

Previously the head of a midwifery unit, this carer uses her transferrable skills to critique the care industry

This carer has been in the U.K. for more than ten years, since relocating from Poland, where she was educated in family midwifery. Her career progressed to the point where she ran a large maternity unit and has lectured student midwives. She is currently working for forty hours per week with elderly service users as she was unable to find work as a midwife despite NMC registration. Her previous medical experience aids her in her care role and she has focussed on the development of skills and qualifications including GNVQs in health and social care whilst improving her English. Her responsibilities as a carer include the provision of general care for the elderly, including feeding, bathing and medication administration. Beyond their physical needs she also works to maintain their 'normal lives' in the community and give them as much dignity as possible.

"Yes. So you know I can tell you I see it's a big problem in Great Britain the care of the elderly. If you want to take care of any people you should have the good skills and knowledge."

Many in the care industry are highly educated in specific areas and have found themselves in the care industry due to the unavailability of other employment. This example is interesting as this carer has experience as a senior medical professional, which may make her better able to compare her care experience in the industry with her previous medical experience and assess the limitations of the level of training provided to carers.

Care work is often physically and emotionally demanding and unfortunately the environment can be less than perfect for service users and staff alike. Interestingly, this carer has noticed that not everybody has the proper training required to be effective at their jobs and many lack the core skills necessary to deal with elderly or disabled people. This carer highlights the lack of common sense and flexibility that is displayed in some care homes which can border neglect, for example not ensuring that the service user has consumed enough food or taken their medication when they do not want to. On a more personal level, some carers do not respect the service users' privacy or provide them with appropriate dignity, such as taking the service user to the bathroom with the door open. She feels as though service users have little chance to complain and if they did their carers would likely ignore them.

This carer feels that person centred care is critical to the service user and their family and that care homes should be more flexible in giving choices to the service user to maintain their dignity, especially towards the end of their lives. She feels that care homes prioritise the reduction of costs at the expense of quality of care. On a personal note, she also feels that wages for carers are low for the physical intensity of the work and some carers don't see any way for professional development.

"So tell me how do you see the people doing 8, 12 hours rota shifts. I don't see its absolutely not possible taking good care of the people. Sometime people you know soiling and they waiting for the carers 2 or 3 hours."

Working with and meeting people who are from different cultural backgrounds and disciplines is a positive side of care work for this carer. The relationship between carer and service user can be a source of enjoyment as they are working closely together and are often interesting people with lots to talk about.

"If you want to take care of people you should have the good skills and knowledge. Not everybody has proper training, not everybody has good skills of working with people who have special needs"

This carer has the perception that some of the most important skills for carers are soft skills, such as the empathy to display warmth to vulnerable and often lonely service users. Furthermore, giving the service user choice can have a profound impact on their outlook on life. This carer acknowledges the importance of training for younger carers as many believe that they are more competent than they actually are, completely ignorant of their own shortfall in performance. Comparable to the midwifery training that this carer received, the training given to carers needs a more medical focus for the carer to understand health issues encountered by

their service users. Combining academic and practical learning could increase the quality of care delivered by inexperienced carers, however focus should be on the practical side of things to minimise the risk of accidents and allow for the demonstration of best practice.

She provides examples of carers who have been in the care industry for 15 years who have good skills and knowledge yet have never progressed. She identifies that management overlook training as they do not communicate with the staff and are mainly concerned with the rota. She identifies that career progression is heavily dependent on the attitudes of the management team.

“What I can tell I would be very very happy if the system in Great Britain will be changed.”