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Home care workers: careers, commitments and motivations

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Summary

1. This paper reports on a small-scale study that investigated the careers, commitments, motivations and attitudes toward training of home care workers in Medway. It also gathered information from home care providers to form a picture of Medway's home care work force.
2. Thirty care workers were interviewed about their previous and current employment, their motivations and commitments toward home care and their attitudes toward training. With impending changes to Medway's commissioning arrangements and the introduction of the care standards on training the study sought to explore possible impacts on Medway's home care work force.
3. Twenty seven women and three men were interviewed from three different providers. Care workers were sampled for the study on the basis of age and length of service with their current employer.
4. All respondents held contracts giving them statutory sick pay, holiday pay and maternity/paternity leave. However, over two thirds had so called "zero hours" contracts. Seven people said they needed more care hours from their agency. To compensate, nearly half of the entire sample reported to have second jobs.
5. Travel time was a problem. Two thirds reported that travel time is not incorporated into their schedule of visits. There were implications for their clients affecting the quality of care delivered.
6. Most felt the supervision in their jobs was adequate. However, there was a concern that younger care workers were being sent to new clients alone and with no guidance or information.
7. People were motivated by both the flexibility of jobs in home care and the fact that it is a "people job". Care workers enjoyed helping clients and making them happy. Nevertheless problems with care work were raised. Some complained about insufficient hours of work and others about the lack of communication and organisation in their agency.
8. The majority of care workers felt their loyalties lay mainly with their own clients. However in the event that their agency closes over half said they would remain in home care even if it meant having new clients. Almost a third reported that they would leave home care out of concerns about signing new contracts committing them to unfavourable work patterns.

9. Medway's intentions to ensure that TUPE prevails should go a long way to reassure those care workers concerned about transferring to new employers but it is worth noting that requirements to work evenings and weekends might be linked to informal arrangements and expectations must be addressed.

10. One third of respondents had undertaken no induction training. The older care workers, in post for the longest time had done the least amount of in house training in the last year and in many cases, none at all. Many carers would welcome the idea of refresher training courses.

11. At the time of interview no care workers were working toward their NVQ2. All but four felt NVQ training was a good thing. Those four felt that being a good care worker is more to do with the kind of person you are than about a qualification on paper.

12. If they were required to do so, two thirds reported that they would happily embark on NVQ training and a small number said they would only begrudgingly do so. However a number felt they would leave their agency and, if necessary, the home care sector altogether if the NVQ2 was made a requirement.

13. Commissioners and providers of care might go some way to address these problems by educating care workers about the implications of care standards and about what is involved in NVQ assessments and associated training.

1. Background

The home care service is a fundamental building block of the policy to support older disabled people in their own homes. There is widespread concern about the supply and retention of home care workers and the implications of this for the quality of care provided. Low pay and poor conditions of employment have been compounded, in recent years, by the changing nature of home care and large-scale reorganisation to cause dissatisfaction among care workers. Balloch et al (1998) found that home care workers consequently look to other social care employers or to other, better paid service sector work.

Particular concerns have been raised in Medway about the possible impact of changes in commissioning arrangements on the home care workforce. Fears have been expressed that the planned reduction in the number of home care providers that will contract with the authority will result in widespread losses of this vital workforce. It has been suggested that people will leave as a result of:

- Loyalty to their former employer and to users of services
- Preferring to leave rather than coping with any change as they approach retirement age
- Preferring to leave rather than face the prospect of being required to train to achieve NVQ2 status.

This paper reports on the findings of a small-scale study that investigated factors that we would expect to affect workers' propensity to leave. These included motivation, commitment, aspirations, attitudes to training and personal development and incentives. The paper also describes the results of our survey of Medway council's contracted providers, which presents a picture of their current home care work force.

We start by highlighting the aims of the project and then we outline the method used. We then describe the characteristics of the provider agencies and the characteristics of the care workers we interviewed. Section 4.2 describes the employment conditions of the care workers and section 4.3 outlines their attitudes to their job including their motivations and aspirations for the future. Section 4.4 describes care worker's views about training. Finally in section 5 we draw conclusions from the study about the implications for the future of Medway's home care work force. Care workers' experiences of delivering a quality home care service will be reported separately.

2. Aims

The principal aims of the study were:

- To identify whether a significant proportion of home care workers are likely to leave as a result of the changes in commissioning arrangements in Medway, and if so why
- To identify the motivations of home care workers and their attitudes to training and their future careers
- To explore care home workers' attitudes and approaches to providing a high quality service.

The study aimed to provide information for Medway directly relevant to the commissioning of home care in the future.

3. Method

3.1 Providers

A survey questionnaire was sent to 13 contracted provider agencies in Medway. They were asked to give details about their organisation including the size and nature of their work force, the formal qualifications held by care workers and about the numbers working toward qualifications.

Providers were also asked to give information about the size and sector of their agency. Seven agencies described themselves as private, for profit, five as voluntary and/ or charity and one failed to provide this information. The geographical extent of the businesses varied. Five covered only a part of the Medway area, two covered part of the Medway area and part of neighbouring authorities, two agencies covered the whole of the Medway area and the four largest covered all of the Medway area plus part of neighbouring authorities.

Based on the information collated, four home care agencies were selected in order to represent a spread in terms of size and sector of organisation and from which care workers would be chosen for interview. Information from a previous study (Francis and Netten 2002) of home care quality was used to ensure a range of providers was selected in terms of their quality as perceived by home care commissioners in Medway. This information was supplemented by data gathered in the extension to the home care user experience survey (UES) (Francis et al., 2003).

Throughout this report the providers that were selected will be referred to as provider, 'a', 'b', or 'c' with provider 'a' being the higher quality agency and c being the lower quality from the perspective of Medway's home care commissioners. It is important to note that although the home care commissioners distinguished between the quality of the providers the results of the UES showed that there was no significant difference between the quality of care received from the three agencies from the service user perspective. It should also be noted that work on the analysis of the UES is ongoing and that quality measures derived from the survey are under development."

The chosen providers included two local franchises of larger organisations. They included two private and one voluntary sector agency and they varied in size and coverage. The organisations ranged from one that employed between 21 and 40 care workers to one that employed between 81 and 100. The smallest geographically covers only a part of the Medway area and the largest covers all of Medway plus parts of other authorities. The agencies varied widely in terms of the number of care hours provided with one delivering between 300 and 600 per week and another delivering between 2400 and 2700 hours of care in Medway every week.

3.2 Care workers

Four agencies were approached to pass on letters to their Medway care workers inviting them to participate in the interviews. There were no expressions of interest from care workers in one agency but the other three agencies produced lists of care workers from which we could sample. The care workers were purposively sampled to include a range of participants based on age group and length of service at their agency – two important demographic variables expected to affect their propensity to leave their organisation or home care generally.

A total of 30 care workers were interviewed. The distribution of interviewees from each provider is listed below;

Provider 'a'; 4 care workers

Provider 'b'; 12 care workers

Provider 'c'; 14 care workers

We had aimed for a better spread of respondents across the three providers. However there were recruitment problems in the study that centred mainly on care workers' reluctance or inability to participate for reasons that included holidays, sick leave and time pressures of work.

4. Results

4.1 Characteristics of care workers

Medway's home care work force

At the time of the survey 478 Medway care workers were employed by the contracted agencies, comprising, 455 women and 23 men. Twenty-seven were in the lowest age category (16-24), 371 were age 25 to 54 and 80 care workers were age 55 years or older. Sixty-three care workers had been in their current post for up to 6 months, 118 for between 6 and 18 months, 170 between 18 months and five years and 127 had been with their current employer for five years or more.

In total, 76 care workers held the NVQ2 qualification or higher and 123 were working toward NVQ2 or higher.

The study sample

Table 1 illustrates the comparison between the overall Medway home care work force and our study sample of care workers. Apart from the proportion working toward their NVQ2 or higher and those had been in post for five years or more, our sample of interviewees broadly reflects the characteristics of the wider work force.

Table 1: Care worker characteristics

	<i>Medway workforce</i>		<i>Study sample</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
<i>Gender</i>				
Men	23	5	3	10
Women	455	95	27	90
<i>Age group</i>				
16-24 years	27	6	3	10
25-54 years	371	78	23	77
55+ years	80	16	4	13
<i>Length of service</i>				
Up to 6 months	63	13	-	-
6 to 18 months	118	25	6	20
18 months to 5 years	170	35	9	30
5 years or more	127	27	15	50
<i>Formal qualifications</i>				
Has NVQ2 or higher	76	16	4	13
Working toward NVQ2 or higher	123	26	1	3

As the table shows, the group of interviewees consisted of 27 female care workers and three men. Three people were in the 16 to 24 age group, 23 in the 25 to 54 age group and 4 were 55 years or older. All three men were in the 25 to 54 age group. Each care worker described themselves as white British, Irish or any other white background. Four of the 30 interviewees were fluent in a language other than English.

Just over half of those interviewed were married. Seven were single, three were unmarried and living with a partner and four people were divorced. Most people lived with their partner and/ or children. Two lived alone and five lived with parents or friends.

Half of those interviewed had been with their current agency for 5 years or longer. Nine people had been in their post between 18 months and 5 years and six people had worked with their agency between 6 and 18 months. For 12 of those interviewed, the pay from their home

care work represents theirs or their families' main source of income. Eighteen people reported that their home care wage was the secondary income in their household including 17 women and one man.

Eight of those interviewed had previously worked in the care sector including home care and residential care. The remaining 22 people had previously been employed in a range of fields including retail, domestic, catering and secretarial. The majority of care workers remained local when they moved to their current job with only seven people having moved from wider, national locations.

4.2 Employment conditions

Contracts and pay

The care workers were asked about the nature of their current contracts. The contracts from all three providers offered a period of notice, statutory sick pay, holiday pay and maternity/paternity leave. However, over two thirds of respondents reported that their contracts did not provide a guaranteed minimum number of hours and this was typical across all three agencies. Some reported that theirs were so-called "zero hours" contracts effectively meaning their agency was under no obligation to provide them with work.

This situation is borne out in the reports by nearly half the care workers that they have second jobs in order to supplement hours and income. The nature of their second jobs included home care with other agencies or on a private basis with individual clients, domestic work, secretarial work, childcare and waitressing. Where they work less than 10 hours or between 11 and 20 hours with their home care agency, care workers reported to be doubling their hours elsewhere and in some cases adding up to 40 hours working for another employer.

Overall interviewees felt that their rate of pay for care work was about right, which seems to suggest that they pursued second jobs because of the need to supplement hours. Therefore providing they could be guaranteed a certain amount of work each week they would not be in a position to have to take on second jobs.

The average hourly rate was £5.87 with the maximum reported as £7.00 and the minimum reported to be £5.25. All care workers were paid an enhanced rate for weekend and bank holiday work and the average cited amounts were £6.86 and £8.77 respectively. Although the majority of those interviewed felt their pay was about right and about the same or better than other agencies, eight people felt that pay for care work was unfair. Opinion was evenly spread across the three agencies. Those people who felt that the pay received was unfair felt

it did not reflect the type of work and in particular the increasingly personal and in some cases medical nature of the tasks. One care worker pointed out that their job has changed considerably and they no longer do the “home help” role as commonly perceived by other people. They felt that care workers have largely taken on the role that district nurses used to provide.

Mileage and travel time

The care workers were asked to comment on aspects of their employment conditions beyond hours and rates of pay. In particular they were asked about issues around travel including their need for a car to carry out their work, whether travel time is adequately incorporated into their timetables and whether they are paid petrol money.

Although almost all people lived fairly close to their clients, most reported that they needed a car to travel between calls. However, two thirds of those interviewed said that no provision was made on their schedule of calls for the time needed to travel between clients. Therefore, as one care worker reflected on the chances of getting from one call to another on time, “the only way of doing it is if you’re Superman”. On the same theme, one respondent reported having to juggle her clients and their calls. With no allowance made for the time taken to travel between clients she felt, “Unless we’ve got a magic carpet, there’s no way we can do it.”

For many, the problem of allowance for travel time was compounded by not being paid mileage. Over two thirds reported that they were not paid petrol money although a number of people said that they claim tax relief on petrol at the end of every financial year. Although some appreciated the benefits of their lump refund many were put off by the long and complicated claims process.

The issue of travel time in particular was foremost in the minds of around half of those interviewed. Some had even raised the issue with their agency in the hope of changing procedures to benefit themselves but in particular, their clients. However, around a third of the care workers had never raised the issue because they felt it wasn’t a problem. In some cases they were people who had so few clients that time allowed for travelling between each one was not a problem. Those that had raised the issue had been unsuccessful and were met with responses that blamed the computer system and advised care workers simply to “get there when you can.” However respondents were clear about the implication of this way of working – both for them and their clients;

“It’s annoying for the clients cause it means you have to leave them early to get to the next call. It also means you end up having to work in your own time.”

Others who had never raised the issue felt there was no point because they knew nothing would be done to improve the situation and having put up with the system for so long felt they were in no position to complain now.

Supervision

In addition to issues around contracts, pay and timetabling care workers were invited to reflect on their conditions of employment in terms of the supervision received from line managers and supervisors. Most of those interviewed felt that the supervision they currently receive is about right and only five felt they required more supervision. Although only a small number, those needing more supervision were proportionally more from provider ‘c’ than from the other two agencies. The biggest concern was about the amount of guidance received from managers when a care worker visits a new client for the first time. One individual from provider ‘c’, complained that where they used to see individual’s care plans, care workers are now told simply to go in and “do personal care” so that they have to work it out for themselves when they get to the client. The care worker explained that supervisors used to visit new clients before taking on a package to work out exactly what is needed. She suggested the reason this no longer happens is because agencies are desperate to take on work that they fear will be passed to another agency if they hesitate to take on a new client. Another reported that although as an experienced care worker she has adequate supervision, she was concerned about the level of guidance provided to new, inexperienced care workers.

4.3 Attitudes toward their job

Having explored the conditions of their current job and gained some understanding of care workers’ views on issues around pay and contracts we invited them to reflect more broadly on their attitudes toward their work. We sought to understand care workers’ initial motivations for a job in home care, their current likes and dislikes about their work and what, if anything would improve their work satisfaction. Significantly in the face of concerns about the stability of the work force we also wanted to understand where care workers’ loyalties lie and whether they feel they have a future in home care.

Motivations

Half of those interviewed had been initially motivated for a job in home care by the fact that it is a “people job”. However some were first attracted to the job because of the flexibility it offers in terms of hours of work. In each of those cases female care workers had, at the time,

young families and care work offered the flexibility to fit round school runs and similar commitments. Others who had moved from residential care were attracted to domiciliary care because of the value they saw in maintaining people in their own homes rather than “sitting round in a care home waiting to die”.

Other respondents cited reasons that included recommendations by friends already working in home care, the perception of domiciliary care as a natural continuation after years spent nursing older relatives and a move from a totally unrelated field of work in the pursuit of a “complete change”.

Opinions about care work

The aspects of work care workers favoured most were linked to their initial motivations with people citing again the flexibility of the hours and the fact that it is a “people job”. Just over half also described in detail the pleasure they derive from helping clients and in particular, making them happy. The strength of feeling felt by many of the care workers is reflected in one comment;

“I love my job. I feel lost if I’m not working. When I’m on holiday I miss my job and I can’t wait to get back to work.”

Echoing answers about what care workers like about their job almost half felt there was nothing they *didn’t* like. Small numbers cited aspects such as unreasonable clients, the tasks they have to carry out, disorganisation throughout the agency and the hours they work. The issues people had with their hours included having too few each week, being called in to work on their weekends off and having such early mornings. Where care workers cited problems with the way their agency operates this usually related to communication or time allowed for travelling between clients. One care worker reported that the consequence of the travel time problem was having to tear around calls, complete jobs as quickly as possible and have no time for social, eye-to-eye contact with clients. She empathised with the service users;

“I’m sure it must seem to clients like we’re only doing the job for the wage whereas a lot of us do it cause we *want* to.”

A number echoed her point that care workers want to be able to sit and chat to clients but are unable to because of the knowledge that the next one is waiting and will phone the office to complain about late calls.

Having considered the good and bad points about their job, the care workers were invited to suggest ways their jobs could be improved. Just over a third of those interviewed felt nothing needed to be improved. Almost all those interviewed from provider 'a' felt that was the case and half from provider 'c' agreed. However only a very small number from provider 'b' felt nothing about their job could be improved. They commonly cited more money, more hours, a better agency and a travel time allowance as ways to enhance their work satisfaction. One respondent pointed out that with travel time allowed they would have more time with clients, which would enhance their independence. As it is, care workers have such limited time that they always have to do things *for* clients instead of incorporating them into the tasks and doing things *with* them.

Care workers were also keen that communication within their agency should be much better. One complained that the agency never call her back when she leaves messages and needs to talk to the management. She felt the agency did not know who they deliver care to and that they did not seem to care about their clients. Another care worker, also from provider b echoed the feeling that the agency's lack of communication suggests they do not care about their clients and when asked ultimately what would improve the situation, the respondent replied, "Sack the office staff!"

However, respondents also cited problems with the way care managers operate and felt that changes should be made. One felt that social services should "get their act together" because they do not seem to know what client's needs really are. A care worker from a different provider shared those concerns and felt her job would be improved if they received more information from and had more involvement with care managers.

Commitment and loyalty

Having explored all the good points and bad points about their jobs and contemplating necessary improvements, the care workers were asked to consider whether they planned to remain in home care for the foreseeable future. Almost all of those interviewed confirmed their plans to stay in home care with the exception of two people from provider b including one who had recently accepted a new job. Moreover two thirds of interviewees expressed an interest in a range of other caring professions that they would, given the opportunity like to pursue. They included nursing, social work and home care management.

In the face of impending changes to Medway's home care commissioning arrangements and the possible implications for the future of some agencies, the care workers were asked to think about whether their future would remain in home care even if their own agency closed

down. They were asked both what their preferred move would be and in the event, what their likely move would be.

As the majority of care workers felt their loyalties in terms of work lie mainly with their own clients it is not surprising that seven of them reported their preferred move in the event of their agency closing would be to work for another provider but with the *same* clients. However, more people said they would preferably continue in home care, with different agencies and, if necessary, different clients. Furthermore, when they reflected on their *likely* move those who would have preferred to stick with their own clients conceded that in the event they would actually remain in home care and take on different clients under a new employer. Table 2 (below) describes the distribution, by age group of those people likely to stay in Medway’s home care workforce and the numbers likely to leave altogether.

Table 2: Age and attitude to remaining in home care

	<i>Likely to stay (n)</i>	<i>Likely to leave (n)</i>
16-24 years	3	-
25-40 years	4	2
41–54 years	8	5
55 years+	2	2
Total	17	9

Although the evidence seems to imply that care workers will remain in home care in the event of agency closures other perspectives should be highlighted. For example, almost one third of the sample said they would leave home care altogether, either to retire, or more commonly, for different work entirely. Reasons cited were a combination of loyalty to their company but more generally, a concern about changing contracts. In particular, care workers who had been working for five or more years with terms and conditions that suit them were worried that moving to another agency would entail signing a new contract demanding they work evenings or weekends. This clearly suggests that while many care workers would happily work for a new agency in the future and even with new clients they may only move or move more readily if their current terms and conditions of employment are protected. As one person pointed out, aware of the impending changes;

“...I don’t think this (‘doing away with some agencies’) would make it a better service because carers wouldn’t automatically go to another agency”.

4.4 Attitudes toward training

As well as the impending changes to Medway’s home care commissioning arrangements there is a concern that the national care standards on training for domiciliary care will affect care workers’ propensity to remain in the sector. By 2008, 50 per cent of the care provided by a domiciliary agency must be delivered by NVQ2 (or equivalent or higher) qualified staff (Department of Health 2003). The common unease among commissioners and providers of home care is that certain care workers, especially those 55 years and older will be reluctant to undertake training for formal qualifications and in the face of pressure will leave the work force altogether. This will have clear implications for the provision of a quality home care service.

During the interviews we sought to explore people’s attitudes toward training generally and more specifically toward formal qualifications such as the NVQ. Care workers reflected on the benefits and weaknesses of training and described their feelings about undertaking training and ultimately whether a pressure to do so would affect their commitment to a future in home care. We started by establishing what level of qualifications the interviewees already held and whether they had been offered the opportunity or were working toward their NVQ.

Qualifications

A third of those interviewed reported that they did not hold any formal qualifications. Among those who did, the most commonly held were GCSE’s and some had already achieved NVQs including those from other fields as well as from social care. Although over two thirds of care workers had been offered the opportunity to work toward their NVQ2 for social care none were working toward it at the time of interview. This disparity was explained partly by care workers’ own resistance but mainly by the fact that agencies were still in the process of planning and organisation in readiness to deliver training later in the year.

Experience of training

Induction training, taken to be that completed before a care worker starts their new job and makes their first call to a client, had a mixed profile among those we interviewed. One third of the care workers had undertaken no induction training at all. The numbers were fairly evenly spread among the three providers but proportionally more from providers ‘a’ and ‘b’

had been offered no induction training. Only two people from provider 'c' had done no training at the start of their job. It was not surprising that all respondents in the 16 to 24 age group had undertaken some form of induction training and that it was the older care workers in post for the longest time who had done less or none at all.

The two thirds of respondents who had undertaken some degree of induction training (ranging between half a day and more than one week) had studied aspects including moving and handling, health and safety, food hygiene and communication skills. Half of them had also participated in a "buddying" scheme whereby they shadow a more experienced colleague on one or more calls before they go out to clients alone.

Infection control, mental health awareness and first aid were the least commonly studied elements of induction training. A number of people were concerned about their gaps in knowledge and first aid was the aspect most commonly cited as the one on which the care workers required more training. Many also felt that they required refresher training courses in order to keep them up to date with techniques and theories, as they had developed since the start of their job. This lack of on going training is reflected in the reported number of training days each person had completed in the last year. The average was just under three with one third having completed no days at all. Those who had no training included half the care workers who had been in post for five or more years with a further four from that category having had only one day's training in the past year. Those that had been in post for 18 months to five years had most training on average (four days), ranging from nought to 15 days inclusive.

In terms of training techniques opinion was evenly split between those who felt training sessions were the most effective method, those who favoured on the job training and those that advocated an approach that combined both formats.

Having explored care workers' experiences of induction and subsequent in house training we wanted to gather their views about formal training such as the NVQs. It was important to understand to what extent they are motivated by NVQ training and identify whether a pressure to attain the qualifications might affect their commitment to care work.

Reflections on formal training

Some care workers were already aware of the implications of the impending national care standards on training. With the exception of four people everyone we interviewed felt that formal NVQ training was a good thing and many felt that everyone, not just a proportion of care workers should qualify for their NVQ2. Some cited the benefits from the client

perspective. They felt that clients would have more trust in their care workers and be reassured by the fact that they have formal qualifications. However others described the benefits from their own career perspective. Some were under the impression that without gaining the NVQ2 they would be unable to proceed in the care profession so from their perspective the benefits of formal qualifications related to improved career prospects.

Although most people appreciated the benefits of the NVQ2 not everyone felt that it was right for them. Just under a third of those interviewed reported that they would not be prepared to complete their NVQ2. They included respondents from the upper two age groups but were by no means the oldest members of the sample. Some felt that with their experience there was no sense in studying for exams, which were better suited to the new care workers;

“It’s a good thing for the younger ones – especially if they want to make a career out of it. I’m too old though.”

There were reasons other than age related ones for people to refuse to do the NVQ2. Some felt the qualification was completely unnecessary for themselves and for care workers of all ages. Those four people felt that care work was more about the kind of person a care worker is than about a qualification on paper;

“...You could have an NVQ and still be a bad carer. Its all to do with common sense, understanding and patience.”

Another respondent compared the need for care workers to have qualifications with the need for nurses to be properly trained and felt that for care workers it is unnecessary;

“There’s no point in them (NVQs) ...as long as you know your job then NVQs don’t matter. It’s not like nursing. You don’t need qualifications to do this job.”

The mix of opinion regarding the relevance of NVQs was borne out when interviewees were asked to consider their reaction if they were required to undertake formal qualifications. Two thirds reported that they would happily embark on the training and three people that they would only begrudgingly do so. However six respondents felt they would leave their agency and, if necessary, the home care sector altogether if the NVQ2 was made a requirement. This position was typified by one care worker who felt that by the time the care standards were introduced she would have done everything she needs to know. She said she would look for another job because she doesn’t want to sit through exams and because with her job and her children she doesn’t have time for coursework.

Apart from time constraints due to familial responsibilities and opinions about the worthlessness of NVQs some said they would rather leave because they felt they were incapable of studying and doing exams. Many who enjoyed their job felt there was an impossible gap between their work in the community and training and exams in the classroom;

“It’s easy to go out and work in the community but to sit down and write about what you’re doing is a different matter altogether”

An exploration of the range of experiences and attitudes relating to training and qualifications concluded the main part of the interviews, which served to address the fundamental aims of the study.

5. Conclusions

Almost a third of the care workers interviewed said they would leave care work in the event of their agency closing. However, this was primarily due to concerns about the types of contractual conditions that would replace their current arrangements. Medway’s intentions to ensure that TUPE prevails will clearly go a long way to reassure those care workers. It is worth noting, however, that many of the care workers had contracts for zero hours so their concerns about requirements to work evenings and weekends may be linked to informal arrangements and expectations that will need to be addressed.

People’s attitudes toward formal qualifications and especially the NVQ2 are also likely to affect their propensity to remain in Medway’s home care work force. Six people said they would leave if NVQ was made a requirement of employment and three more said they would only begrudgingly undertake the training. People had concerns about their own ability to do what they perceived as ‘academic’ work although they were confident of their abilities to carry out the practical tasks demanded by their job. There is the possibility that if people were given appropriate learning support they would be more confident and motivated to undertake the training. However, others were put off by the demands on time they thought NVQ training would make and with their jobs and families they felt unable to undertake the commitment to train. It is unlikely that making allowances in people’s care hours would alleviate this concern as some care workers already complained about having insufficient care hours which consequently affected their income.

The effect of this was that many respondents had second jobs and as suggested, would clearly have appreciated having more work from their agency – particularly more contracted hours. The larger scale nature of the agencies under the new contracting arrangements may facilitate this, although there is always the problem of the distribution of demand during the day.

Some care workers were clearly already aware of the impending care standards on training but there was by no means a universal understanding. Some were under the impression that they would have to attain the NVQ2 in order to remain or progress in their job and it was partly for this reason that some people felt they had no option but to leave care work altogether. The care workers need to be properly equipped with an understating of the implications of the legislation, of what NVQs comprise and about how it will affect their futures. Failing this there is, with only part or distorted understanding among the work force a danger of losing care workers because of false ideas.

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