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Respondent: I'm late.

Interviewer: No, it's fine, don't worry. Thank you very much for your time, I really appreciate that. I did send you, just before we start, some information and a consent form.

Respondent: Yeah.

Interviewer: Can I just ask you if you're happy to give verbal consent to take part and for me to record this, and I don't have to scribble everything down?

Respondent: Yeah, of course. Yeah, that's fine. And I have read the documents, , and I was going to say I don't know how much help I'm going to be able to be.

Interviewer: Okay.

Respondent: But I think let's start and you can ask me some of the questions and then we'll see. The reason being, because we are a fully franchised business, we don't actually have visibility of each of our individual offices pay rates.

Interviewer: Interesting. Okay, interesting.

Respondent: Our owners do set their pay rates, but what we do have obviously is some checks in our system that make sure, especially from a legal perspective and just a moral perspective, that they're not dropping below national minimum wage, you know, all of that stuff. We have some things in place to make sure and also as part of our audit team they check things like the waiting time, the trials. So yes, I don't know if I'm going to be overly helpful, but I think let's go through and let's see where I can be input.

Interviewer: Yeah, okay. Just tell me a little bit then, because I know you deliver home care, you've just told me it's a franchise. Just tell me a little bit about the business, give me a bit of context.

Respondent: Yeah, so it's [organisation], we have a national office in [town] which is where I'm based, I'm at home today though. We then have, oh gosh, it's now just over xx franchised care offices. Each office, it does operate under the ‘[organisation]’ brand but it is a fully franchised model. So they are completely independently owned and operated by our franchise owners. We haven't got xx owners though; we do have some owners who have two or more offices.

Interviewer: Right.

Respondent: There are multi-unit owners. For an example, fabulous franchisee of ours, [name], he's in [place] and [name] owns, I think he's just bought his eighth office. So he actually operates eight of our care offices. He employs his team of what we call [care workers], so people like his registered care manager, his trainer, his recruiter, his scheduler, his general manager. He has a team of [care workers] and obviously his huge team of care workers who go and deliver the care in our clients’ homes.

Each of our owners, again depending on the size of their business and how many clients they have, will also have a slightly different model in terms of their structure of their office. Some of our newer owners who have only just bought into their franchise, they may for the first few months simply have them as the owner, their registered care manager, and that's it, and then they have care workers. So each office structure can differ. Clearly, we give them a suggested model and a suggested way of doing that. We have things like a national minimum wage toolkit, we call that the [toolkit name].

We as the franchise are here to support, advise and guide our owners, but it ultimately is down to them as to what they do in their business. We do have our own internal team. So obviously they're all inspected by the CQC, so they have their CQC inspections. But also we have our own internal audit team who audit them against our franchise standards to make sure that we're happy with the way that they're operating, that they're operating legally, morally, etc. And some of that does cross over with the CQC regulations.

Interviewer: Right. Okay, that's really interesting.

Respondent: We have around xx of us at the national office. Out in the wider network, I couldn’t even tell you the number of xx because we have nothing on the system to know how many xx. Care workers we have around xx,000.

Interviewer: Gosh, really big. A really big outfit there.

Respondent: Yeah.

Interviewer: And they're spread across? Sorry, I've forgotten already then. How many businesses, I don't remember, remind me?

Respondent: Around xx.

Interviewer: xx, yeah.

Respondent: And we operate in [countries].

Interviewer: Okay, so we are thinking about England particularly.

Respondent: Yes.

Interviewer: Obviously because the systems are different in each country. As you say, I'll ask the questions and some of them you will be able to answer and some not. But in terms of pay rates, you already mentioned a few times the national living wage. So what is your sense of the pay rates that are on offer?

Respondent: All of our offices do endeavour to pay above any sort of national levels. I think everyone is just really worried about next April when it's due to go up substantially because clearly that increases their cost base. All of our offices are encouraged to pay above because we do genuinely believe that the service we offer to our clients is first class and that we are the best in the market at what we do. But we want to treat our colleagues fairly. We want care workers to come and work for us and we do offer various different career paths. We have several of our care workers on apprenticeships and various different qualifications to really try and show people that this can be a career.

So yeah, our advice is to always pay above any of the national minimum wage, national living wage levels, and also that we do pay travel and wait time. This is the bit. I'm quite new to the sector still, only sort of seven months into the sector, but again to pay the travel and wait times because we are domiciliary care, as a care worker, a lot of our schedulers are trying to give you a block schedule. You literally will go from one client to the next to the next to the next, but clearly not all of our clients need the care at the times that fit our care worker schedules.

So I might go and see Mrs Smith at 9:00am, I might not be seeing Mr Jones until 12:00, so I've actually got that time in between that I've almost got to hang around because there's not enough time to go home. Again, the encouragement to pay the travel and wait time. What we have in our system, and if you want to stop me honestly just cut across me, but in our system, we use a system called [system name] which is the whole client management system but also our care worker scheduling system and it's our invoicing system and everything.

In [system name], and we're just transferring and moving over to a new system so we have about xx of our offices on the new system, they will all go over over the next 18 months. On both systems there are absolutely the red flags. If anybody for any reason drops below the national minimum wage it automatically flags it to say 'this can't happen.' So we have the backstops in there because let's just say that something has been calculated incorrectly or somebody's shift changed, it will automatically flag that there's a problem here, something is not correct in this system, you're about to pay your person under here, and that's not okay.

Interviewer: Yeah.

Respondent: So whilst I say we don't check the pay rates, we have the flags in so it almost wouldn't let them not pay people correctly, if that makes sense.

Interviewer: Okay, a few things to unpick in that that I'm interested in. One of them is travel and wait time. How do you pay for travel time, or will each franchisee do that differently?

Respondent: Again, they'll do it differently.

Interviewer: Okay.

Respondent: And we do, we try, most of our care workers do drive, but actually in some locations and in some of our ‘[areas]’ as we call them, if you've got a number of clients that are matched to a certain care worker where they can use public transport, we do have some walkers as well. We have quite a few care workers who are now getting themselves electric bikes. It very much depends as well on what mode of transport they use as to what gets paid, because some people pay for public transport, some people it is for the fuel in their car.

Interviewer: So thinking about wait times then, given what you said about that I'm presuming that you're not shift based?

Respondent: Yeah, I'm just going to look for a document whilst you're talking which I think will help.

Interviewer: So the fact that you want them to pay for the wait times suggests they're not shift based. Are those zero hours contracts or guaranteed hours contracts?

Respondent: Great question. Currently we have a real mix of zero hours and guaranteed minimum hours. We are currently trying, but again it's their business so we can only influence. We just had what we call our best practice meetings in September which is where all of our owners come and meet us over a three-day period. And we have various sessions as business updates but they do share best practice. We at the minute have a growing number of offices who are completely trying to move away from zero hours contracts and almost make them a thing of the pay.

Because what they're seeing is, and we tried to pull some data on this to see so that we could go back out to the network to say, “Listen, you're all talking about retention and recruitment being one of your challenges, the data is showing that actually the offices who have the higher proportion of guaranteed hours have got better retention.” Unfortunately at the minute there isn't enough correlation in the data that we can comprehensively go back to them with that. But we have more and more offices who are moving. We do still have, I'm being really honest, some offices who are purely on zero hours, but we have an increasing number of our offices that are trying to move away from, and are seeing that in terms of attracting care workers and retaining them, it's really working in terms of giving those guaranteed minimum hours.

So that's a big message and a big push from us at the national office, especially for our newer owners. And that's difficult because you don't have a lot of income coming in. If you’re guaranteeing somebody, even if it's only a 10-hour contract, just to guarantee them those hours for their financial stability. If you don't have a client to fill those hours, you're literally paying that care worker, you have to. It's slightly more challenging depending where they're at on their journey, but for some of our bigger offices and certainly like the [name]’s of the world who own eight offices, they are, I spoke we to their general manager, they are probably over 50% of their care workers are on guaranteed hours.

Interviewer: But the guaranteed hours are still not necessarily in a shift, but you are asking for wait times to be paid, but that does then depend then on… and do you have any sense of what difference that makes? I know it's probably quite difficult to get data on, but where people pay wait times, does that have a different retention rate?

Respondent: It's just really difficult to pull. As I say, because they each have… so we do have some centralised systems as I say, so the [system name], and [name] our new system, are the centralised system so that we can pull some data from. But it's really hard to dig in to get those correlations. So we end up having to send out surveys almost which is what we did around the zero hours versus guaranteed hours. Yeah, I'm just trying to find the info. I've just found our [toolkit], so I will keep this open as we're talking.

Because we work with a company called [name] who basically are our employment relations outsourced company who I liaise closely with. So our network have all got access to [company name], we actually fund that from national office. Our owners and the general managers, if they have that role in place, have 24/7 access to an HR employment law specialist, which is great because they help us with any of the legislative side, especially around pay and the guidance. Yeah, I've just got the document open, because it might be helpful as we go through.

Interviewer: Yeah, that would be really helpful. You talked about national living wage. Real living wage? Is there any sort of drive to move to real living wage payments?

Respondent: We talk about it, but again we can't dictate what they do. We have the conversations and we have what's called the [consultation group], which is approximately eight of our franchise owners who represent the network. So they meet with our senior team at national office, I think it's three times a year, because we've got one in a couple of weeks. That is our main vehicle. We have weekly communication to the network. We have, as I say, the best practice meetings in September, we have a conference in February, but these [consultation] meetings are where issues like that are discussed so that we try and influence the [meeting] to then influence their peers in the network. Conversations like real living wage are discussed, but we can't make them do it.

Interviewer: That's interesting. What about other forms of reward? Do your franchisees pay for DBS, for uniforms, for training?

Respondent: Yeah. Yes. We don't have a uniform. We feel sometimes, and people might think that's strange being a care company, sometimes we find and especially we mainly specialise in dementia, we do have a city and guild, a short training that we offer for dementia, so it's way above the basic level of training that care workers should get. We're really proud of that actually because we really sort of specialise. Part of that is actually sometimes having a stranger come into your home, if you've got dementia, in a uniform, can be quite frightening for the elderly people. So we don't actually have uniform.

But yeah, our offices pay for training and we have as I say, even though I say it myself because learning and development report in to me, really comprehensive training. Especially when you first start and you go through your induction and your on-boarding and to do your care certificate, and then there are various different workshops that my team have sourced great providers and we've made sure that we're happy with the providers that we encourage our offices to send people on.

So training is paid for, we currently have, as I said, a number of people going through different levels of apprenticeship in our network which we've managed to get funding for, which is great. Training is paid for, uniform we don't have, and you asked me something else there. Oh benefits. Again, all the offices do have their own independent benefits but there are some generic ones. We at national office, fund an EAP, so an Employee Assist Programme. Every single colleague in our network, all of our carers have access to that 24/7, the confidential helpline. It's actually a really good contract.

As well as offering, obviously the counselling line and if people are having a mental health crisis or just literally having a bad day and just don't know what to do, don't know who to talk to, it has also got a brilliant legal advice line and we are seeing an upturn in those phone calls at the minute, especially around people who are having battles with private landlords and having rent issues or eviction issues, and entrusting the calls around relationships and divorce and relationships breakdowns and the legalities around that.

So the EAP is something that we're proud of that we fund for all of our network and they have access to that. Because I think especially for care workers that's really important that we've got that support service in place. We also have a discount site. They can get the Blue Light cover but we also have a discount site that again we pay for through, it's called [name]. They have discounts in various different retailers and grocery outlets.

They're the two standard benefits that we offer. And our EAP also has a wellbeing app linked to it, so again that's completely free that they have access to this wellbeing app. They're the standard benefits that we give to the network and all of our [care workers]. The owners then decide what other benefits they're going to offer and they can vary. Some owners offer amazing benefits. They will offer private healthcare, various different things. Some will offer the bare minimum.

Interviewer: Any sense about why that varies? What factors influence that variation?

Respondent: Being really honest, cost.

Interviewer: Right.

Respondent: I think often the size of the business. And again where they are in their franchise journey. So if you have a new owner who is currently trying to build their client base and don't have a lot of income coming into the business, cost will probably be the biggest factor. But again quite a lot of our offices… we do something called the [engagement] Survey every year and it's like an engagement survey. It goes to our clients and our care workers. We get that data back at national office and we will then feed that out into the network and to our owners.

Each office gets their own report that can help them with things like what benefits your care workers are saying that they would really, really like to see, what's helpful to them, what's not helpful to them. So whilst again we can't then control all of the actions and the activities that happen on the back of the survey, we try and at least gather the data and get that out to our owners to really try and just encourage them and prompt them to look into what else they could do to support their teams.

Interviewer: That's really interesting. You've mentioned apprenticeships a couple of times. How do they work for you? Any difficulties? Any learning to share on that?

Respondent: So we work with… our main provider is a company called [name]. Through [company name] we have, let me just grab my pack because it's right behind me, because I was talking to my head of L&D about this this week. Currently through [company name] who are our provider, we have… and I know that this sounds like really small numbers out of a population of xx,000 but fully funded through the digital apprenticeship service, we have about 20 care workers on the adult care worker Level 2, and about 18 on the Level 3 lead adult care worker.

We've then managed to secure some funding. Again [company name] have done quite a lot of this groundwork for us, but with local companies. So companies who can do a levy transfer, this is where [company name] work really well with one of my team in learning and development. They've been securing levy transfers from different companies around the country. And probably the best example is down in [town] I think we've ended up with a levy transfer from [organisation name] actually.

That's allowed a number of our care workers around that part of the country to actually do the Level 3 team leader and supervisor qualification, and then some people have now moved on to do the lead practitioner in adult care qualification. We even have someone who is doing a Level 7 who just signed up last week, which the cost should be £9,000 and it's the, I want to say that's around the whole social care management side. The office actually only ended up having to pay £950 for that colleague to do that qualification.

So whilst it's kind of minimum numbers, if an office has an interest and their care workers have an interest, they come through to my team, Learning and Development, we then try and see if there's anything that we can facilitate in their local area through [organisation name] to try and accommodate the qualifications, because we want our care workers to join [care provider name] because they do see it as a career.

I still think there is that stigma that people do this job because they can't do anything else or it's a really menial job. We actually trialled a big recruitment marketing campaign just before I joined and the strapline of it was ‘marketing campaign name.' That's really true and I think once you get into the sector and you see how hard our care workers work and you see the care that they put into looking after our clients, it really resonates. Yeah, it's still got this stigma, it’s, I think, a role that people think people do because they just can't do anything else, which is quite frustrating.

Interviewer: Yeah, it is. Coming back to the recruitment in a minute, I'm interested in that. But can I just… you talked about funding for the qualification costs. One of the things I hear quite often though is that it's difficult to back-fill, it's the time that is the issue. How do your franchisees manage that?

Respondent: We've had no pushback. I think because they want to give back to their care workesr, we don't have any pushback on that. And I think from memory, because I've worked at [organisation] last year, the rules around the on and off job training actually changed last year. I think it used to be 20% of the working week had to be off job. I'm pretty sure that went to six hours a week last year. So I think there was a slight change last year in the stipulation around the apprenticeship off job training, I think from memory. So I think that has helped quite a lot of businesses.

Interviewer: Right, so they're able to do it because it's not as big an off the job commitment as it was.

Respondent: Yeah.

Interviewer: Come back to recruitment then, so again appreciate that it will vary widely for you, but how easy essentially is it to attract? Are there challenges in that? How are you going about doing your recruitment? You talked about your campaign that was successful, was it?

Respondent: They only trialled it around the [region] and it must have increased the applications and the conversion rate from application to actual people joining our business and conversion into a role. Unfortunately the budget, that wasn't there to roll it out massively nationwide which is a real shame. But yeah, I think like any business, especially in this sector, recruitment remains a real challenge. It is down to our individual offices. So each of them will have a recruiter, or if you're a new office the owner will be doing the recruitment.

We do have a centralised applicant tracking system, which again we provide as part of their royalty fee. They have full access to that. So their applications come through that. Our offices are really at the minute, focusing on their local networking, so how well known are they as an employer in their area? Are they known as a good employer? What is the atmosphere like? So if the care workers come for an interview in their office, is it a nice environment? How do they just help people understand the reality of the job, I guess, as they're going through the interview process. Because we do get some people who join us and then within a few weeks they leave because they just… they probably weren't prepared for the reality of the role.

If you think, worst case scenario, we really pride ourselves that all of our visits are a minimum of one hour, which is quite different at the minute because a lot of local authorities are under so much pressure that the visits can be 15 minutes and the care worker is in and out of someone's home. We currently still do a minimum of one hour, so that our care workers can spend real quality time with the client. And that's also something that [care provider] has prided itself on over the years.

The reality is though unfortunately, you might turn up at someone's house and that person might have had a fall, they might be injured, worst case scenario, you might find them deceased, and that's unfortunately the reality of what we do. So for people who just think, oh I'm going to be going and looking after Mrs Smith and this is a lovely job, there is some really difficult scenarios that as a carer you might be faced with. For some people the reality of the role kicks in and we do lose people because they just weren't prepared for the role and how difficult it actually is.

For some people, not being able to have a block and almost like you said, a shift, can prove quite challenging as to how you fit your life around it and if you have a second job, how you fit that around it. But for some people it really works and they love the flexibility of maybe having a visit in the morning, having another one in the middle of the day, being able to do things around that, and it just works. But I think like everybody in recruitment, it remains a real challenge and they're just trying, constantly trying different things.

Interviewer: You talked about the [region] trial and that being successful. What was the learning from that? What helped?

Respondent: I think the collateral that went with it, the marketing collateral, and this whole piece around [campaign name].' There was some sort of take overs in local newspapers, because I actually got a flyer through to my home address because I'm in the [region]. They had flyers that were delivered to thousands of homes and it was quite emotive, the campaign. Really, I think, and it was obviously that mindset shift that it's not just a job actually, I can make a real difference to someone's life here. So it was quite an emotive campaign that just made people think about, that this can be a career. It's very different and no matter what age you are, this could be something that I could do that would really give something back.

Interviewer: Okay, that's true.

Respondent: It has massively increased. I mean the marketing team have got quite a lot of stats on the trial and the output of the trial, but unfortunately as I say, it was limited to the [region].

Interviewer: That's interesting. Can I take you back to the one-hour visits? What proportion then of your clients would be local authority funded?

Respondent: Yeah, I can't give you a specific percent, at the minute. But we do have some of our offices who work very closely with the local authorities, obviously work with the referral part of the network. Some of them do quite a lot of the local authority contracting. It's really difficult because as a business that's something, as I say, that we've prided ourselves on, more so we give a quality visit to the client and you can actually interact more with the client, etc. But if you think about [care provider], when it was set up, I can't remember when, about xx or xx years ago in the UK because it is an [international] firm, we offered mainly companionship care.

So it was the visits where the client might need a little bit of help with cleaning, with shopping, with getting prescriptions, might want someone to take them to the garden centre because they can't do that themselves anymore. It was very much companionship visits. Our services now range from those, we still offer companionship care, but right through to quite complex healthcare at home, where we have clients who actually are care workers under their same CQC registration and with well-trained care workers in special specific tasks. We can actually do diabetes checks, they can do nail care, they can do foot care.

So various things that previously you needed a new CQC registration for, you no longer do, as long as you can provide the rigorous training in evidence there. Our services now range from, you might still have Mr Smith who just wants someone to take him shopping or clean his house a little bit, make him a cup of tea and have a chat for 45 minutes, right through to quite complex healthcare needs. But then we also have live-in carers for our clients who do need live-in care. But the debate for us as a business, and I think it's one that we are going to have to think about, some clients simply can't afford a one-hour visit.

Interviewer: I was just going to ask that. Where you work with the local authority, you don't take any work from them that is less than one hour?

Respondent: And that's where, I'm afraid I can't answer the question.

Interviewer: Okay.

Respondent: Because our different offices may have different arrangements with local authorities but our standard is the one-hour visit. But as the business I think it's something and interestingly the [consultation group] raised it, do we need to look at our model? Because yes, we pride ourselves on it because we offer a quality service and our client is at the forefront of everything that we do and at the heart of everything that we do. But are we going to have to shift our thinking? Because the world has change massively in xx years, you know. Yeah, whilst we never want to compromise the quality, actually if it was a 45-minute visit or even a 30-minute visit, you can still spend quality time with your client.

Interviewer: That's really interesting.

Respondent: That's the big question, big strategic question for us.

Interviewer: And to go back to the companionship versus complex care spectrum, would a care workers get a different rate of pay across those kinds of activities?

Respondent: For some of the offices, yes. The whole live-in care pay is so complex, to make that legislatively we're sound. That's where they would always go, the offices would always go to [company name] our outsourced ER firm, HR firm for the guidance. If they're going to put in a live-in carer, to make sure they've absolutely got it right in terms of how they pay for those shifts and that they're not contravening any legislation around that.

Interviewer: But if it wasn't live-in care, if it was a complex visit.

Respondent: Yeah, it will involve complex needs.

Interviewer: As opposed to a companionship visit. Is there a differential in pay across those kinds of work?

Respondent: Potentially. Some of the offices may start introducing that. Some of our care workers… and healthcare at home is quite a new thing for us that we've kind of tried it before we have some clients already who are clients that have been with us a while and their needs have changed over time. We can offer that continuity of care by having the same care workers go and visit them and now do more and give them more of those services. Again, it is very much down to the office. Some care workers will see it and the owners will see it. It's actually the care worker, it's more job satisfaction for them. Some may pay slightly different rates of pay.

Interviewer: That's interesting. Again you might not be able to answer this but I'll ask it. In terms of local authority fees and commissioning practices, do you have any sense of how much of the care commissioned by the local authorities might be on a spot basis as opposed to a block basis?

Respondent: No.

Interviewer: Okay, that's fine.

Respondent: That's not my area of knowledge I'm afraid.

Interviewer: No, that's fine. Retention.

Respondent: Yes.

Interviewer: Let's come onto retention then. Any sense of what your retention rates are like and some of the big influences on that?

Respondent: Yeah, we can only measure this for our care workers, and again this all comes from our recruitment system and our [system names]. Not all of our offices use our applicant tracking system as they should. So the numbers, I can't ever say these are 100% accurate. Currently our labour turnover is around 55-56%. It's actually far better than it was this time last year, so it has reduced by about 7% or 8% based on last year.

But interestingly when we get the [engagement] surveys back and obviously we're just now waiting for these … the [engagement] survey has just gone out so we will get some clues in this as to why people stay or go. Ironically a lot of our care workers tell us that they're leaving because we can't give them enough hours. But when you actually dig it's that we can't give them the hours at the time that works for them.

Interviewer: Right.

Respondent: So that's probably one of our biggest challenges in terms of retention with the clients. Because we really try and keep our care workers with their clients. Some care companies, and I know it's just practicalities, you literally might have a different carer every day, every visit. You are not seeing the same faces, especially again I think about our dementia clients, we absolutely, not just for them but for the majority of our clients we try to match the care worker to the client. We then do the introduction to them, to the family, and where we can we try to keep that consistency.

I mean clearly if somebody is off sick, if someone is on holiday, there is always a second person. But where possible we try and keep that real continuity for the client so that they know who to expect, they get to know the person, they can build a relationship, and it kind of enriches their lives. But that's quite hard to do sometimes. That's one of the reasons why people stay, because they get to know their clients and they're not just being sent all over the place. But also sometimes if we can't give them the hours when they want, it's one of our biggest challenges.

Interviewer: Right, okay. Yeah, it is a dilemma that, isn't it?

Respondent: Yeah.

Interviewer: I didn't ask you about international recruitment, and obviously that's been big in the social care market for the last year or two. Have you and your franchisees engaged in that? Any reflections on that?

Respondent: Yeah, some have. Some offices have to really great success. We have a gentleman, oh gosh, I can't remember what office he's in. It's [in area]. He has already recruited 18 people via the whole visa sponsorship scheme and through the licenses. We have some offices who are doing it with great success. Some offices who are just quite nervous because they're worried about am I going to get it right almost, because there's so many legalities around it and they don't want to get it wrong. Some offices that have tried it and they have just not attracted the calibre of candidates. So we have a complete range of offices. We're just about to send out a survey actually to get an up-to-date list as to how many offices are offering roles through the visa sponsorship scheme.

Interviewer: That's interesting about not attracting the right calibre of candidates because I've heard all kinds of difficulties around logistics and pastoral care and visa fees. But on the whole I've got the sense that people have been able to get good people when they've done it. So you've had some challenges around getting the right kind of people. Do you know what has created those?

Respondent: Yes. I think it's just a few applications who literally are just desperate to get into the UK. They have zero background, can't drive, there's the whole piece around can they drive between clients, don't hold the driving license, and things that would have to be resolved when they arrived. Yeah, just zero background at all. Interestingly we're just about to reissue our overseas guide. Again, we worked really closely with [name], our HR firm, because we have some really thorough guidance for overseas recruitment for each of our offices which [name] have produced for us.

It's interesting a few months ago we had a number of our offices who have got overseas workers, who were saying they had other overseas workers contacting them. They had been brought over by different companies but they were actually not giving them the required number of hours. It was that whole question about can they come and work for us as a second job. So we've recently updated all of our overseas guidance for our owners, just to make sure that they feel confident that they are doing the right thing. And again some of it, to be honest, is cost. Some of our offices, because the fees that you have to pay to do the sponsorships, some of our offices just simply can't at the minute absorb that.

Interviewer: Yeah, and it's more difficult for dom care as well, isn't it? Because you have to guarantee, is it 39 hours? It's quite a big number of hours you have to guarantee, isn't it?

Respondent: The hours, yeah. But then we have one office and he has at the minute, he's actually set up a relationship with a recruiter in [country] and has now got this amazing pipeline of care workers coming through to his offices, he's got xx offices, from [country]. And it's just really working for him, so he's really targeted with this recruiter, [country]. And he just said the skills of the candidates that he's getting through are just superb.

Interviewer: That's what I've heard in a lot of cases. That's really helpful. There was a couple of things on terms and conditions that I didn't ask. So sick pay and pensions, what kind of provision is there?

Respondent: Again, down to the individual owners.

Interviewer: So you wouldn't have any sense if there's any enhancements above the statutory minimum?

Respondent: Honestly couldn't tell you I'm afraid.

Interviewer: No, okay.

Respondent: We have no centralised data at all.

Interviewer: We talked about attraction and retention; do you have any sense of where you lose people to? Or how much competition in recruitment there is between retail, hospitality, the NHS? Who are your major competitors?

Respondent: At the minute, and again it's not embedded in any kind of specific data, but what we hear when we're visiting offices and when we're having this conversation with owners, is that there is a massive pull to the NHS. We are losing people to the NHS and we are losing people to retail, which is my background, because rates of pay and you think about the Aldi’s and Lidl’s of the world, rates of pay are good and their perception is that the stress level is far less.

Interviewer: Is it a little bit about that stress level? It being less?

Respondent: I think because they're dealing… obviously you're dealing with clients and then you might be faced, if your client is ill, deceased clients, having to cope. You might have looked after a client for eight years and when they pass away it's quite traumatic for our care workers. So that whole sort of compassion, I talk about compassion fatigue quite a lot. I worked in the xx industry for two and a half years and compassion fatigue is such a problem. I think it's the same problem in social care, to be honest, that compassion fatigue.

I think some of our care workers, especially just seeing I can get paid, whatever Aldi advertises, I don't know, £11,50 an hour. Yes, I'm going to work hard because Aldi do work their people hard, and I might be cleaning the shop and being on the till and unloading a lorry of delivery, but I don't have those stressful scenarios that I'm dealing with. I've got a regular shift, I know where my shift is going to be, it's guaranteed, I'm not going to have to drive from here to here. The retail piece is coming through more and more where people are just completely doing something different.

Interviewer: Right, okay. That's interesting. I was going to ask you something and I forgot. Hold on. Oh yes, thinking about your broad terms and conditions, we've talked about pay, we've talked about benefits, we've talked about shift patterns. What is it? What is most important do you think, or most influential in that kind of recruitment and retention piece across the different elements of pay and reward? What matters most?

Respondent: I think currently pay is important, and guaranteed pay because we've been through a pandemic, we've got the cost-of-living crisis. And I think for people pay is definitely. I do think currently… we do tend to attract the more mature candidates, shall we say. So the majority of our care workers will probably be classed in that more mature bracket. We're actually about to do some work with [charity] to see how we can become more attractive to 18–30-year-olds because we just know that people again aren't viewing us as somewhere to come and work and have a career. So I think it is about giving something back, it's about that whole social purpose and actually feeling like you are making a difference.

Interviewer: So that as much as obviously pay, we go to work for pay, because we get paid but that's only a very small part of it. Really important then is that culture, being valued, the purpose of your job if you like.

Respondent: Yeah, the purpose of the role. I think it’s connectivity for quite a lot of people. Again some of our demographic of our care workers, it's about connection. Them feeling connection with clients but also with our offices, and feeling part of a community that generally and genuinely are working to make the lives of our elderly clients better. You know? So that real connectivity and that whole purpose of why I do something. Yeah, different benefits are great, but you get most feedback about, 'do you know what, we have this great day.'

I look at stuff on Facebook how various owners have their own Facebook pages and LinkedIn profiles. One of our owners in [town], he just did a drop in last week, a Halloween drop in for all of his care workers. You've got different people who say, “Oh my god, you wouldn't believe it, Mary dropped in for a cup of tea, she realised that she knew [name] from her Pilates class and they never knew that they were both care workers here, they had only just seen each other across the Pilates room.” Then such and such dropped in and she was [name]'s buddy and she actually knows [name]. It's just that...

Interviewer: Yeah, because they're quite separate, aren't they? Home care workers.

Respondent: They're lone workers. We do have some visits where you will double up, where it's a necessity to be done, but it's lone work. It can be lonely, stressful, even medication. So we have really thorough, rigorous training around medication because obviously a lot of our care workers do dispense medication and help with medication to clients. Again the training and the competency and the assessments around it are really rigorous. But it's a lot to think about, and as I say, different scenarios they might face, they might have a day where they just have a brilliant day with all of their clients. They might then have a client who is really poorly.

It is that lone working and buddying people up and making sure that they've got somebody to speak to, or who do they phone in the office if they've had a bad visit or they're upset or, you know? So I think what we provide, and honestly, it's really hard to capture, because every company that does whatever they do, they think that they're the best at what they do. When I listen to some of our owners about how they look after their care workers, and I'm not saying every one of our offices is perfect, not by any stretch, but it does kind of warm your heart. I think we've got an owner called [name] down in [town], he runs two of our offices, I think it's [town] and [town].

Him and his wife cook. They're originally from [country], I think it's [country]. They cook for their care workers once a month. They have this big afternoon, the care workers drop in in between their visits, in between their shifts, they cook [food], they cook amazing food, invite them all in. It literally is like a family. You have as I say, last week you met our office that did Halloween stuff for the care workers, they invite them in, drop in, we're going to have a drop-in day and have fun stuff going on. It's kind of more than a job, you know?

Interviewer: Yeah, the ones you attract and retain, that's the crux, isn't it? Yeah.

Respondent: The difficulty at the minute is if you go for an interview in some of our offices, you will feel and you will sense that as you go for your interview, and actually that will be a big part of the reason why you choose to take the job or not. In some of our offices they have got a little bit of a way to go on that stuff, but that makes a huge difference. If you're a lone worker in the business sector, that feel and that sense of community connection makes a real difference.

Interviewer: That's really interesting. I'm conscious of time.

Respondent: Yes.

Interviewer: I know you only had 45 minutes. Is there anything you want to add on that I haven't asked, that you think is important that I know before we disappear?

Respondent: Do you know what? I'm hoping that's been helpful.

Interviewer: Really, really helpful. Absolutely.

Respondent: I can't give you specific data but its real challenge being a franchised network.

Interviewer: I haven't spoken to another franchised business so it's really interesting, yeah.

Respondent: Yeah, so the piece of research... just help me understand a couple of bits. The piece of research, what happens next?

Interviewer: It's funded by the National Institute of Health and Care Research which is a national funding body, but it's sponsored by the Department of Health and Social care so it's quite unusual in that it's been sponsored by DHSC and they have set the research questions. Typically you would apply for a grant and you would set your own research questions but they set them. We bid for it and we were successful.

What they are interested in is pay, pay levels, pay modelling in adult social care. We're doing a number of pieces of work using quants data, big data sets, our own survey, and interviews like this to try and understand and unpick some of those relationships. I think the qualitative work, the interview work, is really important because it gets under the skin and some of the things you don't pick up in the quants, the numbers work. So we are due to report finally in July next year.

Respondent: Oh okay.

Interviewer: And the reporting I'm hoping will be out in the autumn but I've been here before. (Laughs) There's an election looming and then you go into election purdah etc. So I am hoping we'll get published before that but I can't guarantee that. But we are early reporting, that won't be in the public domain, that will simply just be about the Department of Health and Social Care early in the new year. The logic behind that is for the comprehensive spending review. So you never know what implications it will have, but it is for policymakers to take into that kind of cost setting environment. So I am hoping that there will be some positive outcomes from that process.

Respondent: Fantastic.

Interviewer: Yeah.

Respondent: Good. Well as I say, I'm sorry I can't be able to speak on some things but I hope it's been useful.

Interviewer: No, no. It's really helpful, really helpful. As I say, I haven't spoken to any other franchisees so that's a really interesting and helpful insight. Thank you for your time, really appreciate it.

Respondent: No, very well. Thank you. Really nice to speak with you, good luck with the research.

Interviewer: And you. Thanks, bye.

Respondent: Bye.

END OF AUDIO