

Written evidence submitted by Group 3 (Event 2) (EPW0083)

Transcript of roundtable event with members of the social care workforce held on Wednesday 11th May for the Health and Social Care Committee Workforce Expert Panel.

Group 3

Shereen Hussein: So I think we'll start with by quick introductions for the group, if that's OK. So if everybody can give a brief introduction, and then we'll get started. So can I start with Participant A?

Participant A: I'm an Admiral Nurse in the East Midlands. I was previously a memory nurse for the NHS as well, so I've got experience on both sides.

Shereen Hussein: Brilliant. Thank you for coming. Participant B.

Participant B: Hi everybody. I'm a Senior Learning Development Manager and looking forward to working with you all.

Shereen Hussein: Fantastic. Participant C.

Participant C: I'm a learning disabilities nurse working in social care.

Shereen Hussein: Lovely, it's good to have you. Participant D.

Participant D: I am a social worker by background, and I run my own community care business which covers all age groups, from children right through to end of life.

Shereen Hussein: Fantastic. Thank you everybody for coming. I believe that you've already had sight of the questions but basically, as Jane said, we tried to look at the various pledges that the Government have made over the past five years for the workforce, both social care and health, and we organised it into three groups: planning the workforce, building the workforce and wellbeing of the workforce. And today, I'm really pleased that we have representation from the social care sector, which is quite different from the healthcare sector. So the first commitment area is on planning for the workforce, and the specific pledge that we are looking at is, 'to ensure that their NHS and social care system has the nurses, midwives, doctors, carers, and other health professionals that it needs'. So as we can see it's a vague, though inclusive, pledge that is leaving a lot to interpretation, and on the feelings of people on the ground. So we would like you to think about whether you think this pledge is currently being met. We'd also like you to think if there is an appropriate mix of skills, levels and roles to ensure high quality of care for service user, and the safety of the workplace. So we'll start with that. So what is your perception, as someone working on the ground, about the level of staffing and the mix of staffing?

Participant D: For me, coming from a community-based group, which is domiciliary care and support, I don't feel that it's possible to say that that has been met. Because if we look around the payment, where dom care is concerned, the payment is not very good, which means that you cannot- necessarily- get the quality of staff, and the mix of staff, with the experience that is needed across the board.

Shereen Hussein: Thank you. So you think that it's because of the wages, and the level that wages are set to, as they are not enough to attract staff. And I think you alluded to the different mix. Do you have in mind a specific role that you think that is actually impacted more than the others?

Participant D: I think it mainly impacts the average care worker. And that is because we are asking people to work from early morning, to work very long hours, and to travel around from place to place- they've been given so much more responsibility than the pay reflects. And if you compare that to a health care assistant, who gets more pay because they are being paid by the Government, then no, you cannot get the right mix.

Shereen Hussein: Thank you. Participant B.

Participant B: I very much agree with Participant D. In my county at the moment, we've got approximately 4000 vacancies in social care. It's across all levels, but what we're really desperate for is nurses to work in our nursing homes. So actually, we could be bed blocking because they can't be discharged to the nursing homes because we don't have nursing support. Similarly to what Participant D was saying, the wages we're paying care workers is actually comparable with Aldi, and other supermarkets. So people are thinking, 'why do I need to work these really odd hours, and sometimes have physical and verbal abuse thrown at me, when I can get the same money stacking shelves- and get staff discount.' And we're up against all sectors, as all industries are saying that there is not enough staff to go round. Tomorrow I'm doing a job fair, and there's about 50 employees going, and the target is to get two applications. So a senior manager like myself, and my colleague, will be standing there all day hoping that at least two people come along because, as I say, we've got 4000 vacancies.

Also, I don't think the Government have realised....medical care is absolutely superb in the UK, so therefore people are living longer, which means that more people are needing support. People with more complex needs who, previously, may have passed are, through brilliant medical care, living longer, but they are then coming into the social care sector. So we're asking staff, like Participant D was saying, to do much, much more complex work with more complex individuals. So, again, we're trying to meet the Government pledge, but we've got other industries to compete against. At the fair tomorrow, there will be technical industries and shops, and how can I say come to social care, and respond with £10 an hour when they ask me what they'll get. They'll take the sweets and walk off. I'm not trying to be negative, but that's where we are at the moment.

Shereen Hussein: Yes. So both of you are saying that there are serious staff shortages. I'm going to go to Participant C, but I just want to say hello to Participant E. So, Participant E if you could just briefly introduce yourself.

Participant E: I'm a team manager for a local authority.

Shereen Hussein: Brilliant. So we are just discussing the first pledge, which is to do with having enough numbers of staff, and we're hearing views, so you're most welcome to join in once we go round.

Participant C: It's similar to what Participant B was saying, certainly around nurse recruitment, which is a significant issue within our nursing homes. There's still this image around it being a second-class role, where people go when they're going to retire and at the end of their career. And as for care workers, unfortunately, because of the whole mandatory vaccine situation within care homes, we lost some colleagues who have chosen to leave social care completely. Obviously, there was a last minute you turn around vaccinations for supported living, but we also lost some colleagues along the way who were just so fed up, and so disheartened, with it all, and they've gone, as Participant B said, to places like Aldi where you get discount on your shopping, and you can get a better hourly rate. Some colleagues have gone back to the NHS because of the terms and conditions that the NHS have, and social care will never be able to match those terms and conditions. There is

such a disparity, particularly around sick pay. As those in social care will know, there are issues at the moment around staff having to self-isolate, but not necessarily getting paid whereas if you work for the NHS, you do get paid. So there's a big disparity. I think the whole vaccine situation really put a bridge between health and social care in particular, because they felt that the care home staff were the guinea pigs, and then because the NHS shouted really loudly and said, 'we're going to lose all these colleagues', that the situation was changed. So I don't think that helped social care.

Shereen Hussein: That is really helpful. I think a lot of very good, interesting points that resonate with a lot of the research that we do. Participant A.

Participant A: I'm in agreement. I came out of a meeting just before this, and they were talking about how they've got no nursing staff at the moment, and they have to use agency staff within the care homes because they can't recruit care staff into that home. Out of our 65 homes, I think we've currently got adverts out for about 350 jobs across different grades. But like I said, I previously worked in the NHS, and as a student, there was no interest in people working in social care. Nobody seemed to want to with older adults or dementia. I think out of our whole course there was myself and one other person that wanted to work with older adults in that area. So we need to start encouraging people to work in social care in the training element as well.

Shereen Hussein: Yeah. So there is a question about the pipeline as well, in terms of attracting people from higher education. For the sake of time I'm going to move to the next question, which is looking at the workforce planning. It's a nice segue in terms of thinking of the whole pipeline. We really want to hear more about your experience of workforce planning as part of the strategy in your workforce. Do you have any comments around approaches to this so, for example, do you think there are appropriate mechanisms in place nationally that can help to support the workforce planning? Is there enough data and information available, and shared, to facilitate such workforce planning? And really, what are the challenges? I'm going to start with Participant E, because I want them also to comment on the previous one, if they can, and then talk about the planning.

Participant E: I think they are very interconnected, in the sense that we need to be able to plan how many social workers we need, and how many people are coming into the social care system, and where they're actually coming from. I think there's two elements to it, in terms of that person who wants to start off a career and wants to know where that's going. So for me, I started off in a local authority as an admin person and was lucky enough to be sponsored to do my degree in social work, and now I'm a Team Manager. Now, that's much harder if you're coming in at the level of social care assistant/support worker as there's no career pathway after that. So there's not that attraction unless you are fully dedicated, and fully committed, and people have to see it as a vocation for them to think that this could be something that they would want to do. People have got to think 'I can go from here and get to here, and that's something that I want to explore' or 'I've got to get to point in the pathway, and now I've got to here.' In terms of planning...when I did my social work degree through my local authority I was sponsored, and that system was stopped for a while, and I don't think that was necessarily the right decision. Now, apprenticeships have started, but a lot of those apprenticeships are probably more internal candidates, rather than actually extending that out to your social care support workers. And I think that in terms of that planning, there needs to be that opportunity in order to increase its attractiveness. We need to uplift social care in terms of its social status, in terms of its value. It needs to be seen as just as important to train to be a care assistant on a ward and be trained as a nurse, as it to be a support worker and trained to be a social worker. That needs to be equal, and I don't think that it is. So it's that uplifting of the actual status and the value and the importance of support workers in the industry. Because there are a lot of places that provide that pathway that have better social status in other industries. You can go to Aldi and be a

manager if you want to, there's a clear pathway, but you can't do that in social care. So, I think we need to uplift in terms of the value of social care as a career option, as a career pathway, and also its value within society.

Shereen Hussein: Fantastic. So we're hearing about disparities in different levels, and with different sectors, so not only with NHS but also retail, in terms of wages and status and career pathway.

Participant D: I was going to say that we talk very much about working as a cohesive group, but it's the very people that the care sector is working with that tends to actually push the care sector down. I'm not being rude, but people like community nurses, who tend to speak and treat carers as if they are servants- I'm not saying all community nurses, because you've got some really good ones, but I'm just talking in general. The fact that people don't actually value...quite often clients will say to me, especially around palliative care, 'what would we have done without you? We didn't realize the importance, and the hard work you do, and we really do appreciate what you've done.' But I don't think that the Government portray all the goodness of social care; the relationships that they build, the support that they give to families, especially around palliative care, or children, or those who are very lonely. Quite often in the care sector we go over and above what we're being paid to do, and I don't see the Government really portraying that, and I feel that people in higher positions do not understand what we do, and if they don't understand it, they cannot value it. So you have to have people who have an understanding in positions to try and influence change.

Shereen Hussein: So, in your view, what would be the solution? You said the Government don't portray it accurately, so do you think that there is a need for things like public awareness, and uplifting, which is the word that has been used? Also do you think there is a need for training across NHS to help them to realise the value of social care.

Participant D: Yes, I definitely think that, and I don't think it's just the NHS, I think it's around schools, especially sixth form colleges. There are people who are interested, and we are doing a young people's programme in care with 16-18 year olds from our local college, and it's about how we portray it as well. We've got to value ourselves. We've got to stand up and fight for ourselves. We have got to say yes, we are contributing, and we are not just contributing, we are needed. We cannot just sit back. We have a strong voice, but we don't use it.

Shereen Hussein: OK, that's great, thank you. I'm going to go to Participant B.

Participant B: In our local authority our workforce planning is sometimes hindered by the Job Centre Plus people, because we are aware that when you put an advert in (and I only know this because somebody was retiring, and they gave me this insider information) that each month there's a different sector that you have to recruit to. So if it's retail sector that month, then you've got no hope of getting anybody put forward for social care, even if they say that they want to work in social care. So that hinders us. The other sector that we find it hard to engage with is the Job Centre Plus job seekers. We've done many fairs with them, and 95% of them say that they're only there to get their benefit, which is a bit of a disgrace. We're trying to reach out to people who are coming to England to repatriate and live, and we do get some people from it but not many, because their support workers tell them that they're better off going to work for Deliveroo- they try to put them off because there seems to be a contract with these companies. We've also tried working with people who are homeless, to try and encourage them into the sector with a night job, as we know that that's when they feel most vulnerable. The final thing, and it's similar to what Participant D was saying about schools, is that there are around 70 schools in the secondary sector in our local authority, and we only get invited to around five to talk about careers in social care. And that's a

disgrace because out of those 70, 65 offer a course in health and social care. So is there anyway that the Government could make a commitment around that, making it part of their course that someone from social care sector will come in and talk to them about possible roles. So that's the sort of status we need to get. So that's where we're at. I know it all comes down to money, and it's council tax, but if we could get a little bit more money...and we should be celebrated little bit more, because in the whole of the pandemic Boris Johnson only mentioned social care once and wore the badge once- I've got a colleague who used to watch it religiously and tick off how many times he had the NHS badge on. So if the leader of the country doesn't give us any status, who will? There's one thing I want to say before I disappear, and it's similar to what others have been saying, but can we start using the apprentice levy to fund people at university colleges. At the moment we're trying to get new staff in, and we've got the 16-18 year old programme that we can run, but if we could go into universities and tell people that we will sponsor their final two years if they come and work for us afterwards, I think we would get a lot more people coming to work for us. At the moment we've got this £7-8 million levy fund, and we spend half a million of it and give it away. But we could be sponsoring people who want to come and work in our sector. Sorry, I'll get off my soapbox now.

Participant E: I'm just going to carry on the soapbox. I think there's an important element about education, and actually providing an educational pathway from a very early age and having it front and centre, in the sense of this is the range of the career pathway and it has equal importance. I always get on my soapbox about this because we really need to shout about it, and I do agree with Participant D, that we need to shout about getting that parity. I cannot do my job, and nobody is moving out of any hospital setting unless we have social care. If there's no social care out there, then nobody moves out of hospital. If I was a brain surgeon, and I didn't have the equipment to do what I needed to do, somebody would be shouting about it, and at this point in time as a social worker, I don't have the staff, or the resources, to do what I should be doing, which is supporting people to be in their own home and live a good life. I think language is really important, and I think that the language of key leaders, key people who are sat in the media all the time, is really important in the sense of building that parity and creating that value, so that somebody out there who's watching it will decide to have a look at social care. And then we've got to work what the pathway is for that person to follow. Bursaries have reduced, and student loans have increased, so we need to look at the perks of going into social care, maybe offering to pay for that. There needs to be a whole campaign that attracts people in. And have people at all levels, from the support level up, involved in the education around that that, because then you will increase the attractiveness and you will start to get the populations that you need to support people with complex needs. I work with people with complex learning and physical disabilities, and support workers are monitoring life, they're not just changing continence aids every now and again, then monitoring if somebody is still breathing. It's a tough job, and it's amazing what responsibility we give people.

Shereen Hussein: Thank you. We've got some themes coming across. And I think that links very well to the second pledge, which is on building the workforce, because of what you're saying about the skill mix and about using technology. So the Government have specifically said that social care will receive £1 billion in extra funding every year to provide for more social care staff and better infrastructure technology and facilities. So that's a big a big promise, and I think what we want to reflect on in your experience in terms of the funding available for staff. What is your experience of extra money coming from the Government, or from the local authority, to support various initiatives for staff recruitment or training?

Participant E: No, we haven't. We haven't seen those people sat on corners recruiting people, saying if you come into social care we'll fund your education, or come into social care because it pay this

much and there is a career pathway. That would be where the money would be useful to try and build the workforce. From a local authority point of view, we know that the direct payment is about £11-£12 an hour, and care agencies seem to be struggling in terms of what they charge and what they actually give, in terms of what the wages are. So there seems to be a real struggle in terms of costs, and what they charge the local authority, and what they actually give out in wages. I'm not familiar with the logistics in terms of providers, but from my experience it's not coming through.

Shereen Hussein: Participant D, do you have any reflection on the different funding to aid career and professional developments, including recruitment, etc.

Participant D: I don't think the money's coming through at all for recruitment. If it is, I have obviously missed it, and somebody please point me to where I can go to get it. It's not really coming through for training either. So I would send the so question back to you, where is it going and how is it coming? I would love to know.

Shereen Hussein: Well, I think it's really a good question and we will try to discover this, but it might be going to infrastructure and technology, because better technology for the social care sector was also promised as part of this commitment. What is your experience of technology? Did you see a big investment in technology and in equipment? I can see Participant B shaking their head.

Participant B: I don't want to be negative, but when the pandemic started and everybody started going online, we found out that a lot of our staff had digital poverty. So for them to work and access things they were having to invest money that they didn't have in buying technology and that made them even more disadvantaged. The thing that affected us a lot with training and development was the apprenticeship levy, because we obviously didn't wasn't to take half a percent off everybody's care budget, because that would have been vulnerable people not getting their care, so we took what we used to use as training money and put in an apprenticeship levy. So overnight £280,000 that used to be used for courses, can now only be used if you do an apprenticeship. It's closed a lot of doors because people are scared of the English and Maths. The other thing that we found was to do with key worker housing. If we're paying people a little bit more money, it's not going to get them any nearer to getting a mortgage. If you're a police officer you get 7 ½ times your wages on the mortgage offer, but frontline care workers are lucky to get one or two times your wage. Also, the incentive payment for working through COVID, and putting yourself and your loved ones at risk, was £400 per person, but after tax, national insurance and pensions they came out with £250. It's still a nice amount of money, but if you're told that you're going to get £400, and you realise it's £250, then you feel robbed.

Shereen Hussein: And that was a one-off payment?

Participant D: That was a one-off payment from the Government and the local authorities to share amongst care workers. You had to write in and qualify, and some got it, but some didn't. It was prorated, so if you were doing three nights then you would get a three night equivalent of £400.

Shereen Hussein: To get back to the point of mortgages as that could be related to the type of contract as well, because as well as wages banks look at contracts to see if it is permanent and whether there is risk. I'm really interested in what you said about the apprenticeship levy, and that the money has been funnelled rather than having that extra money for training.

Participant D: It was wither take it out of the training budget, or you took half a percent off of the care budget but then you would be taking half a percent of a person's care couldn't be delivered. Half a percent doesn't sound a lot, and for EE and other companies it's a drop in the ocean, but for

us that works out as hours that a person is losing their care. So the decision was taken strategically to take it out of the training budget, put that in the Government's kitty, and you can only spend it on that. And that's an issue for us because people are not confident in English and Maths, especially if English is a second language, so we've created a barrier because before they could come and do their NVQ, we'd work on communication skills etc. But now you've got to pass English and Maths, and for some of our colleagues they decide straight away that they're not going to do it. And if they don't do it, they can't progress in their career.

Participant D: I was going to say, as Participant D said, with the NVQ it's not just people with English as a second language, I tried sitting down and doing one of those English course, and I just thought that there is not way that I'm passing this. I don't know who came up with the way they've set it out, and it really is frightening. The staff were complaining, so I thought I would try it , and see how difficult it is. So that is stopping the staff, especially those who do not have English as a first language, from doing the NVQ, And the NVQ is really the only string that that have got to their bow at the moment around training, apart from the normal training that we do ourselves. What I have done to try and let my staff feel that they're really of value to me- and touchwood, we don't really lose staff, we are able to retain our staff- is that we have split and made people senior carers, we have people who help do training, and we have taken on two people who have got learning disabilities as staff, and we have staff who support these colleagues. So I've tried to find different things to make people feel valued and that they're contributing here etc. But we shouldn't have to do that. We should be able to just do the job and have people feel that they are valued. Pay them a decent wage and just really thank them for the hard job that they do. We don't have to do that with the police. We don't have to do that with the nurses and doctors. And please, excuse me, I don't mean to be rude because I've got lots of friends who are nurses and doctors, but I am sick to death of listening to how the poor NHS is suffering while us out here in the community have been stepped upon. We're not just suffering, we are struggling. We are just dying fast. We need people to stand up and recognise that. Training wise, even when the money was given out for individual staff, somebody decided, they wouldn't give it out equally, so residential homes got more per staff than care staff in the community. These are the things that don't help because it's actually saying we feel that this person's doing a better job than you, you're not doing such a good job, instead of recognising everybody's value and worth right across the board, providing the pathway for people to develop. About six of my staff started off in the care sector with me, and they're now staff nurses etc. in the hospitals. It gave them a foundation to start from, and they therefore view the way that patients are being discharged from hospital in a different way. So they uplift the people that are going to be taking on from them and it's a follow on. They can tell the patients 'we provide specialist care for you in hospital, now you're going home and these specialists workers will be working with you at home in the community.' And that's the way it should be viewed.

Shereen Hussein: So I think I think speaking about challenges then, it's a very good point to make, Participant D, that it's not only about the money and there are several good points have been made. So the money is an issue; so the funding and that you have to take it out from care. And then the barriers around training. So we're talking about very, very few options which is an apprenticeship. and then there are barriers to do this, particularly within a workforce which has a vast number of migrant workers where English is a second language. I think that Participant D made a very good point about inequity within the sector in terms of, where the money is going or distributed between residential and community care. Are there any other challenges you might think of to facilitate career development within the sector?

Participant D: I think another thing is looking at how get people from BME backgrounds working within the care sector and increasing the diversity. We work with quite a few Nepalese clients, and we are encouraging people from the BME group, but they don't understand the culture when it's been worked. We need to educate people, and it should be spread across the board, so that a white Caucasian person might be able to go in and understand the sort of food that a black person eats, and their skin and their hair, and vice versa a black person should be able to understand the same thing for the white person. My camera is off but I'm black, and everyone else in this call is from a white background

Shereen Hussein: Not me.

Participant D: No, but you're chairing. I go to a lot of meetings and quite often I'm the only person of colour in that room, sometimes with 400 people, and the BME community are very caring people. So, how do we attract them into this type of job and hold onto them so that we are diversifying and learning more.

Shereen Hussein: I think that's a very important point and I will add it to the list that Participant B said about the groups that we want to attract. And also you made a point about peer training. So within the workforce, there might be an opportunity for cross learning and understanding different things. The culture is really important in social care provision, and relationships are really important, and food is really important, and you it's key when you care for people. I'm going to come to Participant E, and then we will talk more about technology and what improvements what be good to see in terms of technology and digitalisation.

Participant E: We've been looking at this in our organisation, ensuring that we're doing everything possible to ensure that we're inclusive, and we're welcoming. Within any organisation or institution it is about that element of diversity, encouraging and welcoming diversity. And sometimes it's thinking about how we do that and is there enough being done to actually make sure that people from all walks of life, and from all areas of society, feel that something is for them, that they're able to go into that sector and that job. At the moment I'm not sure how that is working out, and as Participant D said, with the dynamics of the group, maybe it's not working out very well. So I think then it's about how we delve into those groups and get a sense of what would shift the dial in terms of this being an attractive career pathway or attractive job.

Shereen Hussein: And rewarding as well. I think we will come to the wellbeing, the next section, shortly, but I would like to spend the next few minutes thinking about technology. People said there is digital deprivation, there is not enough, there is poverty. But is there something you wish you had access to in relation to digital and technology? We know COVID have pushed everyone to work remotely, and to do a lot of things with technology, like today's meeting.

Participant A: Technology wise, we are trying to bring in electronic care plans for our residents, which for me would be a big benefit because I currently support 14 different care homes across the county, as well as some in another county- at the minute we're trying to recruit into that post. So if I'm trying to talk to the team members about an incident that's happened to a resident, then having that direct access to the care plan would help me in supporting the, such as knowing if they're prone to infections, or on medication. Being able to access these plans like we used to be able to in the NHS role that I was in, such as the GP summaries would be really helpful. At the moment, if we try to contact the GP, we tend to be on hold for ages trying to get that information and then we're waiting for them to email it or fax it across to us as well. So that delays us supporting that resident as well. So just having access to their systems.

Shereen Hussein: So that's currently not available, but you hope to have access, and in the NHS, you can access different things. I think that's a very important point.

Participant C: I think some of the issues that we have is that health and social care work on different systems, that don't always talk to each other. One thing that COVID did do was allow us to get NHS email addresses, and pre- COVID you had to jump through 100 hoops to get this, whereas during COVID they reduced it to about 50. But we did get there, and that did help. There are different reporting systems, and I work nationally, and local authorities have different reporting systems, the NHS have different reporting systems. some of them are compatible, so you're asked to do the same information in three different formats because it's going in three different ways. It would be really good to try and get some joined up technology and some systems that did actually talk to each other.

Shereen Hussein: Very interesting, and it's something that we've been hearing a lot about, that these systems don't talk to each other. There is a wish for integration, but basic stuff is not there to allow for that integration in there. So we have to actually move fast to the last commitment, which is the well-being of workforce. You have all talked about things to do with wellbeing, whether it's abuse, or financial wellbeing, or workload. So the Government have made this commitment, which introduces new services for NHS employees, to give them the support they need, including quicker access to mental health and musculoskeletal skeletal services, and reduce bullying rates. which are far too high. You will see that these two are specific to the NHS, but then they said, it would listen to the views of everybody in the social care. So that is a much softer commitment, but we would assume that they meant the NHS and social care. So we're going to discuss that commitment in terms of whether there is sufficient access to support services for social care staff? And do you think that access to health and wellbeing services has been impacted as a result of the COVID-19 pandemic?

Participant D: I was going to say who is going to pay for this? It's a wonderful idea, and I think staff have the right to all of this, it should be set up, but where is the money going to come from?

Shereen Hussein: But from your view, do you think there is access?

Participant D: No, it does not exist. It would be wonderful to have that, and we hear a lot on TV about mental health, mental awareness etc, and the devastation that's been left by COVID witnessing people dying- it's been tough and there's no two ways about it. But for us in the community, who is going to foot the bill for this?

Participant C: I know that during COVID the Government issued a helpline for mental health that you could call if you needed support. We've got an internal employee assistance program that our staff can access free of charge, but we as a provider pay that that. And for occupational health, we either pay for colleagues to go to occupational health, or they have to go through their GP and join a long waiting list like any other member of the general public. There doesn't seem to be any quick access for social care staff unless we as a provider pay for that service.

Shereen Hussein: That's really helpful. So you didn't see anything as an employer or provider that supports with this commitment, even if they say you pay 40% and we would pay 60%?

Participants shake heads.

So there was nothing.

Participant D: No.

Shereen Hussein: OK.

Participant A: Yeah, we're similar. We have an in-house system as well for employees support, nothing from the Government that's been available. However, a lot of the staff, even though it's there, don't want to access it because they haven't got the time to take out to access that support. And even if it was funded by the government, and it was available, they either won't have the time to access it, or they will probably still have that massive waiting list as well. I used to work in mental health services, and I'm fully aware of how long the wait is to access mental health support, from using it previously and from family members who tried to use it previously. A lot of that has now gone virtual as well, and if you're quite anxious sitting on the virtual session like this, then it really isn't going to help your anxiety.

Shereen Hussein: Yeah, we heard in the last event, and that was with an NHS group, that even when there was support, it was all virtual and that was not helping because you do need to see a 3D human being, especially after two years of virtual meetings.

Participant B: Similar to what Participant C was saying, we actually have to pay for employee welfare support out of the council tax funding. We also have to similarly pay to see occupational health. And the one thing that we really are surprised at- and I know it's not mental health- but when we go to casualty with an assaulted social care member of staff, we have to wait like all the other members of the public. So I've lost one member of staff to sit with the person that's been assaulted or injured, and there's no fast tracking through. I know we shouldn't queue jump, but it's one of those things where you wonder 'what am I waiting for?' And my staff a really feeling down about it. As everybody said, we haven't got the staff to take people out and say, 'let's just sit down and talk about how you are today.' Supervisions went out the window, because we're all running around trying to deal with the COVID positive people. So people's mental health has gone down massively, and they're really struggling with their social skills. I had a meeting with some managers today, and that were saying that they were having some issues with their staff teams; they don't know how to talk to each other anymore now they've returned to the office. They're great with their clients and the people they support, but when it comes to each other they're just downright rude to each other. They're crumbling. More mental health support for social care would be brilliant. We got nothing. And I work across the whole county, and we got nothing.

Shereen Hussein: So coming back to the what the Government really promised, which is listening to the views of social care staff, do you feel that staff views have been listened to? Is there a mechanism for staff, either individually or collectively, to be listened to?

Participant C: I was also going to add something about the disparity around sick pay between social care and the NHS, and that sometimes does put people off from seeking additional occupational health support by the GP in case they're advised to go off sick. So that was just a comment around why there is perhaps some reluctance to actually seek treatment, if people are unwell.

Shereen Hussein: Thank you.

Participant D: I was going to say that whichever way we look at it social care is fighting for its life. It's very difficult to because the career pathway is not there in the way it should be. The finance is not there, and it should be there. We're not able to assist our staff with better health issues and it all comes right round to finance. In all the issues, it's about the finance. Because, obviously, local authorities are now telling us what we can charge, and to be told that you can only increase by 1 ½ to 2% is crazy, because the inflation rate is far higher than that. So you are not actually doing the best and for it to work, there has to be a better outlook. Those who are in power need to actually be

meeting more face to face people and finding out what they think, and why they think it, and why they're leaving social care. No, our voice is not being heard. I think maybe the NHS voice has been heard, but social care no we're not. We're not being heard.

Shereen Hussein: So there was no kind of specific mechanism, and I think it's really worrying for me to talk about staff being assaulted so casually, as if it's a fact of life. I know from research that the prevalence is really high, but you're talking about it very pragmatically, not in a shock like we've taken this person to A&E, but more 'when we go with the assaulted person.' So what would you like to see as a mechanism for staff to express their views around bullying, around this treatment, around wellbeing? Even if it's not available now, what do you think the solution could be?

Participant B: One of the things that all my staff been waiting for is the Social Care Reform White Paper. I think since I started, we've been promised that. It's going to give them status and recognition. Also, my staff team pointed out today that in all shops now they're seeing signs about, zero tolerance towards shop workers being assaulted, verbally or physically, and they're saying, 'what about us.' So what I'd really like to see is some sort of law, because it was all over the news that you can't be rude to shopworkers anymore, and rightly so, so there should be something similar. They said that it would really give them a mechanism, they would feel that had been recognised. From that they would have to have a like a confidential helpline that they could ring, I'm not saying the size of 111, but just somewhere they could just ring and say that they're really crumbling today. A national helpline that anybody in social care can use. They're the second biggest workforce in the UK at 7%, they're the least thought of. We've got the least rights. So a general 0300 or 0800 number, where the people could ring up and say that they're having a bad day.

Shereen Hussein: So the individual themselves will go to a national helpline. And do you think that there is a mechanism that could be useful to have within the workplace, that is more collective?

Participant B: We've got something similar in the workplace, but again, as other people are saying, they haven't got time to ring cause you're on duty and you can't just nip out. All the phones you have to go through are on extensions, and you're not allowed to have your mobile at work because of safeguarding issues. By the time you get out you just want to go home, and rock in the corner sometimes. So I don't really know the answer, other than having a national helpline that people can go to. And it needs to be a 24 hour line, because sometimes they open at 9, and close at 6, which doesn't work for shift workers.

Participant D: But isn't it sad that we're talking about our staff being in need of help and support, and we are saying, well, they can't get it because they need to work?

Shereen Hussein: I was going to comment on that, but you're painting a very bleak picture, and it's all catch 22, isn't it? Because we're talking about very difficult working conditions that are impacting their wellbeing, that is actually making it impossible for them to seek support because there is no time.

Participant D: But that's one of the things that's surely going to put people off wanting to come into the job, because we're devaluing them. It's just not acceptable. The money needs to be in place so that staff can feel that they can go to a local helpline, or a local support group, not necessarily in the individual workplace, but fairly locally. Maybe joining a group meet people or going through similar things to support them, and that they're going to get paid for it. They don't have to worry about, not being able to go and get help when they need it because they need the money to pay their gas bill or their electric bill or their mortgage. It is not acceptable. It's a form of abuse. Our staff are being abused. It's not acceptable.

Shereen Hussein: It is a form of structural abuse, where the structure doesn't allow you to seek help, and it prevents you because there is so much happening. Participant D mentioned peer support and do any of you have information about local initiatives that have these peer supports or discussion groups. I'm sure that as employers or providers or care workers you've have had some experience, so maybe we can provide the governments with ideas that they can actually pilot, and support some of these initiatives. So if you know of initiatives or ideas that could support, in addition to the helpline, that would be really useful.

Participant D: I cannot think of any. We have Mind that does it for clients or people with mental health problems, but most of the Mind organisations are closed in my local area. But that is it really. And there are wellbeing groups here in my town for mental health, but they're very much like you're in for a quick off an hour session, and then maybe they'll see you again in two or three months. In a way I think, us as managers, need to be trained to be able to help our staff. I run an open door policy, so I'm always here. I'm well known for being here until midnight and the staff laugh and say you need to move your bed, but I'd far rather know that they are being looked after and being cared for and valued. I go out in the field work, I don't sit in an office because if my staff is feeling unwell, I will say to them 'you look very tired, why don't you have an extra day off?' And I pay them sick pay.

Shereen Hussein: Thank you. I'm going to move onto Participant E as we're running low on time.

Participant E: There are things that we could look out for such as specific discount schemes for carers and support workers, so that they can out and find things themselves. I always like to go out and get my nails done or have a massage or chill out with therapeutic treatments. Going out and looking after yourself and your own wellbeing, such as joining gym memberships, is quite important and it would be good if social care workers could get specific details for this. You've got the blue light card, that is predominantly for NHS workers, and I think you can pay £5 towards it. But you know those types of incentives will make people feel that if they have a day off, then they can treat themselves, and get a discount. It becomes much more attractive. It's a luxury that people don't have the expenses to do. But it's also saying that we've negotiated a discount for you as a support worker, a carer to be able to go here and look after yourself, and to do whatever you want to do. I think sometimes creating peer groups...obviously in terms of local authorities, we have supervision and group supervisions, we have teams and things like that, but it's I think sometimes people need to work on themselves. And the other bit is if you create more people in the system, and you've got to make it more attractive then it becomes ever perpetuating, doesn't it? You've got staff to be able to cover other staff, so you can rotate them, and everything becomes better. But I think, certainly from a practical point of view those sorts of discount schemes, that can be specifically related to, and linked to, wellbeing would be really beneficial for people because I think they'll be able to choose what makes them feel good, and deal with their mental health.

Participant A: What we have in our county is not specifically aimed at healthcare staff, but they have things called Night Light Cafes, which is for mental health. I believe it's run by a charity, and you can just go in and have a cup of tea. You can sit there on your own, or you can chat to support workers that will be there as well. So things like that could probably work. But then the other aspect of it for me, I couldn't attend anything like that because I'm a single parent and that's running quite late at night. So it's kind of considering the whole workforce as well

Shereen Hussein: I think we are talking about poverty, not only financial poverty, but we're also talking about time poverty and energy poverty and a workforce that is overworked and underpaid. They don't have time, because they have to work several shifts and sometimes in several places to have a decent living. And so I think it's fragmentation as well within social care, compared to the

NHS, and the way that people work in the community and are spread across different clients and different groups. So I think we have to think outside of the box. And I think we've got a few minutes to think about how we get the collective voice of social care workers to be heard. If the Government pledged to hear the voices, how we can do that?

Participant D: I was going to ask a quick question, just backtracking, are all of you staff on permanent contracts or they on zero hour contract?

Participant B: Our staff are on permanent contracts.

Participant C: We've got a mix of both. You've got permanent, we've got staff who want bank contracts. It's often students who are doing health and social care, or perhaps student nurses, so they're on bank contracts, which obviously are zero hour contracts because they pick up what they want. But the rest of our staff are on permanent contracts.

Participant D: I was just asking because obviously that doesn't help, when people looking for job, if you know your contract it affects whether they want to get a mortgage.

Group are pulled back to main discussion.

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