.

**I:** And do you, do you track that? So I understand that you know that the lower age groups have higher turnover. Would you track their destinations? Do you know that they're leaving the sector or?

**P**: Well, we recognise this in an area where we need to do more. So we captured the reason for leaving. So we know that it will be a change in career, but we won’t necessarily know where the destination is yet. So that's something we're going to amend in our exit interview process to find out where people go. So unless we get a reference from request from them and we don't get many reference requests, quite surprising. so, so it's difficult retrospectively to have a look. So we are gonna start asking for it in our exit interview surveys, about where people are going.

**I:** And the forgive my ignorance here, but I do a lot more work in elderly domiciliary care than learning disability. Would you say that the sort of skills and qualifications or attributes you're looking for and learning disability are different? Sort of, say, elderly domiciliary carer? Would you say the broadly the same?

**P:** We we don't really. So. So we have obviously we support people who are elderly, but we don't, we don't do elderly domicillary care as a provider, we we're very much specialised in, in LD. So obviously it all rate, age ranges, but it's learning disabilities our area.

**I**: Okay. So you you don't get insights as much into those skills. Yeah. Yeah. And we're hearing a lot about the move to international recruitment given some of the skills shortages. I’m wondering if you've done and of that?

**P:** We haven't, so we've looked at it, but the reason we haven't done it is because of the minimums and pay threshold that's in the sponsorship regulations even for the shortest application. So but don't quote me want to figure is if we're about 20-30p below contractually what the minimum level is for sponsoring people

**I**:Right. So that that's not been a market that's open to you.

**P:** So we have seen an increase in applications from students that want student visa- as in the last few well in the last 1218 months. There's definitely been a rise in that. But we're part, [of a network] and that's been commented on as part of that group. No, it's not just [organisation] seems that we're all receiving more applications from students. Obviously you’ve got 20 hour cap in there haven't you but.

**I:** And are those students doing health and social care degrees, or are those students from across a whole range of disciplines whole range?

**P:** That whole range, it could be anything, yeah.

**I:** Um, thinking that a little bit more about pay. We're interested. As I said at the beginning about what factors shape pay, now I don't think when I say you don't need to send the ethical stuff back, I don't think you have sent us a sheet back on on pay rates.

**P:** OK, right. I can do that. Sorry. Yeah, yeah, yeah.

**I:** And so rather than go through some of the detail of your pay figures now, it would be really helpful if you if you could send that back. But I wondered if you could just tell us a little bit about why you pay the rates you pay, what shapes that, what factors shape those pay rates?

**P:** So. So for us, just some history. So we went through it, had change process back in 2021. About the total reward package. I think it's quite important to your work really. And we had a lot of enhancements in pay, so things like, you know, double pay, on bank holidays, we used to give people an additional days, annual leave as part of bank holidays too. So it was almost triple pay. We had occupational sick pay in place, above statutory annual leave. And obviously all of those elements are pay sorry, elements of reward impacted the cost of care, effectively the hourly cost of care. Obviously the funding we get from local authority commissioners, as part of their cost models wouldn't take into effect or into account any non statutory enhancement. So they pay a rate which was based on well ideally what are national wage rate was at that point in time.And then any statutory entitlements, they’d only account for statutory sick pay, wouldn't give any enhanced sick pay provision. Typically statutory annual leave, no enhancements to leave anything, like that. So we found that our internal cost model, by offering those market enhanced terms and conditions meant that our pay was being capped. So you know the the market that time 2-3 years ago, obviously we were in a kind of COVID world, when there was a lot of competition for staff. Certainly as retail went back to work and where we saw pay rates rocketing took to real living wage level and above, supermarkets were typically paying, way and above what we were paying. So we had to act quite quickly to address this because we were being held at national wage rate because the funding were from Commissioners was only enough to cover the our kind of cost of care if you like, because of all these additional benefits. So we have no options but to do something to aim to address that. So we went through a major change process to be called [programme name]. But with the premise of two things, one really so one was about addressing the financial crisis that we had in the sense of the charity was losing money because we weren’t getting in what were paying out. Also we had aspirations to pay our staff the Real Living Wage or a rate equivalent to it. That [change programme] as well involved kind of lobbying commissioners, local authorities to educate them about kind of how our cost model was based and how the rates they were paying were impacted. Actually our ability to recruit and retain staff. Um and then obviously the other aspect was a organisational change to actually vary the terms and conditions for our support workers. So it was obviously a really challenging year, cause obviously you talk about taking things off people, with even if there's a promise of actually if we go through this pain now, it gives us the opportunity to pay you real wage in the future. Uh, it's still a difficult challenge to do. So we got through it anyway. And when we were able to get.  
Kind of voluntarily about 90% of our staff to sign up to it voluntarily, which was fabulous. And then obviously there was some processes we had to go through with the others. So we so anyways, we concluded that work.

**I:** But just so I understand.. You took away the enhancements so you could increase the base level of pay.

**P:** Yeah. Yeah. So it's it's reducing our cost model effectively for basic pay. We used the term market comparable quite intentionally in the most care providers will pay.

And you know, talk about sleep rates, but there's a fairly, you know, there's a bit of flex in what sleep rates providers play. Typically they'll pay enhancement for Christmas Day, Boxing Day, New Year's Day, for example. But aside from that's fairly statutory T&Cs across the certainly the local market by us. But it was we were seeing an emerging trend and actually some variance now the rates payable national wage. So in 20 January 2022 we'd concluded that work. And at that point, we were then able to say well, actually, our cost model is this much, this is now much income we get it. We can actually now make a decision, like paying something above minimum wage for our staff. So yeah, so January 2022 was the first point in which we paid above NMW, with a top up. So we were able to top up pay to higher rates of pay that were a bit more market comparable. For this year in particular, so actually at the moment I've seen national wage is £10.42, as that today, isn't it? So contractually we pay our staff £10.42. But we are paying, we call it a top up, so for any worked hours our staff do we give them a top up to £11.00 an hour so. So we’re paying a rate equivalent to £11. obviously RLW is R10.90 at the moment, isn't it? So we are at above real living wage which is great. So the pain we went through two years ago, our staff are now starting to see the benefits of it in the sense of, you know, you’re actually making a lot more money today than you could have made two years ago.

**I:** So can I take you back to the conversation you had with the Commissioners? Did their rates change at all or or have you generated this capacity to play more simply by removing enhancements?

**P:** So for any of them, we've got more capacity because obviously we were paying a lot more out because of these contractual benefits. So for any of them there's more scope to fund these top ups. Some of the Commissioners have moved to a rate equivalent to RLW. So [LA] for example did that last year and pays a rate that allowed us to pay RLW. They're not quite there this year, but are quite close. And [LA] have become a RLW provider. So again, there has been some movement, but I think part of it is about the Commissioners themselves understanding the cost models a bit better. How the cost of care isn't just about the hourly rate you give to support workers. It’s about, you know, the operational management teams and corporate functions. So we've done lots of work to understand what that on cost for support actually covers. So you know there’s certain things that CQC suggests that you know your corporate costs for L&D provision should be around the 9-10% figure. And although some providers will be nearer 14% figure but the corporate cost where where we're kind of sharing the figure we are quite in line with that. So we're not, we're not a vast corporate function. So we keep those costs low to make sure that any funding we've got is going to the right places. So we'll take that advice. So I like say that T&Cs for our, for all operational staff are pretty much statutory now, with the exception of a little bit about Christmas enhancement.

**I:** And how many local authorities do you work with? How many commissioners?

**P:** It's around 13. Mainly [region] based**.** So it's a we're all kind of geographies [towns]

**I:** Okay and irrespective of the funding rates cause I'm guessing across those 13 you get different rates. You pay the same rates to all your support workers, yeah.

**P:** Yes. So. So again, so in many care companies, you'll see those geography variants,. So we pay a flat rate to everybody.Not flat rate sorry, £10.42, contractually and then the top up for extra. We pay different sleep in rates though dependent on which commissioner area you work in

**I:** Right. And that reflects the Commissioner funding, yeah.

**P:** Yeah, yeah. So there's quite a big variance. So a couple are paid, real living wage rate sleeps per hour and then the majority of the lowest is £45 per sleep. So it's quite different.

**I:** And just take you back again sorry to the real living wage. So [Local Authority] are a real living wage employer. The others? Some of them give you enough to fund real living wage and you said some don't.

**P:** Uh, so somewhere close. Obviously it's commercially sensitive but we have a cost per hour kind of target. So when we're doing rate negotiations, we'll give our cost model to the Commissioners and say ‘this is what our costs per hour is’, break it down for them. So we're good things like average absence rates and sickness absence rates, suspension rates all the rest of it.

So we'll give them a figure and say ‘This is how much it cost us to the care. We would like you to pay as this much’.

**I:** And how typical is that you share that information and do many? **D**o you know of other providers do the same or is that quite unusual?

**P:** And I think, yeah, I think most will go through that process, whether they understand their own cost model to the extent we do, is probably not as frequent because obviously we've invested quite a lot of time in breaking that down and understanding that. But obviously, yeah, I couldn't answer that cause we don't see those.

**I:** Yeah, are you might not be able to answer this either, but I'm going just in case you can. So your cost model obviously will vary to others cost models. Do you know where the local authority of the Commission is then pay different rates based on those cost models or do they have a fairly standard rate?

**P:** Ohh no they take completely different rate. So most Commissioner will have their own cost model and assumptions. Part of that negotiation in last couple of years has been educating the Commissioners about kind of actually what needs to be included in the cost models as they'll have their own which will be set by their internal commissioning teams. But we found that, you know, some Commissioners, that they, they will have had a cost model that's been in place for donkeys years. So it's part of that conversation is trying to convince them. Actually, will you also need to consider this on cost from the operational management or corporate functions or statutory provision. Because in some cases we've seen that you know some commissioners don't even pay a rate that allows you to pass on national minimum wage. So some have under the national living wage rates. Once you start breaking down the fact of, you know, you've always gotta pay NIC contributions on there, you've gotta pay pension. They’re way under even the statutory level.

The challenge you've got is, funding flows down, doesn't it? We understand that Commissioners have got a pot of money and they've got to spread it across social care, parks, libraries, education. All the rest of it. So often we'll find that part of the negotiations with commissioners, they’ll say ‘We'll just literally not enough money in our pocket’. So part of our,ICBs when we were going through that change process, we wrote to all levels. We wrote to all local authorities, all ICBs, we wrote to MPs, we wrote to central government and the PM. So so, you know similar letters whether we got any responses backs is very different story.

**I:** Did you get much response?

**P:** Yes. Ohh, bits of response and some platitudes, but you know there's it's it's a systemic problem, isn't it? The sector’s fundamentally broken the moment, isn't it?

**I:** No, it's really interesting. You've talked about your £10.42 rate for care workers. Do you have a senior care worker rate or is it a flat rate?

**P:** No. So we so we are fairly flat structure. So we have support workers.  
And obviously all paid contractually £10.42, but we do the top up.  
And then it's team leaders. We introduced a couple years ago an Operational Support Officer. So it's kind of the deputy team leader. So rather than senior support worker That that's just been in our largest services to support with performance reviews, and managing rotas and stuff. So it is a junior team leader rather than a senior support worker. So yeah, very flat structure.

**I:** And in terms of qualifications, do I take it then there's no pay enhancements for gaining qualifications?

**P:** No.

**I:** What kind of qualification level do your staff then generally have?

**P:** Entry wise, it’s value based recruitment only. So it's the you know basic maths and English test that we do at appointment. So it's not even the GCSE.

**I:** Yeah.

**P:** And then obviously within the first six months, if it's obviously the Care Certificate will be the primary thing. But we're award-winning provider for development for certainly our support workers. So we have to be invested heavily in their training once they are in role, but they are not entrance requirements.

**I:** But not necessarily NVC/QCF 2.

**P:** Care certificate’s Level 2, isn't it.Once they conclude the Care Certificate, we invite all of them to see if they want to do an NVQ Level 3. Obviously it's voluntary at that point.

**I:** So you're learning disabilities. Your support workers will travel to their clients. So I'm interested in travel time and how you pay for travel time.

**P:** And yeah, so we do include that. We've got a little bit of outreach but predominantly our support workers will just be based in somebody's home for the whole shift. So we don't do kind of an hour of support this location and then move to the next. There is some outreach where there's some movements around, but it’s a very small part of business. So we would include travel time and in kind of that shift, where it’s not. We don’t pay otherwise for normal commuting.

**I:** You've talked a little bit about other ways of rewarding stuff, but just if I could go back to that in case it's anything else. So you have taken now everything's that’s not statutory more or less. Now you say you've taken that all those other enhancements, but I wonder if anything else you do, bonuses cycle to work schemes, I don't know employee of the month and any other kind of reward?

**P:** The big one I mentioned before is the obviously the [organisation] top up, which is the enhancement for worked hours. That's the big one. And it is working in retaining staff. We’re probably one of the better hourlyrate payers providers in our patch at the moment. So obviously there's little variations but as a baseline that consistently for everybody.It's probably the best this year, so obviously that's something we review annually. Depending on what national wage rate is. So aside from that, we do long service awards. We are reviewing at the moment because we pay at 10 and 25 years and it seems a little bit too long. So we're having a look at the employee experience at the moment.

We’re recruiting an employee experience officer post, so to their job will be to look at some of this stuff. We recognise that there's a need to reward people sooner. It's probably a golden opportunity in the first 12 months because that’s particularly high turnover points. Certainly by five years there needs to be some formal, you know, good recognition. So we will seek to change that soon. We have a [name] scheme, so that’s effectively a bonus scheme. So that's a combination of, thank you style cards where people can nominate somebody for a thank you and a verbal thank you. They receive a card through the post and it's a ‘well done for doing this’.

But when requesting those managers confirm monetary amount on it, so would typically we say anywhere between £10 to £50 per event. So that's really that's over and above what you expect in your day-to-day job. So they’re really quite common. So probably get about 60 to 70 of those a month. That's probably the main area of immediate reward for our staff. We do have a [name] awards evening. That's the annual awards event - again that's grown over the last few years and we've now got to around 15 categories. So it depends. There’s proper targeted ones for operational teams. And then there's targeted ones for corporate colleagues and that's quite a celebratory event. A sit down dinner and a bit of a party element to it. Again that goes down really well. Then we have kind of open days, celebration days where they're fun days. They're seen as part of reward. A lot of it's verbal in the moment contact. So we have a monthly, we call it a [organisation] stand up. It's a virtual thing. Now it used to be that we'd all gather in the office and kind of celebrate successes. But now it’s our exec team and SLT will via a Teams open invitation for everybody to join in the in the charity. During that session, we'll celebrate the successes, the people we support, for any achievements they've made. And then simply for our staff, we’ll have a session on which staff have done something amazing. So you get those shout outs in the moment. It's really well received when we get our employee opinion surveys.

So is that those factors, but it is well-being. So we've done a lot recently about kind of financial and mental health wellbeing. So we've got lots of support schemes for our staff around loan savings, financial education clubs, cost of living crisis has been quite significant hasn’t it. We've done quite a lot of investment in those areas. We are looking at a salary advance scheme at the moment, so staff can access their pay earlier. So that's something we'll introduce this year.

And obviously the mental health and well-being side. We’ve got access to virtual GP services. Now we've got 24/7 mental health counselling. Middle of last year we started training mental health support workers. We’ve got 56 at the moment with the target being 200, which will be 10% of the workforce. So that's just being rolled out the moment. Then every bit is about learning and development. So again, I mentioned before about our L&D teams won the [name] Award last year for the for the induction and staff development programme that we've got. So so there's a lot of opportunities for our staff to self develop. We have corporate training that we do and care certificate.

Induction pathways are quite clearly set out. We have a lot of online learning resources, so any of our staff can just voluntarily pick up extra training. If you're interested in getting into mental health provision, if you’re in learning disability, then you can self learn free through the [VLE] platform we've got. So, the broader employee value proposition. We recognise it's our opportunity to recognise our staff, more so than pay. It probably sets us apart from some of our other competitors. If you read any of our websites, we'll all have a list of we pay your pension, we pay your DBS, we have an employee assistance programme scheme etc. There's some fairly vanilla staff benefits. The employee experience/recognising our people is the bit we need to invest most in. There's a bit of an internal corporate cost but actually in the grand scheme of things because we can't move any further on pay, that's the area which we’ve got to develop to make it a great place for people to be.

**I:** So I'm interested when you talked about your enhancement, you said that that was really important for retention. So I'm interested in in why you think that and I'm interested in the rest of your proposition then about again about the importance of that to retention.

**P:** So, social care, because the challenge you've got is, our potential labour market, all other care providers are competitors. But you're also competing against any kind of NMW paying organisations, your retail sectors and your logistics firms, certainly in [region] where we are. We have major challenges against the warehouses in [town]. So for Amazon and Hermes and any of these delivery companies. And because it's really easy for people to jump across to those roles where they pay a little bit more. So we recognise that the reason people come to care is because they want a job, which has value and purpose. So you'll get some people who will apply just because they're after a job and some money, and then they'll go quite quickly. But the challenge for us is attracting those people who actually want and get the satisfaction from providing care. And a very discrete set of people too. So we want to nurture those people and make sure that they are supported and looked after. We recognise that pay, we’re limited on the pay front. So we have to do more on that employee value bit. When we break it down, a couple of years ago introduced a SharePoint platform called [name]. So it is our employee value platform where any can be put in there about our rewards, we celebrate our people development and recognition. Rewards are in there. All of the employee wellness stuff’s in there, anything about pay and benefits is in there. So it's a one stop hub for people to go to and get those bits. So when we first launched it was very much about telling you these are the things that we've got to offer for you. This is your total reward package if you like. We're now starting to recognise that, you know, there's opportunities to tap into other things in there. So it's going a little bit more on the employment support area. So this is your pension information or this is your internal recognition store. So actually, understanding what pressures our staff are facing. So again, go back to cost of living crisis. The motivation for many of our staff leaving will be because they've got bills to pay. Anything we can do to support somebody's home life as well as their work life is quite important to us. So in the last couple of years, we've introduced things around managing money. As I mentioned before budgeting, we've got access through our through [bank]. So they come in every month and do kind of financial

**File name: P02 1 August 2023**

**Audio Length: 0:38:06**

**Date Transcribed: 26 October 2023**

**Date Proofread: 1 November 2023**

Respondent: … health checks with staff when they book onto those. Obviously, we’ve got these [loans 0:00:04] and savings schemes. We’ve got a financial education portal where you can attend webinars on, you know, managing your finances, managing budgets, getting out of debt, all the rest of it. So we publish all of these things for our staff to join quite regularly to mitigate a lot of those pressures that you have in your home life as well as your work life.

So that’s probably an area that we’re constantly keeping an eye on at the moment, to regularly ask our staff what pressure they’ve got at the moment and doing things to support it because we found that… we did a survey last, our employee opinion survey, about financial wellness in particular, so asking questions around, you know, “Each month, do you find that you run out of money before the end of the month?” type questions, and “Have you ever used a food bank?”

And, quite alarmingly two out of five of our staff have used food banks. It’s an obscene figure, isn’t it? So, when we were doing the rate negotiations, we’ve shared that information with commissioners saying, “Look. The rates you’re paying mean that our staff, your staff, providing care to your people, two out of five of them are going to food banks, have gone to a food bank,” which is just disgusting, isn’t it?

Interviewer: And do you think that actually created any change, that evidence?

Respondent: I think that they hear the problem. Whether they can change it, again, goes back to what funding they’ve got, doesn’t it?

Interviewer: Yeah, okay. I’m going to go on to recruitment and retention in a moment, although I think you’ve probably covered a fair bit of it. But just before I do, we’re interested in contracted hours and working hours. Do your support staff have a choice over their contracted hours? Do you think, on the whole, you manage to meet their needs? Just a little bit about that.

Respondent: Yeah. So our full time equivalent in LD is 39 hours. So we do advertise roles at a whole of hours. We have some full time, some part time, and we do have casual workers as well. So our casual workers are… we don’t do zero-hours contracts. I think that’s one thing we’ve always stayed away from. But we do have around 14% of our support worker head count is casual workers. So they are people who, kind of, there’s no mutual obligation of working. But they’re paid the same as our permanent support workers anyway.

So, in terms of hours for the rest, people apply for, obviously, the hours they want to work. So we have quite a lot of vacancies out at any one time. Once somebody’s in role… obviously, overtime’s not compulsory. So we find that, even if you’re part time, a lot of our… probably about 50% of our support workers who are part time do do overtime, and I’d say that is voluntary. But they do have the option to flex them.

So, obviously, they can apply for a higher number of hours or lower number of hours if they wish. But we do allow flex of up to 10 hours per year. So, if somebody’s working 20 hours today and there’s opportunity in the service for them to increase by five, 10 hours, we allow them just to request that through a very simple process to vary their hours to suit their/service needs.

Interviewer: So as well as the number of hours, the pattern of those working hours, how much change is there in those? How much influence do they have over that?

Respondent: So I think… well, it’s a combination of service and need, isn’t it? So [it’s still only 0:03:37] for our contracted staff that those rates are… so we consider staff needs in there. So some will have flexible working arrangements in place. And, typically, staff teams get into a bit of a pattern between themselves, don’t they?

But we do have rotas which are templated in advance, so typically, no less than four weeks in advance, but up to six weeks in advance. Yeah, our team leaders are very good on that. Again, you see in some providers where rotas will be not confirmed for the week after. But, certainly, our staff all have their contracted hours met, rota-ed four weeks in advance. And then, we measure that as a compliance factor, so we challenge any team leaders that don’t do that.

So, yeah, I’m pretty confident that’s managed really well. And we don’t see any grievances, I suppose, in terms of that. When we look at our grievance data, we don’t see… you know, we get the odd one, but we don’t see… it’s not a systemic problem about people getting their hours or not getting the right hours.

Interviewer: That’s helpful. Sorry, it’s just gone out of my head what I was going to say. Oh, yes. You talked about food banks. Universal credit, do many of your part-time staff claim that? Does that have an influence over rotas, etc.?

Respondent: Yeah. Well, there are some. Yeah, but we don’t really track it as such. But I think we hear about it through payroll. The reason we are aware of some having it, we have a [client footfall 0:05:07] pay model. So we pay our staff on a… it’s the old retail model. It’s on a quarterly cycle. So, in the first month we pay the five weeks of basic pay. The next month, we pay four. And then, the month after, we pay four. And then, it starts again. So it allows for a weekly pay model for fixed paydays.

So, for some staff on universal credit, initially, it did cause some problems because there’d be a fluctuation in basic pay. But that’s now been resolved with a little tweak at our end. But we don’t track who gets universal credit in any way.

Interviewer: You talked about some of these things, but just to run through them. I think you said you pay the same pay rate to your permanent and your casual staff.

Respondent: Yeah.

Interviewer: I think you said you pay for DBS checks.

Respondent: We do.

Interviewer: Do you pay for uniforms as well?

Respondent: No, we don’t have uniforms.

Interviewer: You don’t have uniforms. You pay for induction training?

Respondent: Yeah.

Interviewer: And visas, I know you said you didn’t do a lot of international recruitment, but do you…?

Respondent: We don’t do any.

Interviewer: You don’t do any? Okay. Because of the pay rates that we talked about?

Respondent: Yes.

Interviewer: Thinking about turnover, we’ve talked a little bit about that. But how would you reflect upon your turnover rates and average length of tenure for your staff?

Respondent: Yeah. So we have done quite a bit of work on this recently. A little bit of history, so when we… part of the reason for our, kind of, move to our current pay model was we had quite a high turnover rate. So, at one point, we had a vacancy rate of 20.7% two years ago, which is massive. So that’s a fifth of our business vacant, isn’t it? And that was part of the driver for improving this pay arrangement.

So we’ve managed to get that figure down to 10.5% now, so that’s fairly market comparable. It’s bigger in [\*\* 0:07:11], the adult social care market’s 9.9%, isn’t it, for a vacancy rate? So we’ve consistently been on a reducing trend for 15 months, so we’re still on that path, which is great.

So our turnover rate, it’s currently 20.4%. So I think the sector is around 28%. So we’ve got quite… typically, each month, we’ll lose about 25 support workers every month. But we’re, at the moment, recruiting over 50. So it’s following the right path. That’s the way we want it to be. So, yeah, we’re quite happy with the retention rate at the minute. And we recognise…

Interviewer: And you talked about… sorry. Go on. Sorry. You talked about exit interviews. Is pay a big factor in the 25 you lose each month, or if not, what are the factors?

Respondent: Yeah, pretty much not. I think the bit that [we advertise 0:08:09] just before I add to that bit… what we have seen… so, for us, we’ve got a good retention rate, much better than the market average.

What we have seen, though, is our first-year exit rate’s still really high, so against [Skills for Care 0:08:24], I think their report was about 43%, I think it is, for their turnover in first year support workers. We’re at 38%, so still better than the average. But, compared to where our turnover rate is, it’s obviously nearly double, isn’t it, for that first year? So that’s an area of work that we’re focusing on in terms of, kind of, that first year hiring journey and the onboarding bit because there’s probably an opportunity to reduce that.

Sorry, so to the exit reasons. What we typically see, like I say, we’re quite low numbers now. And, because of our age profile, we find that quite a lot are health reasons. So, actually, each month, the top three are typically health reasons, people put “personal reasons”, which is not really helpful, and then we do have movement to other roles. So we don’t generally have pay in there anymore because we did used to. So it is one of the leaver options.

Like I say, a lot will be people who are of an age that they’re choosing to step out of work. We did see quite a lot of that over the last two years, certainly post-Covid, because I think, certainly, people who were furloughed or had underlying health conditions, we saw a lot of them exit just because they weren’t comfortable returning to the workplace. And, obviously, they’d typically be people in the 50 to 60 category.

But we are seeing an aging profile, so we’re monitoring that as a potential risk for the future because we’ve got around 40 members of staff who are over 70 now. Obviously, they can exit at any point, so that’s a growing number. So it’s in everybody’s interest to keep an eye on. It’s good that people want to carry on working [\*\* 0:10:15].

But, yeah, so I suppose, part of that though… because we try and push pensions quite a lot, so they get preparing for the future. A lot of those people are remaining in work is because they didn’t invest in pensions during their working career. So, obviously, they can’t afford to be just on state pensions, so we are trying to push requirement for people to at least join a pension at an early point.

Interviewer: Okay, that’s really helpful. I’ve got quite a few questions on local authorities, but I think we talked a lot about local authority. So I think we’ve covered most of them. One of the things we didn’t talk about though was your mix of local authority versus self-funded. Do you have much self-funded? I think possibly not.

Respondent: Very little. Yeah, so we have a couple of direct payers, but it’s a handful. It’s really not [worth 0:11:07] reporting on.

Interviewer: Yeah, that’s fine. And, as I say, you talked a lot about local authorities and the rate they pay you. Do they pay you extras, or is it a flat rate? So I’m thinking about things like quality bonuses or sleepovers. Do you get extra in your rate for that, or is it a flat rate?

Respondent: Yeah, so there’s not really any quality bonus in there. The only real variance, I’d say, is the sleep-in rate, which really depends on what that commissioner’s, kind of, agreed or determined is an appropriate sleep rate.

Interviewer: Right. So that does vary.

Respondent: There are a couple, so I’d [xx] and [xx], as local authorities, have committed within their own political agendas to be a Real Living Wage provider. So some of them will share it and say, “Yeah, we’re a Real Living Wage provider.” But, in reality, they won’t pass on the rates. So, like I say, [xx] and [xx] are the two where they’ve actually put their money where their mouth is.

Interviewer: And so the ones who say they’re a Real Living Wage provider but don’t pass the money on, they expect you to find that money, or they don’t monitor whether you…?

Respondent: It can be.

Interviewer: … or they don’t monitor whether you pay Real Living Wage?

Respondent: Yeah. So, certainly, when we’re going through a new business, sometimes, commissioners will put in the contract that, actually, you will pass on Real Living Wage to staff. So we’ll only bid for those contracts if, actually, they’ve provided enough to do that. So, yeah, we won’t take on a loss leading contract.

So, again, that’s been part of the problem in the past, in that we’ve had contracts that are just appalling, and we end up paying more for them. So we have naturally concluded some of them and handed contracts back where they haven’t been profitable. So, yes. We don’t do that anymore. I’m not aware of any putting it as a contractual clause because we wouldn’t be able to meet that. Yeah.

Interviewer: Okay, that’s helpful. And, again, we talked a lot about local authority influences. Any national level influences other than things like the Real Living Wage on your pay, your employment practices?

Respondent: No. I suppose, we contribute to some national agendas. So our chief exec’s part of the voluntary… oh, I forget what it stands for. The learning disability group, isn’t it, for charities? So we are members of certain groups. I wouldn’t say we’re necessarily influenced by anything than what’s statutory.

So, obviously, we keep an eye on the market and try and do… you know, anything we do has a discretionary benefit, if you like, then we do monitor what’s available out there and what we can possible incorporate into our offer. But it’s not… I wouldn’t say directly influenced, just taking best practice from various places.

Interviewer: Okay, that’s really helpful. We’ve talked a little bit about going to Amazon or those kinds of things, but what about the NHS as a competitor in terms of…? Go on.

Respondent: Yeah, so I think the nurses we see as a problem because, obviously, that’s mental health provision, isn’t it? Because, obviously the nurse pension’s a factor, isn’t it? But I wouldn’t say in LD provision, anyway.

Interviewer: No, because some local authorities are trying to think about how they move towards or whether it’s possible to move towards Agenda for Change and those kinds of things. So that’s not something in your area that has been a big driver?

Respondent: No. Well, I think, there was a… I don’t know if you’re aware of the paper. There was an Unfair to Care paper that was shared about 12 months ago, and it was jointly written. I think community integrated care with [\*\* 0:14:56] to it in the sense of there’s an element in there about, actually, I mentioned before, about our financial survey we did with our staff featured as part of that report.

So we’ve contributed to various work, like that, because within that report, a large premise of it is around the professional skill of the… it’s, sort of, about professionalising the support worker role, isn’t it? And, actually, it’s on a par to NHS healthcare assistants, if I remember. So, obviously, and the associated Band that’s obviously in NHS providers, healthcare assistant would proportionately pay considerably more than our health support workers are in health and social care. Whereas, it’s a very similar level of role if you were doing job matching.

Interviewer: And that isn’t something that particularly affects your support workers? You’re not seeing them leave to go to the NHS?

Respondent: No, certainly not in ours. No, we don’t see a big shift towards them. I suppose, one thing that’s emerging, that we just launched this year, is the nurse associate’s role. So, obviously, the NHS have recognised that as a new role, haven’t they? So we’ve offered a first cohort to start from September for some of our support workers, and many from LD provision have applied for the nurse associate programme.

Interviewer: But they’ll remain… sorry, I’m not hugely familiar with that. They’ll remain working for you, but they’ll be more qualified?

Respondent: Yeah. So the way it works, it’s an apprenticeship scheme effectively, isn’t it? So they’ll remain in their support worker role, but they’ll move across to a mental health setting, so people in our treatment recovery centres working with nurses, and it’s part training in college. And the outcome of that is that they’re then qualified… sorry, accredited nurse associate. We’ll create that as a new role. So it’s a career a pathway for support workers to move into more clinical settings.

Interviewer: But, essentially, it moves them out of direct social care into more of a healthcare role? Yeah.

Respondent: Yeah, ICB funded then. Yeah.

Interviewer: Okay. Thinking about pay, in an ideal world, what kind of pay levels do you think would be fair for care workers, support workers?

Respondent: Well, obviously, the comparable to NHS is the key, isn’t it? I think part of what we saw during Covid, and this was frustrating for all health and social care providers, was that government would be standing up on the podiums each night, wouldn’t they, talking about “fantastic health and social care”. And it took a good six to 12 months, didn’t it, for them to amend the little pin badges from “NHS” to “Care”, didn’t it, and to recognise the important role that health and social care played.

So I think one of the big challenges is getting central government to recognise that, actually, it’s a critical service, and it’s a professional service because we don’t… as I mentioned before, we recruit for values, but we train… it’s a skill, isn’t it? It’s a skilled role. So six months in, a support worker has a health and social care qualification at Level 2. So, actually, that’s on a par with the NHS, isn’t it?

So it should be appropriately funded as a, “Here’s your book price for a health and social care worker, which is on a par with an NHS-funded [\*\* 0:18:34], appropriately funded.” And that goes without saying the fact of, in the NHS, you’ve got better access to pensions. You’ve got better access to enhanced Ts and Cs. You’ve occupational sick pay. You’ve got maternity pay. So, you know, the dream is that everybody’s… health and social care is on a par with NHS, isn’t it?

Interviewer: Yeah, proper integration. We talk about integration of delivery, don’t we? But we don’t think about integration of employment. That’s one of the things I’ve, kind of, long said. And it looked like a point in Covid where there might be a tipping point, but it didn’t happen, did it?

Respondent: No, and it’s not going to happen now, is it? Because the pressure’s gone. So, yeah, I think there’s a phasing, isn’t there? So, for us, the priority… so we’re currently paying… we can market and celebrate the fact that [firm] is funding… a lot of the funding in recent years we’ve done for these top ups is [firm] funded. We’ve made savings in other areas in which to fund this top up. We’re not getting enough money still from commissioners to fund this £11 an hour. We are subsidising it from our own reserves.

So, obviously, the step change is… whereas, we can say, at the moment, we are paying above… [the term we’re using is 0:19:45] we’re paying the rate equivalent and above Real Living Wage. We can’t say that “we pay our staff contractually Real Living Wage or above Real Living Wage” because we don’t. It’s just on worked hours.

So the dream is, initially, that we’re… well, the next step is that we are contractually paying more per hour to offer our staff Real Living Wage because that’s what our competitors are doing. They’re not necessarily health and social care, but in the broader labour market for the pool of candidates we’re after, Real Living Wage is the common area, isn’t it? And anything over and above that is preferential, isn’t it? So that’s our first aim is to get that Real Living Wage.

And then, obviously, if you’ve got that, then the question is how can add back in some above statutory Ts and Cs? So, if you’ve got that bit secured and get funding for that, then the fight is for better conditions, isn’t it? So can you pay more on pensions? Can you pay more on sick pay?

I think sick pay is probably the one that our staff ask for the most because, actually, there’s definitely an unfairness, I think, in that, in that support workers work a really hard job. They work a lot of hours. And where they’re an aging workforce, typically, they are an older workforce. Therefore, you’ve got more underlying health conditions, and there’s literally no capacity for us to offer any enhancement to the sick pay. So you’re a bit stuck, really, aren’t you?

Interviewer: Yeah. I’m conscious of your time. One of the things we’re trying to do is think a little bit about… I mean, you talked earlier, yourself, about people coming into it because… I don’t know if “vocation” is the right word, but a set of values because they want to make a difference. So I’ve just got a set of questions on… that are just, sort of, A, B, C, D, on the extent to which you think some aspects of job quality can be delivered or your support workers think they do deliver that.

So the first one is about, thinking about your staff and the difference they’re able to make to people’s lives, which one of the following statements best describes how you think they feel? So they’re able to make as much of a difference as they like / they’re able to make some difference / some difference but not enough / not any difference.

Respondent: It’s probably the first one. Yeah, just to qualify that they… so, obviously, one of our key messages is about, kind of, making a positive difference with the people we support effectively.

Again, one of the things that we try and communicate with our staff is that it’s about enabling the people that we support to make their own positive differences. So we’re not a parental organisation in any way. So it is about empowering our staff to make those positive differences with people we support, so it’s encouraging them to do it. So it’s definitely the first one. But it’s a…

Interviewer: So, thinking about your work…

Respondent: Sorry, it’s just we’re approaching 10:00. So can I just say that I actually haven’t got a meeting after this, so if you’ve got time, I’m happy to carry on.

Interviewer: Oh, I have. Yeah, that’s brilliant because I don’t want to rush it. It’s important. I won’t keep you too much longer. I know your time will be pressured.

Respondent: My next meeting’s cancelled, so it’s fine.

Interviewer: Oh, right. Helpful for me. So, thinking about your workers’ relationships with people who are drawing on care and support, again, which statement best describes how they feel about the quality of those relationships? So they’re as good as they want them to be / good enough / not as good as they’d like / not good at all.

Respondent: Again, I’d say “good enough”. Yeah, I’d say.

Interviewer: Good enough? Yeah, okay. Autonomy, how much autonomy do you think they have? As much as they want / adequate / some but not enough / no autonomy.

Respondent: I’d say “adequate” because I think you wouldn’t want them to be… I think there needs to be an element of control in there, doesn’t it?

Interviewer: Yeah, okay. Thinking about the time they have to do the tasks required, do they have all the time they need / adequate time / not enough time / not enough time to the extent it’s having a negative effect?

Respondent: Yeah, I’d say it’s mostly adequate on the basis of the fact that we’ve still got this vacancy rate. So we’re managing it at the moment, so we’re not seeing any adverse impact on staff wellness, our sickness rate’s still quite low. So it’s manageable at the moment. So, yeah, I think until we pull a lower vacancy rate, it can’t be any better than “adequate”.

Interviewer: Okay. How much do you think your support workers worry about the people they care or support outside of working hours? Hardly ever worry about work / occasionally worry about work / often worry about work / constantly worry about work.

Respondent: I’d say it’s probably “occasionally”. Yeah, but I wouldn’t necessarily use the word “worry”. I’d say that, because our staff, what we find is that they… and this is part of the challenge we have to go through sometimes, is our staff regularly say… if you said, “Who do you work for?” to our staff, they’d say, “I support John in such and such.” They generally wouldn’t say, “I work for [firm].” I think it’s part of the challenge we sometimes have [\*\* 0:25:24].

So I think our staff regularly do get very protective of the people we support and genuinely care about them. So I wouldn’t necessarily say “worry”. I think they have the best interest of the people they support in their minds. They’ll take that home with them, and you regularly see people attending birthdays and stuff on days off, for example, if they’re having a dinner or something.

Interviewer: And then, thinking about looking after themselves at work, which might mean having breaks or having time to eat, drink and rest, they’re able to look after themselves as well as they want / they’re able to look after themselves well enough / sometimes, they’re not able to look after themselves well enough / they’re rarely able to look after themselves well enough.

Respondent: So I’d say, “well enough”, the second answer because we provide opportunities. Whether staff take those opportunities is a different story. So, sometimes, we have to manage the hours of some of our people who are working. [\*\* 0:26:24].

Interviewer: Okay, that’s commitment to the work, the person they’re supporting?

Respondent: Yeah, or they’re chasing as much money as they can get in some cases.

Interviewer: Right. Feeling safe at work, so how safe they feel doing their job from either physical or psychological harm. As safe as they want / generally safe / less than safe / don’t feel safe at all.

Respondent: I’d say, “generally safe”. So we do have… I think, again, if you look at our CQC result, we’ve “good” across the board with some “outstandings”, so there’s nothing below “good”. So we’ve got appropriate controls in place. Obviously, working in an LD setting, there’s the unknown, isn’t there? So we do get occasional assaults or injuries as a result of it, something happening with the person supported. Yeah, but it’s controlled as much as we can, I would say.

Interviewer: Okay. Professional relationships with either other staff or family carers, other health and social care professionals, as good as they want them to be / good enough / not as good as they’d like / not good at all.

Respondent: Yeah. So I think as good as we’d want them to be. So, again, going back to the CQC rating, it’s “good” across the board. So [I’m comfortable with 0:27:38] that.

Interviewer: The skills and knowledge that they need to do their job well. They have the skills and knowledge they need / adequate skills and knowledge / some skills and knowledge but not enough / they don’t have the skills and knowledge they need.

Respondent: The first one.

Interviewer: Yeah, because you do a lot about that. And I think you might be very positive about this one, but I’ll ask it anyway. How respected and encouraged are they by their manager? Highly supported / adequately supported / not as much as they would like / not at all supported.

Respondent: I’m going to say “adequately supported” on that. The reason being is we are doing a middle manager development course at the moment. So whereas, corporately, we provide really good training opportunities and development opportunities, I think there’s some skills and development to be done in team leaders for consistency. So we’ve got some great team leaders. Well, the majority are great. But there’s little pockets where there’s some work to be done, so yeah, the second one.

Interviewer: This is one that interests me about career aspirations, do they want to develop in social care rather than in health care? But if they want to develop in social care, do they have opportunities to advance their career / they have some opportunities / they have some opportunities but not enough / no opportunities to advance their career?

Respondent: So I’m going to say “some”. So, again, that’s an area we’re working on at the moment. I think the opportunities exist, but whether people know how to access them or how to develop for them is the gap at the moment. So we are creating some career pathways that direct people to the learning that they should do in preparation for it. But, yeah, we’ve [\*\* 0:29:14], so the second option there.

Interviewer: Thank you. Thinking about the security of their income, and again, we’ve had a little bit of a talk about this, I know. As much financial security / enough financial security / not enough / no financial security.

Respondent: I think, on the basis of the sickness conversations, it’s probably “not enough”, isn’t it?

Interviewer: Yeah, and you talked about food banks, etc. That’s “not enough”.

Respondent: Yeah.

Interviewer: Whether you feel care work is valued and paid as it should be, so do you think staff feel their role is highly valued / adequately valued / not as valued as they would like by others / not valued at all?

Respondent: Sorry, I think, probably, the second to last in there. And that’s from our employee opinion survey, too. So we do ask that question.

Interviewer: And do you think that affects, or how much do you think that affects attraction and retention of staff?

Sorry, I lost you.

Respondent: Sorry, is that an open question, or are there options?

Interviewer: Yeah. No, sorry, that was. Sorry, that was just a follow-up.

Respondent: I don’t think it’s a primary factor. I think it contributes for some people because, obviously, at the end of the day, you come to work to keep a roof above your head, don’t you? So, for some people, it’s a factor in them moving elsewhere. But I think it’s something, probably, central government rely on a little bit is the sector’s very much… it’s a hearts and minds thing.

So we have support workers who have been with [firm] for 20 years supporting the same person, and pay isn’t the driving factor. They want to support that person. And I think that’s overly relied upon in the sector in a lot of cases. So you do get… and I think there’s an acceptance of higher-than-average turnover. There’s also a knowledge that you’re going to keep around 80% of your workforce because they’re not doing it for the money. So, yeah, that’s overplayed, isn’t it?

Interviewer: Okay. I mean, it’s been absolutely fascinating and really, really helpful. Is there anything I’ve not asked or anything else you want to share with us about pay and reward more generally?

Respondent: Yeah. I think I did touch on it before actually because I think, for me, personally… because obviously, I’ve got a payroll head on as well. I think that, if additional could be provided for pensions in social care, because it’s often forgotten, isn’t it? And, certainly, if you compare it to NHS where there’s a really good pension opportunity.

Because of the low pay that support workers get… so if you’re contributing to NEST for 40 years, I don’t think people necessarily realise, it’s still not a big pension when you get to the end because it’s not on your total earnings. So we do find that people are staying in care for longer because they have to rather than because they want to.

Interviewer: You mean working longer, as in to an older age?

Respondent: Yeah. It doesn’t feel fair, does it? Yeah, because they can’t afford to retire, effectively. So, obviously, that’s something that we recognise and want to contribute to. But, really, if additional funding is also available to top up pensions, it would be incredible, wouldn’t it?

Interviewer: Yeah. And is there a risk people would opt out of that because of their own contributions?

Respondent: Yeah. So I think we… yeah, opt out is always going to be a feature, isn’t it, because people will think… certainly, if you’re younger, you don’t value the pension, do you? But I think, if there’s more employer contributions, actually, it becomes part of your total reward package, doesn’t it? That, actually, are you going to give up that extra bit?

Because, if I’ve been paying in a notional amount or whatever compared to what the employer pays into [\*\* 0:33:14]… and, you know, local government pension schemes, you might pay around 6%, and then your employer’s paying in around 18%. So, actually, that’s a really good benefit, isn’t it?

So there’s not anything comparable, is there, for social care? So we find that people just generally don’t see the value in having a pension [at the moment 0:33:33]. And, even if you do fund it, it’s not going to give you a… it probably won’t give you a comfortable retirement, will it, if that’s your only pension pot? So it’s a difficult thing. So, longer term, that’s a future battle, isn’t it? We need to get basic pay right first.

Interviewer: No, that’s really helpful. I really appreciate your time. That’s been, as I say, so helpful. I’ll have a quick look at the sheet because I think we might have covered quite a bit of it. I’ll pop in what I think we’ve covered, and if there’s anything we’ve not covered, I’ll send it over to you, and if you could just pop it in, that’d be really helpful.

Respondent: Yeah, okay. Yeah, perfect.

Interviewer: But, yeah, it was really helpful. I really appreciate your time. Thank you so much.

Respondent: No problem.

Interviewer: All right, then. Thanks.

Respondent: All right. Sorry, can I just check, Carol, what is the next step? Because I did mention it the other day because I’d be quite interested to read the report if we’re able to have a look at it when it’s finished.

Interviewer: You will. It’ll be out… well, so we will produce it for the Department of Health and Social Care next August. Quite when they will publish it… but it should be fairly soon after that. So it’ll be in the public domain, and I imagine if you said, sort of, September time, possibly October. Sometimes, it takes them a little time to approve and that kind of thing. But, certainly, by next autumn, it’ll be in the public domain.

But, in terms of hopefully influencing and making a difference, we’ll be giving them our early findings in the spring for the Comprehensive Spending Review. So don’t think that nothing will happen as a result of this until next autumn. We hope it will, but the report itself will only be out then.

Respondent: Yeah, great. Excellent. Have you got enough other providers? You’re looking for 20 providers, weren’t you?

Interviewer: We are, and we haven’t, if I’m perfectly honest. What we’ve done so far… and if you’ve any insights, you can help us with this. We’ve tried to work in quite a targeted way at the moment. So we have approached a number of people who Skills for Care have identified for us who have given big pay rises recently, for example, to talk through that. We’ve got a little bit of response from that but not a great deal. And then, we’re working through the Local Government Association and those kinds of things, but we’re getting quite small response rates at the moment.

I think, probably, what we’re going to do is try and do a social media campaign in September. We thought August was not the best month to do that. But, if you have any contacts or ideas for us… I mean, I have to say, we’ve not gone out on a blitz yet. We have worked in quite a targeted way but got quite a small response, but that could be July and August. I’m hoping it will be. So any contact suggestions, ideas, all gratefully received.

Respondent: Yeah, okay. Well, I think we got it originally through… we’re part of a HR network, so obviously I see providers in there. So I know there’s a couple of larger ones. So I don’t know if you’ve got Making Space on there because they’re probably one that we chat to quite regularly.

Interviewer: Who are they, sorry?

Respondent: Making Space, just because [name], who coordinates our HR network, shared the initial link. So I’ll put a comment. I’ll reply to the post and just say, “Been through the process, really easy, positive outcome.” So I’ll share it in there, and hopefully, that’ll trigger a few others to…

Interviewer: That’d be great. And, in terms of other social networks, are there things that we could tap into, do you know?

Respondent: Well, I think social care’s a funny one, isn’t it? Because, actually, we’ve struggled to… they’re so guarded because many still have “competitor” in their mind, don’t they? So, if you try and have a chat about sharing ideas or conversations about pay and conditions, they just close the door, which is really annoying because, actually, we’re all in the same boat.

Interviewer: You could have some collective power of coming together.

Respondent: I know. So our HR network, it is [region], and it’s all health and social care. And, you know, there are some larger providers in that group, so I think that’s the only one we found out to be effective. So, like I say, we’ll comment back in there and see if anyone…

Interviewer: That’d be really helpful, thanks. We’re putting out a survey as well. So that’ll go to all providers. And, again, it’ll ask people to get in contact. So, as I say, we’ve tried to do it quite targeted at the moment, and we’ve not got the numbers we want. We’ll, kind of, go a bit more blanket in the autumn if those numbers don’t pick up. I’m sure we’ll get there because we need 20 out of 20,000. So, hopefully, we’ll get there. Yeah. All right. But, lovely. Nice to speak.

Respondent: Thanks.

Interviewer: Bye.

Respondent: Bye.

END OF AUDIO