



Knowledge Exchange Seminar Series (KESS)

...is a forum that encourages debate on a wide range of research findings, with the overall aim of promoting evidence-based policy and law-making within Northern Ireland



To Keep a Person in Their Own Wee Corner: An Exploration of the Roles, Responsibilities and Services Provided by Home Care Workers in a Large Health and Social Care Trust

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*'A cradle to grave
concept'*



Background & Strategic Drivers

- Dearth of published material on role of domiciliary/home care workers
- Government legislation, reports, initiatives, policy drivers
- Influence of local, national and worldwide demographic trends

Methodology

A Two Phased study utilising qualitative and quantitative approaches

Phase 1: A Grounded Theory approach, Qualitative methods using focus groups, semi-structured interviews and community forum meeting.

Phase 2: Quantitative approach utilising a questionnaire, derived from Phase 1, which further tested the emergence of theory from phase 1.

Why Grounded Theory?

“Grounded Theories, because they are drawn from the data, are likely to offer insight, enhance understanding and provide a meaningful guide to action” (Corbin & Strauss, 2008).

- Constant comparative analysis
- Theoretical sampling
- Theoretical sensitivity

Data Collection

- Total of 179 participants in Phase 1 from all grades of staff including managers
- In Phase 2 Final postal questionnaire to all home care staff employed within HSCT (n=734) with a 42.8% (n=314) response rate overall.
- Response rate compares more favourably with similar research in NI & UK

Grounded Theory

There is dissonance
between the perceived
centrality of the role of
the home care worker

**and the recognition of
importance of their role
within the wider Health
and Social Care
Community**

Key Findings

Location of Care

The Characteristics of Carers

Caring and the Caregiving Relationship

Role Identification

Role Challenges

Role Conflict



Location of Care

“You do understand that my next door neighbour might be 4 or 5 fields away”. (Interviewee 21)

“So I do the things I do because I care for my client, who is after all, my neighbour, and indeed whilst they might live miles from me see, I see them and theirs as an extension to my own family.” (Interviewee 49)

“Come on Bridie, it’s all very well talking about this to yer man here but if we don’t get on with it they’ll be talking about you and me in the post office”

(Interviewee 19)



Role Identification

“Helping to give choice, respect, listening to what they’ve got to say. I love my job”. (Interviewee 52)

“Knowing that I make a difference to the quality of my client’s daily lives and making them so happy. I feel valued and trusted actually”. (Interviewee 16)

“It’s the interaction with the clients, the relationships you build and the support of the team it’s such a worthwhile service”. (Interviewee 48)



Role Challenges

“I feel that this is a very stressful job role and I personally feel that I am not delivering quality care it’s upsetting really!” (Interviewee 43)

“That it takes too long when you report to a supervisor for additional help or equipment until it appears, it’s upsetting all round!” (Interviewee 77)

Role Conflict

“I’m not a home help, I’m here to do personal care, not home help and if you need those services, well then see a social worker”. (Interviewee 25)

“The roles are becoming closer now home helps are being trained to do personal care”. (Interviewee 24)

“We’re now getting hounded over sick leave and overtime as every week somebody is off on sick leave”. (Interviewee 80)

Characteristics of Carers

“Caring for clients and knowing that I have made a difference to their overall well-being is very important to me”. (Interviewee 2)

“Giving my work 100% is important to me. I would always go over and above the call of duty and this doesn't bother me at all, it's who I am”. (Interviewee 1)

Caring and the Care Giving Relationship

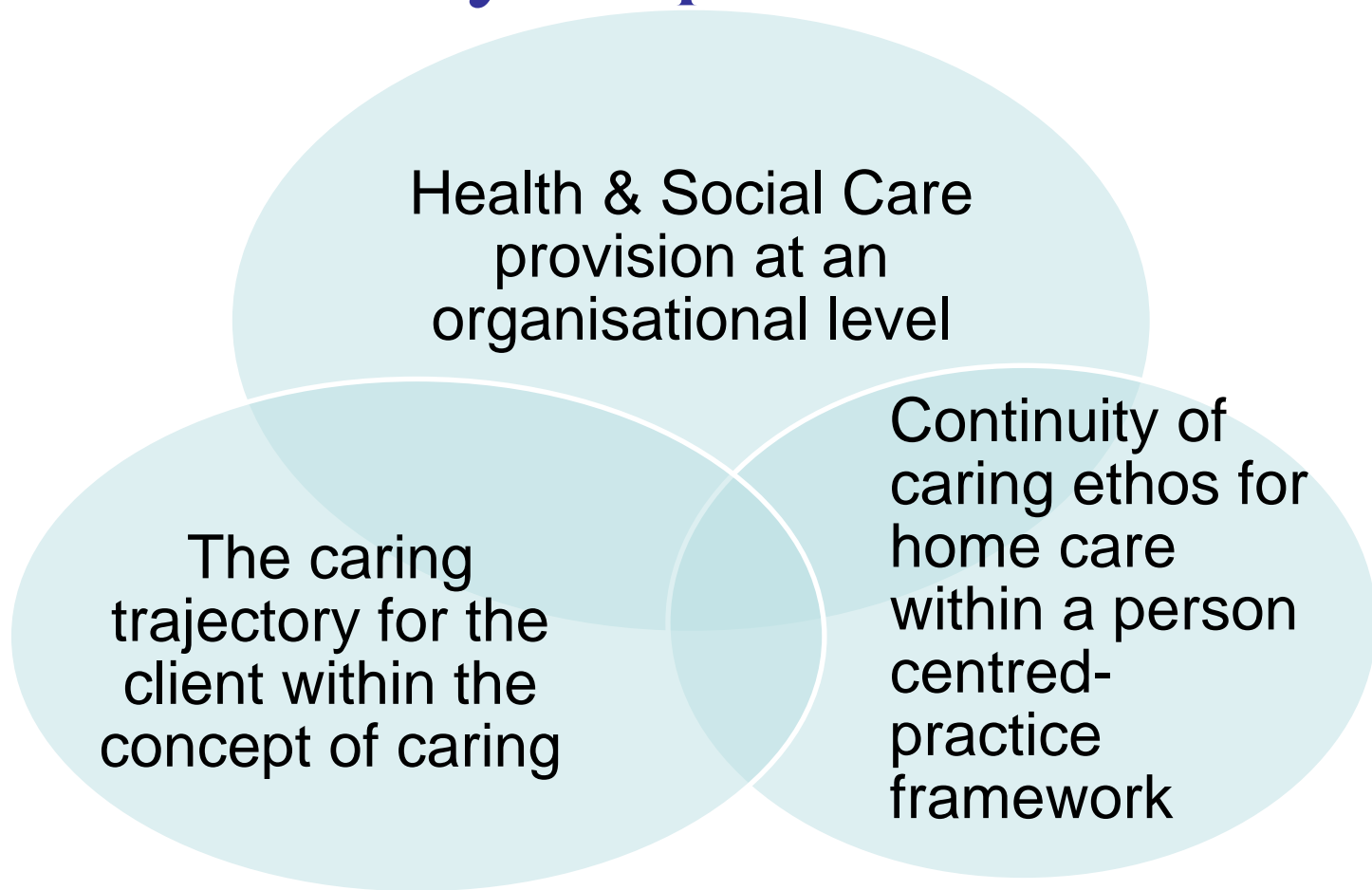
“Everybody likes their own wee corner at the end of the day....and if there’s enough good positive care provided by us in the community, well then it’ll stop them from being shipped into a nursing home”.

(Interviewee 152)

“You can monitor their progress, and see if they are ok, or are feeling depressed, we basically become part of their family too and care for them like our OWN”. (Interviewee 20)



Policy Implications



Policy Implications

Location of
care

Increasing
Health &
Social Care
need &
responsive
training

Responding to
the process of
change with
an effective
model for
practice

Recommendations

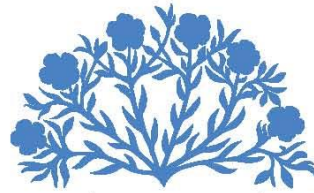
- Continued monitoring and review of the impact of home care on older adult's meaning of home and its potential impact on their recovery.
- Clinical supervision and supervisor support arrangements must place value on the role of its home care workers.
- Complex client assessments for home care must be underpinned in a collaborative and collegiate manner using the Northern Ireland Single Assessment Tool (2009).

Recommendations

- A training need analysis, linked in a strategic manner to a Nationally Recognised and Accredited Framework, such as NVQ.
- Current training and support mechanisms must be inclusive of client assessment and client evaluation.
- Home care staff must participate in a collegiate manner with such assessments & care reviews.
- The home is clearly the ‘hub’, an operational definition of this is needed.

Recommendations

- Quality assurance mechanisms must extrapolate on how home care workers experience and negotiate their work on a daily basis, thus enabling effective responding to staff needs and compliance with legislative and regulatory frameworks.
- The Integrated Service Delivery Model (DHSS&PS NI, 2011) must be implemented as a priority for effective service delivery.
- Home care for the older person must be based on reablement, Jones et al. (2009).



Northern Ireland
Assembly



The Open University



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