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Interviewer: Thank you, thank you for agreeing to talk to us.

Respondent: That’s okay. Can you hear me?

Interviewer: Yeah. I’ve got some questions. I’ve been interviewing all day, and they keep going over the hour, so I am going to be really focused and strict with myself, because I keep going, “Oh, that’s interesting…” (Laughs)

Respondent: Stop talking! (Laughs)

Interviewer: So big thank you. I can’t remember, did you send us the consent form back, or are you verbally consenting?

Respondent: I didn’t, but I noted that you said that we could do it on here, so yes.

Interviewer: Thank you. Can I just quickly have your role [name]?

Respondent: My role, yeah, managing director.

Interviewer: Can you tell us a bit about your care workers, what are the demographics, are they predominantly women, are they older, give me a general feel?

Respondent: They’re predominantly women. We’ve got, it’s nine people in the office and we have got 36 carers in the field. We’ve got probably five males within that 36. And they range in ages, they range from 19/20 to, I think our older carer is 61. So a real mix really. Probably the biggest group is probably 35 to 55, I would say, that sort of age.

Interviewer: Great, and what about ethnic profile, nationality, is there a mix?

Respondent: Yeah, white British predominantly. We do have four people, three from Eastern European countries. We’ve got a couple of students who are from African countries, but predominantly white British.

Interviewer: In terms of long-serving staff, this is the final one, are they long serving, your staff?

Respondent: Yeah, we’ve only been going for two and a half years. So we have got a number of staff who have been with us for that full period. We do retain staff quite well. We do have turnover, so like this month, for example, six staff left us, but that was because two were pregnant, gone off on maternity leave. Two have moved… one has moved out of area and three were students who have come to the end of their degree course and are going on to take on full-time work. And we can’t change that, it is how it is. But generally we retain staff quite well.

Interviewer: Good. Are they generally… do they live locally, in the local area, final on the demographics, do they live…

Respondent: Yeah, all of them, yeah.

Interviewer: All of them, okay. Pay rates, thank you for filling in your form, you’re very efficient. (Laughter) In terms of pay rates, I suppose the big question is, why do you pay the rate you do? That’s a bizarre… (Laughs)

Respondent: Because… gosh, lots of reasons really. I think coming into the sector from a completely different sector, I was quite frustrated to understand and learn about the negative conversations that there were about the care sector and about carers. I have no knowledge of it myself, so I was coming in completely green. [Name], who set up the business three years ago, him and I have been friends for 30 years. So I came in from criminal justice, I was a probation officer. Having no real experience about the care sector at all.

And then looking to see what carers were actually doing day to day, the responsibility that they had, it made me feel really sort of cross about the narrative that everybody generally hears about care workers. We knew that we needed to be part of the conversation about trying to professionalise the sector. Not that the people in it aren’t professional, but so that people outside of the sector could actually see what a professional sector it was. And so we knew on that basis that we were going to have to… and should be, paying a good amount, and more.

It should be more because it’s a professional service. It’s a professional take on how you are taking care of somebody in their home. You’re taking responsibility for so many things. And I’ve been witness to lots of situations that our carers were involved in and been part of them myself, where I think, you know, we went to a new client recently and he had a medical episode while we were there, we had to give heart massage, call the ambulance. This isn’t somebody… this isn’t carers who just are trying to fill in for a bit of money here and there. They’re taking massively responsibilities for people’s lives.

And so we pay as much as we can afford to pay. We’re lucky that we are 98% private, so we don’t have to deal with the low rates of local authorities. We’ve got probably six local authority clients. We would have had a lot more than that, but they come to us and say, “Do you have capacity?” “Yes, we do.” “Can you take this client?” We say, “These are our rates,” and they’re not paying, we don’t take it. Because we can’t afford to, we can’t afford to do the things that we need to do and pay our carers, if we take the rates that they’re offering.

Interviewer: Yeah, that’s really interesting. I think we’re going to find a real difference between the ones who are private self-funded and it is fascinating actually. In terms of the differentials between your care workers and your senior care workers, what are the different… when I looked at the table, what are your senior care workers paid compared to your care workers? And is that a problem? I’m talking a lot, but the background is, there’s a big narrative that the differentials aren’t big enough? So generally in the sector, not you specifically, I’m talking…

Respondent: Yeah, that may well be right. But I think there are lots of things at play there. I think having spoken to… so our registered manager, for example, she’s had a lot of experience and she’s worked in domiciliary and she’s worked in residential. And I think in residential, the difference between senior carer and carer is quite a marked difference. Whereas in the field, it’s not that different. Because I think in a residential setting, from what I understand, a senior carer will run a team, will run a shift, take responsibility for all of those things. Whereas actually a senior or a caregiver in the field is still going to see those clients, still carrying out the same tasks.

And we’ve just got to a point where we’re… because our team is big enough where we are making that difference more apparent. So we’re moving caregivers up to senior, the ones that we feel have been with us a while. They’ve got experience, they’ve taken on the training really well, they’re really motivated. They’re not creating any medication issues; they’re doing all the things and they’re noticing all the things that we would want them to notice. So I think for us now the difference in the job description for a senior, it’s assumed that they carry out the same tasks as a caregiver but to a really high standard.

But we will be asking them to do medication checking and medication audits and reviews with the client team, because they know that client particularly well, so they’ll be feeding back into the client team to say, there’s an issue here, or whatever it may be. The care plan might have been written, not in a hurry, but it’s written and then the caregiver goes straight in, maybe a week later, and so that senior might be the one that picks up, actually that task isn’t quite right, or that person needs this. So they’re given those responsibilities so that they can feed back to the office that sort of conduit a bit more between the field and the office team. And also mentors younger or maybe less experienced caregivers in the field, shadow, observe, those things.

Interviewer: That’s really interesting. Are you finding that they’re embracing this? Do people want to be senior care workers? Or do they not want the responsibility?

Respondent: Both, a bit of both. I think we have spoken to a number of carers in the field. Generally people have embraced it. They want to move up to the next… because I think that’s been the problem as well historically, there’s no obvious career progression. So you go in as a carer, you’re always carer, 30 years later. But some people choose that. That’s actually what they want to do, because actually it’s the nurturing, caring side of them that takes them into that job. Other people want a career out of it. So we are trying to develop and build those career pathways so that, I think, only one person wasn’t sure about the responsibility. Everybody else that’s been spoken to has actually really embraced the idea of either becoming a senior straight away because they’re ready, or working towards that role.

Interviewer: How much extra do they get more than a care worker?

Respondent: Well, at the moment the zero-hours contracts are… the rates are very similar, but actually only this week we have sent out letters to all of our caregivers, actually encouraging them to move across to a fixed-hour contract because again, another way to try and professionalise, to try and give them stability, to try and make it a salaried role rather than hourly, because there’s that sort of negative narrative around hourly rates. Trying to say that you’re going to have… this is a 20-hour contract or a 30-hour/35-hour contract, this will be your salary.

And so I think the seniors across the board will be getting £12 an hour, sorry, the caregivers, and the seniors £13. We’ve just started that process, so we have to make a difference… of course you want to make a difference and it’s quite small at the moment. And we’ll see how it goes. We might find that the seniors are actually not actually doing that much that’s different to the caregivers. Or we might find actually in six months, these seniors have really taken on board being a senior and actually taking a lot of work away from the office team, from the client team and we’ll have to reassess at that point.

Interviewer: My gosh, it’s fascinating that you’re in the middle. A lot of providers we’ve spoken to are in the middle of these changing… trying new things, trying, you know, because I suppose the project has been funded to look at pay variation and reward and how… but actually what we’re finding is sometimes it’s not around the pay, it’s other things that people are playing around with. This is another example actually.

Respondent: Yeah, so caregivers do actually get… I’m just trying to get the list here, quite a lot of benefits as well. So many things open here…

Interviewer: It’s great, thank you. We have this question on what other ways do you reward staff, whether it’s sick pay, pensions, holidays, but also bonuses, gym membership, we’ve had all sorts, scooters, honestly, there’s some crazy schemes, it’s brilliant.

Respondent: Our caregivers, just as a matter of course, they obviously they get their relevant annual leave, whether that be accrued through a zero-hours contract or they have a certain amount of days. They all have the option to go into a pension scheme, employer pension scheme. They have an employee assistance programme, Blue Light card, all the discounts. We have a referral bonus scheme, so if they refer someone to us that comes on board and gets through their probationary period.

Interviewer: Does that work? How much do you… some people are…

Respondent: They get £200. I think lots of people, I’m seeing at the moment, do joining bonuses, but I suppose our concern for that is what about the caregivers that are still here already? We’re asking new carers to come on and we’re going to give you £500 to join us, but we’ve already got caregivers that are here working and I think that can create a bit of a difficult situation. We pay their travel, so carers that work in the evenings and at weekends, we pay the gaps in between all the visits, so they get that consistent mileage for all our drivers. But because we pay that for our drivers, 45p a mile, we pay 25p a mile for all our walkers.

So they can put in mileage claims as well, cyclists. And obviously uniform, training, DBS and all that. We also have a share ownership scheme and I think we’re probably the only care company that do it. So when the company was set up, some of the shares of the business were put to one side and so everyone that joins now gets say a thousand shares or 4,000 shares or whatever it may be. So every single person has a stake in the business. When we get that… no, I don’t think people have done that historically.

When we get to that point that we’re two and a half years on, where the business is five years old or whatever it may be, and there is actually a tangible value for those shares, they’re vested as they go along. So another incentive to stay longer, each year more vested in. But I suppose also [name] wanted it to feel like this is everybody’s business, not just our business and we’re getting you to work for us. You’re working for you too. And we’ve literally this week just finished the [private health insurance]. So everybody in the office, everybody who is on a fixed-hour contract gets private healthcare.

Interviewer: Oh my gosh, wow. That’s amazing. (Laughs) It gives us… because we’ve got to forward, what are the rewards that providers are doing, because the idea is we’re hoping that there’s some learning across, you know, people get ideas. It’s for the sector as a whole really. Although I know you’re businesses and you’re competing in a way, but the sector as a whole needs to be…

Respondent: And I think that’s it. There isn’t that much competition. I don’t feel the competition, we don’t feel that competition. We’ve got so many client enquiries coming into us all the time. We don’t need to compete with other people. I suppose what we compete for is the recruitment, we compete for the caregivers. But as a business we’re not competing for the clients because there are loads of clients out there. And it needs to be more about collaboration than competition because if we are in competition, it just makes it even more difficult. If we can collaborate with other caregivers, homes, whatever it may be, nearby, then that’s what’s helpful for us, and for the sector really. But you will see a marked difference between funded and private.

Interviewer: Right.

Respondent: It didn’t enter my head when we first started, and we are mostly private out of luck than judgment really, but now we’re at two and a half years in and I look and I think, a lot of the conversation about the negativity of the care sector seems to relate mostly to those companies who have gone through those tenders and they’re now beholden to the local authority and the local authority are controlling them. Because they’re saying, “We pay you this much, and that’s it.” You make of what you will. And actually instead of giving you the hours, we’re going to spread the hours amongst those 15 companies, so you’re actually going to get a fifth of what you used to get. So that’s a very difficult place to be.

Interviewer: Gosh yeah, but that wasn’t something you… that’s interesting where you said, “By luck,’ it wasn’t something… (Laughs)

Respondent: It’s happened, because when we started, we thought about… we started applying and going on to the local authority systems and jumping through loads of hoops so that we could get local authority clients and get these tenders. And it’s such a long, complicated process. And then when we thought about it, we had a few private clients and we thought, well, we’re actually charging this and the local authority are offering us… five or six pounds an hour less, but they want more for that. It just happened in a way where we just got more private clients and you know, and they’re terrible payers as well, the local authority, NHS, shocking.

Interviewer: So this gives you freedom to try, to do some of the things you’re doing, I suppose, yeah. Do you pay beyond statutory sick pay and things like that?

Respondent: We pay statutory sick pay. But we’re very flexible. We pay compassionate leave, if someone has got a situation that you know, that we always try to make sure, because we have lots of females who are primary caregivers. If someone hasn’t accrued enough holiday, but they’ve had to take leave for whatever reason, we’ll always try doing the salaries, doing the payroll, think right, how can we make them… how can we cover that week for them so that they don’t feel that… they’ve got bills to pay, they might be single parents. I’ve been there, I know exactly that situation. We will always try and be as flexible and as accommodating as we can.

Interviewer: It sounds amazing. I’m really interested, one thing I want to pick up. Mileage for walkers, what’s that? (Laughs)

Respondent: Because obviously 45p an hour is for the petrol and for the wear and tear on the car. But then we didn’t… we want everybody to feel that they are treated equally. So yes, you’re walking, but you know, we’re not paying for wear and tear on the body, but you’re still… and they walk less, of course, their routes are much closer together. But those people can still put in 25p a mile. We appreciate that they are walking between their clients and it’s great at the moment. But when it’s dark, when it’s cold, they’re still doing that. And actually the car driver wins out then, don’t they? They’re in their car, it’s warm and they’re going from place to place.

Interviewer: I’ve never heard of that. That’s brilliant. I’ve heard about public transport… some subsidise public transport, but I don’t know what the public transport is like where you are and do they use it or?

Respondent: We’ve got a couple of caregivers that use the bus and we pay the bus fare for them.

Interviewer: That’s amazing. Lots of ideas. Now around hours, because one of the things is, is it pay that keeps people and good care workers in place, or is it more other things like working hours? Do you think that your care workers get the hours they want, their preferences, is it easy to match care workers preferences with the hours of the clients?

Respondent: It’s never easy. It’s never easy. The roster is the most difficult area of the business. But we do do that. So someone will come on and they used to say, two years ago we’d say to somebody, “What’s your availability?” And they would offer us the availability that they had. Very quickly we realised that it wasn’t a great business model because we get clients coming in at 8:00, 9:00 and actually we’ve got a load of carers here that only start at 11:00. So we then had to get a little bit tougher and say, “Actually this our route, these are our route times from morning to night?”

And so we now say to the caregivers that come on, and because we can be a little bit more… we’ve got lots of carers coming to us, to ask to work here. So we can say look, the morning route is 8:00 until 2:00, the afternoon route is 2:00 to 10:00. If you come on board, that’s what we need you to do. We have a separate time for people that are primary carers, like mums can work after the school run and before the school run. But I do think we do… like someone will give us their availability within the boundaries of what we need, so say we’ll work Monday to Friday, 8:00 until 1:00, and then we will roster them those hours.

Interviewer: Yeah?

Respondent: Someone might come and say, we’re available on the weekend and two evenings, from 6:00, we will roster them with those hours. There’s no point us saying, “I know you said that, but we’re going to give you that,” they’re going to last five minutes. Or they’re going to say, “We can’t do it,” or they won’t last.

Interviewer: I’m wondering if you’re quite unusual though, because oh my gosh, I’ve spoken to so many… okay, you’ve got these preferences, carers, this is what really drives me mad about this idea that care work is flexible because actually for mums it’s not. The hours just clash sometimes when you’ve got to be at the school or whatever. Have you just got so many care workers in a way, that you can meet those preferences?

Respondent: No, I mean we’ve got 36 carers, but what we can’t do at the moment, we have a queue of people, a waiting list of clients to come on board and we can’t take them on board because we haven’t got enough carers. So we’ve got… I don’t think there are any carers that we’ve got that are working completely outside of what their original availability was, none. So…

Interviewer: How do you do that?

Respondent: I don’t know, I didn’t assume that other people did it, because how do you get someone… if someone says to you they’re only available in the morning, you give them an afternoon roster, they’re not going to work. So I didn’t know, I didn’t assume that other people were doing that.

Interviewer: What happens is, what you have is you have care workers saying, “I can work Friday, Saturday, Sunday,” but then when they actually do start, they can’t. That’s what I’ve… so often they say they’re available. I’m just really interested that actually people have been open with you and said, I’m available… maybe they’re trying to get the job and you know, and so they say they’re available when actually they’re not. I’m just thinking this through.

Respondent: So we’ve had a few over the last 18 months where carers have come on board, they’re doing exactly that. They say, “Yes, I can be available, this is my availability,” they do a great interview, they get offered the job. Then they come in for training and at some point during the training process the trainer says about availability and their availability has completely changed. So we said, “Absolutely not, we’ve taken you on on that basis.” It doesn’t resolve the problem because when we send out the letter, the job offer letter, they have to complete, reiterate what their availability is, what they said in the interview. And so they’re sending in a signed version of their availability. And then we go over it again when they come in for their training and also their induction.

We have had a few that have said, “No, we can’t do that now.” We’re like, absolutely not, because we think you’re great, but we took you on on that basis that you could start at 8:00, or you could work on a Saturday, or whatever it may be, and actually we didn’t need someone that can start at 2:30. We weren’t looking for that. We have to be a bit brutal with that, otherwise it doesn’t work.

Interviewer: That’s really, really helpful actually. In terms of their patterns of work, do your staff work the same sort of patterns of work each week? And then the same number of hours, right, yeah, yeah… So their income isn’t variable, because one of the questions we’ve got is, if any of your staff are claiming in-work benefits? How does that work? Do you have to really make sure they don’t work too many hours or things like that?

Respondent: Yeah, so we’ve got a few mums, single mums who have said… I think it’s changed slightly, but I think they said look, they can’t work more than 16 hours. I think that is because that is now the optimum. I know it used to be with benefits, that if you’re working more than 16 hours, your benefits stop. Whereas now I think it just is a sliding scale, isn’t it?

Interviewer: Yeah.

Respondent: I think maybe 16 hours is the optimum amount that they can get their benefits and they can get their salary as well and retain both. So we do have a couple of people who… but only a couple of mums in that situation. We don’t roster them any more than 16 hours to accommodate that.

Interviewer: Right, ones on recruitment and retention, it sounds like you’re doing great on retention anyway to be honest. How much competition is there between care providers? I think you’ve answered this, you don’t really feel…

Respondent: There’s loads, there’s loads of care providers in [town] and we’ve recently taken on a sponsorship license for overseas workers. It was a bit frustrating; I went to a conference a couple of weeks ago and on the panel people, there were some real sort of… a couple of people particularly were really, I can’t think of the word now. They were quite offensive about care providers who were using the sponsorship mechanism. This particular man was saying, “I would suggest that the reason you can’t recruit locally is because you don’t take care of your caregivers properly and therefore you’re having to look outside of your local network,” which is completely ridiculous.

It’s just been a mechanism that’s been offered to us, because we can’t actually keep up with the clients that we’re getting. So there aren’t enough local people coming to do that job because you know, the care sector has been battered so much, people are actively choosing not to go into the care sector. And then you get offered this assistance, so you can use the sponsorship route, and then you’re battered at that end with the ethical argument of, should you be taking carers from other countries that need it? It’s just like, argh, where do we sit here, because we can’t win in this situation, actually.

Interviewer: Yeah, we’ve got people to be cared for, that’s interesting that you think locally, if people aren’t coming forward, who are the competitors? Is it more retail, hospitality?

Respondent: In [town] there’s lots of care companies, but also in [town], as you’d expect, there’s lots of hospitality. But I’m not sure it’s that direct competition. I think for the people who are just wanting a job, yes, there is a direct competition. But somebody who really wants a career in care, doesn’t necessarily want to work in a hotel. I think the level of competition is quite limited, to be honest. I think they’ve made that assumption because they’re both hourly rates, they’re both industries where people look down on, and so they’re assuming, well surely if you want to be a carer, you would easily work in a hotel or vice versa. So narrow-minded to say that we’re a direct competition, and to a degree, but not really, I don’t think. [Area] has got really low unemployment, so there’s lots of options here.

Interviewer: That’s a really good contextual factor. We’ve got a question here about making changes to pay rates and your zero hours to keep staff. I don’t know, what are you thinking in terms of…

Respondent: We do think that. So the letters literally went out about three days ago, to all staff, and they’ve all got the option to come back and come onto a fixed-hour contract. So that’s good in so many ways. It’s great for them, it’s great for us, great for me, who does the payroll.

Interviewer: Do you think they will though, honestly, it’s so surprising how many providers you speak to who say that trying to encourage their zero-hours staff to come on to contracts and they don’t want to. They like the idea of the flexibility, it’s really…

Respondent: Yeah, I think we’re going to get quite a lot of responses back to come onto fixed hours, to be honest. We’re actively trying to do that.

Interviewer: That’s great. Has the cost of living crisis impacted on vacancies and turnovers? Anybody move for better pay or anything like that?

Respondent: I don’t know if people have moved to better pay, but I do think it has had an impact. It’s very expensive down here in the [region], particularly [town] is very expensive.

Interviewer: Do you think they leave because of pay? What do you reckon [name], do people actually leave because of it? I suppose that’s…

Respondent: I don’t think we’ve had any because of pay, no.

Interviewer: But do you think that’s because… because we’ve got this, what’s important to care workers, is it their hours, their pay, their training, their job security, do they feel supported, all of these things? Do you think it’s beyond…

Respondent: The bigger picture, yeah, I think it is beyond pay, yeah.

Interviewer: Right okay. Government influence on pay. You’re above the national minimum wage aren’t you? You’re fine, yeah. That hasn’t impacted you. I was going to ask how many people you had to raise up, but… have you heard of the ‘real living wage’ at all? Is that an issue in [town]?

Respondent: We’re signed up to the living wage.

Interviewer: You’re the first one we’ve got!

Respondent: Woah, really?

Interviewer: Yeah, yeah, fantastic. (Laughs)

Respondent: Yeah, we’re signed up to the [town] living wage.

Interviewer: Very good, and you’ve told me about the commissioning, your relationship with the LA, I mean in an ideal world what would you think the going rate of pay for care workers would be? This is fantasy (laughs), okay, I know it’s a fantasy question.

Respondent: For care workers… I would say that they’re like a professional service. I would say… what the care workers actually receive? In an ideal world, if you had a leaking pipe or something, and you had a professional service come into your house, they’re not going to be doing it for £12 an hour, are they? They’re really not.

Respondent 2: Is that what you’re talking about?

Respondent: Yeah, how much your care workers receive, £20 an hour.

Respondent 2: Yeah.

Respondent: Twenty pounds an hour, I think, at the minimum. And there needs to be a level of training, to not exclude those ones that don’t want to train, but also lift up the ones that do want to take it further.

Interviewer: I love that distinction you’ve made there actually, because I’ve done this other research on apprenticeships, a long story, but in catering staff and apprenticeships there’s an assumption that people want to train, okay? And some people don’t.

Respondent: Some people have got the qualities, they’ve got the qualities, they’ve got the nurturing, they’ve got all those things that we can’t teach and they just need to have that experience and the basics around medication and life support etc. They’re happy with that, that’s fine, it doesn’t make them any less a carer. But they don’t want to do anything else.

Interviewer: Yeah, do you find that a lot of your staff do ask for training and things?

Respondent: I think a lot of them would do training, but if I’m honest, we’re so busy. If we could suddenly magic another 20 carers and then we could say to our team, “Actually Thursday afternoon is going to be like NVQ day/afternoon, you can come in,” and I think we would get a few that would actually get involved. But of course, because they’re primarily female, lots of them are primary carers for their children, for their families, they’re working 30 hours, 20 hours, 35 hours, there isn’t much time left. So it would be down to us to make that time in their week, in their working week that didn’t dig into their personal life, to provide that training. And we’re not quite there yet.

Interviewer: No, that’s really interesting. Last few questions, I’m doing really well for me. Can I just say, I’m doing really well, keeping on script, I’m dying to ask other things! (Laughter) So the University of Kent are trying to develop, which I think I’d love to send, when it’s not confidential anymore, it’s a toolkit for the quality of working life for care workers. They’ve got a few questions that they’ve asked us to add in. I’m fascinated to hear what you think. Actually I think you’d be great to contribute to it generally. The one question… this is wider than pay, this is wider, so job quality.

One of them they’ve got, thinking about your staff and the difference they are able to make to people’s lives, which of the following statements best describes how you think they feel? They are able to make as much difference as they like / They are able to make some difference / They are able to make some difference but not enough / They’re not able to make any difference. So it’s like, as much difference as you like / Some difference / Some difference, but not enough / Not any difference? What do you think your staff feel like, in terms of making a difference to people’s lives? Which category would you tick?

Respondent: I would say one of the top two actually. I think in some cases they’re able to make some difference, but then they can come to us with another idea and a situation and we can help them make as much as difference as needed to be made really.

Interviewer: Fantastic. About the workers relationships with people who draw on their care and support. As you rightly said, there are some people who just really want to do that, don’t, they really want to. Overall do you think their relationships with people drawing on their 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?

Respondent: As good as they want them to be.

Interviewer: These are obviously… it’s based on their general, they’ve sort of looked at all research and found out these areas that they think…

Respondent: Again, this is very different to funded carers because funded carers will be in shorter visits, back-to-back calls, rushing in, rushing out, very transactional. That doesn’t say anything about the carer, but it just says about how it’s being commissioned, unfortunately. And so…

Interviewer: True, what are your shortest visits? Do you have any time… what are your visits?

Respondent: In the morning our minimum visit is one hour, so we do do half an hour visits later in the day, but that’s only if we’ve seen that person in the morning, we’ve got them ready for the day, we’ve had a conversation blah blah blah, then we might do a half an hour bedtime visit, or a half an hour lunchtime visit. But we don’t do half an hour, 15 minute visits in the morning. That’s the whole… we’ve purposefully avoided that, and it’s not for financial gain, it’s for the whole point of care being caring, is not so it’s transactional, rushing in/rushing out. We’re often the only person they see in the day, so…

Interviewer: So they do have the time… I mean do you have any sleep-in? Do people sleep over and things like that?

Respondent: No, we don’t really have any sleep-ins, and I think the demographic in funded care, to private care is very, very different, sadly. It’s very shortsighted, if the funded care actually funded you for preventative care, we would be in a very different position here. Because what happens when you have got the funds to pay for your own care, you can actually get preventative care. So you can say, I’m getting a little bit wobbly on my feet, I’m a bit nervous about having a shower, so actually I’m going to get a carer in for five days a week to help me with a shower.

If you went to the council to say could you fund me for an hour in the morning to have a shower, they’d say, “What’s the crisis?” No. Until you’ve had a crisis or accident or a medical episode, we’re not funding you for anything. So if you’ve got the money, you can prevent those bigger things happening.

Interviewer: It’s really interesting, you’re right. The next one is about autonomy, how much autonomy you think your staff have within their role? Obviously they go in, they’re working individually. Please think about the degree to which you think they have the freedom and independence to make decisions and determine the tasks they do as part of their day-to-day work. Do you think they have as much autonomy as they want / Adequate autonomy / Some autonomy / Not enough / No autonomy?

Respondent: Ooh, I would say some autonomy… I wouldn’t say not enough though. Because we have to go in as a business and write the care plan and make the decisions about what we feel that client needs. We can’t have carers going in saying, oh, actually we’re going to do this today and this today and not this. But what we do do, if they feel that a client needs something in addition or instead of, they report that back to us and we then have a conversation and maybe change it. But we’re regulated, heavily regulated. We have to be very aware of what our carers are doing in the client’s home.

Interviewer: Right, and in terms of the tasks they are required to do within their role and the ability to do them well. Do you think they have the time they need / Adequate time / Not enough time / They do not have time to do their job well and it’s having a negative effect on them? That can include paperwork, supervision everything. So do they have the time they need / Adequate time / They do not have enough time / They don’t have enough time and it’s having a negative effect?

Respondent: They have the time they need.

Interviewer: Fantastic. Do you think your staff worry about work outside of working hours? They must have identified this in their research. How much they worry about the people they care for, support, and the tasks they need to do within their working hours? So outside of working hours, they hardly ever worry about work / They occasionally worry about work / They often worry about work / They constantly worry about work?

Respondent: Gosh, I think for most of our carers it probably would be often or constantly. I think it’s the nature of the business, it’s the nature of what they do, the type of people that they are. And because we try and foster that real consistency, they get to know those clients really well. And so they form professional relationships with them. So I do think they worry about them outside of work. We do. We’ve had plenty of instances where caregivers have not been working, but because we’re digital, on a day off they go in and they check… they read the visit notes. Say you’ve got someone working Monday to Friday, we have one carer who looked at the visit notes of the weekend to see how her client has been looked after when she’s not there. I think that’s really common.

Interviewer: That’s amazing. That’s interesting that you have continuity, because some providers, they don’t like that because it creates problems, because they don’t like new people. The idea is they get too used to somebody and you’re saying actually no, they get pretty…

Respondent: That is an issue, that is an issue, because then you get people who just have that caregiver or two caregivers and then they become really difficult if they have to have somebody else. But I think that’s something that we have to manage. So we do talk to them at the beginning and just say, look, we understand, but sickness, holiday, whatever it may be, someone has left… so that can be, but I think it’s better to manage that than actually not giving consistency in the first place.

Interviewer: Okay great. Thinking about how staff look after themselves at work, there’s only four more, sorry. (Laughs) Which of the following statements best describes how they feel. And by looking after themselves they mean comfort breaks, time to eat/drink/rest. They are able to look after themselves as well as they want / They are able to look after themselves well enough / Sometimes they’re not able to look after themselves / They’re rarely able to look after themselves well enough?

Respondent: Gosh, I suppose it depends who you talk to. I think in the office, probably everyone just is constantly frantically busy all the time. I think caregivers out in the field, they’re rostered in a way that they will always have breaks. Of course there are odd days where they picked up an emergency call or situations happen where they’re working quite long hours. But generally they’ve had a break or two, rostered into their day. And they can come in here. We’ve got a big kitchen area and we’re always here, we always say, “Come in, you can have your lunch in here. Come and see us.”

Interviewer: Yeah, so if they do an hour in the morning and then do they have a break then or maybe just two hours and then have a break, how does that…

Respondent: They might have three visits, they might do 8:00 until 10:30, 12:45, and then they might have a break then, or we might have someone that’s doing a four hour visit and then they have a break and then they continue.

Interviewer: Okay and the next question is about safety at work and how safe they feel doing their job, and this includes fear of physical harm, e.g. from lifting/handling or physical abuse, any verbal/psychological abuse. Do you feel like 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?

Respondent: Again, I think this relates to the different demographics. I think generally we don’t have any clients, maybe bar one, who display any behavioural challenges. Again, I think that’s the difference between private and funded care.

Interviewer: Right, and this is about relationships with other professionals, your staff might regularly interact with families, carers, other health and social care professionals. Do they think their professional relationships with these people are as good as they want them to be / Good enough / Not as good as they would like / Not good at all?

Respondent: Probably a bit of a mixture. I would say lots of us would say they have probably really good relationships, we work really well with lots of MDTs, lots of different professions that we have to speak with when we’re taking care of someone in the community. I think we find lots of times hospital discharge teams are problematic because maybe they’re too busy or they’ve just not got the resources or whatever it may be. But generally district nurses, OTs, GPs, a bit of a challenge sometimes. (Laughs) Yeah.

Interviewer: Yeah, it’s a bit of a mix. And this is about how supported your staff feel in their role in terms of extent to which they feel respected and encouraged by managers. Do you think they feel highly supported by their manager / Adequately supported / Not supported as much as they would like / Not supported at all?

Respondent: I would hope that most people would say that they feel really supported. You’re always going to get… you can’t make everyone happy all the time, can you? And I think there’s certain things that we do in our roles that we do for the good of the business, the good of the client, the good of the caregiver, whatever it may be, or a combination of all three. And someone is going to be unhappy about that. But generally we are offering, constantly, whether it’s salaries or contracts or bonuses or competitions or wellbeing checks or whatever it may be. I think there’s loads of support that goes out there for them.

Interviewer: And even the fact that you said they can come for lunch, you know, that sort of thing. The next one is about skills and knowledge, three more. Skills and knowledge, do they have the skills and knowledge they need to do their job well / Adequate skills and knowledge / They have some skills and knowledge but not enough / They do not have the skills and knowledge they need to do their job well?

Respondent: They have the skills and knowledge, yeah.

Interviewer: And aspirations, career aspirations and whether they would like to develop and progress in social care? Do you think they have the opportunities to advance their career as they would like / They have adequate opportunities to advance their career / They have some opportunities but not enough / No opportunities?

Respondent: I think they all have the opportunity, whether some people just don’t want to do that, or haven’t got the time to do it or can’t afford to do it, or whatever it may be. But we really encourage that additional training, refresher training, top-ups, NVQs, all of those things.

Interviewer: Fantastic. This is about income from their work in social care overall and it’s about their financial security. This has become a big topic in the area. By financial security we mean whether income meets their own and their dependents needs. Please think about their pay, the benefits and how reliable their income is. Do you think they have as much financial security as they want / They have enough financial security / Do not have enough / They do not have any?

Respondent: I think the majority of people have as much financial security as they want because they’ve chosen to do a role which historically doesn’t pay huge salaries, but they may be in a partnership of some sort, that they’re working part time. Whatever it may be, supplementing their benefits or whatever. We do have a couple of carers that I know could probably do with some more financial support, but they can’t… they’re doing other things and they haven’t got the time to commit to more hours to it because they’re taking care of things and people outside of work as well. But generally I think most people feel as though they’ve got enough, yeah.

Interviewer: The fixed-term contract, what you were saying as well, that sort of thing, yeah. Last one on this one, we have a final question on whether care work is valued and is paid as it should be. Thinking about whether the social care role is valued by other people, by the public, whatever view is expressed in the media, do you think staff feel their role is highly valued by others / Adequately valued by others / Not as valued as they would like / Not at all valued?

Respondent: Not as valued as they would like, I would say. Because I think I speak to people all the time who do value care workers but I think the general sense is, it’s not affecting our lives, we don’t need it, it’s not that difficult, anyone can do it. So that is definitely the undertone. If you haven’t had any experience of it, it’s never touched you, I think that’s the undertone really.

Interviewer: Do you think that makes people… does that affect the attraction of staff to the sector?

Respondent: Yeah, absolutely. You see young people flocking into colleges and universities to do certain jobs that are seen to be good salaries, important roles, come with lots of kudos, all of those things. People doing those degrees, whether they’re following that through to do those jobs or not, and unfortunately care workers or the care sector hasn’t had that uplift, that importance given to it, for decades. And so it’s a big job, it’s a big job to try and turn that around.

Interviewer: It is, it’s fascinating, because my son wanted to do… well, he was thinking about doing a BTEC in health and social care, and there was so much negativity around him doing that.

Respondent: Amazing.

Interviewer: It’s just really interesting, I agree. If you want to do it…

Respondent: Absolutely and there are so many career options for people.

Interviewer: Yeah, exactly, I thought that was really interesting. Last question, what should be a main takeaway from you about pay and social care and how it can lead to better care? From your experience, should we be focusing on care? Should we be focusing on other things, quality of working life, what should we be focusing on?

Respondent: For caregivers?

Interviewer: For care workers, yeah, sort of should we… what should we be really focusing on to lead to better care? Should we be making the pay higher to attract people or doing something else? Should we focus on quality of working life to attract more care workers?

Respondent: Interesting question. It says ‘lead to better care.’ I think care is already fabulous. Care is already great. But I think the question should be more around what will attract people and get people to stay in the sector for longer, not what will make people… what will produce better care, because there is already fabulous care isn’t there?

Interviewer: Yeah.

Respondent: And there’s an assumption in that question, isn’t there, that actually if people are being paid less, they’re delivering low-quality care. That’s not the case. That’s really not the case.

Interviewer: Yeah.

Respondent: I think it is about stopping questions like that maybe, so having that assumption that there is so much fantastic care happening out there and giving people the respect they deserve and the understanding of how difficult the sector is, how the level of responsibility that people need. They might not need academic qualifications, they might not need a degree, but the level of responsibility that people have to manage people in their own home, their medications, to understand when there’s something going wrong, not quite right here. We need to pick up on all of those things. They’re doing that on their own, as lone workers in somebody’s home. And so to have that… it’s a cultural shift really, I think, to say, you know, that care work is…

Interviewer: And I think that’s really interesting what you’ve said about that question as well. I’m going to feed back, yeah, that’s a really important point, thank you.

Respondent: It’s an assumption isn’t it? It’s an assumption, where do we get better care? There’s already fantastic care out there. Yeah.

Interviewer: [Name] thank you, thank you so much, I can’t believe I’ve rushed through that, I’m so sorry, I’ve really just bombarded you.

Respondent: That’s okay. (Laughter)

Interviewer: Is there anything else you think we should have asked or cover? Obviously we’ll feed back to you, but is there anything… I love what you’re saying about the funding, I’ve never spoken to a provider who was predominantly with privately funded clients. It’s just fascinating the difference.

Respondent: Completely different story, completely, completely different story. And it’s all very well the general narrative being around care sector, there’s a massive problem here, you know, we can’t deliver quality care, we can’t do this, we can’t do that. But actually what they’re talking about, and they’re saying that is the local authority funded carers can’t do those things. Not because they’re not any good, not because they’re not business minded, not because the carers are no good, because you do not fund them sufficiently to allow that to happen. That’s it. That’s it. If you were all now paying your £28-30 an hour, those care providers would be behaving in a very different way. And we wouldn’t be having these conversations because you know…

Interviewer: Yeah, and even when you were talking about mileage, the people I’ve spoken to, they’re not paid for any… and yours get paid between clients, don’t they? They can be out all day and get four hours pay.

Respondent: Exactly. We’ve had care providers in [town] who are local authority based and they put their calls back to back, 9:00 to 10:00, 10:00 to 11:00 blah blah, so the carer has to leave the client 10 minutes before to get to the next client on time. And so the care provider then pay them by the minute. So they pay them for 50 minutes, because you were only there 50 minutes. Because they can’t afford… and it’s the care provider then that gets the negative story about them. But actually they can’t afford to put a gap in between because the council is only paying them £19 an hour.

Interviewer: I think it needs to go beyond, I think it’s really important, one of the big messages is it’s not individual bad providers who are doing… these bad employers who are being really… I don’t… it’s really not, isn’t it? The whole sector, yeah, needs a much bigger picture overview of… [name], I could talk to you forever, but thank you. (Laughter) I can’t wait to feed back to you actually.

Respondent: I look forward to hearing it all.

Interviewer: I really appreciate your time.

Respondent: You’re very welcome.

Interviewer: Thank you so much, I’ll keep in touch and let you know how this is going. I’m going to feed back on the question, I’m going to change it.

Respondent: Good. (Laughter) All right, nice to meet you, thanks again, bye.

Interviewer: Thank you. Bye.

END OF AUDIO