**File name: P11 audio recording**

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Respondent: The [organisation] has been established for about 13 years now, 13, 14 years. We are predominantly a live-in care provider across England and Scotland. So we have The [sub-organisation] and [sub-organisation] and we provide live-in care to older adults predominantly, living in their own homes across England and Scotland. So our central office is based in [city] and [city] and then our field teams are based locally out in the communities.

[Sister organisation, SO] is a similar model, it’s predominantly live-in care. Both businesses now do a small amount of hourly care as well, and that’s more recent, probably within the last year or so. So we’ve got, kind of covering hourly and live-in.

[SO] is based around the 70 mile radius of [county], so it’s much more localised and they’re our heritage brand, they’ve been around for about XX years or something. They’ll kill me for not knowing the exact dates. But very much our heritage brand, it was set up by two [people] they call themselves, and they sold the business to the [organisation], about 10 years... or maybe 7 or 8 years ago.

The [organisation] is an outstanding provider, so we’ve got outstanding in all five domains for CQC, and then [SO] is rated good. And then up in Scotland obviously the Care Inspectorate is slightly different up there, so it’s a different rating, so we got a 6 and a 5 and a 5 up there but rated excellent up there as well.

So really it’s about delivering the highest quality in homecare. It allows people to remain in their own homes, own communities where most people, I think, would say they wanted to stay.

So, in terms of our client base it’s predominantly much older adults. The average age of our clients is around 85 and about 50% of our clients are living with dementia. So we consider ourselves to be kind of a dementia specialist. And then the other main conditions are general frailty, stroke and Parkinson’s. That’s kind of a bit about our client base.

Our carers, we have probably about 850 carers, maybe slightly more or less. It’s changed quite significantly since before Covid, just in terms of how the makeup, the demographic of our carers. So it is live-in care predominantly, so I’d say 99% of our business is live-in care.

So about 45% of our carers are based overseas. So some of them are expats, others are kind of European nationals and they will fly over to the UK to do a rota. They work on a rotation typically, so they might come and do two weeks, four weeks, six weeks and then they’ll fly home over the rest of the time.

So depending on what their preferred rotation is, so we kind of work on a varied number of rotas and it’s up to the carers to choose what their working patterns are. So they’ve got that flexibility. And then the rest of our carers are based in the UK.

Interviewer: So that’s quite unusual I think; I’ve not come across that before. I’m interested in what led to that kind of recruitment pattern where you’ve got quite a lot of people living abroad and then flying in for their shifts.

Respondent: Yeah, some of our competitors do a similar thing. So [competitor organisation] for example, they have recruitment offices in countries overseas, so maybe [country] is a big one. I think it really came about during the economic crisis where lots of expats had moved to [country] for example, set up their own business and then obviously the economy in [country] crashed and lots of those businesses closed.

So it was really driven by the demand of people out there and they’re quite small communities. So around [town] and [town] and stuff, small communities of expats will start talking. And then we had an international recruiter approach us saying, this a really big market over here, do you want to hire carers from overseas? Some of our best carers are European.

Since Brexit things have changed, obviously they can’t get visas as easily. So anybody who didn’t have pre-settled status or settled status obviously can’t get a visa unless they go under the new sponsorship scheme. We don’t participate in that scheme as a business, so we only now employ people who have got the right to work in the UK.

Interviewer: Can I ask you why you don’t participate in the scheme?

Respondent: We think, for us, our focus is now recruiting in the UK. The sponsorship scheme, there’s a number of things that as a business we didn’t really want to sign up to. So it’s all the kind of pastoral care, we don’t really have the structure here to be able to deliver the care to people and their whole families. And it’s expensive, so we would rather pay people more money. We’d rather increase our standard rates to attract people to work with us based in the UK or people who have already got settled status or the right to work in the UK. So it was a strategic decision we made not to participate in that scheme.

I’m trying to think what else there is. The average age of our carers is about 50.

Interviewer: That’s because some have retired abroad and are sort of coming back?

Respondent: Yeah, exactly. Lots of people who have left work, looked after loved ones, and realise, actually, this is the career they really want. We only employ people who have got professional care experience because it’s a really premium brand that we work with and it’s quite complex. We don’t deliver complex care as much as complex healthcare, but our clients’ needs are such that they need a live-in carer. So typically the minimum experience we require is six months professional care experience.

Interviewer: And how do you define that? How do you define professional care experience?

Respondent: So, some care experience, work in a care home, work in a hospital as a healthcare support assistant.

Interviewer: So more that experience than a qualification, not particularly a qualification?

Respondent: Yeah, because we provide the qualifications. We can support carers through. So about 60% of our workforce we’ve supported them to get Level 2 and obviously we support them through the Care Certificate and we also deliver a number of in-house advanced training courses as well, as long as they’re apprenticeship level. We use apprenticeship level for certain things, but it’s quite hard for the carers to get that off the job experience if they’re doing live-in care.

It’s a preference in terms of we used to have about 1,000 applicants a week and we hire about 25 carers a month. So our recruitment process is quite rigorous and that’s just been refined over the last 15 years of trial and error, working out what works, profiling the best possible carer, etc.

But it’s a challenge finding the right carers and actually pay is one of the biggest things that attracts carers to us and keep them with us. So a huge focus of ours is make sure people are paid as much as they can be, I suppose.

Interviewer: So, can you tell me about your pay levels, so care worker...

Respondent: Pay band?

Interviewer: Yeah.

Respondent: Well, we’ve got different pay bands. So it starts at PC1. So we do have an entry level, so professional carer, PC. And one of our responsibilities to the sector is to really try to professionalise the sector as much as possible. So all of our carers are referred to as professional carers. So they’re PC1 to PC4 and each of those bands require a different level of skills and experience to move up to the different bands.

A lot of it is around length of service, either with [organisation] or live-in care experience. So that’s obviously the most part of our business. And within those pay bands there’s a length of service, I can’t think of the word.

Interviewer: Yeah, it’s like an increment.

Respondent: Yeah, of course. So the entry level... I can get the pay bands up actually. We do have the support, we call it the [name] programme. So PC1, the care rate is somebody who’s got extensive personal care experience but not on a professional level yet. Then it might not be completely relevant care experience, so they might have volunteered in a hospice or looked after their mum for seven years, something along those lines, but then they don’t have that professional care experience.

So we do have an extended training programme and shadowing programme that we have launched, and that’s been quite successful actually. But on the whole the vast majority of our carers have got professional care experience.

Interviewer: So the level for PC1 is?

Respondent: So PC1, in terms of pay, is £105 and we pay by daily rate. So the way it works, I’m sure you know, is we use a daily average hours agreement per placement. Nobody would be working more than kind 12 unmeasured hours across the day. So we’ve got in place a daily average hours agreement.

So what you do is you ask exactly how much care somebody needs within that 24 hour period. They need to be sleeping really well, so people aren’t disturbed. And our carers are entitled to a two-hour break a day and they work, kind of two weeks on, two weeks off and then on their time off obviously when they go and recuperate.

So it’s based on a daily rate and that would be based on working a maximum of 10 hours a day. So the PC1, let me show you this.

Interviewer: So that would be about £10.50 an hour then essentially, the PC1.

Respondent: Yes, and that’s just for our PC1s and we’ve probably only got about five of those. PC2 is somebody who’s got 6 to 12 months professional care experience, but they haven’t got any live-in care experience and that’s £108. And then PC2+ is 12 to 24 months professional experience, but again, with no dementia experience, and that starts at £108 and goes to £119.

Interviewer: Is that the increments? Yeah, that’s the sort of time base?

Respondent: Yeah, so depending on how many years live-in experience you have. One years, three years, five years, somebody with ten years, etc.

And then our PC4 start at £112 a day and then they go up to £133 per day, depending on how much live-in experience you’ve got. So, our average pay is about £117 a day.

Interviewer: And that’s for 10 hours?

Respondent: 10 hours. If you work in a placement... so some of our clients require 12 hours care across the day, and you get a supplement, you get £10 a day supplement. If you’re working with a couple you get another £10 a day and then there’s various supplements that you get depending on what the placement is like, but we don’t pay per... apart from those supplements people get a daily rate, so then they can work out what their earning potential is.

{SO}, they pay per placement, so the more complex the placement the more money you get. Whereas with our carers they don’t have a huge amount of say… at [organisation] they don’t have a huge amount of say over what placement they go to. We’ll offer them a placement that we think suits their needs.

We typically match more skilled carers to more complex placements, but if that client comes to an end for any reason, they might die for example, the only placement that might be available is a lower needs placement. And what we didn’t want at [organisation] is carers to have to worry about, not only has my client sadly died, I’m now going to be earning less and not going to have a lot of say around that.

So, it’s just the different business models and some carers prefer the way [organisation] works and some carers prefer the way [SO] works.

And then for our hourly care we pay between £15 an hour and £16.20, depending on your experience. We also pay travel time, so we pay them for the time they’re travelling between placements and they’re all on guaranteed hours contracts, the hourly carers. So we pay travel time, we pay their travel expenses and we pay £16.20 an hour, that’s our average rate for our hourly carers.

It’s really hard to find really good hourly carers, so we’ve needed to be further ahead, in terms of being a market leader in those pay brackets hourly.

Interviewer: And you talked about being a premium brand, so what would your split between self-funded and local authority funded be?

Respondent: It’s nearly all self-funded, probably 95% of our placements. With the exception of Scotland and I’m not sure how relevant this is to you, but the way that they’re funded, the local authority, if you have a care need they’ll provide you some funding. It’s not means tested often. So most of our clients in Scotland they have some funded and they top up themselves, but in England it’s kind of 95% self-funded, private pay.

And I think that’s... a benefit, we don’t have the constraints of working with big local authority contracts. We set our client rates based on what we know that the National Living Wage is going to be. We typically put our carers pay up around 9% each year. Last year the average pay increase was 9%. The year before the average pay increase was about 18%. We did a huge piece of work to make sure people were paid appropriately. We changed our pay bands, we changed the way that we paid people, and carers will get a pay rise every year in April.

Interviewer: And you mentioned the National Living Wage, what other things influence that pay rise?

Respondent: We do a lot of comp shopping, so we’ll find out what our competitors are paying. We also pay for our carers... all carers travel expenses are paid, so that’s a huge cost line for us, it’s about £1 million a year to make sure the carers aren’t having to pay any of their travel themselves. So we’ll take into account...

There are various other benefits that we provide to carers, so it’s not just about their pay. We’ve put various support systems in place. We give them little perks, like the Blue Light Card, Cycle to Work scheme. There are various other incentives that we have to keep them here, but typically obviously people are most interested in their daily rate.

So, what we want to do is make sure that we’re ahead of the National Living Wage. We don’t want to just be chasing, we don’t want people to just be paid just more than the living wage, and I think that’s, really, as a brand, how we want to position ourselves. We’d want to see what our competitors are doing. We don’t want to be very close to some of our big competitors.

So [competitor], for example, if we know that they’re paying just slightly less, we’ll want to make sure that we’re significantly ahead enough so people wouldn’t want to move to our competitors. So it’s based on what the market is doing, competition, what the living wage is and what we think is a fair amount.

And obviously, what we’d want is our carers to be paid way more than they currently are. The challenge is it’s a really expensive service to deliver and we’re having to put our clients’ fees up 10% each year to cover all the rate changes etc., etc.

So it’s finding that balance where every year we give our clients a fee increase and the vast majority of that goes to our carers’ wages. And actually last year we were supposed to do our wage hike in April and we brought it forward to February, which cost us about £700,000 I think, but that was just to make sure we were ahead of the game. And it is really that balance between recruitment and retention.

Since we changed our pricing structure we’ve had really low churn. So carers are reporting that they’re happy with their rates of pay now, which is really good. We’ve seen the lowest numbers of resignations.

Interviewer: Do you know what your labour turnover is roughly?

Respondent: This isn’t just voluntary, or people who haven’t passed their probation, this is everybody who’s resigned. So some of our competitors, they’ll only report on people who haven’t passed their probation and then voluntary leavers. So we’ve got, as a percentage, this is calendar year, we are on 20%.

Interviewer: Right, so that’s quite low by sector standards then. And would there be a chunk of that is people come and leave quite quickly, once you’ve got people past the six months you’d have lower churn then?

Respondent: It really depends on... there’s such a balance between the client demand and the carer demand. If there’s been a slow month in sales and there’s more carers hanging around for work, you’ll often find then that people are looking elsewhere.

Seasonal trends as well, so lots of people leave around summer because they need to be home more or they might be in between jobs and they want a bit of time off. And then coming up to Christmas we’ll typically see lots of people resign around November because they don’t want to work Christmas, they’re the seasonal trends.

What we have noticed is that, since we shifted our recruitment to UK-based recruitment there has been a lot less commitment. I think the competition with other sectors is much more fierce than it used to be. And obviously when you’re working away from home you have to be so committed. It’s such a lifestyle choice doing live-in care because you’re having to be away from home, in somebody else’s house for two weeks at a time. Often they’re living with a form of dementia. It’s takes somebody quite special, I think, to do that.

So we’ve seen people leaving to work in hospitality, lots of people leaving to work in retail. So we’ve seen much more, like people leaving to work in other sectors completely, whereas typically before we’d see people leaving to work in care home or go to work as a dom carer.

We can offer people hourly care positions now. So we’re seeing fewer people leave to go and work for hourly care providers elsewhere. We’re also seeing... I think because if you’re an overseas carer you’re really committing to making the right decision. I think people are making really considered choices about which provider in the UK they want to go and work for. So I think that candidate journey is much more considered if you’re working overseas I think.

What we see from our UK-based carers is that they’ll give it a go and if it’s not quite right they’ll find a job elsewhere and the recruitment market in care has been fierce I’d say. We’ve managed to get the balance right now.

We’ve got a really strong pipeline of carers, but over the last year it’s been really painful to try and get the right people. And we were seeing lots of people come and go quite quickly because someone else would offer them a job somewhere else and it is the candidate’s market really at the moment.

Interviewer: And you talked about at one stage having 1,000 applications and recruiting 25 a month I think you said. What’s shifted then, are you getting fewer applications now, and if so why do you think that is?

Respondent: So we have implemented some kind of AI-type technology in our recruitment process. We were seeing lots of people who were... we were getting literally thousands of applications from people who don’t have any care experience, they don’t have the right to work in the UK.

So it was a really manual process, we have an in-house recruitment team, them going through and having to really reject 700 applications a week. We’ve got some AI now, as part of our recruitment process, so the application journey is much smoother. It can signpost people if they haven’t got their own sponsorship to websites to show you providers who will sponsor you.

So, we’ve refined our recruitment process, so now we have only got carers... the applications they complete are the ones who have the right experience and the right to work.

We also have a situational judgement test as part of our recruitment process. So once you’ve done your application form we’ll ask you to do some assessment tests and that tests your English comprehension, you have to listen to voicemails and say what they say.

So, for a carer, I can’t remember what... I think it’s a doctor calling to prescribe someone’s prescription or test results or something and the carer has to evidence their language proficiency.

It’s also got a variety of different situational videos and you have to say what you would do in those videos. So, for example, if a client has fallen over what would you do? Which was quite groundbreaking when we launched it a few years ago, but it really helps us get the level of carer right for the role. What we don’t want to do is have carers come through our recruitment process and then being totally ill-suited to the job because it’s not fair on anyone really.

So we have maybe about 400 applications a week now, and again, by the time the people have completed the situational judgement test and then got through a two-stage interview process it really is kind of only 50 carers or so a month that get through that process.

Interviewer: Right, and you take about 25 a month on did you say?

Respondent: That’s their target, 25 a month. We don’t tell them to stop, but that’s kind of the minimum we need.

Interviewer: Can I go back to the leaving to go... you said historically there was churn within the sector, but now you’re seeing people leaving to go to retail, hospitality, why do you think that change is?

Respondent: I think, well, my experience was after the pandemic our carers, carers across the whole of the UK were totally burnt out. They worked so, so hard across the whole period. It was incredibly stressful, they worked so hard. And I think the sentiment changed towards carers, it became a bit blamey around Covid being spread around.

They did all the Clap for Carers and then there was no support really from the government. People felt like they were undervalued, I think everyone in a sense did if I’m honest. They were exhausted and undervalued and why wouldn’t you go and, for the same rate of pay, work in Lidl where you get to go home and you don’t have people treat you badly? You say I work in retail and nobody would give you any attitude for that, whereas if you said I’m a carer, lots of people are, “Oh...” There’s definitely a sentiment that they’re not treated well across the sector, I think that was a big...

Interviewer: Not valued.

Respondent: Yeah, undervalued. And then there was the whole Covid vaccination as a condition of employment, which was really poorly received by a lot of our carers who’d worked through the whole pandemic without any infection risk. And I think people were just really fed up and they just wanted to take a break.

And it’s not to say they won’t come back. We have a lot of returners actually. Maybe 10% of our new recruits each year are carers who have left and come back to us. And hopefully they do come back because I think we lost lots of amazing people. Or people retired early. I think people had really just had enough, they felt undervalued, it’s really sad.

Interviewer: And you don’t see that changing, you don’t see a pendulum swing back from that or is that still the case?

Respondent: We have, but we analyse every single leaver each month. What we have seen is fewer people leaving. Significantly fewer people leaving over the last 18 months than were leaving between Covid and stuff. I think when it was lockdown we saw very few resignations during the first lockdown. Our carers travel, so our carers who were overseas might be stuck overseas or they were stuck in the UK, people flying home. So people were really tested, I think, during that time.

So we saw very few people leave because no one was recruiting elsewhere and then we saw a big spike in leavers when people could travel around again, they hadn’t seen their family for a long time. A lot of people left for personal reasons because they’d been away from home for so long.

Now the main reason we do get still is people citing personal reasons, but I don’t know how truthful carers are often. They’ll say, “Oh, I need to go and look after my mum,” for example, and then actually you find out they’ve gone to work for a competitor.

So, it’s hard to get really accurate figures on it, but it’s mostly people saying personal reasons. We see very few people leaving to competitors. It might just be that they’re not telling us, but yeah, we are seeing lots of people who have gone back into education or, as I said, retail. It’s different now, this side of the pandemic, for sure.

Interviewer: For all of those reasons, yeah. I didn’t ask you about gender, the makeup of your workforce. What would your split be?

Respondent: Predominantly female.

Interviewer: Female, yeah.

Respondent: I can’t tell you exactly, it’s probably about 80% female.

Interviewer: Yeah, which is fairly typical, isn’t it?

Respondent: Yeah.

Interviewer: When you talked about travel being £1 million, I was struck by that because you’re live-in, there won’t be a big travel cost for live-in.

Respondent: So please don’t pass that figure around.

Interviewer: No, sorry, of course, this is all completely confidential.

Respondent: So our carers travel every two weeks, so you’ve got two carers doing a handover every two weeks, for example. And we’ve got probably 400 clients and each of those have two carers travelling every two weeks. So you’ve got thousands and thousands of handovers per year.

Interviewer: So would you pay them to go back to [country] for example?

Respondent: No. So if they’re overseas they contribute a small amount to the flights. We pay all travel in the UK. So if they land in [airport] and they are working in [town], we’ll pay everything in the UK. And then we’ll contribute to their flights if their flights are more than £100 or so because otherwise it’s prohibitive. And for our UK-based carers all travel is... any UK travel is paid for.

Interviewer: So, because it’s live-in you could be 200 miles away, for example?

Respondent: Yeah, that’s because some of the carers, you have no choice, you have to send someone from [southern town] up to Scotland. Now we’re making a massive effort to make sure people are closer to home. So the aim is to have people within 50 miles of home, but sometimes that just doesn’t work, in terms of where the clients are. But we know it’s better for everybody if you’re closer to home, so you feel a bit more...

Just travel costs are obscene at the moment, so some of our placements are costing about £200 to get there, every two weeks, and that sort of stuff. So, it’s always finding that balance between what’s right for the client, because we wouldn’t want to leave anyone obviously without appropriate care. So, if there’s a more suitable carer an extra 50 miles away, we’d probably choose that person.

Interviewer: Okay, that’s really helpful, thank you. You talked about the hourly dom care being guaranteed hours contract, so you don’t have anybody on zero hours?

Respondent: Our live-in carers, they’re predominantly on zero hours. We have some guaranteed hours contracts but we have rapid responders who are paid to be on standby. We pay people to be on standby if they’re between shifts, just to cover our on call emergencies etc. None of our hourly carers are on anything but guaranteed hours contracts, but predominantly, I think as I said across the sector, most of our live-in carers are on zero hours.

Interviewer: Can you explain why that would be, because they’ll work lots of hours, won’t they?

Respondent: They do work lots of hours and most of our carers... we track utilisation rates and our aim is to have 98% of our workforce utilised at all times and we do hit that most of the time. It’s just cost prohibitive, things change so quickly. If somebody’s client died and they were due to work four weeks and we can’t find them work. I think it is probably just cost prohibitive for us to have them on guaranteed hours contracts. That’s not to say we’re not going to change back to that.

I think a lot of people who say that their carers, live-in carers, big companies who say their carers are on guaranteed hours, they’d be on about four hours a week guaranteed or something. Although they are guaranteed hours contracts but they wouldn’t be 70 hours guaranteed.

Interviewer: Very small.

Respondent: Yeah, we did used to have that for many of our carers and then it just... Lots of our carers want the flexibility. If someone said, “This is the placement we’ve got for you,” and it doesn’t suit their needs or doesn’t match what they’ve had planned in their time off, they do often want to be able to say, “Actually, that doesn’t work for me, can I try somebody else”? I think on guaranteed hours that’s quite restrictive.

But again, it’s such a huge workforce and some people want that, other people want zero hours. Some people want bank contracts with more flexibility, other people want really fixed, rigid rotas. So it is just trying to keep as many people happy as possible.

Interviewer: And you try and respond to that individual need then?

Respondent: Yeah, so our systems, you can log what your preference is, and then we’ll work on that. We’ve got various trackers. So what we try and do is anticipate when a placement’s going to come to an end. So if a client is very unwell we’ll make sure that we start planning that person’s next... because what we don’t want is people to kind of be bereft after losing a client and then out of work.

It can all escalate so quickly and I think for a carer, across the whole sector, they’re often living from pay cheque to pay cheque, they can’t afford to... Even if it’s £50 here or there, that really can break the bank for some people and we’re really sensitive to that as a business.

So we make sure that we do three expense pay runs a week, so that they’re not out of pocket. We give them access to book their own travel via an online travel system, so they don’t have to pay for travel beforehand, they can book flights and trains and all sorts. So they’re not out of pocket for expenses, because I know that for lots and lots of our carers, even having one month that would be slightly short for them, would be really problematic.

Interviewer: So sorry, you do three expense runs per week, so if they do pay anything upfront, they get that back really quickly?

Respondent: Yeah, if they submit it on a Wednesday they’ll get it in their bank by Friday, that sort of thing, and that’s kind of 2000 expenses a month or so. So, we’ve got a whole team of people making sure that people are getting their queries responded to as quickly as possible.

And we have given them more influence over their earning potential, which I think is really positive. We’re just about to implement a new payroll system, which means they can choose what pay cycle they have. So some people want to be paid weekly. Lots of our carers, that doesn’t work for them at all, others prefer to be paid monthly. So we’re implementing a new payroll system so they have that choice.

And then in terms of other perks, we’ve got carer referral schemes, you’ve probably heard of it, it’s called [scheme name]. So, if they refer a friend they get £1,000, if they refer a client they get £1,000. Or if they just share the jobs online they get money and financial incentives that way. If they receive compliments from a client for example, we’ll give them a financial thank you via [scheme name]. So, there’s quite a few ways they can influence their earning potential.

Interviewer: And what kind of level would that thank you be?

Respondent: So if they win Carer of the Month we give them a gift worth, sort of £100, and if they are a regional runner up they get a £25 voucher. And then there are different points you earn from how engaged you are with the referral thing. So, if you refer a friend and they get to a job interview, even if they just get to an initial interview you get £25, if they get through training you get another £500, something like that. So the client referral, again, that’s £1,000 as well. It depends on what the thanks is.

Interviewer: Right, okay, that’s really helpful. And things like pension, sick pay, what is the provision around that?

Respondent: There’s SSP for sick pay, so it’s statutory. For pension, we have got a pension scheme that they can enrol. They’re enrolled into it after their first 12 weeks, and they can opt out. I don’t know exactly what the percentage contributions are, it’s probably minimum.

Interviewer: 3% would it be? Yeah.

Respondent: 4% I think ours is, it’s not huge.

Interviewer: The minimum is 3 up to 8, isn’t it?

Respondent: I think it might be 4, I’ll need to double check that.

Interviewer: Okay. I was going to ask something and it’s gone from my head. Oh, take up, things like you talked about Blue Light, Cycle to Work, those kinds of things, what’s take up like, how valued are they?

Respondent: Blue Light I think is highly valued. We have had very few people take up the Cycle to Work scheme. I think they see you have to use X amount of journeys for a commute and it puts them off because they’re not really commuting, they’re just going to work and then coming back. I think people... you can’t encourage them to bend the rules though obviously, as a business. But the head office staff, we’ve seen some people take up the Cycle to Work scheme. But the Blue Light Card and Discounts for Carers, we also signed up to the Concerts for Carers scheme for carers.

Interviewer: The what, sorry?

Respondent: Concerts for Carers. So it’s an O2 scheme, it’s a charity called Concerts for Carers and we signed our business up. And you can put in for ballots for any concert at an O2 arena, and then if you win the tickets you just pay £2. So I’ve seen lots of carers have gone to Blondie and all sorts of gigs and stuff. We try and get them as much exposure to those things as possible.

We’ve also got an EAP system, an EAP programme, so employee assistance programme. So carers access free confidential counselling. We’re seeing lots of carers who get training reports from them every three months and there’s quite a high uptake of that.

Interviewer: I think you said earlier though that, perhaps unsurprisingly, it’s the salary that is most influential within your pay and reward offer.

Respondent: Yes. I think we did some employee EVP, I can’t remember what it stands for now, employee value proposition. We had a consultancy firm come and review. They interviewed hundreds of carers to determine what means most to our carers, and what they said was work/life balance is the biggest reason they stay and the support they receive from our care management teams.

The carers themselves reported that they’re the two things that make them stay the most, but salary is also third, in terms of what they look for in a role. But since we’ve significantly increased our rates we’ve seen a significant decrease in our churn. So obviously it is linked.

Interviewer: When you say significant, have you got roughly an idea of what that might be? I know you talked about it being 20% now.

Respondent: It would be about a 40% reduction.

Interviewer: So a big reduction.

Respondent: Yeah.

Interviewer: And you think that pay is the most single influencing factor on that?

Respondent: The support we offer, in terms of we’ve got individualised support plans, personal development plans, our carer development pathway, there’s lots of development opportunities for them. I think that is really influential as well, but I think pay is a big thing. You’re probably not going to move jobs for the difference of £1 or so a day. It’s quite a big thing to move.

We’ve also got a buddy scheme and we introduced that about two years ago, and that’s been really good in terms of retention. So you’ve got peer-to-peer support as well and that’s increased our retention as well. But I don’t think people would switch providers, I don’t think carers would switch employers for the sake of a couple of pounds a day, so that’s why we need to be quite far ahead versus our competitors.

But other businesses, like [organisation] for example, they only do an eight-hour DAH, that’s how they keep their wages a bit lower.

Interviewer: They do an eight-hour what, sorry?

Respondent: Daily average hours. So our carers predominantly work 10 hours a day, they’ll only work to eight hours, and then how that’s normally worked out is eight times the minimum wage is their daily rate. So that’s why their rates are quite low.

We have actually seen a lot of carers, I say a lot, a handful of carers leaving to become private carers as well because people who can offer a higher rate for private care... obviously as a private carer you have to pay your own tax and national insurance, holidays, etc.

Our carers also get pro rota 28 days holidays a year, which they can either take as a payment or they accrue it. They get an actual paid holiday. I think as a private carer you probably wouldn’t get paid holidays.

Interviewer: No. You talked about work/life balance and the EVP work being one of the key ones. So, in terms of influence over working patterns etc., they may not have a huge amount because of the nature of the business, but it obviously fits with the way they live their lives.

Respondent: Yes, so when they join the business they’ll join with a preferred rota pattern, that will be their contract. Then we’ve got options for them to switch between most patterns as they see fit and what we’ll do is, if there’s a placement that we think is well suited to them on a slightly different rota we’ll call and give them first refusal.

We’ve got a number of carers who will often put themselves down for overtime if they don’t want to have their full two weeks off. It really is about what works for them. We’ve got some carers who... [SO] for example, they don’t work on rotations, they’ve just got carers who go into work with one client until they ask for some time off. Whereas at [organisation] it’s much more structured. You will be there for three weeks and then you’ll go home for three weeks, and they’ll always know.

Whereas [SO], they’ll just go to a placement one day and then they’ll call two weeks later saying, “I’d like three days off next week,” and it’s a bit more flexible like that. And actually, our carers do switch between the two businesses depending on placement demand and if it best suits them. So we try and remain as agile as we can to meet their needs because we know they’ll just go elsewhere if we don’t do that. So we want to make sure we give them as many options as possible.

But yeah, their work/life balance is really, the two weeks that they go home they’re not bothered by us, they can go home and switch off, or they can put themselves forward for extra work. A lot of them will work in a care home or something in their time off sometimes as well. It really just depends on what their circumstances are.

Interviewer: Yeah, okay, that’s really interesting. You talked a little bit before about Covid having burnt people out and the value placed on care work. I wonder... I think it is undervalued, but as a business how you work to make people feel valued?

Respondent: Yeah, I think as a sector it’s undervalued and we only see the negative stuff in the press. I actually was on a conference once and we asked somebody why that is, he was a journalist, and he basically said because care providers are profit making, they’re seen as greedy. So that’s where the negativity comes from. Whereas the NHS, it’s not necessarily a profit making business, which I thought was very interesting and not something I’d thought of before.

We do all sorts of things to make our carers feel valued. So, we have got our Carer of the Month, we have a recognition scheme, so Carer of the Month, Carer of the Year. We have a reward ceremony every year where people are put forward for the [name], or the Joy [name] award, etc. We will have an award ceremony and people will be given trophies etc.

We have a compliments... we send out a news bulletin every week to everybody and there will be, like a thank you and compliments section in there. And sometimes it really is just as simple as sending an email saying, thank you so much. If somebody sends a compliment from a client that will be included.

We’ve got various recognition rewards, we also have our people strategy plan. So, we’ll meet monthly as the senior leadership team and make sure that we are still ahead of the game, in terms of rewards and recognition. We survey our carers every year, we do a big carers survey every year to try and work out what we’re missing, if there’s any other opportunities etc, and then our people strategy will be based on the feedback from that. So we’ll have working groups, so we make sure we’re implementing.

So the buddy scheme for example. We’ve got career progression pathways. We’ve got a call centre, a support centre that nearly all of them have been carers with us. So we do lots of shoutouts around, this is a really viable career option for you, we will look after you.

We have meet and greet sessions where myself and the MD will meet the carers on their refresher lunches and have feedback sessions with them. So a lot of it is just making them feel respected. So we refer to them all as professional carers, we will offer them loads of training opportunities.

Each carer has got a dedicated manager who will put in place support plans for them. And then they’ve also got a regional manager who will check in and do quality calls to make sure that they’re feeling listened to.

We’ve got our bespoke intranet systems and we’ve got a daily check in. The carers can put a little check next to a happy face or a sad face and if they tick the sad face they’ll get a phone call within an hour from our support centre to check in and see what’s happening.

Interviewer: I was going to ask you about the support centre, what does that do?

Respondent: So it’s a 24-hour support line and they will help with anything from if a client has had an emergency, or they’ll support with their travel. Often carers from overseas will get a bit flustered around how to get from A to B if it’s their first time. So we’ve got a travel support assistant who will help them with their travel journey, book them tickets on their behalf, etc.

But often it’s just, kind of a listening ear if there’s been an incident. They’ll triage all incidents and make sure the person’s feeling okay. They’ll do support calls, so if somebody’s having a difficult time with a client they’ll call, whatever request the manager asks them to do, whatever frequency that is. And they’ve all been carers, so they’ve really walked a mile. So they’re really well respected amongst the care team and they’re like problem solvers and a listening ear really.

And then we’ve got, a kind of specialist team, we’ve got a support nurse whose background is mental health nursing. So if anybody’s in crisis she’ll call or visit and kind of be an additional support if we think anybody’s in any crisis at all.

So again, it’s just giving them an opportunity to speak to somebody at any time of day at night, it’s 24 hours, they can contact anybody. And just knowing that there’s somebody there, even if it’s 2:00 in the morning and your client is refusing to go to bed and you just need to have a bit of rant, there’s like a listening ear.

And I think that’s where people say the support, it’s kind of a layered approach, it’s everything from the SLT, making sure that we recognise carers. We’ll respond to all queries that come in, we’ll send out bulletins.

We’ve got a monthly newsletter, which will often include some really good news stories. We have themed months as well, so we have [scheme name] for example, we try and get people more active. And then people will send in stories of what they’ve done with their client, and we’ll share those. So it’s sharing all the good news, making sure that people feel heard, listened to, acting on their feedback, which I think is probably the most important.

And we send out a kind of, you said/we did type report after these carer survey groups and we’ll make sure in all of our bullets, you know, “You said this and this is what we’re doing about it.” I think it’s kind of a combination of all those little things, introducing different support groups.

On our system, intranet we’ve got social forums where people can... there are various different topics. So there’s getting together, so carers can find other carers in the same area. Anything from dementia tips through to cooking and recipes and all sorts of stuff. So it’s just connecting them with one another and then making sure that we are responding to their feedback really.

Interviewer: And you talked a few things there that are sort of technology based. In terms of digital literacy what is your experience of your care workforce in that?

Respondent: So we designed all of our own tech. So when we launched, we called it the [system name]. So it’s got all of the digital daycare notes, instant reporting, everything through to their personal development plans, as well as all the social forums and there’s chat functions and all sorts.

That was designed with carers. So we had a working group where we had carers with varying different abilities come together and then we designed it. And then the user experience was always carers telling us what worked, what didn’t work.

The social forums we designed loosely around Facebook. And again, that was because people were most familiar with that format. So there’s the like function and it’s fairly user friendly. And we provide each of our placements with a little laptop which is touchscreen and you’ve got the keypad, and you can really easily change accessibility on it, in case people need a larger font or something like that.

So on the whole, whilst we were going through the process of digitalising everything over the last 10 years, there were some people who were just not interested. They did not want to be part of the digital age and they made a decision to go and work for companies who didn’t require that.

Obviously we know every company now needs to have digital daycare notes, but on the whole most of our carers are really familiar with apps like Facebook. So we had carers onboard whilst we were designing and implementing it, which is the only way we could get it done right, I think.

Interviewer: So each person would have a laptop, just going back to the care work, rather than the social side of it, they report each day, all their work is done through their laptop.

Respondent: It’s all done, nothing’s paper anymore. It’s actually been really helpful to support the carers. So the daily check in on their community. If they submit an instant report they’ll get a phone call within an hour. So actually, it gives us an ability to check in.

And then we’ve got, if they’re not doing enough daycare notes, for example, a flag will be sent to the manager to say, “Just to let you know, there’s only three daily care notes reported yesterday”, we normally expect about 10. And then we call them and say, “Is everything all right?” And it’s normally an indication that they’re not feeling great.

So we have instant access to everything. So if a medication has been missed we’ll know within 15 minutes, that kind of stuff. So it allows us to make sure that the carers are all right and that everything is okay in placement. Because normally it’s a bit of a red flag if things get missed.

Interviewer: And formal supervision, how does that operate?

Respondent: Yeah, so we have our carer development pathway and that is they’ll have their buddy assigned to them on week one. So in-house training always. They’ll have a buddy assigned to them. They’ll have a formal six week review and then their probation is signed off at 16 weeks. Those two are kind of sit down, face to face with their manager. They’ll have telephone calls 24 hours after their first shift starts and then weekly or biweekly.

We used to set a biweekly rule but then some carers were like, “I don’t want to speak to you that often.” Other carers are saying, “I want to speak to you more.” So now we’ve got a personal support plan in place for every carer, so that’s logged on their system as well. So we can say, you’re getting the support that you agreed with your manager. And then they have three monthly supervisions and an annual appraisal.

Interviewer: Right, okay, yeah, really detailed, really impressive. I have asked you lots of things, is there anything that I haven’t asked you that you think is important that I would know, just generally about pay and reward? Or more general, even care work experience, things that attract, retain, etc?

Respondent: I suppose it would be interesting if you’re able to provide us with the output of your research.

Interviewer: Absolutely.

Respondent: That would be really helpful.

Interviewer: Yeah, so it will be published... well, we’re providing it to the Department of Health and Social Care, sort of July/August next year. Quite when they’ll publish after that, but hopefully fairly soon after that, certainly by next autumn should be in the public domain.

Respondent: And from your research so far, what have you found to be the most surprising thing that people have said?

Interviewer: I think certain organisations like yours I am surprised by the level of sophistication, because there are a lot of small firms, certainly in homecare, isn’t there? That are much less sophisticated. That said, I spoke to somebody yesterday who runs homecare and is managing to do, not maybe quite as much as you are, but all with local authority funding, they’re doing an enormous amount.

So some of it is about management practice, not just about levels of funding. So I think that’s a really interesting insight. So I was quite surprised by that.

Perhaps I wasn’t surprised by this, but really struck by the extent to which care workers are struggling financially. So, you’ve just alluded to it yourself, introducing weekly pay runs, food banks, those kinds of things to support their workforce. I think it is really, really striking.

And in fact, I said at the beginning, the other part of this project, we’re interviewing care workers and we are offering a £25 voucher in recognition of their time. And we’ve had a lot of uptake and the people who say, “Can you send me the voucher today?” because they really need it.

Respondent: Right, they’re really struggling.

Interviewer: Yeah.

Respondent: I think one of the things we’ve benefited from is live-in care. So carers will go to work, and we pay for their phone bill, food and board, electricity and their expenses. So we have seen, I think when people are struggling financially, they don’t have the same constraints as a dom carer would, who is required to drive their own car and maintain that.

And thinking now with ULEZ around London, our dom carers around London don’t drive, so it hasn’t impacted them, but I don’t know any carer who can just afford to just upgrade their car with no notice and pay £10 a day. That’s huge, that’s a difference between them being able to feed their children. It really is that sensitive and people don’t recognise that at all.

And the live-in part of our business, that’s probably why we have retained some carers more than we used to because actually the thought of actually having to... whilst it’s nice to go home every night, if you’re having to then pay ridiculous electricity bills and you’re having to feed yourself, so our clients...

And it is a premium brand, so our clients live in a certain way, often they’re very affluent people. So our carers can be well taken care of and that’s what I want. I want them to be well fed and housed and you do feel a responsibility for them.

Whist we are a really premium brand that lots of people can’t afford, we’re hoping to be a fairly aspirational brand for other businesses, to be like, “Actually that’s what [organisation] is doing. We should also implement this scheme and we should also mention that we’re doing this and sharing best practice.”

So we go to conferences and say how we look after our carers. And hopefully, lots of the free things, like the buddy scheme, other providers can implement. All we want to do is professionalise the industry, make sure there are quick wins, because we’re seeing lots of carers being really badly treated.

And the overseas sponsorship scheme, we’ve seen lots of people…. loads of providers being investigated now for, basically modern slavery. So they’re taking people off their books, they’re paying them, and it’s really heartbreaking to think that people are getting so badly treated.

Interviewer: It’s a separate project I’m working on, but that came up at a provider forum that I ran last week about the whole kind of modern slavery thing, which again is pretty shocking.

Respondent: I think there were [21]. I think they’re all being investigated.

Interviewer: Sorry?

Respondent: I think there are 21 providers in [area] who are being investigated at the moment and lots of people are bringing lots of people over on those sponsorship fees and they’re not providing any work at all. And then there’s that pastoral support, it’s a huge responsibility to take... I don’t know, none of it feels very comfortable at all.

Interviewer: No, and I don’t know that that’s... I think the recognition of that is at a very early stage, isn’t it?

Respondent: Yeah. Who knows how widespread these problems are. One of my colleagues used to work for one of our big competitors and they had people who they know didn’t have the right to work. I think they were trying to be helpful but then the police would show up at the client’s house and take them. There are some really very tragic stories, nobody comes out well at all. I think what we don’t want is carers to get to a position where they’re having to do desperate things to...

We’ve seen a couple of instances where carers have completely run out of money and they’re putting the clients at risk then, the more desperate they’re getting. You don’t want them to have to be in a position where they’re borrowing money off a client or anything like that, because obviously that’s a difference between them and their career and potentially the criminal stuff. So, we do feel a huge responsibility to make sure they’re well taken care of.

Interviewer: Yeah, and that’s really good to hear and showing best practice is really good to hear. But I was really encouraged today because often when you speak to providers, the smaller ones, for obvious and legitimate reasons the pressure in the system is phenomenal.

But then yesterday, as I say, we were speaking to a provider who is mainly local authority funded and just through sort of quite imaginative ways or just really good management practice, they’ve perhaps not been able to afford quite the things you are, but are doing some really, really interesting stuff. So that’s kind of encouraging.

Respondent: Yeah, some of the smaller providers, because it’s local, they can do nice things together, which is an issue we have because our carers are all over the UK and they’re often not next door to one another. And that it is a big bit, they’re feeling quite isolated even if they in Central London. Whereas smaller providers, we’ve seen... because our dom care is quite local, all around [city]. We can have them all together in a room, we can have a cup of tea together, and that sort of support is possible, whereas it’s not so much for our live-in.

So again, it’s being creative, what can you do, what else can you do that doesn’t cost money? And asking people, “What would make you feel more supported right now? We don’t have lots of money, but what else can we do?” And then just seeing, but it is a huge responsibility.

Interviewer: Yeah, it is. But equally you’re doing some fantastic stuff, which is great. It’s really good to hear. And some of that, all obviously anonymised, will be shared. We’ll share that kind of good practice.

Respondent: I’m looking forward to hearing other people’s.

Interviewer: Yeah, and that whole kind of valuing people, but also the level of burnout and the impact, the ongoing impact of that because it’s easy to think Covid is done now, isn’t it? So the retreat from the sector as a result of that and medium-term implications of that.

Respondent: And people are suffering and living with more extreme mental health issues. It’s hard to know what the exact cause was, but I don’t think we can rule out really high-pressure work in a very scary environment for years on end without very much reward or recognition for that.

Interviewer: Yeah, I agree.

Respondent: I’m sure time will tell.

Interviewer: It will. So, I really appreciate your time [name], that’s been really, really useful. So yeah, it will be probably autumn before it’s all out, but some early findings will go to the Department of Health and Social Care because they want them for their comprehensive spending review, sort of in the spring, but it won’t be until the autumn the final report is out, but yeah, it will be published then.

Respondent: Brilliant, well if anything else comes up let me know, it was really lovely to meet you.

Interviewer: Yes, and you.

Respondent: And thanks for all your hard work, it’s very interesting.

Interviewer: Thank you, good to speak, thanks, bye.

END OF AUDIO