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Interviewer: Okay, so just for the record, you’ve had the participant information sheet and the consent form, and you’re happy for this to be recorded and to take part in the research project?

Respondent: Yeah.

Interviewer: Yeah, good. The project, as you’ll see from the form, is looking at pay and reward in adult social care. And we’ve got…

Respondent: Sorry, can I just confirm that this is all confidential, right?

Interviewer: Absolutely, yeah. It’s confidential, anonymous, nothing that you say will be able to be attributed to you or identified. You won’t be able to identified in any of the material. We’re unlikely to use verbatim quotes, because it’s quite a short report. But nevertheless, any points that we make it’ll be very clear that nobody will be identifiable. Is that okay?

Respondent: Yeah, of course.

Interviewer: Good. So what we’re doing in this part of the project is talking to care providers and care workers as well about their views on pay. What pay levels are, what drives that, how motivational that is, its role in recruitment, retention and so on. So I’ve got a series of questions to work through.

But equally if there’s things that I don’t ask that you think is important that I know, please, please do let me know and tell me that. But before we start that perhaps you can tell me a little bit about your firm, your business, and the kind of care you provide and sort of staff numbers, etc. that you employ?

Respondent: Sure, of course. So we’re [organisation]. We are a home care provider in [town]. We support clients through [LA1 and LA2] and in [region] ICB or NHS trust, if you like to call it. We’ve been around for about 12 odd years now. The company has been around for 12 years. I only took over about two and a half, three years ago now.

And we’ve been running it in a fairly good fashion. We have about 40 staff, and that fluctuates sometimes more sometimes less depending on how many clients we have, what the needs are, how much capacity we need or we have. And that’s a brief summary of the numbers around the business.

Interviewer: Okay, and roughly what proportion of your clients would be self-funded versus local authority or NHS funded?

Respondent: It’s about 90% are local authority funded, 10% would be self or private funded, yeah.

Interviewer: Okay, that’s really helpful. And in terms of your staff, kind of gender split, age split? Roughly, not absolute numbers, but sort of roughly gender and age splits?

Respondent: It’s a good question. In terms of gender, I would say probably 15% male.

Interviewer: Okay.

Respondent: And 85% female. And that’s generous, but over the last six to eight months we’ve had quite a few male carers come through the system to become carers in the industry. So we’ve got about seven or eight now out of the 40. So probably 15%, maybe 10 sometimes. In terms of age, majority are 30 plus. We’ll get one or two that are students, who are working part time with us, during term time are allowed to work 20 hours a week. So I would say maybe again, 10% to 15% are sub 30 years old.

Interviewer: Okay. And in terms of nationality, mainly UK based or are you doing international recruitment as well?

Respondent: Well, nationality is an interesting question. Do you mean are they internationally recruited? Or do you mean are they British?

Interviewer: Well both and then, if they are British, what their ethnic breakdown as well. As I say, I’m not looking for particular numbers, but just a general sense.

Respondent: Yeah, yeah, yeah. So most of our staff members are recruited locally. They already live in the country; they either are British or they have residency in the country already. And they would be a mix of I would say 50% British, sort of ethnic white British, and then 50% would be mixed culture.

So we range from Pakistani to Indian, Eastern European to sort of West African, we have people from Nigeria, Ghana. We have people from Somalia, and yeah, that’s pretty much what you would find in [city] anyway, as the sort of the mix of cultures in that area. We have four international recruited staff members. And that’s three are from [country], I believe and one is from [country].

Interviewer: And how did you find that international recruitment process?

Respondent: Yeah, it’s fairly straightforward, very smooth. It’s nice to have a system that we can lean on to you know, to provide staffing for the industry. But my concerns around international recruitment are quite heavy in terms of the systematic abuse that’s being conducted under you know, the guise of international recruitment.

So I’m not sure if you’re aware, but when the floodgates opened for international recruitment, a lot of providers signed up. Well a lot of people signed up to create companies to get a CQC registration to then bring in people from abroad. And they were bringing people from quite remote areas in West Africa or South Asia, for example, where they would ask them to give them you know, a cash sum in their hometown, in their village, in their tribe for them to then recruit them and bring them across to the UK.

Only to then not follow the guidelines of the UKVI contract which is that they have to guarantee their work and their salary. So we’ve had a lot of cases once a week minimum we get a knock on the door to say, “I’ve come here from so and so country. And I don’t have any work. I was told I’ve got work and I’ve got a salary, but I haven’t had anything, I’ve got kids to feed, sorry. And I’ve got a family to look after, I don’t have any work, so have you got anything for me?” That’s become unfortunately quite a regular occurrence, and that’s not just in [city] but across the country.

Interviewer: Yeah, I have heard others say that and then you can’t offer them work, because you’d have to over sponsorship of their visa, and that would take a long time, yeah.

Respondent: Yeah, I mean take a long time, there’s a cost attached to it, from a business planning perspective we deliver about anything between 1,200 to 1,400 hours of care per week. In order for us to take on one staff member, internationally recruited staff member, we have to guarantee 40 hours minimum for them.

Interviewer: Yeah.

Respondent: If I take on 10 international staff members, that’s 400 hours set aside just for them. If I lose any more work, I can’t take work off them because they have to be paid their salary, so it wouldn’t make business sense for me to take any work off them. So then I have to then let my own staff that are locally recruited down, because I have an obligation to pay them a salary.

So from a business perspective, it’s not always practical to take on anyone and everyone that comes through the door for international recruitment, let alone the cost attached to the actual recruitment.

Interviewer: Yeah, yeah, I understand that. Okay, so moving on then to pay, could you tell me what your pay rates are? Care worker, if you have a senior care worker rate, how you establish those rates.

Respondent: So we establish rates based on education or NVQ certification in the industry. Anyone that’s got no certification will come in at £10.75 during the week and £10.85 over the weekend. You’ll find this on our workforce dataset anyway on Skills for Care. But I’ll share it with you. Level 2 qualified carers get 10p extra, so £10.85 in the week, £10.95 during the weekend.

And a Level 3 will get £10.95 and £11.05 at the weekend. Bank holiday is usually around, comes in at about time and a half approximately. It’s not always time and a half, it’s about like 25% or 30% more sometimes.

Interviewer: And what kind of proportion of your staff will be care worker or of the different levels, the three different levels that you’ve just talked about?

Respondent: We are probably 70% Level 1, 20% Level 2, 10% Level 3.

Interviewer: Okay, that’s helpful, thank you. So can you just tell me a little bit about how you arrived at those hourly rates? What influences that? So is it national living wage? Is it local labour market competition?

Respondent: Yeah, yeah. Well obviously, the two biggest influencing factors for pay will be how much the local authority pays us per hour for the care and what the national minimum wage is. I have tried my absolute best to stay away from anything close to national minimum wage. The only thing we pay national minimum wage for is live-in care, where people go and they live at a client’s house. They get paid £10.42 which is the national minimum wage for that.

But other than that, I mean we’ve tried to retain slightly higher rates of pay compared to national minimum wage, because we feel like it’s not fair for people to earn that low a salary with the work and the amount of time they’re putting in. But again, the biggest influencer for us is how much the council pays us on an hourly basis. Which I mean compared to UK Home Care Association’s average cost of home care, well home care association’s recommended cost of home care is £25.95 for this year.

The average fee across England is £23.15, I think. Something along the lines. [LA] is in the 19s. So we’re coming in at 20% below the average fee in England, which is a shame, it’s a real shame. So we can’t really pay our staff as well as we would love to, because we can’t make it, it’s not financially viable for us. We’ve got mileage costs; we’ve got national insurance and pension to pay for. We’ve got a whole bunch of other costs that come with home care.

Interviewer: Could you say a little bit about how you pay them for travel time? You talked about mileage costs, but what happens to travel time?

Respondent: So we pay them 30p for mileage, and we pay them travel time as well, in between calls.

Interviewer: Okay. And what kind of contract would your staff be on? So I’m thinking are they guaranteed hours? Are they zero hours?

Respondent: Zero-hour contracts.

Interviewer: All of them will be on zero-hour contracts, yeah. And how do you think staff feel about that?

Respondent: (Sighs) I think they like it. It’s not a fantastic contract, because it’s not, obviously there are some days you know, if you don’t have the work, you’re sitting there thinking I could be earning money here. But from the way I see it, the demand is so high, that we never actually put our staff members in a position where they don’t have the work that they want. In fact it works against us in many ways, because people tend to go, “Yeah, my availability for next week is 30 hours.”

And then a day before the week, they’ll go, “Yeah, actually I don’t want to work 30 hours, I want to work 20.” And because they have the flexibility of picking and choosing and doing whatever they want, then actually the system leaves the power in their hands to call you the day before and say, “Well, listen, I’m not coming to work tomorrow, because I’m sick or I’ve got an appointment, or I’ve got a birthday party to attend.” All of which they could have notified us of before.

Now, if they were guaranteed salaried staff members, they wouldn’t be able to do that because we would be able to set the hours of work for them. With the zero-hour contracts we still can, but they know and understand that they have the power to decide when and how they work because they only get paid for the work that they do. So in many ways I think they like it, because they have the flexibility of doing what they want, when they want. And it gives them some empowerment over their contracts.

Interviewer: And so, I suppose the question then would be why not offer them, if you’ve got, I understand the commissioning arrangements make this challenging, but you seem to have a lot of work. So is there no benefit then to offering them guaranteed contracts?

Respondent: There isn’t, because there was one week where I lost four double up packages, which is 200 hours of work. If I’d guaranteed my staff 1,400 hours of work, and then I’m paying out 200 and I haven’t got that work, I’m in a loss and it can take time to regain those hours back into the business. If the council, you know, stopped commissioning on a minute-by-minute basis, they check our call management logs all the time.

If they stopped commissioning on that basis, I would more than happily offer block contracts to my staff members. I think it would make the culture and the industry so much more settled, so much more inviting and welcoming and secure. And it would actually give us a chance to progress, rather than fighting for work and carers fighting with us for work as well.

Interviewer: All your work is spot commissioned, minute by minute, you don’t get any block commissioning at all?

Respondent: No, we had one block contract, but that didn’t last very long, it was very short term and temporary, but otherwise it’s all based on hours and minutes.

Interviewer: And do they pay, if it’s 30-minute visit, do they pay for the 30 minutes, or do they pay if the care worker is only there 17 minutes, do they just pay for the 17 minutes?

Respondent: No, they usually pay for the 30 minutes. The way we operate, we obviously tell our staff members that we’ve had an agreement with the council that if there is too much work happening, if we have too much work. And the staff members need to shorten one or two calls or appointments to make things work, then it will only be on the basis that all clinical so-called tasks have been done.

And they have the authorisation of the client to leave the house early, if the client needs some more work done or has any more needs to be fulfilled, then they cannot leave the house early. We even have a policy internally that if they want to leave the client’s house early, we heavily, heavily object to staff members leaving clients’ houses early because it’s not good practice. We don’t encourage it at all.

But on the occasion that they feel like they need to rush off to the next call, I understand, in certain scenarios things happen. If they’re running late, for example, if the previous call was late, and it’s bed time for all their clients, and they want to rush off so they can meet all their times. Then we tell them that they need the authority of the client and the office as well.

The management for us to say, “Right, you can now move on to your next appointment.” And we make a note of that as well, so if they leave early, they have to put notes in their app as to why they left early.

Interviewer: And they still get paid for the whole time or they get paid for the time they were there?

Respondent: If they leave with authorisation, they get paid for the full time. If they leave without authorisation, then they don’t.

Interviewer: Okay. That’s helpful thank you. So thinking about recruitment, you know, it’s quite a challenging recruitment market. So I’d just be interested in your experiences of recruitment and your views of the role that pay plays in that.

Respondent: Recruitment is an interesting place to be in. I think it’s 90% guided by pay and 10% by any other factors in the industry. There is a lot of talk about changing the perspective of care workers by better marketing, nicer branding, using better terminology, calling them team or people versus carers. I don’t think they actually care that much about any of those stuff.

Interviewer: The care workers themselves?

Respondent: Yeah. I don’t think they do. I think their main concern will always be their hourly rate and their income. It’s two main things, number one is how much you pay them, and number two is how well you treat them. Right?

Interviewer: Yeah.

Respondent: If you treat them like crap, you could offer them £20 an hour, they will not come to work for you because it’s not worth their wellbeing, their mental health, their family life. So those are the two most important factors. Be nice to people and pay them well and you’ll be able to recruit well.

And we do the best that we can within our means on both fronts, of course. I mean look, treat them well is a no brainer, you can’t get that wrong. If you’re getting it wrong, then it’s something you should be able to quickly fix. The pay is the financial decisions. It’s not always guided by yourself.

Interviewer: Obviously that’s good management practice as well, but there’s also perhaps other things, reward that you can use. Do you have any sort of financial, non-financial reward schemes?

Respondent: Yeah, yeah, we offer bonuses on a monthly basis, we offer carer of the month awards, and they get a voucher if they’re carer of the month. If they offer to pick up another carer on a double up shift and offer them a ride, they get a small bonus as well for supporting the other staff members in the team. So there are definitely financial rewards in the organisation. And that helps them get over the line as well.

Interviewer: Can you say a little bit about how they earn a bonus? How does that work?

Respondent: Sorry, that you cut out slightly.

Interviewer: Did you lose me? How do they earn the bonus? How does that work earning the bonus?

Respondent: So the way it works is if they do a certain amount of work within a period, and then that will trigger that bonus. So that encourages them to sort of spend a bit more time working and putting in more time into the business as well. And then, that triggers a bonus for them.

Interviewer: Right. And how much is the bonus?

Respondent: £50.

Interviewer: £50, thank you. What about things like sick pay, pensions, those kinds of things, what do you do around those?

Respondent: We pay all of those.

Interviewer: Statutory or do you enhance them at all?

Respondent: Statutory.

Interviewer: Yeah, okay.

Respondent: So pension we pay 3% on top of the five that they contribute. So they get a total of 8%.

Interviewer: Okay, you talked about I think it was 30p a mile you said for your drivers. Do you have any walkers or bikers, and do you pay them any kind of travel costs?

Respondent: We do, and we don’t pay them any travel costs.

Interviewer: So your cyclists neither? No, okay. That’s helpful thank you. Is there anything else in your reward package that you offer that I haven’t asked you about?

Respondent: They get a free uniform, they used to get a free DBS, but the costs have gone up now, so they have to make a contribution towards that. And then, we kind of, we offer free car washes to staff members twice a year, so they can get their car washed for free twice a year. And we heavily encourage upskilling and training. So Level 2s, Level 3s are always on offer for our staff members any time they want to do one we’ll part fund it alongside the apprenticeship levy, they get a chance to improve their skills.

Interviewer: So you use the apprenticeship levy?

Respondent: Yes, so we use an apprenticeship provider that helps us tap into the levy.

Interviewer: Okay, can you just tell me a little bit about how that works? Because I hear some providers say that’s quite difficult for them. So I’d just be interested to hear how that works for you.

Respondent: So we use an apprenticeship provider, who will then help us to apply for the levy because we’re not big enough I think to tap into the levy ourselves. So they’ll have a pool of people that will apply to get that. And then, when we apply, we have to fund a few hundred pounds of the apprenticeship and then they kind of fund the rest. And then the staff member gets to be on the apprenticeship.

Interviewer: So the staff member doesn’t fund any of the apprenticeship.

Respondent: No.

Interviewer: So one of the things again that I hear is the difficulty of releasing staff to do it and also to backfill staff. So I’m wondering how you go about doing that?

Respondent: In terms of when they’re away doing the apprenticeship?

Interviewer: Yeah.

Respondent: We just make it work, we treat it like as a sickness or a holiday. But you know, we can’t control our staff’s lives, and say, “You can’t do this, you can’t do that.” Even when they come in with a holiday request. Look, some of them will come in last minute, “Oh I’ve got this family stuff going on next week.” Or you know, sometimes we have to say no, we have to say no.

But most of the time we try and make it work and accommodate it because we understand people have lives beyond work. And if we want them to show compassion, number one show compassion for our clients, and number two want to work in this company, we have to show them that we want to work with them. So you know, we treat any of their absences like we would ask for ourselves and try and make it work.

Interviewer: And so they’re paid for the time they spend training on the apprenticeship?

Respondent: No, they’re not paid for the time they spend training.

Interviewer: Okay, right.

Respondent: But they’re supported, they’re supported with the training, yeah.

Interviewer: Right, okay, thank you, that’s helpful.

Respondent: They can come into the office and do their online training in the office on our desktops or laptops, and things like that.

Interviewer: Okay. Just going through, I think I’ve asked… Have you done any sort of other schemes, like cycle to work or scooter schemes, gym membership, those kinds of schemes?

Respondent: We haven’t. No.

Interviewer: No, okay. So we’ve talked about the guaranteed hours versus zero hours. And we’ve talked about the flexibility that zero hours offers. So how do you think your care workers feel about their contracted hours and the choice they have? Do you think it meets their need for flexibility?

Respondent: Yeah, I think it does. I think it does. It’s a relationship that has to work both ways. They need to know that when we need them, when somebody’s sick and we need somebody else to cover a shift, that they’ll do that for us. And they also need to know that when they’re sick and need a shift covered, that we’ll do it for them. So it works both ways.

I think they understand and value that relationship goes both ways. And some of them will go into hospital work or if they find a salaried job, they’ll go for it. But a lot of them even despite having offers elsewhere will come into and stay in the care industry because of the flexibility it gives them to take a Monday morning off, a Tuesday morning off, things like that, to be able to do whatever they want to do.

Interviewer: That was something else I wanted to talk to you about, your turnover. Do you have a sense of what your turnover rate is?

Respondent: Yeah. I suppose we lose (silence) I suppose we lose about 25% of staff every year.

Interviewer: Every year. And you talked about some of them going into hospital care, I think you said. But where generally do you lose them to, do you know that?

Respondent: Yeah, we’ll lose them to either retail, hospitality, and a lot of the time we’ll lose them to Amazon.

Interviewer: Right, okay.

Respondent: I mean, when Amazon comes knocking on the door at Christmas and offers you £15 an hour for two months, there’s no way we can compete with that.

Interviewer: So do they go to Amazon for that period, and then when Amazon finishes Christmas work, they come back to you?

Respondent: Yeah, it depends, some of them if they enjoy it, they’ll stay there. If not, they might come to us, they might go to another care agency. They might go to retail. Something a bit less intense than care maybe.

Interviewer: So could you say a little bit more about that, less intense, what do you mean by that?

Respondent: Yeah, care work is very emotionally intense. You’re looking after people who have illnesses, who have daily struggles, who are lonely, who have dementia, who have mental concerns, who might not have full capacity all the time, who can be demanding. You know, it’s not physically, it’s not that physically draining a lot of the time, a lot of them are social calls, where you have to go and sit and offer them a cup of tea.

And some of them are physically draining because it’s having to hoist sort of heavier individuals or having to look after people that you need to carry over to the toilet or things like that. But it’s also very emotionally draining because looking after people who are unwell, who need support, who are lonely, can be very emotionally draining for staff members.

Interviewer: And are there things that you can do to support with that? Supervision, for example, or other things.

Respondent: Yes, so we offer constant supervisions, and we do spot checks regularly, but that’s to ensure quality from the care staff. We will also do supervisions every three months, to ask them how they’re doing, how they’re feeling, how things are going. And then on top of that, we offer free mental wellbeing support so they can have free, they can have a counsellor checking on them. They can have six via our HR partners they can have six free counselling sessions for themselves or any family member within their household who wants to talk about anything.

Interviewer: So you talked about HR partners, so you contract with a business to supply your HR service. And do you know what kind of take up there is with that counselling? Is it well used?

Respondent: It’s not very well used we’ve had about four or five people that have used it so far. So I suppose 10%. I think it’s a big number for this industry because not a lot of people have the bravery. I hate to use the word bravery, because I don’t think it’s not brave to talk about it. But it’s a difficult conversation to have especially over the phone with a stranger or on Teams with a stranger.

And I think for the generation that the care workers are in, and for the position they’re in, to be able to open up about some of the struggles they go through, it’s not easy. So a lot of the time we find that they have a very close relationship with a manager or one of the coordinators, because they talk about their daily lives with them and they know what each other are going through.

So that culture within the organisation is extremely essential, the culture of openness, the culture of having an open-door policy. You can walk in any time for a cup of tea, ask any questions. But also, if you just want to talk, you can just come along and we’ll talk to you.

Interviewer: Okay, and so that’s that kind of general support, because it’s difficult, isn’t it, home care? Because you’re not part of a team, you’re out on the road, so it can be quite isolated, I guess.

Respondent: Absolutely.

Interviewer: Yeah.

Respondent: Yeah, absolutely, you can be isolated, your clients are isolated. For a lot of our clients, and unfortunately this is, we are their only visitors on a day. So it’s incredibly sad when that happens because you realise that they don’t have anyone to even say hello to them. Feed them, take them to the bathroom, put them to sleep.

Just say hello to them and ask them how they’re doing, what’s happening in their day. And even worse for those who are not mobile, because all they do is they sit on their sofa until the carer arrives to take them to the toilet and offer them some food.

Interviewer: Yeah, pretty lonely existence.

Respondent: Yeah, absolutely.

Interviewer: To go back to working patterns, how much variation in shifts or patterns week to week would your care workers have? And how would they feel about that?

Respondent: We try and maintain their shift patterns as regularly as possible. So if they want a morning shift or an afternoon shift, then we’ll try and maintain that. Just so that they have continuity and also to offer their clients continuity as well. So we’ll try and retain the same clients with the same carers or the same care workers rather. So that they can build a relationship with the client, they can look after them, they know what their needs are. So that shift pattern is quite a regular ongoing thing.

Interviewer: Right, okay, thank you. Just look at my questions again. Do you use bank or agency staff?

Respondent: No.

Interviewer: No, not at all.

Respondent: We don’t.

Interviewer: No. What about the cost-of-living crisis? Have you seen much impact of that on vacancies or turnover?

Respondent: We have seen the impact definitely. We’ve had two or three notifications from councils to make deductions from people’s salary, because they were unable to pay their council tax for example.

Interviewer: Right.

Respondent: We’ve given loans to three or four people and advance salary payments as well to support them with their week-to-week finances. We’ve also seen you know, an uptake in people requesting money for fuel payments. Because when the cost of fuel is sky high, we did support our staff members with some small grants to look after their finances as well. There’s only so much unfortunately that we can do because of the position we’re in.

Interviewer: Yeah.

Respondent: With how much the council pays us. We don’t make enough money to be able to implement the right solution that we’d love to. So it’s challenging for us to go full blown in our support. I would love to be in a position where we can really look after our staff members and to be in a position that they’re comfortable with their lifestyle.

Interviewer: That brings us on, then I guess to commissioning. So can you say a little bit about I think you said there was two LAs who commission you. Say a bit about the relationships with the commissioners and any differences between those relationships.

Respondent: [Removed for anonymity] we have very little communication with the commissioners on a day-to-day basis. We mostly deal with brokerage teams, people that receive care packages.

Yeah, look, we work with the brokers that will receive the care packages and have to distribute them across providers. And the system that they have it’s horrendous, I mean, they send an email out to 25, 30 providers, they probably get like 15, 20 emails back per package. And they have to sift through each one and figure out which provider they want to give it to. It can be a mess.

One minute we’re told that we have a package, next minute we don’t have the package. It’s a dog fight, we have to just keep emailing and calling and calling until you get the package that you want. So the system is not great. The communication from [LA] has been terrible over the last two years. We were supposed to have contractually we’re supposed to have monthly provider forums.

Over Covid that became virtual. And then it slowly became quarterly provider forums. And I can’t remember when we would have had the last one, it’s probably been six months now that we haven’t had one, yeah. So it is a bit of a mess in terms of the commissioning. But [removed for anonymity] I think they’re hoping to improve their processes and their operations.

The lead commissioner is always on the end of the phone, so I’ll give her credit for that. She’s always available to take client call and answer any queries that we have. But otherwise the rest of the team, I mean, we’re kind of we don’t know who is who and what job roles they have. Because they make generic email addresses.

And this is my perspective, but in an industry that is run or that operates entirely for the service of people, it’s a people-based industry, there is no product here. We hire people to look after people. That’s what we do. And I think the commissioning and the councils need to realise that, because unless they start to build that relationship over the phone or over Teams or on video, we’re not able to understand each other’s way of working. And so there’s a lot of frustrations between providers and council staff members because of the disagreements that we have.

Interviewer: Right, and you’re on a framework agreement, presumably, but then as you say, you pitch for each care package.

Respondent: Yeah.

Interviewer: So that you have no real influence over the rates that come with that care package?

Respondent: No, we have a set rate, every year we get an uplift how much that will increase but otherwise we can’t negotiate anything. If it’s a live-in package, we can make offers. But that’s all that we can do.

Interviewer: And I’m presuming, I’ll ask the question, I think I know the answer, but I’m presuming that neither [LA] funds you to pay the real living wage? Because you talked about the national living wage.

Respondent: No, they don’t.

Interviewer: No, but they don’t ask you to pay it either. They don’t ask you pay it without funding it.

Respondent: No.

Interviewer: No. Okay. So if you could do things differently with the council, what would you do?

Respondent: I would probably increase provider/council collaboration.

Interviewer: And what would that look like? What kind of things would happen?

Respondent: Face to face meetings.

Interviewer: Right.

Respondent: Once a month or once a quarter. I would organise meetings between the brokers and the coordinators, the directors and the commissioners. And just sort of build the culture of working together a lot better than it is now, right now it’s ‘I said, you said’. Even with like little things, even their finance teams are very, very tight, even you know like when it comes to if a client has a sleeping night schedule, so where the carer sleeps there.

But if they wake up more than three times in a night, you get a waking night. A waking night is then charged at an hourly rate, rather than a fixed cost for sleeping night. So if a client turns into a waking night, we find out in the morning when the staff member informs us that by the way I woke up loads of times, can I please be paid hourly for this?

And we then have to get council approval in writing for this, which can take anything from three to six weeks. And when we send the invoice out, which is probably one or two weeks later, they will not pay until they have the things in writing. So we have to pay the staff member upfront, and then the council only pays us for that uplifted night for example 10 weeks later, which is a shambles again of course.

Interviewer: Yeah, and that’s due to inefficiency of the systems, presumably?

Respondent: Yeah. And lack of communication between themselves.

Interviewer: Right. And the commissioning does that specify pay rates that you have to pay?

Respondent: No.

Interviewer: Or unsocial hours that you need to pay?

Respondent: No.

Interviewer: There’s nothing like that, there’s just a rate that you get and then you make the decisions about what you pay?

Respondent: Yes

Interviewer: And is there anything for sort of quality bonuses, anything like that?

Respondent: Nothing extra.

Interviewer: Nothing extra. Okay. You talked about losing people to care, sorry hospital care. How big a driver is the difference in terms and conditions in that turnover?

Respondent: I think it’s a big driver. I think being able to work in one place with a team that you’ve built a relationship with day to day is useful for them. Instead of driving around to different houses and finding different clients and working with them. It also depends what kind of personality you are, if you’re a team player, you will want to go and work in a team on site somewhere, hands on.

If you’re sort of somebody that likes to work by yourself, then a lot of carers enjoy that because they feel like they’ve got their independence. They’ve got the ability to do what they want when they want, and they can just drive around different places.

Interviewer: Right, so it isn’t just about the pay, it’s about the type of work and how well that suits you?

Respondent: Of course.

Interviewer: Yeah, okay, that’s helpful. So thinking you referred earlier I think to sort of job adverts that you’re trying to raise the profile or the status of care work. So what are your views on how care work is perceived and the impact of that on recruitment and retention in the sector?

Respondent: I think it’s unfortunate that care work is perceived as sort of you know, a low skilled job, or a downgraded job, where people look at it as something for somebody who can’t find anything else. I think it’s a real shame. I think carer is a very special role in the world. It’s looking after people which is probably the most important thing ever. You know?

As human beings, it’s in our nature to look after each other. So the only problem I have with it is it’s not financially viable to be paying higher pay rates when the industry is not paying the providers enough money to facilitate those pay rates. We’re not going to invite people to come and do business in this industry unless they believe that they can make money by paying their staff well. And that only happens if they can get paid well.

So the number one driver for recruitment will always be what the pay rates are and it’s a real challenge to be able to implement that if we can’t get the support from the council. They did give some grants during Covid and during the cost-of-living crisis when that started. But the consistency isn’t there. Actually if you’ve got grant money, I think it’s much better being used on an annual budget and increasing the hourly rate for all care providers. Rather than just giving them a bunch of money and saying, “Do what you can with it.”

Interviewer: Yeah, so I think earlier you said your workforce tends to be age 30 plus. So I wonder if that lack of young people relates to status, the status of work, younger people are not going into it, and if so how we might address that.

Respondent: Yeah, I mean, I heard somebody saying we need to make care cool again so that young people get involved. We don’t. Care is not a cool business, it’s not a cool industry to be in. It’s not jazzy, it’s not somewhere where you can do TikTok reels. I mean, you can, by yourself. But it’s not that kind of industry. Care is a very important job, it's a very useful job role. And it’s a really essential service that we provide.

So I think that we definitely need younger people in the industry. But I think what will appeal to them more is the progression opportunities, because young people want to grow, and actually my perspective is young people are very, very purpose led. You see a lot of young individuals not going into your orthodox medical, legal or banking industries because they actually want to do something that has more purpose to it, something that they can attach themselves to.

And the care world is literally filled with purpose, the main reason you’ll find a lot of people doing business here is because you know, they wanted to look after their mother or their grandmother. I personally am in industry because I grew up all four grandparents living at home and being looked after by my parents. So I grew up with live in care around me, and my grandmother still lives with my parents at home.

So for me, I hold that very, very close to my heart. And for me the opportunity to build an exciting venture or an own business that will deliver high quality care, that’s what drives me to be here. But that’s my purpose, and that’s what puts me in a position to want to be here. So we definitely have to be more inviting for younger people.

And the way we do that is by putting them in positions of responsibility so that they can grow, but also giving them the chance to actually make decisions, have some failures and learn from them. Because if we can empower them, we can empower the whole industry.

Interviewer: So you think pay is important, but if you were to attract younger people, it’s about helping them see the purpose, the value of the work that they’re doing. And do you do any outreach into schools or colleges? Have you managed to do any of that?

Respondent: We haven’t done so far, but it’s something that we’re going to focus on for the next couple of years. Because we do have our office staff members are we’ve got two people under 30. So we are trying to reduce the average age across the board to bring in different perspectives, and to bring in younger people and give them more responsibility. We have two office staff, management staff getting trained on Level 5. And one doing a Level 3.

So we want to build leaders of the future, and we want to, we haven’t done any outreach directly with schools or colleges, but when young people do come to the table, we take them on. You know, arms wide open, we used to have two care workers, one who was 17, one who was 18. 17-year-old left us, the 18-year-old went on to become a care coordinator at another care business.

So I was very happy and proud to see that because we put her in a position where she loved the care industry, but also she’s now got a chance to make a difference.

Interviewer: And where do you recruit most of your staff from then, when you’re recruiting? As in, how do you get people into the firm?

Respondent: All on Indeed, and management staff we’ll do via recruitment agencies.

Interviewer: So Indeed works for you?

Respondent: Yeah, it does.

Interviewer: Okay. Thinking about sort of the quality of working lives for your carers, how much autonomy do you think they have? And do they have the time they need to do their role well, do you think?

Respondent: What do you mean by autonomy?

Interviewer: So they get to decide what they do, how they do it, obviously they’ve got care plans, but within that you know, they have a lot of scope to make decisions about how they do their work.

Respondent: I mean we don’t give them full autonomy on their day to day because they get given a list of tasks that they need to do for the client, for the service user that they’re looking after. But obviously we don’t micromanage them, you know, we set some expectations, we tell them that you can do so and so things and go out and do the job and be who you are, basically. But we also do I mean, look, they have full autonomy in terms of what they actually do because they’re not sitting in front of their bosses all the time, or their managers.

Interviewer: No.

Respondent: But where we do spot checks regularly, and we do supervisions regularly and if they do things like leaving early or you know, shortening their calls or leaving too soon, then we’ll call them out on it. And again, bring them in for a supervision and offer them a warning. So we will keep them in check as and when required, but otherwise they have full autonomy on the conversations they have and how they deal with clients.

Interviewer: And do you think they have enough time that they feel they need to do their job well?

Respondent: I believe so, I would like to believe so. Sometimes yes, sometimes no. Some weeks can be particularly busy, so we might not be able to give them enough travel time for example between calls. So they might need to make accommodations for that. But otherwise, in the most part, the priority is always quality.

So we do our absolute best to give them a roster that has enough travel time, enough time for any people running over by a few minutes. And if they run over, then they get paid extra, because as long as they were looking after the client, they get paid extra. So we try and make sure that they have the resources and the time to do their job properly.

Interviewer: Okay, that’s really helpful. I’ve asked you lots of questions now. I wonder if there’s anything I’ve not asked about, so thinking pay, reward, the role of that in recruitment and retention. Anything I’ve not asked about that you think is important that you deal with regularly?

Respondent: I don’t think so. I think culture is a very, very big part of retention.

Interviewer: Okay.

Respondent: And if that’s something that you want to make a note of, perhaps or you can ask the other providers. I think culture really sets the… We have retained, we have some staff that have been with us for nine, 10 years. A lot of staff, actually, eight or nine people that have been here for nine or 10 years. And the number one reason they’re here is because they’ve built a relationship with the manager and the coordinators.

And we know what their needs are in terms of times, commitments and things like that. And they know what we require and expect of them. And if they make a mistake, they’ll come and tell us straight away, for example. They won’t skirt around the issue. And if they notice something’s wrong, they’ll come and tell us as well, so that we can fix it.

So having a culture that’s open, that’s inviting, that’s welcoming, but a culture that’s also accountable, which means that they know that if they mess around or do something wrong, that we will find out and we will call them out on it. I think that’s really, really essential, because that sets the expectations from both sides, that when they ask for help, we will always give it. But when we ask for quality, they must always offer it.

Interviewer: Yeah. That’s really interesting. Okay, I mean, that’s really helpful. If there’s nothing else you want to add, then I think we can bring it to a close, but I just wanted to say thank you for your time. I can see you’ve had a busy day, and I can see you’ve been kept up at night by your daughter.

Respondent: No problem

Interviewer: So I really do appreciate your time.

Respondent: Yeah, apologies.

Interviewer: No, no.

Respondent: No, no worries at all, apologies, I’ve been a bit stretched the last few days. I’ve been out of town as well, travelling and commuting. Today I had a flat tyre, so it’s been a bit all over the place.

Interviewer: Yeah.

Respondent: But we move on, right?

Interviewer: Yeah.

Respondent: This is really interesting work you guys are doing, so what is the research paper on?

Interviewer: So it’s looking at pay and pay models, pay strategies in adult social care and looking at the relationship between those and things like qualifications and turnover and vacancies to try and see how those things fit together. So we’re doing a number of pieces of work. There’s a big piece of work around the analysis of the adult social care workforce dataset. You know, a big quantitative piece of work looking at that.

There is a survey, we’ve done a providers… hopefully you’ll have had it, hopefully you’ll have completed it. But the survey went out from skills for care to all providers I’m hoping one more reminder will come out, I’m trying to persuade them to send another reminder out. So if you haven’t filled it in, have a look for that. And then we’re talking, as I said, to providers and care workers in this bit.

And what we’re trying to do is build a sense of the role of pay, the role of reward. How that sits along other things, and how we kind of make the decisions that we need to make. So I’m really interested in the commissioning stuff, and in the quantitative piece of work we’re doing. We’re feeding in local conditions but also some local authority commissioning data.

And again, we’re trying to see if the relationships between those things and pay levels and the things that result from that. And the Department of Health and Social Care have sponsored us, so we’re hoping that they’ll take our findings seriously. And it might help create some change, that’s the ideal. So they’ll get some early findings early next year, and the report we deliver our final report in July and August, that sort of time. So possibly in the autumn the final report will be published, out publicly.

Respondent: So you have been commissioned by the Department of Health and Social Care, you said?

Interviewer: Well, we applied to the National Institute of Health and Social Care Research body for the money. That’s who is giving us the money, but it’s sponsored by the Department of Health and Social Care. So the NIHR fund lots of research, but typically you would just report back to them sort of quarterly.

For this project, because it’s Department of Health and Social Care sponsored, we meet with Department of Health and Social Care six weekly to feedback how it’s going. So it’s a bit of a different model to usual, and they, as I say, have sponsored us, so are kind of really interested in the findings, which gives me some confidence that there’ll be some uptake of them. Certainly hope so.

Respondent: Okay, excellent.

Interviewer: All right.

Respondent: Well, really looking forward to your report, and if I can get a copy when it’s published, that’d be great.

Interviewer: Absolutely, all right. And thanks again for your time.

Respondent: Of course, any more help I can provide, please do let me know.

Interviewer: Okay, thank you. Goodbye.

Respondent: Take care, have a nice week.

Interviewer: And you.

END OF AUDIO