**File name: CW02 Sep 8th 2023**

**Audio Length: 2:06:28**

**Date transcribed: 12 October 2023**

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Interviewer: Hello! Can you hear me?

Respondent: Yes, I can hear you.

Interviewer: Is it CW2, is that how you say your name?

Respondent: Yes.

Interviewer: Hello, I’m Resarcher1, hi. Thank you very much for agreeing to talk to us, thank you. Are you a friend of Name of person?

Respondent: Yes I am.

Interviewer: That’s good. I talked to him last night. Thank you so much for doing this. Did you read all of the information? Do you consent? Are you fine with talking through the interview?

Respondent: Yes I am, I did read the consent. I also did read the information about what the research is about, the guidelines, the sponsors.

Interviewer: Thank you. (Laughs) Excellent pupil, thank you! (Laughs) If you know what it’s about, shall I just get started? I mean basically I’ve got lots of questions around your pay, your working conditions, how you feel about your work, just to get a real sense of what it’s like to be a care worker, that’s what we’re trying to… and also as a thank you we are going to email on Monday a £25 shopping voucher as well, for your time, so thank you.

Respondent: I appreciate it.

Interviewer: A really basic one, what is your current job role?

Respondent: I’m a senior support worker.

Interviewer: Just a support worker, is that the official title, support worker?

Respondent: Yes.

Interviewer: How long have you been working in this role?

Respondent: Since February.

Interviewer: Okay, so not that long, not long, yeah. Okay, so how long have you worked in care? Have you worked in care work for a long time?

Respondent: Yeah, about five years.

Interviewer: Brilliant.

Respondent: My experiences, if it’s with the UK experience, it’s from February. And then from abroad, it’s what I’ve been doing, but I did it in [\*\* 0:03:29].

Interviewer: Right, where were you before? You’ve been in care work for five years and where you were working in care before you came to the UK?

Respondent: Before I was working in social services abroad and I was working as a medical social worker. Before that was medical social work, specifically children and families.

Interviewer: How interesting. Wow, that’s really interesting. Have you got a degree or some training to do that? Did you train to do that?

Respondent: Yeah, I do have a qualification, a bachelor’s in social work. I also have additional graduate training in mental evaluation, and yeah, normal usual training and continuous professional development that come along with the profession as well.

Interviewer: Wow, so you’ve got a qualification in social work, medical social work and all the additional training as well, wow. Okay, and which country were you working in CW2?

Respondent: name of place.

Interviewer: And is that where you’re from?

Respondent: Yes.

Interviewer: Great, and have you always wanted to work in care? What led you to work in care work?

Respondent: It’s basically passion, but also my family history. My mum was a medical personnel, specifically a nurse, so to me care is not something new.

Interviewer: That’s really interesting. I think a lot of the time people have experience, family experience of it or experience of looking after somebody in their family. It’s really interesting. So your mum was a nurse?

Respondent: Yeah.

Interviewer: Okay.

Respondent: My mum was a nurse, she would [force 0:05:54] the patients who were vulnerable and not in position to meet their bills, maybe unable to go back home, so as much an environment of taking care of vulnerable people, sick people, especially with chronic illnesses like sickle cell, arthritis, asthma, osteomyelitis, so that family history and background just eventually shaped my profession and found me narrowing down to do that permanently.

Interviewer: How interesting, great, thank you. When you started as a care worker, has it always been… when you started this job as a care worker, are you thinking that you’re going to be in it in the long term? Do you think you’ll be there a long time? Can you see it as a long-term career?

Respondent: Yes, to me it’s a long-term career. Like I’ve said it before, I’ve done it for five years. I don’t mind doing it for the next five to 10 years, only that it will have to be gradual because you don’t get stuck at one level, you have to move. And manoeuvre at different levels, different environments and experiences, all shape you to a different person.

Interviewer: Interesting, that’s really interesting. In terms of this particular job, the next question is: How did you first learn about this particular job and why did you come to work here? What’s the firm called? What’s your provider called?

Respondent: My provider?

Interviewer: What’s your employer called?

Respondent: I work for the… I have two employers.

Interviewer: Yeah? Who are they?

Respondent: I work for (name of organisations), they’re all health service providers.

Interviewer: So what led you to take on this job and what led you to come here in February?

Respondent: Like again I’ve said, besides my passion, qualification and experience, I just wanted to have to do it in a different context, so environment. Because like I said, I’ve done it at home perfectly well, got good reviews under difficult conditions and circumstances. I was just curious to test and establish how care works in a fully placed, functional system, what is different? What works well, what doesn’t work well? And I think I’ve been able to see that, experience that,

Interviewer: Wow, that’s amazing. How do they compare?

Respondent: Well, they were quite very different I would say. They also do have some similarities. The policy procedures are always the same, just a slight difference in the legal frameworks, I think.

Interviewer: You were working… did you say you were predominantly children and families in (name of place)?

Respondent: Yes.

Interviewer: Who are you working with now in this job? Is that children and families?

Respondent: Children and adults, it’s still the same, they fall under the primary unit, which is a family, because we all belong in a family. The only difference here is its contextualised, or it’s structured to children, adults, vulnerable adults. Whereas in my country it’s two structures, it’s children and families. In my context we don’t call people ‘adults,’ we’ll just say ‘family,’ adults are family.

Interviewer: How interesting.

Respondent: But here it’s specific, it’s an adult, young adults and elderly adults.

Interviewer: I see, so when you worked in (name of place) you did actually work with… I’m learning something from you now because (laughs) I would have thought children and families, I was thinking young. So actually you did work with elderly people, vulnerable adults in (name of place) as well.

Respondent: Exactly.

Interviewer: Thank you for clarifying that. How did you find this job and what happened, did you get a visa, how did you know there was a vacancy? How did you find this job?

Respondent: I just kept… I checked through the internet; I made several applications to different countries. I did apply for similar positions in Canada, did the same for Australia. Because they have offers, and did the same for the UK.

Interviewer: How interesting.

Respondent: I think Australia was the first to give me an offer, however their policies weren’t forthcoming. Then my second offer was the UK and it was a little faster than Australia, so I ended up settling for.

Interviewer: Okay and you work for another provider, you work for two.

Respondent: Yes.

Interviewer: How does that work? You got this job at (name of place) and then did you find (name of place) or…?

Respondent: Yes, again, still through the internet I found (name of place). Because as I was putting in, as I was still searching, like I said, I more came to see which environments and target audiences, different groups, or different vulnerable adults fall under. So what currently (name of organisation) offers me is slightly different from what (name of organisation) offers me. So I’m able to test both experiences.

Interviewer: What does (name of organisation) offer you and what does (name of organisation) offer you? What type of different work do you do?

Respondent: With (name of organisation) it’s more institutions and then with (name of organisation) it’s more individuals. So most of the clients in (name of organisation) are referred by the council on an individual basis. And then I have to make my way to their residence. Whereas with (name of organisation) it’s an institution, you’re working with different institutions, which could be a nursing home, which could be a residential care home, which could be a childcare, the care centre, which could also be individuals, depending on what you’re able and comfortable to do.

Interviewer: Do you go between them; you’re not based in one residential home for (name of organisation)…

Respondent: No, no.

Interviewer: You move between them, interesting.

Respondent: Exactly.

Interviewer: Gosh, you’re getting such a wide range of experiences.

Respondent: Exactly, exactly, so now you understand why I chose them, because then I’m able to have different experiences, with different people, in different settings.

Interviewer: Wow, that sounds great, I understand now, that’s really helpful actually, really helpful. What is your hourly rate of pay? Because you’re a care support worker, what’s your hourly rate of pay in your (name of organisation) Group and (name of organisation)?

Respondent: With (name of organisation) it’s £12.50 and with (name of organisation) it’s dependent, it varies. They determine at the end of the day, however, before you start the shift, they give you a block figure of the entire pay. For example, let’s say if you can stay 12 hours, which I normally do, depending on the role you’ve played again, because sometimes I do work as a health assistant, sometimes as a support worker. So depending on the role, and the institution attached, then for 12 hours they can pay you about, between £140-150. Then of course it’s subject to statutory reductions, reductions like pension, then it narrows down to about 80-90, something like that.

Interviewer: Sure, but that’s really interesting. Are you paid more if you’re a health support… you said you have different roles? So if you’re a health support worker, sorry, are you paid more per hour?

Respondent: Yeah, if you’re healthcare assistant, your rate is different from a support role.

Interviewer: Gosh, I didn’t know that, are you paid more as a healthcare assistant?

Respondent: Yeah, of course as a healthcare assistant you’re paid more because more of your role or duties focuses on the health aspect.

Interviewer: Right okay, so you do both, you can do both within a day or…?

Respondent: It depends on the shift available. Sometimes when it’s available you can do, if it’s not, then you can do the support role, so it depends what they have on the table.

Interviewer: What’s the difference in pay then? I suppose if you’re paid more in the healthcare assistant role, how much are you paid for that role?

Respondent: That one can be between £150-160 or even above.

Interviewer: What’s that an hour, or do you not get hourly paid? You get £12.50 at (name of organisation), but for (name of organisation), is it just more a day rate?

Respondent: Yeah, it’s a day rate.

Interviewer: I see, how interesting. What do you prefer CW2? What ends up paying well? What ends up paying more?

Respondent: Well, to me I don’t… I would think a day is better.

Interviewer: A day rate, yeah. As a support worker do you end up having dead time in the day where you’re not paid? If you’re going between different clients and travelling between clients…

Respondent: Exactly, exactly. Because then you’re not facilitated for that, and then you’re spending more time moving than working. So if it’s a daily rate, even if I’m not working, or I’m in transit, in transit, not at my discretion, but discretion of the person I look after, I will still be paid. Whereas when you’re on a daily rate, on an hourly rate it’s subject to only the hours worked.

Interviewer: I’ve got some questions about that later. I suppose I could ask you them now. How many hours are you paid compared to how many hours you’re out at work, do you know what I’m saying?

Respondent: Yeah, of course there’s very minimal hours, very minimal.

Interviewer: Give me an example, if you’re out from 6:00… what time do you go out in the morning?

Respondent: For example, if I have a shift at 7:00, it would be necessary to wake up at about 5:00 or 4:00 because I’m a non-driver.

Interviewer: You’re a what driver, sorry?

Respondent: Because I don’t drive.

Interviewer: Gosh, right.

Respondent: So I have to factor in provision for if I don’t get a bus, then I have to walk. Because then you won’t keep a client waiting that you didn’t get a bus, so if you wait for your first bus and it doesn’t show up, you proceed, you have to be two hours ahead of your shift.

Interviewer: Gosh, so how many hours do you get paid then in a day do you think? If you’re out from 7:00 in the morning until 4:00 or 5:00, how many hours do you actually get paid for?

Respondent: It depends on the hours allocated. If I woke up at 5:00 or 4:00 and then worked four hours, I’ll be paid four hours, not the inconvenience of the hours waking up and moving on the road.

Interviewer: That’s interesting. You could be out from 7:00 in the morning until 4:00 in the afternoon and only get paid four hours, or something like that, could that happen? Does that happen a lot?

Respondent: Yeah, it does happen. The fact that, one, the clients are scattered. Two, the public transport system in South West, specifically (name of place), is unreliable. So if you’re going to take two/three hours to move to a place, they will definitely allocate you one client or two. If you have one client, then how many hours are those. There can be less.

Interviewer: Gosh, okay, that gives me a good… you’re obviously very experienced, I’m listening to you, you’re very experienced. Are you paid a lot more than people who have very little experience?

Respondent: Not at all, it’s the same rate.

Interviewer: You don’t get any extra for being more qualified?

Respondent: No I don’t think so, I don’t think my pay is subject to my qualification, not at all.

Interviewer: Or your experience, right okay. When was the last time you got a pay increase, or have you had a pay increase since you’ve been in your role?

Respondent: Not really.

Interviewer: Okay. How does your pay compare with other jobs you’ve had then in care work, compared to (name of place) or compared to other care jobs, you look around, have you got a good rate of pay where you are?

Respondent: I think that is subjective because it’s actually difficult to compare because then I don’t know people’s qualifications, their experience, then the other benefits that come with the job offers. I might have little pay, but when the benefits outweigh my pay, that is absolutely fine. I may also have a lot of pay with no benefits, so it is very subjective and difficult for me to give a concrete opinion.

Interviewer: I think that’s a good example actually. When you look at other care jobs, you don’t know, you can see an hourly rate, but you don’t know what else…

Respondent: What other benefits, because I see some companies offering an hourly of £14, £13, £12, but I can’t tell what… when you call them or when you apply, then you find out that there are not any other benefits, or probably that rate is subject to you working at night, not during the day. So it’s all different.

Interviewer: Yeah, that’s really interesting. In terms of benefits, what other benefits do you receive? Do you get any bonuses at all or sick pay or annual leave? Tell me about the benefits of working and are they different in both organisations? You’re obviously working for two, you’re working for (name of organisation) and you’re working for (name of organisation).

Respondent: Of course they are different, because both their strategies and models and managements are totally different.

Interviewer: Are they? Interesting, I think it’s always fascinating when you’re working for two organisations that are doing it in a very different way. How do they differ? What are your benefits like at (name of organisation)?

Respondent: Of course there are those general benefits an employer, by constitution, they are entitled to, for example sick leave, sick pay, annual leave. Maybe training and development where need by, those cut across.

Interviewer: That’s for both of them?

Respondent: Yeah, that’s for both of them.

Interviewer: For (name of organisation) and (name of organisation)?

Respondent: Yes, and I assume for any other employer who is a care service provider, that’s mandatory.

Interviewer: I see, what about other benefits that aren’t… are there any nice perks that one organisation offers?

Respondent: Okay, like for (name of organisation), it gives concession, it has the ability to hire people from overseas, which (name of organisation) doesn’t. So that’s one strength it has.

Interviewer: Were you given sponsorship?

Respondent: Yes.

Interviewer: Brilliant. What does that involve? How long for?

Respondent: That is for about two years, so that’s two years, but it’s also subject to its own reviews and conditions that are against [\*\* 0:27:49].

Interviewer: What are those conditions? Do you have to earn a certain amount? Do you have to work a number of hours? What goes on?

Respondent: Exactly, so part of the conditions is you’re required to only… they remain your main employer. You’re supposed to work for them for 40 hours. You can’t work in any other sector, but from health, those are the conditions. They have the mandate to switch you in an environment of their choice, not you to decide, because they’re sponsoring your stay or your work here.

Interviewer: What does sponsorship mean? Do they pay for your visa? What do they do, what does it involve? What money does it give you?

Respondent: I think basically they do guarantee your employment for your stay here, that’s my understanding.

Interviewer: Right, okay, so (name of organisation) don’t do that?

Respondent: No they don’t offer sponsorship.

Interviewer: Do (name of organisation) offer you other benefits that you don’t get at (name of organisation)?

Respondent: The benefits for (name of organisation), one of the biggest benefits is you have fast track to medical attention in case you’re sick. In case you’re sick and you notify them, they kind of give you a pass or a code that you can have access, you don’t have to queue up for long hours, something like that.

Interviewer: That’s good.

Respondent: Though I haven’t used any of that.

Interviewer: That’s an interesting example.

Respondent: Yeah, that’s quite unique. I find that’s a bit comforting because if you’re frontline, frontline of care, and when it’s your turn to get care and you’re delayed, you’re kind of demotivated to support other people.

Interviewer: Yeah, that’s so interesting, I’ve never heard of that, that’s a really good example. I think I know the answer to this. Do you sleep, do you do any sleep-in shifts, any sleepovers?

Respondent: Yeah, I do, but not… I’ve done quite a few of them, but you don’t sleep. (Laughs)

Interviewer: Oh my gosh, you sound busy CW2. So you work 40 hours for (name of organisation), okay, and then when do you do this sleep…?

Respondent: No, I’m not currently doing all the 40 hours I said.

Interviewer: You’re not doing…

Respondent: Because currently I don’t drive. And then the clients are scattered, so I’m not in position to serve as many people as possible because of the nature of the public transport system. So in a day I can only serve one client, because first of all it will take me about two to three hours to get to them. Then maybe work for six hours, then by the time I connect one of the clients, their service is irrelevant. So then that means I will only end up working for those specific hours, for five, 10, 12 and that’s it. So then that means again, that makes it difficult to sum up to 40 hours a week.

Interviewer: Yeah.

Respondent: You get? Because if I’m doing 10, six, five, it’s difficult to get, unless I’m going to work the whole seven days, of which I’m mostly entitled to a rest.

Interviewer: So you don’t end up getting to the… you don’t do 40 hours for (name of organisation), how many hours do you do for (name of organisation)?

Respondent: Only 12.

Interviewer: When do you sleep over? When do you sleep?

Respondent: Okay, there have been cases where I’ve just gotten a night, when I don’t feel like resting. Because when you do the night shift, then you’re not sleeping, you have to keep awake for all that time. There’s times when I don’t feel like going to bed, then I will take on a night shift, start at 8:00, finish at 8:00.

Interviewer: And how much do you get paid for those?

Respondent: Those can still… depending on the role attached, the institutions, still it can range between £140-150.

Interviewer: For the overnight.

Respondent: Yes.

Interviewer: So you still get paid hourly.

Respondent: Yeah.

Interviewer: Gosh, you’re busy. Does your employer pay for your DBS check?

Respondent: They do.

Interviewer: And your uniform, do they pay for…?

Respondent: They do.

Interviewer: Were you paid when you did your induction training or was that separate? Were you actually paid when you did your induction training?

Respondent: I don’t remember, I don’t remember any of my employers paying me for induction. (Laughs)

Interviewer: It’s interesting, okay. How do you manage the time spent with the people you care for? Do you have to check in and check out and have a certain amount of time with each person? Do you have half an hour, do you have an hour? How does that go?

Respondent: So you have to check…

Interviewer: Hello? Are you back? It went off there.

Respondent: Sorry.

Interviewer: No, it’s fine. How long are the slots you have? You’re paid for the time you spend with clients, is that right?

Respondent: Yes it is.

Interviewer: Do you get any reimbursements for public transport?

Respondent: Of course not!

Interviewer: Okay (laughs), just thought I’d ask. In terms of your pay rate, do you think your rate of pay is good for a care worker in the local area, in the (name of place) area?

Respondent: In the (name of place) area, no, the outside subject, it’s subject to other benefits and conditions of work, because if, for example, I would say it’s good if the public transport system is functioning as expected. If I’m able to integrate between different clients, I think that would be absolutely okay. If I’m then facilitated, but facilitation is only paid to those who drive.

Interviewer: How many clients do you see in a day?

Respondent: One!

Interviewer: Just one?

Respondent: It can be one or two, depending, because again, it doesn’t make sense for me to get two clients when I don’t have the capacity to get to two clients within the required timescale of their care plan. Because then I’ll be doing a disservice to either party.

Interviewer: How long do you spend with those clients?

Respondent: Currently the ones I’m serving, I spend a much longer time, six hours, six, 10, yeah, six or 10.

Interviewer: Six hours a day?

Respondent: Yeah. Six or 10.

Interviewer: Oh my gosh, what do you do in that time? That’s a long time with one client.

Respondent: Again, it’s subjective of the client’s medical condition.

Interviewer: Of course, yeah.

Respondent: For example, if a client has mentally challenging conditions, that’s when you will get those hours, because you’re not going to rush them in 30 minutes to do things that takes them hours to fix. Remember, their interest comes before yours. So that’s when you can work for those hours. It could also mean clients with chronic conditions, especially those who need 24 hours help or support. You will do their personal care, you’ll do their feeding, you will offer the emotional support. You will give them companionship, so definitely you’ll spend a much longer time. You end up creating a bond and the bond can’t be nurtured in 30 minutes.

Interviewer: No.

Respondent: Exactly, so those are the only clients you will get for those hours.

Interviewer: It sounds like you have regular clients, do you have regular clients every week, the same people?

Respondent: Like for (name of organisation), I’m attached to specific clients.

Interviewer: Interesting and ones that are quite far away, so you’ve got to travel a long way to get to them, but then you stay there a long time?

Respondent: Exactly.

Interviewer: I see, how interesting. You hear a lot about care workers running between lots of different clients with short visits, but that’s not your experience.

Respondent: No, that is how it’s supposed to be, but that’s if you do have a car and you’re able to navigate, round this side, go back, go this side, go back. I can’t do that.

Interviewer: No, exactly, so you’re an interesting example, it’s so good to speak to you, it’s very different, it’s really different.

Respondent: But again, still with that kind of model, I don’t see it yielding results.

Interviewer: The one you’re doing or the other one with drivers?

Respondent: No, the other one of the shortest period of time, because I’ve also done that as well, but given its complexities, I decided not to proceed with it. It doesn’t give me, I would say, enough emotional comfort.

Interviewer: Have you done that for (name of organisation)? Have you done the running around?

Respondent: Yes.

Interviewer: And you said no, how did you… did you say, “Look no, I don’t want to do that anymore?” How did you manage to change that?

Respondent: No, I just said it’s technically, I’m not comfortable doing this and this, and this is my reason. And these are my concerns, I would prefer to do this and this.

Interviewer: And they listened, so they listened and did that?

Respondent: Of course at first it was not easy, it had serious consequences, but later on then it was implemented, it just didn’t come on a silver plate.

Interviewer: Right, gosh, that’s really interesting. What were the consequences?

Respondent: So after I proposed that, I was not allocated work for some time because I was told, “You said you’re not comfortable doing this, so you wait for what you’re comfortable doing.”

Interviewer: That’s hard. How did you get the income to support your household? Is there just you, for a start? Are you living on your own or do you have children or a partner?

Respondent: Currently I’m living on my own here, but I do have dependents back at home.

Interviewer: Do you think this income… that must have been really hard then.

Respondent: Of course! Every good thing is nurtured under difficult conditions, so you just become resilient and cope with what is at hand, and then you outlive it and you find alternatives. You just don’t seek that kind.

Interviewer: Wow, yeah.

Respondent: And cry over such. During that time when I was told to wait, I then increased my time with (name of organisation) from 12 hours to 20 hours, and that’s the limit I can. So then I had to do the 20 hours, since I was not working this side.

Interviewer: It’s good that you have (name of organisation) isn’t it?

Respondent: Yeah.

Interviewer: Is that why you went to (name of organisation), or have you always done two?

Respondent: No, I’ve always done actually three.

Interviewer: Three? (Laughs) Do you work for three organisations?

Respondent: Yeah back home I used to do three organisations.

Interviewer: Oh my gosh, wow, when you were back in (name of place)?

Respondent: Yes.

Interviewer: Wow, gosh. Thinking generally about your income then, even though you’re staying on your own, you live on your own, but you’ve got dependents to support at home, does your weekly income from care work, do you think that meets your needs and your household needs?

Respondent: Of course. It does, but on a scale of 1-10, not really. On a scale of 1-10 it’s six/seven, because then I’m left with… if I meet my operational costs, I can only be left with [\*\* 0:44:16] 200, 100, which is not sufficient.

Interviewer: A week or a month?

Respondent: No, on a monthly basis. If I put together my pay then cut, then deduct the rent, deduct my feeding, my transport, then I’m left with something about £100. Which to me, I feel I’m under-working. Because then abroad, with three roles, one role would just cater for my dependents, one role for myself, one role for my needs. So then I don’t have to switch budget lines and cry and wail over things.

Interviewer: Ideally you would like to earn more.

Respondent: Yeah, but because of the visa restrictions, policy and procedures, I can’t.

Interviewer: That’s so hard. Have you got to earn a certain amount?

Respondent: Say that again?

Interviewer: Have you got a certain amount for the visa? Do you have to earn…?

Respondent: Yes.

Interviewer: And are you earning that do you think? Are you earning that?

Respondent: Of course not yet because the amount is subject to hours worked, which I’m not in a position to do. And still that then will raise red flags with the Home Office, you were hired to do this, and then you’re doing the opposite. Whereas in the system it will reflect I’m not in position to work, but in reality it’s not.

Interviewer: Yeah, in reality you want to work more, but they’re not the hours because of the public transport.

Respondent: Yeah, I’m restricted, still even if it wasn’t public transport, because there are other opportunities, but my field, work, my visa is restricted to health.

Interviewer: And to (name of organisation), and to (name of organisation) is it, yeah?

Respondent: Exactly.

Interviewer: Wow, the next question is, first of all, the cost of living, has that affected you in any way, the rising cost of living since you’ve been here? I know you’ve only been here since February, so you might not…

Respondent: Of course it’s hard, the fact that it has… for example, a good example is, I’ve just transitioned to a new environment.

Interviewer: You’ve just?

Respondent: Transitioned into a new environment.

Interviewer: A new home, a new flat?

Respondent: Say that again?

Interviewer: A new flat do you mean, a new rented… when you say a ‘new environment’?

Respondent: A new environment, like I’m transitioning from abroad to…

Interviewer: I see, okay.

Respondent: That means if it comes to cost of living, for example, I don’t like eating junk food, I’m very comfortable with organic. I take my health serious. That food, I would say used to, all that I love eating is very costly. For example, one passion fruit is about 89p, I need about 20 passion fruits, just for a week.

Interviewer: Do you make passion fruit juice?

Respondent: Yes, if I bought maybe for one or two pounds, processed juice, I don’t find that healthy or nutritious. I fail actually to take it and drink it. I would rather buy two pieces of passion fruit, just eat them and that’s it.

Interviewer: That’s a good example of the cost of living and how it’s different.

Respondent: It’s very different, yet that is absolutely very affordable where I’m coming from. An avocado, I buy it at £1. I find it weird to have food without an avocado. I only eat it at the end of the month.

Interviewer: In terms of how much money you have left?

Respondent: Exactly, I can’t afford to have it every day. Okay, £1, but if you see its nutritional value, to my body, and to the work I do, it’s absolutely, it’s a necessity, it’s not a luxury. It’s a necessity.

Interviewer: That’s a really interesting point.

Respondent: My cost of living, to me, I would say, I could say if I’m able to afford the necessities, then I’m happily meeting the quality, the standard of living, or the scorecard, whichever it is. But if I can’t afford my basic necessities, then it’s poor.

Interviewer: Yeah, exactly, I agree. The next question is: Do you think your pay is reasonable for the work you do? After listening to you now, do you think… are you satisfied with your pay? Do you think it’s reasonable for the type of work you do?

Respondent: That’s quite difficult. It’s subjective, it can be reasonable in many contexts. And that is dependent on what context you… I find it reasonable. For example, if I was driven to work and got the same pay, worked extra hours, I wouldn’t mind it. I wouldn’t mind that pay, as long as the working condition is 100% favourable. Like I can access the clients on time, if I did night, maybe I would… I don’t know, as long as the working conditions are favourable.

Interviewer: That’s interesting, so what contract are you on at the minute, are you on a zero hours contract? Are you on a guaranteed hours contract?

Respondent: Oh my goodness, surprisingly, with all… I’ve never even checked that.

Interviewer: I’m just wondering in terms of how many hours you work a week, because you’re saying… so many hours do you think you work a week then?

Respondent: I’m required or expected to work for 40 hours with my visa.

Interviewer: But you don’t, do you, with (name of organisation), you don’t, so how many do you do… do you do 40 hours with (name of organisation)?

Respondent: Not at the moment because of the conditions stated earlier. So I’m doing, I think the most I do is 30.

Interviewer: So around 30 hours with (name of organisation) and then another 12 with (name of organisation)?

Respondent: With (name of organisation), and still with (name of organisation) I would do 20, but still I’m not in a position, because for example, on Sunday the public transport starts at about 8:00/9:00, so then you can’t take on a shift, unless you’re going to walk. So sometimes you end up walking to work. So if you walk to work, you arrive there when you’re already exhausted, so what kind of support are you then going to give if yourself, you’re…

Interviewer: Yeah, I wonder if you are on zero hour contracts on both, so basically… so they don’t have to guarantee you a number of hours every week, or do they?

Respondent: No, (name of organisation) has to guarantee me 40 hours. (name of organisation) guarantees me 20 hours, again, because of the visa restrictions. (name of organisation) guarantees 20 hours, but because I don’t drive, I can’t do the 20, I do 12 or 10.

Interviewer: This is about hours. What’s more important, higher pay or choice over your working hours, what do you think in terms of your working hours versus your pay? What’s more important to you?

Respondent: I think to me, in my opinion, the most important to me, one is the quality of care and work given. So then that determines my pay, because then that is subjective. And with the nature of social care, it’s difficult to evaluate. So then that means it will be subject to a client. If the client will tell you, CW2 did a good job today, or she didn’t do, then depending on what the client tells you, then you can determine the payment.

Interviewer: If you feel like you’ve done a good job…

Respondent: That’s why in my opinion, pay has always been the last thing on my mind because what I’m doing has never been motivated by pay. If I want pay, if I want a big chunk of money, I have two jobs I can do, and I always do them when I’m broke. When I need money I just go in that sector.

Interviewer: Oh, what sector is that?

Respondent: It’s the money [\*\* 0:55:19] social care.

Interviewer: Which sector do you do, sorry what was that?

Respondent: So if I have shortages and I need money, I do agriculture and construction.

Interviewer: Oh, brilliant!

Respondent: Because the pay there is high. The money…

Interviewer: That’s amazing that you can do both.

Respondent: The money I make in a month in social care, I can make in 14 days in agriculture.

Interviewer: My gosh, and what do you do in agriculture, do you pick, are you picking fruit, what are you doing?

Respondent: Again, because of my visa restrictions, I cannot do agriculture here, so I don’t, I can’t do agriculture here. I still can’t do construction here.

Interviewer: You still can do construction?

Respondent: Yeah, or agriculture here because of the visa restrictions, but I’m starting… if I went there, the amount of money I can fish, is far greater than what I’m getting from social services for the same hours.

Interviewer: Yeah, but what do you do in construction and agriculture, what do you do when you do those jobs?

Respondent: In construction there are what they call ‘porters.’ So porters, you support the expats to do their job. The expat tells you how to do structure things. So I can comfortably do that and then I’m also good at stock management and balancing and organisation. So I can structure material that is to be used in a day properly, arrange it, structure it where it’s supposed to be and do some other practical things that are required on any site.

Interviewer: Oh wow, but you can’t have that backup when you’re in the UK.

Respondent: No, you can’t do that, the restrictions alone won’t allow it, so then when it comes to agriculture, it still it can either be poultry, it can be animal, it can be plants. So those three I’m still very good, switching the bags, feeding them, documenting. The same applies to the animals, the cows, the sheep, I can comfortably do that.

Interviewer: So you feed them, you look after them.

Respondent: Exactly, make sure they’re taking their medicine, you clean their houses, you do all those things.

Interviewer: That’s really…

Respondent: But I can’t do that.

Interviewer: You can’t do it here.

Respondent: Because of the restrictions.

Interviewer: The visa.

Respondent: Now that I can just do in hours and that one doesn’t need even any impact, any extra care or attention. You go straight to work. Whereas if I tell you in social care, given my profession or qualification I’m trained, I really pay attention to my client. It can be a 30 minute shift, I can take 10 minutes just hearing how the client is doing, did they have a good night, did they try to eat, did their family check on them? What are they comfortable for me to do for them? Is there anything different I can do to make them better today? That I can’t do it in 30 minutes for a client who is chronically ill. For a client who is living alone, I find it strange for me to execute a task in 30 minutes. So an elderly person living alone, I feel that is abuse.

So I’ll end up spending an hour and if I have another person to attend to, then I will leave in that time. I really find that… that’s why I say it’s emotionally damaging, because in any case I wouldn’t do that to my grandmother. I wouldn’t just go there, whatever, take your medication, I have to go. No, I can’t do that. To me, a good way of distracting myself from that torture of 30/40 minutes, is just going to agriculture and construction, you hit things, you play with the animals and you forget about the trauma that happens in social care.

Interviewer: Oh gosh, actually I think you’ve answered a question, because I’ve asked what you enjoy… one of our questions is what do you enjoy about the job and what do you least enjoy about the job? I think you’ve sort of answered the question there.

Respondent: Exactly.

Interviewer: That’s really interesting. Do you feel like you can develop good relationships with the people you care for? Under this current system that you’re working in, do you feel like you can develop good relationships with your clients?

Respondent: No, it’s very difficult to develop a very good relationship and yet much of the care you give is built along the path of relationship you have with your clients. If you have a good relationship, there is no way you’re going to give fair care or poor quality care. It can’t happen. But it’s because the systems or the structures or the models that are used don’t factor that in. That’s why you’ll find a carer going for 20 minutes and just does things the way they want, because of the time and move away. But you’re forgetting this person is vulnerable. They live by themselves.

Most of them live alone. So for somebody who lives alone, who needs that companionship, probably they get one phone call from that dependent once a week. You are the face; you interact with them more than any other person. So for you to give them 30 minutes, 30 in the morning, 30 at lunch time, 30… that’s an hour and a half a day, it’s torture. So I don’t know, but that is the system here, whereas back in my country that’s not the system. It’s slightly different, a bit tricky, but it’s what is working. I think it’s worked, because I’m sure that system being in place was well researched. It must have been reviewed, so that is what they believe is working.

Because sometimes I struggle with my clients to… especially again, this only applies to clients I’ve built a good relationship with, because like I’ve said, any care should be… any quality care should be based on the relationship. Because then you will trust that CW2 will do for you what you want… you will have comfort and confidence in what she’s doing. Even when you’re not seeing it, like maybe fixing a meal, you’re in the bed, you can’t move. I go in the kitchen; you will not have doubts that I will not prepare your meal right.

Interviewer: Yeah, so when you do have difficulties with clients, is it because you can’t spend that time to build that relationship, or do you get too close?

Respondent: No, of course the professional boundaries, and quote me right, don’t confuse the professional boundaries with the bond or relationship that is supposed to be established. For example, sometimes you can serve a client and it’s time for departure, because suddenly it’s 40 minutes, but then you have their facial expressions reveal something different. Maybe they want you to keep more time with them, but then you can’t, the system doesn’t allow you. In fact if you spend more time in a client’s home, it becomes a safeguard.

Interviewer: It becomes a what, sorry?

Respondent: It becomes a safeguard.

Interviewer: A safeguarding…

Respondent: Yes.

Interviewer: A safeguarding issue.

Respondent: Yes, it does.

Interviewer: If you spend too much time?

Respondent: Beyond what you’re expected or required, it becomes a safeguard in some cases.

Interviewer: Oh my word, wow.

Respondent: Then they’ll say, “What were you doing? Did you even write it there?” You know? But sometimes care is not just you changing the pad, not you just giving a meal, sometimes it’s you giving a listening ear to your client, probably they received a bad phone call or they were disappointed, they just want to share the other side of things with you. And they’re hoping that you offer them that emotional support.

Interviewer: You sound like such a lovely care worker CW2. You sound very lovely. (Laughs)

Respondent: I just do my best anyway, I just do my best, I don’t think I’m the best, because I also have my own weaknesses, but when given any task or duty, I try to do it to the best of my abilities. And where I cannot, I do inform I’m not able. Where I have challenges with a client, not complying or issues, I do tell them. Moving forward, I don’t think we can establish a working relationship, I’m going to request for some other person to support you. And I’ve done that to some clients.

Interviewer: Good, that sounds great. Do you feel like you receive enough training and development in this job then? You’re obviously dealing with lots of different clients. Do you think you’ve got the training and development you need?

Respondent: Well, I’ve had quite a number of training and developments from both agencies.

Interviewer: Good, right okay?

Respondent: But I think my primary qualification and experience abroad has greatly contributed. I think the only challenge I find is sometimes with the systems and structures, that is all I’m trying to integrate, or contextualise. Because for example, like in cases where you spend more time than what was expected, then it becomes a safeguard. Yet you are not sure of what, because the truth is, not everything will be documented on a client file.

Interviewer: Are you having to learn how to document things that you wouldn’t usually document?

Respondent: No. (Laughs)

Interviewer: You’re still not documenting them?

Respondent: No, of course you document everything, but there are circumstances where clients mention things that you can’t put on their file. They mention it in confidence, they’re just talking, because I don’t see those disclaimers, remember? The client has access to their file. So whatever you write, they will read it. So how about you shared something that was not comfortable for it to go on file and you put it there and they came across it? It would breach… it would make them lose their confidence in you.

Interviewer: Definitely, that trust is gone, yeah. I can see that. It’s a really interesting example, I’d never thought of that before, really interesting. Do you see yourself continuing to work as a care worker in the future? What are you feeling about your future?

Respondent: (Laughs)

Interviewer: Obviously I suppose the context of this project is that we have a big recruitment and retention crisis in the UK about social care workers and they’re leaving and we can’t attract enough people. So the idea is we’re going to try… do you see your career in care? Do you want to stay in care?

Respondent: Well, the crisis, when it comes to retention in this country, I think the systems have created that by themselves. First of all, the restrictions. If I have a skill visa limited to health and social care, then I should be able to work for anyone. Based on my capacity to deliver or availability. Because you will agree with me, the majority of the labour in this sector is championed by female.

Interviewer: Yeah.

Respondent: And females are the most vulnerable when it comes to reproduction, because these are people who spend their time in childbearing. If they’re not there, then they have young people, young children to take care of. No woman can comfortably offer care when their child is not well.

Interviewer: Yeah.

Respondent: Either the system one, uplifts the restrictions and also gets it at the back of their mind that the majority are women, women give birth all the time.

Interviewer: Yeah, exactly.

Respondent: They’re the ones on maternity leave and pregnancy has its own complexities.

Interviewer: Is this making you feel… when I ask do you see yourself in care work in the future, obviously as you say a lot of people, a lot of women, it’s female dominated, a lot of women have children, they go off and they leave. I agree with you, the UK has made its own problem (laughs), but would you stay in this sector in the UK? Would you stay? Do you like working in social care in the UK?

Respondent: Yes, well it’s my passion, it has been my dream, [\*\* 1:12:15] into different structures of it, because it has been part of me.

Interviewer: Will you stay beyond the visa two years; do you think CW2?

Respondent: It will still depend, like I said, I can go and fish money in other sectors, in a shorter period of time than care. For me care, I’m not in care because of money or stuff, no, it’s just I would say how I’ve been nurtured, what I was born into I would say, I’m just born into it.

Interviewer: It’s interesting isn’t it?

Respondent: Again, I don’t decide for myself, the system does decide for me, because I’m not here because… it’s the system that deemed me fit to be here.

Interviewer: Yeah, gosh, it’s such an interesting perspective.

Respondent: Because on the other note, I had gotten another path for agriculture in Germany and Netherlands.

Interviewer: Oh wow.

Respondent: But I was not ready to subject myself to learning the German language. Like I said now, I can’t, like how? I’m going to be caring for animals, playing with animals, do animals speak the German language?

Interviewer: (Laughs) Yeah, no, it’s interesting isn’t it? Your English is brilliant, your English is fabulous.

Respondent: So when I declined to do the German language, they said the condition for me to get a German visa was I had to do the language, or learn the language. And I’m saying, I’m going to work with animals or be with plants that don’t talk, so I don’t want to do the German language.

Interviewer: (Laughter) Oh my word, that’s so interesting, I’d never thought of that. My gosh. We’ve just got a last few little questions. It’s so interesting. Have you got another 10 minutes?

Respondent: It’s absolutely fine.

Interviewer: Basically they’re trying to develop, at another university they’re trying to develop a quality of working life toolkit for care workers. And so I’m going to give you a few questions and you’ve got to choose which one you think is right. I did this with Name of person as well, yes.

Thinking about your role and the difference you can make in people’s lives, which of the following statements best describes how you feel? Do you feel like, I am able to make as much of a difference as I’d like? I am able to make some difference. I am able to make some difference, but not enough. Or I am not able to make any difference at all. It’s basically, can you make as much difference to people as you would like? Are you able to make some difference? Can you make…?

Respondent: But not enough.

Interviewer: You’re number three, okay, thank you. And in terms of thinking about your relationships with people you care for, who are drawing on your care and support, overall my relationships with people drawing on care and support are as good as I want them to be. Good enough. Not as good as I would like. Or not good at all.

Respondent: Not as good as I would like them to be.

Interviewer: Okay and is that because of the time factor?

Respondent: Yeah, that’s because of the time factor, but of course not for all clients. Like I just said, initially it was like that, until I had to put a stop to it, like I just don’t like swapping clients, give me 30 minutes, I don’t like that kind of work.

Interviewer: So now you’ve changed it and now you’ve rejected that model, do you think your relationships are as good as you want them to be now?

Respondent: Yeah, at least because at the end of the week I evoked a tendency, or I have a tendency or culture to ask my clients to give me feedback about what I’ve done with them in a week. If they’re not comfortable saying, sometimes I just say you can write me a note or send me a message. Most times I think for the client I’ve worked with, she says she’s happy with what I’m doing, she will let me know if any concerns develop or if there are any changes that should be made.

Interviewer: Do any of them actually give you notes about changes they want or things they’re not happy about?

Respondent: I’ve not gotten any so far. I don’t know why. I complained last week and I was, I wouldn’t say tough, I was a bit assertive with one of them and I threatened her, but I was like, if you’re not changing or adjusting, I think next week I’ll not be happy to help you, I’ve failed in my role and I expected her to give me a bad review at the end of the week because I told her I’ll not be coming back, it seems she’s not happy with what I’m doing. I’m also not happy with what she’s doing. And then she just told me, “You’re sweet.” (Laughs)

Interviewer: She said what?

Respondent: She said, “You’re sweet. Don’t over-mind about me, what you’re worrying about me is what I am, I’ll be fine.”

Interviewer: That’s very nice of her.

Respondent: I don’t know, I still don’t feel comfortable. I’m not getting the other reviews because I’ve tried to reflect two sides of the coin, and then I’m not seeing what I’m looking for, because I need them to give me the other side.

Interviewer: We’re not used to it maybe in the UK, maybe people don’t…

Respondent: No.

Interviewer: Do you think?

Respondent: I don’t think so.

Interviewer: That’s really interesting, I think it’s amazing you do that, that’s amazing. And very brave! (Laughs)

Respondent: Literally I think it does impact or improve on one’s professional development, also better service delivery because you can’t just keep assuming you’re doing a good job. The beneficiary has to inform you if they’re happy or not happy.

Interviewer: I think that’s amazing, that’s great. The next one is about autonomy in your job, obviously in terms of working, in terms of quality of working life there’s an assumption that people like autonomy and like to do their… have some autonomy. Which of the following statements best describes how much autonomy you have within your role? That’s the degree of freedom and independence you have to make decisions about your day-to-day work. Do you think you have as much autonomy as you want? Adequate autonomy? Some autonomy, but not enough? Or no autonomy?

Respondent: I would say some autonomy, in the context that sometimes I do go beyond or ignore the policies and procedures in place, then I have to just look at the situation at hand and make professional judgment based on that. But of course that is semi-autonomy, because sometimes you do it and then if somebody reviews the case, if the manager reviews and is not pleased with what happened, then that calls for some form of action.

Interviewer: That’s a good example, so semi-autonomy.

Respondent: For example, I’ll give you this case [\*\* 1:21:07]. Now with the social care system in the UK the care plans take quite long periods to be reviewed. For example, for a child, their care plan, even you as yourself, you keep changing your activities in the week, your schedule on a weekly basis, right? You can’t tell maybe in a month, depending on what demands and priorities are. You can’t tell me you’re having the same routine for the next six months.

Interviewer: No, exactly.

Respondent: Same for medication, right? But even medication is subject to review and tests, in specific timelines, depending on what the medical experts did. So that’s literally with social care, the care plans are rarely reviewed. If I’ve got to provide care to CW2, and CW2 tells me she is interested in doing something tomorrow that is not included in that care plan. The first thing that will ring in my mind, is it safe for CW2? Is CW2 fit to do it? Is her family aware she’s doing it? Then I will let CW2 do it. And I found that by informing her family or maybe doing, I would say, how do they call it, I don’t know the appropriate language, or English term to use it. But do some kind of rough risk assessment for it…

Interviewer: Yeah.

Respondent: Then I will let CW2 do it. However, if I inform my employer that CW2 has suggested instead of me going at 9:00, I should appear at 12:00, that’s a different story. They will tell me that is not what we signed up and agreed to in the care plan. CW2’s shift starts at 9:00, you’re not supposed to go at 12:00. But remember, CW2 has told me she wants to try out ABCD at 9:00, you can come at 12:00. As long as she doesn’t have medication, activity [feeds 1:23:37], she’s in the care of her people. I will say, “Please proceed.”

Interviewer: Right.

Respondent: But that can cause me serious trouble with my employer because then I’m doing contrary to what was agreed. That sometimes you need then authorisation or you have to inform the registered manager or the office. I don’t need to inform the office; I just need to put it on CW2’s file that CW2’s has expressed interest to do ABCD and says or states she’s comfortable with me doing this and this at this hour. That would be sufficient enough, than me having to phone, write, no, that’s time wasting. Because in any case, CW2’s care plan has been cited for the past four months…

Interviewer: Yeah, so you generally do… you wouldn’t phone up. Do you have to phone up and say… that creates a lot of bureaucracy?

Respondent: Bureaucracy, and also then that questions my professional judgment and expertise because then that means you do not trust me to do a good job.

Interviewer: Would you prefer to just be able to write, ‘CW2’s asked me to do this at 12:00, she’s comfortable with it,’ and then…?

Respondent: Yes, you just write it, as long as within your professional assessment and capacity you’ve established. Unless CW2 is restricted to that activity or whichever. Then that should be a contentious matter.

Interviewer: But you would get in trouble for doing that?

Respondent: Yes, sometimes… actually most times you do.

Interviewer: That’s a really nice example for the autonomy question actually, a really nice example.

Respondent: You receive a message from somebody in the office, “Why weren’t you in this place at 9:00? What is happening?” You say, just your notes, check your file, check your client’s file.

Interviewer: That’s a really good example. The next one is about thinking about the time you need to do your job well. Do you think you have the time you need? You have adequate time. You do not have enough time. Or you do not have time to do my job well and it’s having a negative effect on me? So the ability to do your role and provide the care and support, do you think you have the time you need? Adequate time? Not enough time? Or you don’t have enough time and it’s having a negative effect on you?

Respondent: (Laughs) That is dependent because at the moment I would say at least I have enough, not enough, but significant…

Interviewer: Yeah, you’ve changed things haven’t you?

Respondent: Yeah. So it necessarily doesn’t have to be enough, but at least significant, it’s significant. Not enough, but significant to do certain tasks.

Interviewer: To do the role and your ability to do it well.

Respondent: Yes, but of course in most cases the care system or the framework doesn’t give provision for that. That cuts across, be it for (name of organisation) or other agencies. For example, like given (name of organisation), I go to specific nursing homes. Because new clients keep coming and they keep dying and are discharged. Like I said, care is built on trust relationships, whichever. But because you don’t often go or attend to those people, you go on a rush hour basis, you’re stepping in for somebody who has gone on holiday. You’re stepping in for maybe somebody on maternity leave. Maybe somebody who is sick.

So again, your level of performance, commitment and quality of work cannot be compared to somebody who has established a relationship and does work on a daily basis to this person. That’s why you find in certain places or institutions, they have key workers, because then a key worker means that is CW2’s allocated care. And in absence of CW2 there is maybe Sugar. Sugar works in… so somebody has like two people, one… something like that.

Interviewer: Yeah, that’s good. The next one is about which of the following statements best describes how much you worry about work outside of your working hours? How much do you worry about the people you care for or support, or the tasks you have to do? Do you say outside working hours, I hardly ever worry about work? I occasionally worry about work. I often worry about work. Or I constantly worry about work. It’s hardly ever worry, occasionally worry, often worry or constantly worry.

Respondent: No, I often worry. However like I said, I have to get myself distracted in different activities, otherwise then I’m emotionally traumatised or drained, in most cases, especially like the vulnerable adults who live alone and they’re in co-sitters, or they can’t move, their mobility has issues. You worry if they call for help, how soon will it come? I worry that the entire night until the next day, until I come, how, if they need something. Especially those ones who sleep with the pads. So if they pee on themselves, they open their stool, they’re going to remain like that, until I come at 7:00. Sometimes it disturbs me, so most time…

Interviewer: How do you switch off? I know you’ve mentioned you do agriculture and other jobs, but in terms of now, how do you switch off?

Respondent: So right now I just listen to music.

Interviewer: Nice.

Respondent: I listen to music and I was planning to engage in a camp, fitness camp for about three/four days.

Interviewer: Fantastic.

Respondent: I’m still saving money to go for that camp to just distract myself.

Interviewer: That’s a good idea, that’s a really good idea. And in terms of looking after yourself at work, only a few more… in terms of giving yourself comfort breaks, to eat and drink and rest, do you think you’re able to look after yourself as much as you want? Are you able to look after yourself well enough? Sometimes you’re not able to look after yourself well enough. Or you’re rarely able to look after yourself.

Respondent: Sometimes I’m not able to look after myself.

Interviewer: Yeah and related to that, do you feel… the next question is about feeling safe at work. By feeling safe we mean do you feel safe doing your job from physical harm, fear of physical harm and also psychological harm, sort of emotional abuse, verbal abuse. We’ve got: I feel as safe as I want. Generally I feel adequately safe. I feel less than adequately safe. Or I don’t feel safe at all. Does that issue ever come up for you? Do you feel safe doing your job? Do you ever fear physical harm or emotional abuse or do you feel pretty safe?

Respondent: Well, it depends and it’s subjective. That still revolves around one’s professional boundaries. Yeah, because for clients who are in sound mental state, you communicate and they articulate, they communicate their needs. And in case of anything, they know the consequences of their action very well. I’ll give a case in point. I was doing a double for a private client and that client had very bad reviews. (Laughs) I don’t know how… everyone was scared of him and I was doing a double with a male. When we went… funny enough, he had a review of being a racist and didn’t like people from other countries. So when we went there, I just wore my smile, was calm, smiled with him, introduced myself and he was very sweet and polite for me.

But on his file he had a history of abuse, both emotional and physical. And now I’m going, and this is what I’ve seen on the file. And that’s why it’s a double. So the other male colleague I was working with, I asked him what I would do to support you, what are you comfortable with me doing for you. So that’s what I said. And he told me, “First prepare for me a cup of tea.” So I went in his kitchen, he’s in the living room, to prepare a cup of tea. And my male colleague came and looked at him and greeted him and within a short period of time he had a hammer, a log, some wooden things, he threw at him.

Interviewer: He threw things at him?

Respondent: At him. So I’m in the kitchen and my colleague, well we did enter the same time, but he came a few minutes after me because he was parking the car. So I’m in the kitchen and he’s kind of greeting him, and this colleague had worked with him before. And he threw at him the timber, so then he comes and tells me, “This man is throwing this, let’s leave the house.” So I tell him, “No, I’ve just spoken to him,” and [\*\* 1:35:28] in the sitting room, in the living room. I said, [\*\*]. So I came back and I said, “Darling, did you send away my friend?” Then he was like, “Yeah, I don’t like him here, I’m not comfortable working with him.” Then I asked him, is it the same for me as well, because then I can’t support you alone, I have to support you with him.

Then he said, “No, I’m comfortable with you. You shouldn’t fear me, I’ll not harm you. I will be compliant.” I was like so… but only he was scared, but if his friend has a history of all those dangers and he’s reflecting something different, how sure am I that he will not harm me? So I just put on a brave face in my heart, I just said okay, we’ll do for a short time. But little did I know, in the process the nursing team was around the corner and was viewing everything in the window.

Interviewer: Oh my gosh, right?

Respondent: So after I was still, I got him tea, he took tea. Of course I couldn’t, by myself, this is a tall, huge… by myself, to change his pads and help him, I needed another person for that. I couldn’t. So I told him, since you’re not comfortable with my colleague, then I can’t do certain tasks, so I’m only going to do what I’m able to do. And then I asked him, is it okay if I call him to just help for these particular ones and then we can go, and then he can move out. He was like, “Okay, he can help.” Because he was really soiled, and dirty and demanding. That was the morning call, the morning first call at 7:00.

Interviewer: Yeah, yeah, so he needed to be changed.

Respondent: So imagine the whole night, he was like, “Call him.” But when I called my colleague he was like, “He’ll beat me, I’m not ready to risk.” Much as I called his team, so he declined. But the nurses who were monitoring came in and we did the task together.

Interviewer: Gosh interesting, really interesting.

Respondent: The traumas and risks are different. Now that is from a private, or individual basis in a home. But now within an institution, the trauma and torture or harm you experience is, already you are edgy, you’re not coming in and stuff, you’re just stepping in, right? So most times the permanent staff on the wards, they do not want to collaborate with you.

Interviewer: Yeah, that’s hard.

Respondent: They don’t want to support you to do your work. You’ll ask them something and somebody mutes. For example, you can ask somebody, like CW2 is asking for a yoghurt, is it part of his diet, is it safe for me to serve him that? Because somebody could be on medication that doesn’t allow them to eat certain foods.

Interviewer: Yeah, exactly.

Respondent: And again, because I’m not a permanent staff, or I don’t have access to their care records, I can’t assume that they’re supposed to eat like me, who is not them. So if you constantly ask, enquire, then you’re deemed incompetent. You’re deemed inexperienced. So if you are working with people who are supposed to nurture you and mentor you and guide you, tell you you are incompetent, you’re inexperienced, then you have no zeal to do your job for the next day.

Interviewer: Yeah, that’s hard.

Respondent: So that happens with agencies or in experiences like (name of organisation), with agencies, yeah it does.

Interviewer: That’s really interesting, because the next question is thinking about your professional relationships with people you work with, with other care workers, and other social workers and things, do you think your professional relationship with the people you work with are as good as you want them to be? Good enough. Not as good as you would like, or not at all good? So other people you work with. Or do you think the relationships are pretty good with the…?

Respondent: That’s difficult because then it’s better if you ask them to tell you about me, not me. (Laughs)

Interviewer: Yeah, that’s fair enough, that’s a really interesting point.

Respondent: But yeah, at least I would say they are good in the way that at least I’ve had two or three clients make mention of my previous… or my other colleagues, say something good about me. Or I do something and then somebody was like, ah, so-and-so told me that you comfortably do that or you have no concerns with this, oh, so it’s true.

Interviewer: That’s nice!

Respondent: I think I’ve had about two people, yeah, two people I think only...

Interviewer: That’s amazing, that’s nice to hear, always nice to hear. In terms of how supported you are in your role, and basically by ‘supported’ we mean the extent to which you feel respected and encouraged by your manager. Do you feel highly supported by your manager? Adequately supported by your manager. I do not feel as supported as I would like by my manager. Or I do not feel at all supported by your manager.

Respondent: That’s a hard one. That one is hard for me to respond, because the challenge with me, everything I mentioned is subject to evidence. So if I can’t attach a statement, what I’m saying, doesn’t make it right.

Interviewer: Have you got examples of evidence where you do feel very supported by managers? And maybe you’ve also got evidence where you feel less supported by management? Is that what you mean? There’s not one…

Respondent: Yeah, exactly, so I would say they’re mixed, it’s a mix.

Interviewer: That’s fine, that’s absolutely fine.

Respondent: It’s mixed, it can’t be half-half, it’s a mixed thing. And so that means it depends on the situation. I can’t guarantee their support and it’s dependent.

Interviewer: That makes sense, good answer, that’s good. I think I know this, in terms of the skills and knowledge you need to do your job well, either through training, education, your life experience, do you think you’ve got the skills and knowledge you need to do your job well? You have adequate skills and knowledge. Some skills and knowledge, but not enough. Or I do not have the skills and knowledge I need.

Respondent: I think I have the skills and knowledge.

Interviewer: That you need, yeah, exactly. In terms about your career aspiration, the last two, and how you would like to develop and progress in social care, which of the following statements best describes how you feel? I have opportunities to enhance my career, as I would like. I have adequate opportunities to advance my career. I have some opportunities, but not enough. Or I have no opportunities to advance my career.

Respondent: Well, I think in the context of the restrictions and policies, there are not opportunities to enhance. Because in any case, the professional training is restricted to care.

Interviewer: Yeah, so you would like it wider?

Respondent: It has to be wider because if you want to retain me in care for the next 10 years, where does that leave the other people who are training to work? It has to be a rotational circle.

Interviewer: Interesting. So you mean you go out and go back in, is that what you mean, go out…?

Respondent: No, you go out and another young person comes in, because you don’t expect me at 36 to have the same energy of a 25 year old. The quality of work would totally be different. Recently I went to some… I was surprised… you find somebody at the age of 50 being a senior care assistant, for what? 50 years? Being in care for over 10 years? Then they should be a commissioner, they should inform policy and procedure, because the knowledge they’ve gained is way upskilled… is what they’re doing now.

Interviewer: That’s so interesting.

Respondent: But again, because of the physical body [\*\* 1:45:57], they’re not going to compete with me who is able to pull machines, laugh with the old people, stand the whole day. Their emotions are drained. Their needs are drained because the needs of a 50 year old are different from mine.

Interviewer: Yeah, yeah, really interesting, I like that idea.

Respondent: It has to be, I would say, a career pathway for a carer. Somebody shouldn’t be in care for more than five years; they will abuse the system. Because then they will know everything. They will know how to bypass, or how to dodge or to manipulate the system, which makes the beneficiaries prone to risks and abuse.

Interviewer: You mean if you’re in care a long time, you’re more prone to take risks and bypass policies…?

Respondent: Of course it doesn’t… in that context, how can I say… if you’re in care for a long time with no clear career path, you’re prone to abuse. Like you can’t have the same role for 10 years, no. From junior, senior, then what, you’re staying senior? No, you are a care assistant, you become a senior, you should graduate to become a registered manager. Then you oversee, train and maintain the others. Retire, another person comes.

Interviewer: You mean they’re more likely to abuse their position in terms of not do it well, is that what you mean?

Respondent: Exactly.

Interviewer: I get you.

Respondent: Because for them, for them, they will even refer to things the way doing 10 years that are not functional or relevant anymore.

Interviewer: Yeah, interesting, very interesting.

Respondent: And they’re also not open, most of them are not good, I would say good teachers or tutors, I don’t know. Like if you found them in the working environment, they rarely offer help or support because they learnt the hard way.

Interviewer: Yeah, interesting, they think you should too. (Laughs)

Respondent: Exactly, so they just baptise you with fire, which shouldn’t be the case.

Interviewer: How interesting, CW2, that’s really interesting. Last two, gosh I’ve took up loads of your time, it’s so interesting, you’ve got so many experiences. The last two, one is about the income from your work. Obviously this project is about pay and rewards from this work.

I know you’ve obviously talked about the rewards that come from doing the care and the rewards you get, rather than the pay. But in terms of the income from your work, how do you think it basically fulfils you in terms of financial security? Do you think you’ve got as much financial security as you want? Enough financial security. You do not have enough financial security. Or I do not have any financial security. Here we mean whether you have the income that meets your needs and your household needs? Do you think you’ve got as much financial security…? Think about your pay, the benefits.

Respondent: Well, it’s not enough. I don’t feel I have enough financial security. If one, I can’t meet my basic needs, two, I can’t make a saving, three, I can’t, for example, I can’t acquire even a car. Yet it would simplify most of my work…

Interviewer: Yeah, if you could buy a car.

Respondent: Yeah, I can’t buy a car or even get a credit loan for one. I can’t even get an overdraft.

Interviewer: Do you think you just do not have enough financial security, or I do not have any financial security, which one?

Respondent: No, I do not have any financial security.

Interviewer: Okay. And finally about your role in social care and whether it’s valued by other people. By ‘other people’ we mean the public, the people you know, the media. Do you think, my role is highly valued by others? My role is adequately valued by others. My role is not as valued as I would like. Or my role is not valued at all. Final question.

Respondent: In my opinion it’s not valued at all.

Interviewer: Oh, that’s really sad. Why do you think that?

Respondent: Well, first of all, the general public views or outlook of it doesn’t make it appealing. Even just whether the environment views you not respectful… how can I explain it? But me, I don’t feel it’s valued in this country. It’s not. However, in my home country it’s much valued.

Interviewer: That’s so interesting then. Do you mean do people, in terms of respect or in terms of money, what do you mean in terms of you think it is in your country?

Respondent: In my country it’s not even the money, but it’s just the status, respect and the real words that come with it. For example, in my country they don’t address me by name, in my role. I’m addressed as a ‘mother.’

Interviewer: A mother?

Respondent: Yeah, in my culture, or in any (name of place) setting, you can only be a mother if you give birth.

Interviewer: Yeah?

Respondent: But because of the role I do, I am addressed as a mother. I can use public means with no pay. I can be offered to, as long as that community knows me, I’m doing that role and I said today I don’t have money or I’m not able, they will just say, “No money, it’s okay, for you we shall do.”

Interviewer: Gosh, wow.

Respondent: So that respect and honour that comes. And then the other thing, the rewards that come with it, in my country, sometimes I wouldn’t shop for food. The beneficiaries will [\*\* 1:53:36], when they have harvested, or their excess have it, they will send you food. They will send you animals as tokens of thanks.

Interviewer: Oh my gosh, wow.

Respondent: Whereas here they give you a gift, it will be a bribe. (Laughs)

Interviewer: Yeah, you’re not allowed to take gifts.

Respondent: Exactly, it will be a crime, because it’s just that sometimes I am a little bit keen with policy and procedure, there’s a time I did, it’s some client had so much emotional damage, was living in an environment that is cluttered. And I just said, I decided to work extra hours and clean up the house, arrange for them and the first thing he said, I hope you’re not going to charge me for extra hours? And I’m like, no, I’m just doing this courtesy to get you comfortable, I’ve already logged out of the system, I just need you to get comfortable.

And so I arranged, of course the house was big, cluttered, but I only concentrated on the room where he was living. So I said, “I’m only able to do this part, the rest I will not touch.” So I organised it and he was like, oh, it looks different, it looks very comfortable. He was so happy. And the next time I came back from my shift he had organised a few gifts to tell me thank you. (Laughs)

Interviewer: That’s so sweet.

Respondent: I told him, I don’t want to get in trouble, I was just doing what any other person would have done, any normal person, if you see anything that is unusual, I think it’s only good to do something about it if you can. So I declined all the gifts and I remember, he got angry with me for about four days. I would come, give him food and he refuses food, I tell him at least to take the medicine because this is going to get me in trouble if you’re not doing. And he became violent and I had to just prepare him and tell him I’ll not be coming to support you anymore because I don’t like the working relationship with you anymore, I don’t feel I’m the best person. So I had to change and ask not to work with that client again.

Interviewer: Gosh, that’s a shame.

Respondent: Here the rewards and gifts amount to… (Laughs)

Interviewer: Gosh, that is so interesting, so you don’t think the role is valued here at all.

Respondent: No, it’s not. Actually the only one I’ve seen is valued here is a doctor and I was a social worker. I think I’m going to give it a try to pursue my social worker career here. But I want to now just focus on adult care, that’s what I want. I think if I get an opportunity to transition in that, I would do that.

Interviewer: Fantastic, that sounds good, that’s really interesting.

Respondent: That’s where I want to retire, for passion. But for money, I’ll flip the coin to agriculture or construction.

Interviewer: It’s so different, I love it! I love the contrast. (Laughs) CW2, I’ve just got a last couple of questions. In terms of your age, how old are you?

Respondent: I’m 32.

Interviewer: And your nationality?

Respondent: (name of place)n.

Interviewer: And your educational qualifications, have you got a degree or other qualifications?

Respondent: I have a master’s.

Interviewer: Oh, you have a master’s as well, oh my gosh, you’re amazing, how have you fitted this all in? It’s amazing. Is your master’s in social work?

Respondent: No, monitoring and evaluation and my degree is social work.

Interviewer: So a master’s in evaluation, is that social policy evaluation?

Respondent: No, just with a major in monitoring, management. Major in management.

Interviewer: I see, wow, a master’s in management.

Respondent: No, in monitoring and evaluation.

Interviewer: Oh, monitoring and evaluation.

Respondent: Yes.

Interviewer: Gosh, how interesting. That’s evaluating systems and things like that?

Respondent: Aha, policies and monitoring.

Interviewer: I get you, right.

Respondent: I can be in position to evaluate the social care.

Interviewer: I can tell, you’ve got such a good overview of it all, a really good overview of everything.

Thank you so much. Is there anything else you want to add? I’m really conscious I’ve taken your time. I’ll be sending you a voucher on Monday; we so appreciate it. Is there anything else you think we should ask or we’re missing in terms of what we’re asking?

Respondent: I think you should also… of course based on the purpose of your study, I think the questions are properly structured and speak to the topic, to the subject of research.

Interviewer: That’s good. And you have been amazing, thank you so much for being so generous with your time and your examples. It’s such an amazing story you’ve got about why you’ve ended up in care and how you’re driven by trying to provide a good relationship and how that fits within the system. Really interesting.

Respondent: Care is my passion, it’s something I think I’ve done all my life. I just didn’t start through qualification, I started it around the age of 10.

Interviewer: Through your family.

Respondent: Yeah.

Interviewer: Amazing. CW2, I’m going to let you go and have your weekend now, but I will email you on Monday with a shopping voucher for £25.

Respondent: Thank you.

Interviewer: I’d love to keep in touch and keep you informed about what we’re doing and you know…

Respondent: That will be very, very helpful because I would really want to find out the outcomes of the research.

Interviewer: I’d love to get your views on it as well, I think that would be amazing.

Respondent: Yeah, if it will… the policies or laws it’s going to influence, I’d just want to find out its outcomes, its impact on the system. If tomorrow something is changed or something happens positively or negatively because of this research, that would be a bonus for you, not me, for you, because you have collected the rightful information.

Interviewer: No, we really do want to make a difference, but it’s important to speak to people on the ground who are actually doing it. That’s really important.

Respondent: I would just recommend that another study be established to focus on the client’s perception of the quality of care. I’m sure people have done this.

Interviewer: Yeah, but it’s interesting.

Respondent: They should review, because it could be outdated literature, but after the Covid pandemic, because now people have lost… people are still grieving, they’ve lost their relatives… people no longer have social support systems, so the care has changed so much.

Interviewer: I know, and I think for your (name of organisation), it’s all local authority funded, isn’t it, all of your clients, they’re funded by the local authority and so you don’t get enough money… I don’t know, in terms of the money, they don’t get as much money do they, compared to privately self-funded people who are paying a lot more money? So I don’t know if there’s the money in the service to give them…

Respondent: It could be, but much as the council funded clients, there are some clients who have their own savings and I think are wealthy enough to even afford a private caregiver.

Interviewer: Oh okay, but they don’t pay… do they pay for it, or do they still get the local authority to pay?

Respondent: Some do pay and only get the local authority to step in, but they do have the few workers. And I think those are the [upper 2:03:56] class, so I think those ones have planned for their retirement. They have their private caretaker, who is their key worker and then they have council sending over a carer, because it’s the duty of the council to do that.

Interviewer: Oh I see, so you’re seeing people that maybe also have a private carer as well as you?

Respondent: Yeah.

Interviewer: I didn’t realise, okay.

Respondent: So that’s the [upper 2:04:30] class, they don’t feel a pinch of the system. (Laughs)

Interviewer: Whereas some of the people you’re looking after have only got the council?

Respondent: Yeah, but I’ve got also people who have both the council and the private.

Interviewer: That’s really interesting, isn’t it? The client perspective will be very varied, it’ll be very different.

Respondent: Exactly, that’s why I’m saying, I think further research should be conducted in the context of the client perspective. That the two can be triangulated or integrated.

Interviewer: Yeah, I think you’re right. So for example (name of organisation), your company, they don’t provide… do they provide the private… they don’t provide the private care worker do they? They just do for the local authority, is that right?

Respondent: Yes. That’s very right.

Interviewer: I see, so actually the client perspective, they’re often seeing a number of care workers, aren’t they?

Respondent: Yeah.

Interviewer: It’s fascinating, thank you so much, this has been so helpful, I so appreciate it.

Respondent: It feels so nice… I wish the best in your research.

Interviewer: You too, and I will email you with the voucher on Monday.

Respondent: No problems and don’t hesitate to contact me for any future research and studies in that context.

Interviewer: Thank you, that’s amazing, thank you very much. Good luck with everything and we’ll be in touch, yeah?

Respondent: Thank you so much.

Interviewer: Thanks CW2, bye.

Respondent: Bye.

Interviewer: Bye-bye.

END OF AUDIO