Written evidence submitted by Group 5 (Event 2) (EPW0085)

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 5

Jill Manthorpe: I want to say a really warm welcome to you all. I am going to go in the order of people that I can see on my screen, so Participant A would you like to start by telling everybody who you are, and where you're from in terms of what you do?

Participant A: Hi. I'm Director at a not for profit organisation operating in the South of England.

Jill Manthorpe: Great. Thanks Participant A. Next is Participant B.

Participant B: Hi, everyone. I'm the Group HR Director for an organisation that delivers community care throughout the South East and the East Midlands. We have a mixture of both private and local authority clients and service users, we employ 3000 people.

Jill Manthorpe: Welcome to you Participant B, and it's great to have people working in home care because I think that too often social care gets dominated by care homes, but home care is clearly making its voice heard at the moment. Over to you, Participant C.

Participant C: Hello everybody. I'm the Group head of Learning Development for a private provider. We offer 575+ services, including supported living, mainly in the learning disability and autism space. But we also have some clinical services and children's services. Also, for my sins, I'm a member of the Trailblazer group for adult social care. I'm also a member of the Children's Trailblazer Group, and a T Level Ambassador involved in the Healthcare and Science T Levels.

Jill Manthorpe: Great, thanks for that. I think it's really nice to have people who work with, what are sometimes called, young adults, or at least adults of what used to be called working age, but now working age appears to be anything. But that's great, isn't it? And again, I think that really helps bring the perspective in, and ensures that we're not just talking about older people's services important as they are. You've met Robert Francis as well, and he's going to be listening and asking questions too. So we've got some questions to ask you, and these are questions that are going to help us to interrogate what the Government policy has been saying over the past few years. They fall into four main areas: workforce planning, national mechanisms of supporting the workforce planning and development, building and sustaining the workforce and then wellbeing of the workforce. If we've got time, we may also mention a little bit about technology, which always appears to be the solution. So, we'll carry on, if that's OK with everybody? I'm going to start off with the big question, which is about planning for the workforce. So, I'd like to know your views about how planning has happened, or not happened, in adult social care and the consequences of this. I can see Participant C has their hand up, so over to you.

Participant C: Well, if there is a plan, I for one, haven't seen it. I think that's the start. Obviously, we interact with the Department of Health and Social Care around Trailblazers and T Levels, and my big concern is that we work in silos. They seem to be talking to different parts of different groups, to talk around whether we should have a care certificate accredited, whether we should have a knowledge and skills framework, or whether diplomas should be included into apprenticeships. There doesn't seem to be a clear plan from my point. And most definitely there is a lack of understanding I think, generally in government, around how social care is integrated, but also how it's different. So,

children's integrates with adults because some people move from children services to adult services, and also adults tend to integrate with health, but they seem to try and deal with each one on a separate basis, which is not forthcoming when it comes to workforce development, and most definitely when we're looking at people that could move from one part of the sector to another part of the sector.

Jill Manthorpe: Does anybody else want to say anything about the absence of a plan? Or indeed, does anybody think that People at the Heart of Care covers the plan?

Participant A: I do think the public perception that social care staff are low pay, low value, low skill, speaks volumes really. As I came to this office, I drove past the hospital and there were 13 ambulances queued up on the ramp all with patients inside waiting to go into the hospital, and they couldn't go in because people weren't being discharged out. And on Friday, I had a call with the council who told me, as they tell me every week, that they've got 120 unsourced packages of care. That is people waiting for care, that need care, that can't have it because the workforce is not there. So, there is no plan. It is completely disjointed, and there is no strategy in terms of the overall model. We're all working at a very local level trying to do the best we can, but it does need a plan.

Jill Manthorpe: Participant B, do you want to take an alternative view?

Participant B: Sadly not. I agree with everything that's been said. Certainly, on the social care side, I think the perception, as Participant A said, of frontline community care or social care staff that they are lowly paid, lowly skilled. In my experience, that is a complete myth in terms of the lowly skilled perception. They are hugely talented, and the level of responsibility that they now have compared with say 10-15 years ago around medication, around working with other healthcare professionals, means that this is not a low skilled job that they're doing. And quite often they're doing it as lone workers, certainly our workforce, as they're going from person's house to person's house. They don't have the support network that may exist within a care home, or in a hospital. They are expected to be highly skilled, highly knowledgeable, highly professional, highly caring, and yet the way that social care is commissioned, and paid for is a disgrace and a complete mismatch.

Jill Manthorpe: Thank you. Participant C has commented that a plan would have to be holistic, linked to pay and include recognition of all those elements that you see as being part of a plan. When we talk about a plan, often plans involve targets, don't they? So, if we think about some of the NHS plans, which have said we will recruit X more of these and Y more of these. Do you think that that sort of plan with targets would be helpful, or do you think a general plan or strategy would be more helpful?

Participant B: Yes. I think what we need to gather the intelligence of what is the shortfall against the demand. We need to know that, and we need to have that target, because this is going to, as we're seeing with nurses, take many years to recover. So, I think we do need very simple target in order to create the mechanisms to get it. I do think that the point Participant C was saying around pay and recognitions is very important. Personally, I think there should be a higher national living wage for social care staff. And I think there should be parity with NHS at certain levels, such as band three HCAs, and that would be a mechanism to achieve some kind of levelling up of value in the public perception for workers themselves.

Jill Manthorpe: And Participant C also talked about links with education, training and skills, and all of these were in People at the Heart of Care, weren't they Participant C? Are you thinking that that wasn't as firm as it could be, the commitment to having a knowledge and skills framework? Or do you see it as slightly buried in that document?

Participant C: I think what I see from my experience-and you and Robert may have more experience of that- is that the Government tends not to talk to people at the front end, and employers. It's great to see Participants A and B on here as they are employers, and not organisations representing, because the end of the day, whatever we are given as a plan us a plan, it's us that is going to have to deliver it. And that's always difficult, especially when we've got major issues in terms of recruitment and retention. So, whilst they've got some ideas, I don't necessarily think they're well thought out ideas in the plan, and that's my criticism. For Participant A and B's benefit, some years back we tabled a talent pipeline offered for Skills to Care under what was then the UKCS initiative, in terms of looking at getting people into the sector, and it looked at attraction. I'm sure we all agree that we don't necessarily have a problem with attracting people, we have a problem with attracting the right people with the right values. And when we get them, we need to be able to give them the support and the development they need. But they come into it, in most cases, into a hotbed of activity and go straight to the front end and get exposed to their daily routine and the job they have to do, which in some cases can be quite challenging, and is something that may cause concern to certain individuals.

Jill Manthorpe: Sorry to interrupt there, Participant C, obviously one of the big things at the moment is that frontline people are able to take people who are coming out of hospital and so on. Is there anything else in the adult social care workforce where you think the skills should be developed further? We've got a big frontline, but what else needs to happen?

Participant A: This is where I think that social care could be part of the future solution, but we need to unlock the potential. Whether it's through education routes, or through employment, partnerships, or through the voluntary sector we need to create the pathways for specialisms and career development. It is an opportunity to reset that. I think we've had a false cushion in the last 10-20 years as we have brought a lot of people from outside of the UK into this country to deliver social care, and that pipeline has been significantly challenged. There are normal things that we do, which is about time and task, which is how it's commissioned often, and about welfare and wellbeing. But there are things like reablement, admission avoidance, hospital discharge, crisis intervention, night-time care, end of life care, complex dementia care, complex care with specialist clinical tasks which all require additional training and competencies and capabilities. I think if we were to focus on those cohorts nationally, and work out the mechanism to train people, then that is professional and career development, and that would actually achieve the mission which is to meet the demand.

Jill Manthorpe: So, you're saying that a well-developed demand and supply element to any particular workforce strategy, would have been helpful and could be helpful in the future. Robert, is there anything you would like to ask here?

Robert Francis: What I'm hearing is that anything that is going on is terribly piecemeal and isn't part of a strategic oversight. What I am quite interested to hear from you is, and it may not be entirely within our remit, but can any of this be done without integrating social care and the NHS properly? In other words, thinking about the workforce as a whole. I appreciate that that's really challenging, when you consider that social care is delivered by individual units of private enterprise largely, or social enterprise. But the NHS always has the win over you, because it pays more, and for all its faults it's got a system of training and development and there's a career structure and everything. And your poor people can't offer very much of that, if any, to anybody.

Participant C: I think the issue is that it depends on how you determine integration. I think what we look at is how the skills are understood and accepted to be at the same level, that we've got parity

with our colleagues in health and that those skills become transferable so that people can move from one area to the other. If we aren't going to try and compete with our colleagues from the NHS, then it needs a massive amount of funding because we've got a bigger workforce at 1.6 million people, and therefore we would need far more investment. To give you a typical example, I think it hasn't changed much, but Skills for Care receive something like £35 per individual for workforce development, and Health Education England receives something like £3500, so that gives you some idea of the disparity what we're dealing with. I'm sure that some of my colleagues feel the same when they do have conversations with healthcare and NHS, but we have this issue where the NHS come into a service, especially if they've commissioned some of the work, and they expect our staff to be at the same level, and us to have invested in the same way that they've invested in their staff. They don't realise that if you take somebody out of the frontline of social care, then you've got to replace them with another individual. They don't have other staff. My colleagues may say different, but as far as I know, we don't staff to 110% of our rotas. It would be lovely if we could recruit that that number, but that's where we're at.

Participant B: I would love to be able to over recruit. Going back to how social care is actually paid for, the lion's share of what we deliver is commissioned on a per minute, or maybe per 30-minute, basis. If that's how we are being paid, we then don't really have much choice but to offer zero hours contracts, because otherwise it would be commercial suicide. Where we can offer guaranteed hours or shifts, we do. If the way care social care was actually commissioned was looked at, so that we get away from this time and task model to a more valued holistic service, then we could certainly give contractual terms that are much better for staff. So currently they can't a mortgage, they can't get car loans, because they have no guaranteed level of earnings. And although I think we've got a pretty good relationship with our staff, and the zero hours works well most of the time, but I would just love to be able to say 'here's a contract for 45 hours a week and you will get that come hell or high water. If somebody gets hospitalized, you'll still get it.' So, there is a lot about how the care is actually commissioned and paid for, that doesn't help us out in the frontline when we're trying to deliver care, and attract and retain staff, especially when competing with the likes of the NHS, or even care homes who can pay by the shift.

Jill Manthorpe: Participant C just asked whether or not you think your team prefers zero-hour contracts, but I think you've that they'd actually like normal contracts, but that the sums don't stack up. Participant A, did you want to add in something there?

Participant A: Just to answer Robert's question I think integration is a loaded word.

Robert Francis: Yes, I wasn't meaning technically.

Participant A: No. So, I think we have no choice but to work in partnership because if you go to any hospital site anywhere, you see the problem. Or if you're going through the system receiving treatment, you will see the problem. I think the answer to that is what we can see in the communities, because when NHS and social care staff work together in small community teams it works best; you've got a mix of social care staff and therapists and community nurses working together, that's when it works best, and you've got the trust and confidence to work together. The challenge at the moment is that they are on very different terms and conditions, they have very different types of pathways in, and training. I work in that way, in some areas, and I can tell you it really does work for our clients, and it works for the system as well. But as I think Participant C said, it is just across neighbouring local authorities and the approach is different in each one. But that is the answer.

Jill Manthorpe: And Participant C has raised, perhaps rhetorically I think, how many social care employers are on ICS boards. I was trying to think if I knew any, but I think that in some localities they are on the advisory boards or on the partnership boards. Participant C did you did you want to mention anything about how integration is developing within health services.

Participant C: I think Robert, you alluded to it in terms of our NHS colleagues, that we get consumed by colleagues from health. It's a typical when we look at the fact that we're got a, supposedly, integrated care board setup to look at this seamless approach to health and social care, but it seems to be the Boys Club- to use a definition- and social care doesn't get a seat. We may get the occasional seat in some other partnerships, but even then, what I've always found, and I think my clients have found, is that whenever I've tried to get involved in some of these, they tell us that we've got representation from the local authority. But the local authority commission out most of these services to people like us, so surely you need somebody like us sitting around the table. But that falls on deaf ears, I'm afraid.

Jill Manthorpe: So, this adds to the complications of any workforce plan, doesn't it, to take in the reality of the larger numbers of employers, and also that interface with the local authorities. I think we've kicked that around and you haven't found a strategy to surprise us all, that we missed one day. But we've identified some of the component parts that might be in it, and also some of the contextual, both internal and external, factors that impacts upon the development of any strategy We thought that having something like targets might be helpful, although we really have only a shady idea of the demand and supply equations and that needs to be worked on. I'm going to have to move us on by asking about national mechanisms that would be helpful to support workforce planning. I wondered if anybody had come across anything, or had an idea that the Government, particularly in the form of the Department of Health and Social Care, had been working on anything that would be helpful to you as employers about supporting workforce planning? Is that something that you would like, or do you think that if the Government did it then it wouldn't be much use anyway?

Participant C: Well, I've been informed, although it hasn't been clear at this stage, that the Department of Health and Social Care are looking to fund level 2 qualifications within social care, which are currently not funded. They are also going to look at funding the delivery and the certification of the care certificate. Now, this being the case, this this would be very helpful, although again, I'm not sure we are going around this the right way. Because they are saying that for this level 2, they want core and options, and I don't know if my colleagues would agree, but we find that for most people at level 2 we want them to have a good basis of their job, and understanding it, and I think, taking Participant A's point, is that it's when you get to Level 3 that you would want pathways and more specialist development. So, I think that there is potentially some funding there, but again it seems to be hidden secret.

Jill Manthorpe: Thank you. Right. Participant B is there anything you want to comment about workforce planning mechanisms that have been helpful.

Participant B: One of the frustrations that we've had is that when the care certificate was first launched, everyone was driving towards it, and it needed to be a mandatory requirement, and then all of a sudden it didn't. And then it became fashionable again, and then it wasn't, and now it seems to be back on the agenda again. So, can somebody just make a decision and stick to it. Because otherwise we are gearing up to deliver something, and then we don't need to do that. I'm very proud in terms of the training that we offer to our staff, both in terms of their initial induction and then further development opportunities that we've got. We've got an in-house training team, its

nurse led, it's great, and I'm really proud of that. But again, access to funding to help us to deliver some of that is difficult to come by because it is hidden. It's there, but it's all in different little pots and you have to really go looking for it. You've got your apprenticeship levy, but then you've got your workforce development funds, and then perhaps you've got some local authority funding, and our training manager spends at least a day a week trying to sniff out these little pots of money that we can dip into to help us to deliver more than just the mandatory training. As people have said, there is a value in being able to give people who have been with us for 12 months the opportunity to start to specialise, or to develop skills in certain conditions. The only pathway that we've successfully tapped into is the end of life one. We're trying to find the MND or Parkinson's pathways, but dementia and end of life, are probably the only two areas that we've quite successfully managed to tap into.

Jillian Manthorpe: Thank you. Participant A.

Participant A: Systems are collecting data on workforce, and they are doing that in terms of the capacity. I work across different local authorities in the South of England and each one is collecting data in different ways. There are some elements of good practice. We are developing traineeships, we've got apprenticeships. We have traineeships where people come in and they have a rotational employment offer, so they come into social care, residential home care, and then go and work with community NHS before going to work in the acute hospital- a try before you buy, if you like. So, there are pockets of good practice, but the issue again is that it's just inconsistent. To be honest, I think it speaks volumes, that I have got NHS employees seconded to me to deliver social care.

Jill Manthorpe: That's a big change, isn't it?

Participant A: That tells you where the challenge is.

Jill Manthorpe: Participant C is asking why we weren't allowed a Care Services T level, and instead we have to piggyback on health. I think we could think of a number of illustrations whereby some workforce developments have been devised for health and then transferred to social care- not altogether successfully. So, this, I think Participant C, would be something you would want to put in a strategy really; this idea about linking it all up in a more holistic way, particularly if there is going to be training and development money coming through. We shall see, shan't we, whether that comes through.

Participant C: Yes, we need to wait. We need new ways of thinking, and we need to think outside the box, to coin a phrase on this. And what we want to be doing is attracting those 19+ individuals at school, to come into social care for the first time and see it as career, and not have them come into social care 10 years down the line when they may have failed at other careers.

Participant A: That really resonates with me, because I my son- who is doing his GCSEs- that I was going to come in today, and I asked him about social care, and he said to me that the only people that go into social care are girls that fail their GCSEs.

Jill Manthorpe: And that's very telling, isn't it? We've got a lot of work to do with other agencies, haven't we? I think we've also realised that there are 3,000,000 economically inactive people who might fancy a job. That's not people who are sick or retired, that's just people who've haven't quite found what they want to do, and 3,000,000 is a big number, isn't it? Robert is there anything you wanted to add about these mechanisms to support workforce planning, because other sectors have them, but a bit homegrown.

Robert Francis: It seems extraordinary that something as important as this, is left to this haphazard, non-interested regime. And I think as Participant A junior was talking about, there is a general feeling that it's not something that public push about because they don't understand what social care is. We need a series of programmes, like Casualty, about social care.

Jillian Manthorpe: Yes, very true. Participant C has said that we don't want to be a dumping ground for those with low aspirations and, no, certainly not. Indeed, many of them of course have low aspirations because they've been told they have, that's all they should aspire to, isn't it? I'm sure we've all had fantastic examples of seeing people blossoming in social care, where they wouldn't even get a look in in any other sector. So, we'll turn now towards building the workforce. We'll have to mention funding on this, about saying where is the money that's available? Is it of a size and scale and appropriateness that people want? Should it be in T levels and FE colleges? What do people think? Has the building of the workforce got a financial security?

Participant C: I think that in some cases the funding's already there, but there's a lot of waste in the system. So, for instance, the Department of Health and Social Care commissioned the Prince's Trust to recruit 10,000 young people into health and social care. So, there's money that's already been set aside. You've got government money going into pre-employment and sector work-based academy schemes. You've most definitely got money going into T Levels already, and other programmes to link with schools. And then you've got a lot of initiatives to support employers, but, as Participant B says, you've got to have a professional body to go and find them all, and dig them all out, and seam yourself into them. Therefore, it becomes painful, and most of us tend to walk away and forget about it.

Jillian Manthorpe: So just following up on that, don't sometimes people's say that the pot of money should be ring fenced, or that social care should have its own apprenticeship schemes or programmes like that. What do you think; are calling for ring fenced funding, special pleading and measures for social care, or would be saying that the everything should be better so that social care could access it?

Participant C: I think we should have money ring fenced for social care in my opinion. For example, with the apprenticeship levy, my colleagues on here will probably agree that we painted the pot in terms of the apprenticeship levy. I'm a strong believer that the apprenticeship levy pot should be to pay for workforce development generally in social care. That's the way forward. It's a contributory pot, so let's use it for all things. So, if we need to do a qualification, then let's do a qualification of they need to run recruitment programs, let's do recruitment programs.

Jill Manthorpe: Thank you. Participant A, what do you think? Are you a ring fence person, or an open the box person?

Participant A: I think it should be ringfenced, I think that's important. I'm just going to raise something, that will probably get me beaten up by social care providers, but there is a lot of money in profit margin. We have elected to have a system, where it's not an in-house system, it's a devolved system and there is a lot of money in margin as well. So, people are choosing how much margin they make and how much they put into their workforce. So that that ought to be taken into account as well. Having worked in social care for quite a few years, I know what margins providers are making, so that ought to be taken into account. I do think it's such an important facet of future society in terms of the aging population, and in terms of the complexity of the conditions that we're going to live with, that it ought to be ring fenced. Almost in the way that the NHS was ring fenced

right at the beginning and just given a very simple mantra almost, you know, free at the point of access.

Jill Manthorpe: Participant B, do you have anything to say about where this funding has got to be. Should the sector manage it itself, or would you want it to be like in Scotland where funding is jointly pooled between health and social care, but for training?

Participant B: I think that because of where we are at the moment ring fencing is what needs to happen. We are so behind, and we've got a massive amount of catching up to do before we even get to the point where you can say right, we're now on an even keel and can push forward. So, I think certainly at this moment I would be in favour of ring fencing, to up the skill set, up the standards and get us to the point we should be at. And then maybe we can do a bit more of a shared approach.

Jill Manthorpe: Participant C has just written in the chat that in his company, they pay above the living wage and spend over £5,000,000 on training with 1000 apprenticeships. So that's big business, isn't it? And I suppose that's the diversity of social care, isn't it, that there's that big numbers, and then there are people who are in a very small organisation, and maybe that's what they want to be. Let's weave in technology here, which of course, is always said to be the answer to everything and is there, is there anything that we should be asking for? Or should we be asking the Government to say how is it spending its technology money? There are massive investments in technology but is that coming through to the sector? In People at the Heart of Care, there's a promise about giving a bit of technology money to people so they can have more electronic care records and so on. Participant B is there anything you wanted to mention about technology?

Participant B: We have completely embraced the technology route. We're now paperless on care plans, MAR charts and all the rest of it. It's real time reporting back to the coordinators in the office, so if they arrive at a client's house, and the client's on the floor that can be alerted straight away. Certainly, from an auditing point of view, that's significantly helped, as we've got away from the reams and reams and reams of paper auditing that we used to have to do. So, we have fully embraced it and it's going down incredibly well. It's certainly helping to streamline some of the back-office functions as well, such as payroll and stuff like that. So, I'm a big fan of embracing technology, but not technology for technology's sake, if that makes sense.

Jill Manthorpe: That's a very interesting point, isn't it, because I think sometimes social care, is seen as being a bit of a laggard in technology. But as you have said, 'paper, what's that?' which is a really good example. Participant A, do you want to add in here?

Participant A: We are a people business, people are the centre of it, and technology enhances what we do. I think digital care records are important. We've got a notional deadline of 2024, to all be on digital care records, and that obviously is helpful. But the real revolution in technology is found in people's homes, keeping them independent and enabling mobility, and I'm afraid that that is inconsistent again in terms of the approaches from the system, in terms of how it's applied and how social care providers can access it. Technology is the technology, but there are different approaches in each system and what we all need is just a simple menu of stuff that will help keep people safe at home, that we can cherry pick from, and put in place, and that will help to keep people safe. But it's not that simple.

Jill Manthorpe: No. There are a large number of fall monitors being marketed, that have no ability to monitor falls or anything like that.

Participant A: And surely as a system, the expertise ought to be there to be able to identify what is the best possible technological solution to keep people at home safe, and to promote independence. So, I think digital care records are very important, and that progress has been made in that direction, but it's the other side of the assistive technology where I think the real revolution is going to take place in future.

Jill Manthorpe: As you'll see from the chat, Robert has given his apologies as he has another meeting he has to attend. So, what you're saying is that it's important to emphasizing technology can improve care at home, that it's not all about care homes and robots and things like that. Participant C, with an interest in technology yourself, is there anything you would want to add about where technology has helped, or could potentially help the workforce?

Participant C: I totally agree with what Participant A said earlier in terms of the technology in the homes and supporting independent living, and I think that that's probably where it's most expensive. New builds these days, especially social housing, should incorporate all forms of technology, so that we're building for the future, and it's a bit of horizon thinking for the Government. I think from our point of view is that, again this is probably coming back to Participants A and B, we do over 300,000 learning interventions a year, to which probably 60% of them are now virtual or e-learning. We find when it comes to regulator and CQC, the local inspectors tend not to be very keen on this formal learning and yet it's part of the government strategy, it's something that's delivered by SCIE. Boots only deliver meds training through e-learning. So, it seems like the market is moving with technology, but the regulator is still back in the 19th century and using chalkboards and slate.

Jill Manthorpe: For the benefit of the tape, SCIE is the Social Care Institute for Excellence. So, thanks for that. That was a bit of a segue to weave in technology, because we're now going to turn to the last area of discussion which is looking at the wellbeing of the workforce. The Government has said that it listens to staff views, and that's very much contained in People at the Heart of Care, that they've listened to staff views. What I wanted to know is whether or not you think that has been sufficient? Obviously with 1.6 million people you can't listen to everybody, but has any action followed from listening to staff views. So perhaps if you want to kick that around about whether or not you feel that there's been listening, or whether there is selective listening, and what action has followed.

Participant A: I don't think they do listen to frontline staff views. They might watch a documentary and feel a bit sad about stuff, but no, I don't. I think the perception of the public, and the perception of politicians is not dissimilar really, and unless they're involved in social care, or they have relatives having social care, I don't think they care enough. So no, I don't think they do listen to social care.

Jill Manthorpe: Yes. And if people listened, what do you think the action would probably be?

Participant A: I think the difficulty is that all they hear is the negative. Like I said at the beginning, I think we're part of the solution. We do wonderful things every day, and I think that's the challenge. There's almost a technical thing that needs to happen, around the strategic plan, which will enable this to come to the surface. But without that plan and that funding, it's very difficult to get beyond the negative. And I think that the Government must really take responsibility for this. They did an advert for it a while ago, but it was a flash in the pan for a few weeks, and what does that really affect or mean. I think we need a grand plan, like the plan we have with the NHS, and we need the backing of the Government consistently.

Jill Manthorpe: So, there's a call for the plan to also include issues like parity, increased status and removing the stigma of social care- which I think you talked about in relation to your son.

Participant A: Part of that planning process would be genuinely listening to social care staff.

Jill Manthorpe: And I think listening to why people do like working in it, because we have lots of vacancies and many people do find it incredibly rewarding in non-financial terms. So, Participant B, is there anything you want to say about listening to the workforce? I think people often feel that employers don't, but I think many employers, like yourself, probably do quite a lot of unofficial and also systematic listening to your workforce.

Participant B: Yes, very much so. We do the normal things like staff surveys, and that sort of stuff, and then we divide that up by branch, and each branch has to have an action plan based on feedback that the frontline staff are giving us. I agree with the point that Participant A, and yourself have just said, that most of our staff absolutely love the job they do. But the reason they love the job, is because of the clients they look after. They hate the terms and conditions; they hate the fact that it's perceived as a job that fits around the school kids or a job that fits around the husband's job. Certainly, some of our long-standing staff, who have been with us for over 10 years, tell us that they struggle with the lack of acknowledgement of people outside of the industry of what they actually do. I've worked in social care for donkey's years now, but my father-in-law, sadly, was recently very poorly discharged from hospital, and my husband and his family had never had any first-hand experience of the home care package. And their level of frustration of finding a provider, getting the calls at the right time of the day, care is always running late, and they were voicing frustrations, and I had to tell them that this is actually quite normal because of the pressure to get from one home to another in five minutes, when the actual travel time is 15 minutes. We certainly listen, both formally in a structured way, but also informally, such as when we have our one-to-one supervisions or in staff meetings when we'll actively seek their input as well. If we've got a particular branch where the rotas aren't working particularly well, we will perhaps calla few of the seniors in and ask how we think they can structure the work better, how we can reduce the amount of travel time, and how we can stop people being sent from one end of Eastbourne to the other, and then back again? So, the commissioners might say they want that one at 7:00 o'clock in the morning, and that one at 8:00 o'clock, and that one at 9:00 o'clock, and so we try and tweak it so that we do the two that are next to each other together, and just be a bit more efficient. So, you know we certainly listen a lot, but I'm not sure there's a forum for frontline staff to share their thoughts outside of us, if that makes sense.

Jill Manthorpe: Yes, that does. I suppose that question is very much framed about the NHS channels of listening, isn't it? And it is a different kettle of fish in social care, and you have to do both. Participant C, is there anything you want to add here about listening and hearing and acting?

Participant C: Well, I think in fairness to listen to it, would then be to react to it. I think the voice of the few speak for the voice of the many in the sector but let's be honest, it's difficult to listen and couch all 1.6 million views on social care. I think one of the issues we have is the education piece, both from the perception of public and ministers, and whenever I'm in conversation with ministers or parliamentarians, there is a view that it is seen as a low skilled area. That keeps coming across every time. So, if they are listening, then the message is not getting through. Healthcare assistants are classed as highly technical and skilled, and there is no difference from someone who is working at a Level 3 senior support worker in our business in terms of the skill level, but it's never perceived as that. So, I don't think they do. I think they tend to talk to the people that will give them the answers that they're expected to get, and I think that they just go round and round and round until they get to that point. The don't necessarily talk to the people that have to deliver it, who have to deliver the training and motivate the workforce, have to pay the workforce. They don't necessarily come and talk to us very often. And if they do, it's not necessarily in a forum like this where they will

hopefully get some voice back in terms of this situation. I'm dismayed by it, I would say, and I've been in it a few years as well Participant B.

Participant A: Well, you know, in other sectors, workforces would be weaponised. So, they would be part of active trade union movements and they would force people to listen. We are not a weaponised sector in ca care, we don't really do that. If the community of voters, because sometimes voters could force changes- poll tax is a good example- so if they really wanted it voters could force politicians to really listen and make a plan. So, I think it's because you've got a workforce that is not shouting about it. It is just getting on with it, which is what they did through COVID, just got on with it. That is taken for granted almost, and you haven't got a community or a voter that are passionate about it, or really care that much about it. And that means politicians don't have to really look at it in any serious detail.

Jill Manthorpe: So, is this an argument then for professionalism of the workforce?

Participant A: Of course, it is. Parity with the NHS in all the ways.

Jill Manthorpe: I mean registration and things like that.

Participant A: Absolutely. And that is probable the single biggest shift we could make: to professionalise our workforce. Because that's about the future and enabling future generations, whether they're young or old, to come into social care and have a wonderful career. So yes, I think that is very important.

Jill Manthorpe: I'm just going to add that Participant C has mentioned in that that adult social care is worth £15 billion to the Government, and £90 billion if you take into account children and young people as well. Just turning to that regulation professionalism bit Participant C, was there something you wanted to say around that?

Participant C: I don't know if anybody saw the recent report from the Department of Health and Social Care on trialling a skills passport for the sector. It's early days. I've been in the sector for 20 years, and in the last 20 years, we've been asking for professionalisation of the sector, and it would be quite good to get it before I retire. I think most definitely that starts the point about parity and recognition, and people will start to see it as a profession. One thing I think we'd all agree on is that if we were in the engineering sector there would be any question of this, because the Government would be throwing money at us because they'll say they want us to generate the economy. What people don't realise is that because of social care, especially in terms of what Participant A and B's businesses deliver, most of those people in engineering can go into work with a peace of mind. If it wasn't for social care looking after their parents, families or friends or whatever might not be the case. We don't have that recognition. In every aspect of social care, in terms of supporting people into their workplace and having peace of mind and everything else, we have a value.

Jill Manthorpe: I think that's a good point. And also, the bit about self-esteem, which is part of the problem, isn't it? I'm going to move on in our last five minutes to talk about some of the things that probably came up in COVID; things around workforce wellbeing or workforce hubs. I want to ask whether that support is continuing, and was it ever enough? So, summing up what is called support for the workforce. Obviously, as employers you do that, but this is about external support. Quite a lot of money was given to the NHS to provide support for health and social care. Did that ever come into social care or was that a strategic wish that wasn't realised? Participant B did you come across any of this in?

Participant B: We got various rounds of funding, and it did vary a little bit from local authority to local authority as to how quickly it arrived with us and in what format. Some were very, very prescriptive as to the type of things we could use it for, others were a little bit more trusting and told us to do whatever we needed to do to keep the workforce going, keep them safe, keep them healthy, keep them fit. We did all sorts of things with ours, but with the latest tranche, we actually signed up for an employee assistance program, or an expanded employee assistance programme, and the timing of that has been welcomed because it gives them… break due to background noise, sorry, yes, so we signed up to an expanded EAP and that means that all of our staff now have anonymised access to financial advice, health advice, debt counselling, all of that sort of thing. And then also with some of the latest funding we are actually paying cost of living bonuses, across the next five months, to help staff, especially because our staff are mobile, and the fuel costs have just crucified them. And so, depending on how many hours a week they work, they're getting anything between £50 and £90 a month extra for the next 5 months. This to help them, and also a little bit selfishly as it's also to help them keep their cars running so that they keep working.

Jill Manthorpe: So, this was support that was good because it was at your discretionary spend.

Participant B: Yes.

Jill Manthorpe: And do you have to do a lot of paperwork to feedback to the local authorities for it?

Participant B: Yes.

Jill Manthorpe: I knew there'd be a catch.

Participant B: So, it was all linked with how many service users we have per branch, and that's how it was sort of allocated to us. Wherever possible, we try to use it to make the staff's lives easier. I think one of the biggest things going through the pandemic was ensuring that they have enough down time, and that if they did find themselves having to self-isolate, or go off sick with COVID, making sure that they weren't financially penalised. They worked in the sector where they were more exposed to it, whereas lots of other sectors just battened down the hatches and worked from home, which wasn't an option for us guys.

Jill Manthorpe: We've got very little time left, so if there was something crucial to say here about this wellbeing, perhaps around any fears that the tap will be turned off. Participant B also indicated how for some local authorities, it was do what you want, and then in other places it was, 'where is that paper clip etc'. Participant A is there anything you want to add?

Participant A: No, not really. It was the same.

Jill Manthorpe: And Participant C, did any of that surprise you, or inspire you, or depress you?

Participant C: No, we've been doing the same, but it was very fragmented.

Jillian Manthorpe: Between local authorities, you mean?

Participant C: Yes. Some offered to pay for certain things, but then others wouldn't pay for the same thing, and we have to give them War and Peace. We've also gone to employee assistance. We set up a COVID fund for our staff. We also contributed to our foundation in terms of a hardship fund for COVID for the sector. So, we do quite a lot in terms of supporting our staff.

Jill Manthorpe: Those are very great examples. And I think in many ways that's quite a positive way to end, isn't it, that even without having a strategy and this is a sector in which any money can be

very, very well spent. We're going to be pulled back now, but I'd like to thank you all very much. I've learned a great deal, and it's been great talking to people. Thanks everyone.

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