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Training for care assistants

New qualifications should raise their status and scope

Half a million people in Britain are employed under the broad title of health and social care assistants. Over 150 000 work in the health service as nursing auxiliaries, occupational therapy helpers, physiotherapy aides, foot care assistants, and so on. Outside hospital, people with similar skills and aptitudes are employed as home care workers (home helps and home care aides) or residential and day centre care assistants. Local authorities are currently the main employers of home care workers, but over half of all residential care assistants are now employed in the independent sector. Most of these employees are women working part time, and their work is traditionally of low status and poorly paid. This week's announcement of the two new national vocational qualifications for these workers should help improve their training, status, and effectiveness.

Three major factors have forced a national rethink about the training and development of this crucial work force. Firstly, Project 2000 has already begun to remove learner nurses from wards, leaving a serious labour gap. Secondly, the decline in the numbers of school leavers means that other service industry jobs will be competing for the traditional caring work force. Caring for people is potentially very satisfying, but it may be stressful and physically demanding. The job can be made more attractive by training and recognising skills through qualifications, creating opportunities for personal development. Thirdly, the rising number of seriously disabled old people living at home or in residential care and other groups needing community care has created a demand for a new breed of carer. This new carer needs both practical skills and an understanding of the emotional, intellectual, and social difficulties of people with long term disabilities far beyond those expected of a traditional home help.

National vocational qualifications were launched in 1986 to meet the national need to improve poor skills among unqualified adults in all industrial sectors. The idea is that vocational training focused on employment and based on the job should lead to nationally agreed qualifications. Access to training should be as open as possible and qualifications should be awarded on a mixture of assessments on the job and more formal training. Employees acquire credits which can be taken to other jobs in the same sector and build up a specific vocational qualification at their own speed.

The Care Sector Consortium was formed in 1987 of health and social care employers, unions, training bodies, and professional organisations to develop national vocational qualifications for the health care sector. Its remarkable achievement is to have produced agreement on core skills and competencies as a basis for the five national vocational qualifications launched this week—three for health care assistants and two for residential, domiciliary, and day care staff. One disappointment is that there will be no "generic health care worker" qualification despite the fact that residential care assistants perform similar tasks to ward based nursing auxiliaries. The original aim of producing an integrated system of credits across sectors has not been achieved, largely because of the urgent need to produce guidance for the NHS on support work training, although work will continue to produce an integrated scheme of portable credits during this year. This should improve the career opportunities and mobility of workers between hospital and community and lead to a better understanding of each other's work. The professions have always been unenthusiastic about the concept of a generic worker, but there may be a sensible move in that direction as employees acquire portable credits.

In creating more qualifications there is a risk of further overprofessionalisation, a tendency which already bedevils the health service. Also, educationally disadvantaged people with the right personal qualities may be deterred from applying. Open access is important, but the qualification must be meaningful and demonstrate real knowledge and skills. The joint awarding bodies are aware of the need to ensure that the assessment process is relevant to the job. Training the trainers and assessors will therefore be crucial for employers and will need financial investment and the commitment of senior managers. The NHS Management Executive could clearly signal the importance of this work force by allocating funds for developing this training.

One matter remains unresolved. Health service nursing unions had hoped that support workers would have nationally agreed terms and pay negotiated through Whitley Council machinery. If I were a support worker I would say "no thanks." A very broad range of different jobs is likely to emerge under the umbrella of support worker, and because of the wide social differences in local working populations employers will require maximum flexibility to shape and reward the newly created jobs. No nationally agreed reward scheme is likely to provide sufficient flexibility. Unions can play a vital part in developing the pay and conditions of this low paid group, but their collective might needs to be used more creatively.

Doctors should welcome the launch of this quiet but far reaching revolution in health care training. It has enormous potential for improving the quality of care experienced by patients. The future effectiveness of NHS and community care services will in large part depend on its success.

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