

## **Written evidence submitted by Prema Fairburn-Dorai (RTR0147)**

### **Problems with retention of BAME staff**

My name is Prema Fairburn-Dorai. I am a product of the explosion of immigrants from Malaysia and other commonwealth countries in the late 1960's who came to the UK to study nursing. Nurses then were dedicated to their roles and worked hard without the aids and equipment that is available now to undertake work safely. As far as I can remember, my training at Lewisham and Guy's hospitals was a happy experience and I did not encounter too many racist situations. There was an element of it within the staff team and promotions were more likely to be given to white British nurses. My rise to management was unusual as I was promoted to the role of Ward Sister at the age of 24. I can only conclude that this was the case because my communication skills were above average and I was not subjected to discrimination. The nurses from commonwealth countries were in my view the backbone of the NHS. I have seen the numerous changes throughout the 50 years of my nursing practice. I also have owned care homes and a domiciliary care agency for the past 36 years.

I am also the Chair of the Suffolk Association of Independent Care Providers.

### **Current**

Pre- Brexit, 25% Of our staff were from Europe. They have nearly all left mostly to return to their own countries. I have 4 members of staff from Asian countries.

Due to the rurality of Suffolk, domiciliary care has always been difficult to service even with an all-UK workforce. The staff are very choosy about the hours they work, they do not want to work weekends and evenings. This makes it almost impossible to service our clients care needs.

- Early stages of Pandemic – BAME (Usually Asian and black minority) staff were more likely to get Covid because of lack of PPE and ethnic susceptibility.
- They usually worked right throughout the Pandemic because there was an expectation that they should do so and there were very few leavers.
- Now, with the new regulations about recruiting from overseas, we have sponsored 5 staff from India.
- The experience has not been as good as we had hoped. Despite intensive training in cultural differences in the UK as well as care training, they have not been able to settle in the job as well as my previous recruits in the 2000's. Driving lessons were provided and training lasted 21/2 months which we have never had to do previously.
- I have dismissed three because their performance was unsatisfactory.
- This experience has not been helped by the fact that our existing all UK staff have been intolerant, judgemental and unhelpful to these new recruits. This is coupled with undertones of racism from some of them.
- The demand for homecare has exceeded capacity. Our efforts to recruit new staff have not been successful. The problem is compounded by the fact that our clients' attitudes towards male carers and overseas carers has not been pleasant or helpful, some of it being overtly racist and gender discriminative. Some clients have refused to allow overseas care staff to attend to their needs. We are not sure how to overcome this and have asked the LA for their help as their own social workers are guilty of contributing towards these high expectations of the service by promising only female carers and specific times of visits. This has always been the case, even before Brexit and the Pandemic. Unfortunately, we do not get much help from ASC in Suffolk. We have asked them to promote awareness of policies expressing zero tolerance to racism and verbal abuse to our staff. Currently there are no consequences to the client when these situations arise and it is becoming an increasingly familiar scenario. If we make it clear that we will not tolerate such behaviour, we are not

always supported by the LA and are criticised for handing back the care package. There are of course exceptions and good communication skills from our overseas carers makes a difference to how they are perceived by clients. Some of our clients have been extremely complimentary about our overseas care staff.

- We are recruiting a few more staff from overseas. With the lessons learnt from the first cohort, our selection process has tightened up and we are looking for individuals with near excellent English-speaking skills, care experience, a pleasant personality and confident driving skills.
- The costs involved in recruiting from abroad is a huge issue. An investment of £6000 is needed for each new recruit to pay for the Home Office and sponsorship fees, legal fees for visa applications and training in care, cultural awareness, safe driving, plus providing accommodation and a car. We have many small domiciliary agencies and care homes in Suffolk who simply cannot meet these costs.
- Currently, 10% of our staff are from the BAME community and this will increase when we recruit the 2<sup>nd</sup> cohort from overseas.
- My lived experience pre-pandemic and Brexit has demonstrated that our BAME staff have a better work ethic, they take their responsibilities very seriously, they are less likely to go off sick, they are loyal and committed to the company and colleagues and they stay in the job for 4 years or more. They are the core staff in our companies who can be relied upon. We also have a strong core of UK staff to add to that group.
- Adding to our frustrations is the long wait for Certificates of Sponsorship and Visa applications to be approved. In addition, it takes at least 2 months to get NMC and HCPC registrations approved. Because our need is now, these long delays of up to three months has caused us untold difficulties in trying to maintain the service that we provide.
- Paying our staff a fair wage which is on a par to what NHS care staff get is the key to good retention of staff and a figure of £12 per hour has been proposed but can never be achieved because our Local Authority fees are so low.
- Retention in care homes is marginally better than in home care. This is due to shift patterns offering 3 long days a week and having the rest of the week off. Fuel costs are also lower.
- In domiciliary care, fuel costs are high, travelling from one client to the next adds to travel time which is always unpredictable, and the hours worked are long and disjointed so it is not as attractive as a care home post. We have found that most new carers get almost 'burnt out' after 6 to 8 months of working in domiciliary care. They cite the stresses of the job and inadequate pay as reasons for leaving. If we were able to pay travel time and decent mileage allowances, this may help to retain staff.
- Historically we have absorbed these costs by cutting our profit margins however, the current situation leaves no profit margin and we are at the mercy of increased food, fuel, utility prices as well as the impending NI increase. Despite this, there is still an expectation that we should provide a five-star service. It would push many small providers to the brink of bankruptcy and does not help retention of staff in the slightest.
- We offer bonuses, perks at Christmas, Employee of the month bonuses, counselling paid for by the company and outings for staff as bonding sessions and some of it helps.
- The Workforce retention fund was put towards giving a bonus of £200 to each social carer in Suffolk. The money was supplemented by the CCG and the Local Authority.
- The Pandemic has changed how we all think. I have seen the change in the attitudes of members of staff. They are more demanding, aggressive at times, inflexible and have no qualms about walking out of the job with no notice. They have made it clear that they are better off on benefits or working in Tesco. If a bonus was to be paid for example in December to reward all who stayed committed to the job, they are likely to stay to get the bonus and leave immediately after.

- The staff who stay loyal and committed to the company (and I have staff who have worked for me for upwards of 8 years) are the ones who still have old school values and take their responsibilities very seriously. The older members of my team who were trained in those 'old school' values are the individuals who go 'above and beyond' to help and care for our clients in the community.
- Having said all of the above, social carers worked very hard all throughout the Pandemic when times were really tough and they stayed committed to their residents/clients in the most appalling of conditions. I have nothing but respect and praise for them for their endurance during the past two years and I have my doubts about whether how we coped in those early days of Covid have been truly valued. We in the sector do feel betrayed and the current recruitment situation is a consequence of that.

### **What would I like to see changed?**

My view is that we have been under funded for far too long. The care sector needs to be funded fairly (on a par with the NHS) so that we can pay our staff at least £12 per hour and in the case of domiciliary care, we need to have travel time and mileage paid as well. We also need the same career development and training opportunities that are available to NHS staff. I am still pushing hard for the care sector to have a voice on the ICS board in Suffolk however nothing has materialised yet. If true integration is the key to moving forward, we cannot remain marginalised. I seriously feel this would make a difference.

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