

“Is professionalising the workforce the best way to make care work a more attractive career option?”

The easy answer is yes! Recognising that working in the care sector is a valid profession, through a process of registration, would go some way towards validating and acknowledging the valuable skills and expertise – and the immense contribution – that care staff bring to individuals living with a range of complex health and care needs each and every day.

But giving a workforce professional status and all that entails doesn't automatically mean that the workforce will be valued, recognised or an attractive career option. The real change needs to come from changing people's perceptions of care and the care sector.

The sector has a larger workforce than the NHS and yet it is not held in the same esteem as those who work in health settings. While much has been done in respect of terms and conditions in recent years, it remains the case that many staff working in adult social care do not have comparable terms to those of colleagues in the NHS.

We need to look at the whole picture involved in conferring professional status and recognise that there is a range of actions that need to be taken to elevate the role of caring in our society. We must ensure that care workers feel valued for the enormous contribution that they make now and will continue to make in the future.

Sharon Blackburn is policy and communications director at the National Care Forum.



From left: Sharon Blackburn, Carolyn Downs, Jill Manthorpe, Des Kelly and Anna Gaughan

We identified more than 400 unmet training needs when we worked with 800 care workers, managers, policymakers and older people as part of the EU-funded Helpcare project. The aim of the project was to understand the problems of recruiting and retaining care workers.

UK care workers were vocal about the need for specialised training, wanting to gain skills and recognition as specialists, in dementia, stoma, diabetes, cancer, stroke or end-of-life care, for example. Our research suggests professionalising care workers and recognising them as care specialists would help retain staff in the shorter term, but, to make this work for the longer term, policy needs to change.

If legislation to ensure a core of specialist trained care staff were a requirement for all providers, it would encourage relevant training courses to be established. To support the move to a tier of specialist care workers, the change would also require a national register of care specialists.

These two steps towards professionalisation would give

care workers similar status to early years professionals. It would come at a cost, though. Current funding models mean that many care providers could not implement such a policy change. But should we leave vulnerable older people in the care of workers who feel under-trained and poorly equipped?

Dr Carolyn Downs, from Lancaster University Management School, ran Helpcare across five EU countries.

Social care employers are often rightly concerned about high turnover of staff working in care services. So too are people receiving care – such turnover disrupts relationships and can mean care is not good. And care workers themselves – the “stayers and the stickers” – don't like having to work amid staff shortages or pressure to do more overtime.

So is professionalising the care workforce a solution? Much depends by what is meant by professionalisation. Does it mean that the workforce is self-regulated? Or does it mean that the

workforce would have to be registered – and that it would be a criminal offence to “masquerade” as a care worker or to employ someone who was not registered?

Or is the word professionalisation being used to mean that someone would have to reach a certain level of training and set of personal requirements such as “good character”? These are all rather technical and I suspect that professionalisation might mean being better paid and valued more.

In my view making care work attractive needs both changes to the system and to personal factors. People need to feel rewarded and the system needs to be able to reward them. Reward is not just financial but is about feeling positive and productive.

Professional structures might help with this but currently the extra money that they would gobble up might be less of a priority than fair compensation for the work. **Professor Jill Manthorpe is director of the Social Care Workforce Research Unit at King's College London.**

The social care workforce is exploited – plain and simple! And they probably have always been! This is ironic given that most of the people who work in social care do so because they want to make a difference and don't regard it as "just a job".

There is ample evidence to show that the social care workforce includes around 50% of workers with 15 or more years of experience. However, retention (and recruitment) are substantial challenges for care providers. Indeed, it is currently *the* most pressing issue for future sustainability with obvious implications for service quality.

Providing support for people, including those living with dementia, demands significant skill and expertise. So, how do we overcome these difficulties? In the *Power to People* report for the Northern Ireland government published last December, which I co-

authored with John Kennedy, the chapter on the workforce called for a professionalising of social care work by paying a professional rate for the work they do. That would be a good place to start!

We need to go further, of course, by improving the status of care work: addressing pay and conditions, training, qualifications and ongoing professional development, registration, career opportunities and leadership.

In my view, professionalising the workforce in social care, including specialist provision such as dementia care, is vital. The future of the sector depends on it.

Des Kelly is chair of the Centre for Policy on Ageing

As Albert Einstein once reflected, "if I had an hour to solve a problem I'd spend 55 minutes thinking about the problem and five minutes thinking about

solutions." Focusing on professionalising the workforce as the solution is merely window dressing unless we are open and honest about the current realities facing this sector!

We have a policy aspiration for people diagnosed with dementia to be able to live well. This is a fundamental aspect of our human rights – we should all be able to live independently for as long as is possible, stay connected and continue to be fully participative in our local communities. So why is our current health and care system primarily commissioned to provide medicalised, acute and institutional care?

Carers of people living with dementia consistently highlight difficulties engaging high quality home care, including inconsistent staffing, poor training, inadequate cultural awareness of people's needs, and lack of punctuality. Care workers themselves face

many challenges, forced to work in the most poorly resourced part of the care system with things like 15-minute visits and paying their own travel costs between visits.

Home care must be better resourced because it will help to address the current crisis and serve as the basis for offering people and their carers the right to live independently for as long as is possible. Once these realities are recognised and addressed, then we can explore what else is needed to make care work a more attractive career option.

There's no reason why trained, experienced care workers can't progress through to professional care roles such as nursing, occupational therapy or social work - but the above realities in the sector need to be addressed first.

Anna Gaughan is chief executive of the carers network tide – together in dementia everyday.

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