



Scottish Care

Voice of the independent care sector

The Experience of the Experienced



*Exploring employment
journeys of the social care
workforce*



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Foreword

Experience is a multi-layered word. To have first-hand 'experience' is to know something or someone at a depth and meaning beyond passing knowledge. It can mean to have an encounter whether positive or otherwise; to have a feeling or sense; or to have knowledge of one thing rather than another; and so on.

This work is about something else. It is a celebration of the contribution of those who have worked long years in social care and those who have come more recently into the sector but who bring immeasurable experiences. It is the story of the experienced.

In the pages that follow we read the words of the women and men who work in care homes, care at home and housing support services. We hear their story of dedication and ability which is making a difference to the lives of some of our most vulnerable citizens. The experience of age, skills, talents and creativity these individuals bring is what is daily transforming the lives of countless people across Scotland today. In every sense it is the experienced who are enabling an experience of dignity, purposefulness and value in the lives of those they care for and support.

However, we have also to recognise that not everyone values or validates this sort of experience. There is an unashamed ageism in so much of our failure to value both older workers and people with extensive experience. This casual discrimination needs to be challenged and the words in this report do that brilliantly.

Julius Caesar once said, *'Experience is the teacher of all things.'* We need as a social care sector and as a wider community in Scotland to learn from and listen to our older workforce and citizens. In our quest for the new, the innovative and the re-designed we need to give place to listening to and accepting the insights of those who have walked where we seek to go and who have grown and changed as we seek to do the same.

It is no accident that we get the word 'expert' from the same Latin word from which 'experience' comes. Our experienced social care staff are our experts. As we seek to address the challenges of re-designing roles, of recruiting a new generation of carers, of re-shaping how we support and care for people we forget the voice of experience at our peril.

We need to mould our systems of regulation, registration, learning and qualification to enable those entering late into social care to know that their skills and experience is valued and validated.

I hope you enjoy reading these words of compassion and courage; I trust you will hear in them the tiredness and the difficulties; I hope you will recognise the frustrations and aspirations; but I also hope you will get a sense of the joy and fulfilment which caring brings to these staff, and I hope too that you will be moved not just to value their contribution but to challenge all that prevents the experienced from fulfilling their potential. It is incumbent upon us all to be changed by the 'experience of the experienced.'

Dr Donald Macaskill
Chief Executive, Scottish Care



Introduction

“Life is a journey with problems to solve, lessons to learn but most of all, experiences to enjoy.”

It is widely recognised that the composition of the social care workforce is changing and that a sizeable percentage of those now working in the sector are aged over 45. Scottish Social Services Council data¹ highlights that within social care generally, 48% of all workers are above this age. In relation to care at home and housing support services, this rises further to 52%. We also know that in Scotland as a whole, over 50s are the fastest growing part of the workforce as the population not only lives longer but works longer². This is also reflected in Scottish Care’s earlier 2018 research³, which indicated that nearly 20% of independent social care organisations have seen an increase in applications for care posts from those aged over 45. What’s more, we know that 85% of the social care workforce is female and on average, 53% are employed on a part time basis in care home, care at home and housing support services⁴. But does recognition of this workforce group extend beyond the statistics?

This report seeks to showcase the life and career journeys of just a few of the experienced and committed individuals working in services across the country each and every day, and how this experience is irreplaceable in ensuring our most vulnerable citizens receive high quality, compassionate care and support. It also asks whether these workers feel that their experience is recognised and appreciated.

This work forms part of the Workforce Matters 4Rs project, which is an improvement programme exploring the independent sector employment journey in relation to recruitment, representation, regulation and retention. *The 4 Rs: The open doors of recruitment and retention in social care* report⁵ was launched in March 2018. It highlighted that the personalised approach we rightfully expect individuals to receive in the delivery of social care does not necessarily extend to staff development approaches led through workforce regulatory, learning and development requirements. As part of its conclusions, the report recognised:

“... the reality is we have an older workforce, whose journeys and complexities will present other challenges such as dual caring responsibilities and as highlighted in Fragile Foundations, increasing mental health strains. We need to map current opportunities and career pathways against the realities of experience for these workers.”

This new report represents the next stage of Scottish Care’s ambition to better understand and share the experiences, motivations and challenges of this large but under-represented and often overlooked group of essential workers. It does so through sharing direct quotes from care staff themselves,

¹ Scottish Social Services Council (2017) *Scottish Social Service Sector: Report on 2016 Workforce Data*: <http://data.sssc.uk.com/images/WDR/WDR2016.pdf>

² http://www.heraldscotland.com/news/15160277.A_grey_revolution__New_figures_reveal_over-50s_are_the_fastest_growing_part_of_workforce/

³ Scottish Care (2018) *The 4 Rs: The open doors of recruitment and retention in social care* : <http://www.scottishcare.org/scottish-care-news/4rsreport/>

⁴ Scottish Social Services Council (2017) As above

⁵ Scottish Care (2018) As above

obtained through the undertaking of semi-structured interviews with 9 individuals working across residential care homes, nursing care homes, care at home and housing support services. Each participant self-selected to be involved based on the fact that they met one of the following definitions of ‘experience’:

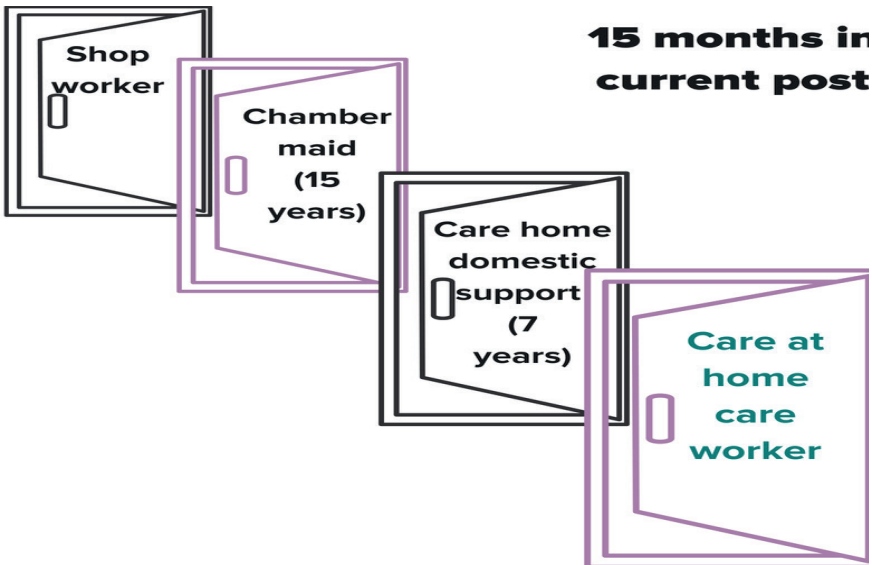
- Someone aged 45+ who has joined the independent care sector within the last 18 months
- Someone who has worked in the independent care sector for 15 years+

As the report will show, ‘experience’ can actually mean many things but in all its forms, it is a crucial component of delivering high quality care through a confident and competent workforce and we must maximise opportunities for more people to both bring their experiences to and have new positive experiences within the social care sector.

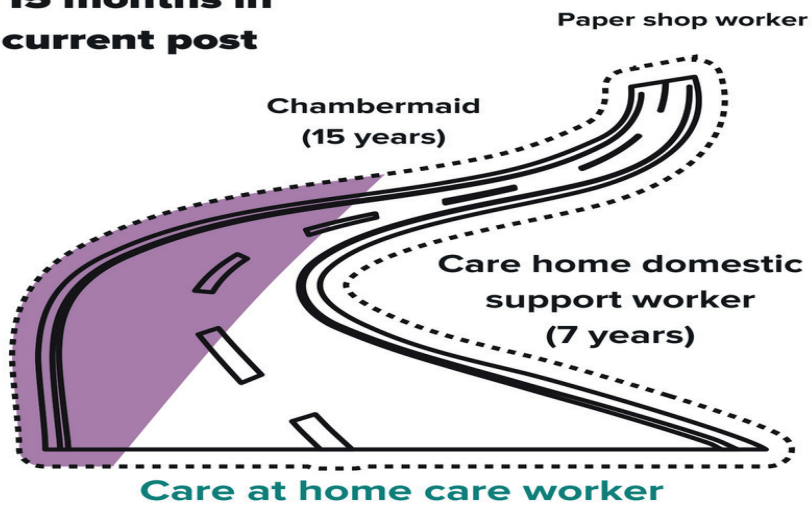
Our participants' career journeys



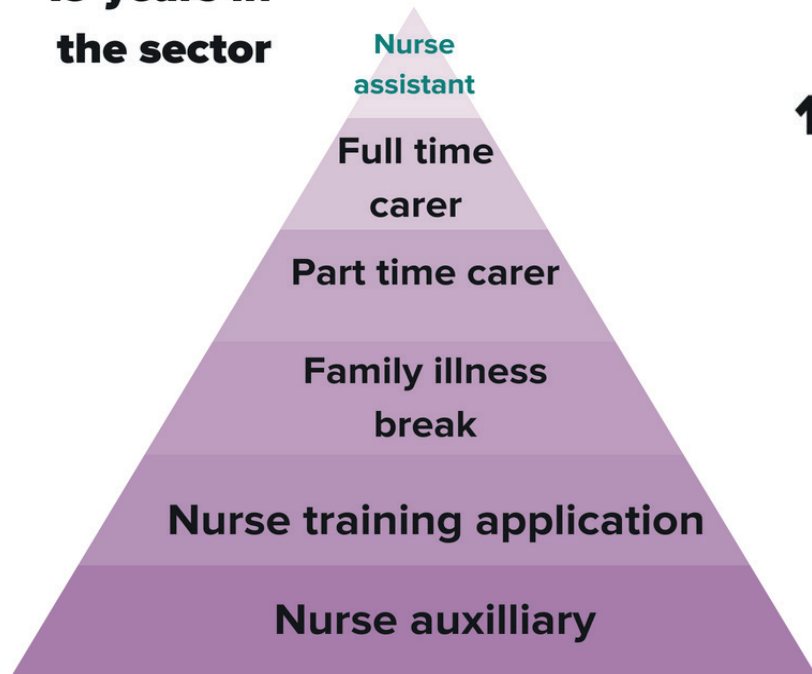
18 months in current post



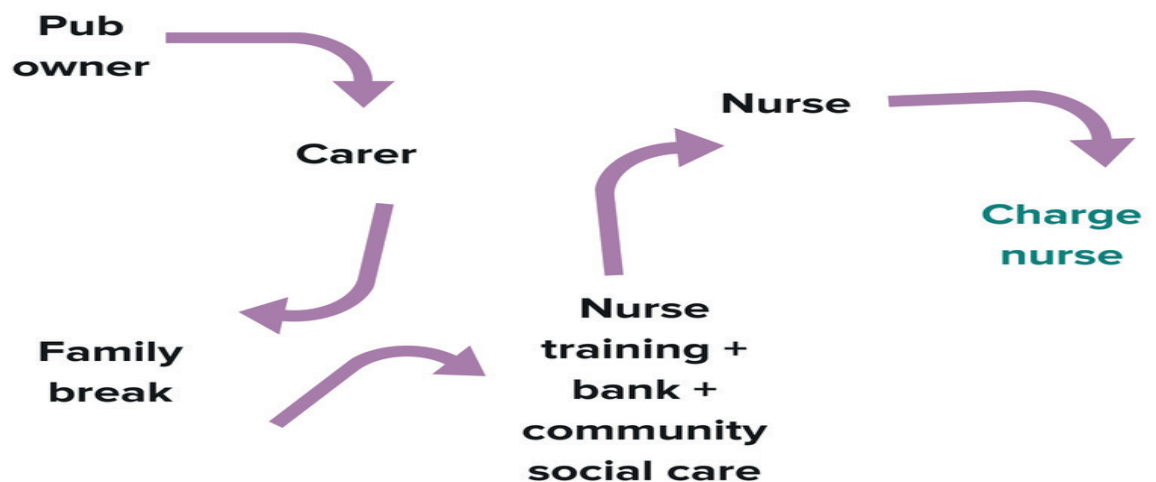
**15 months in
current post**



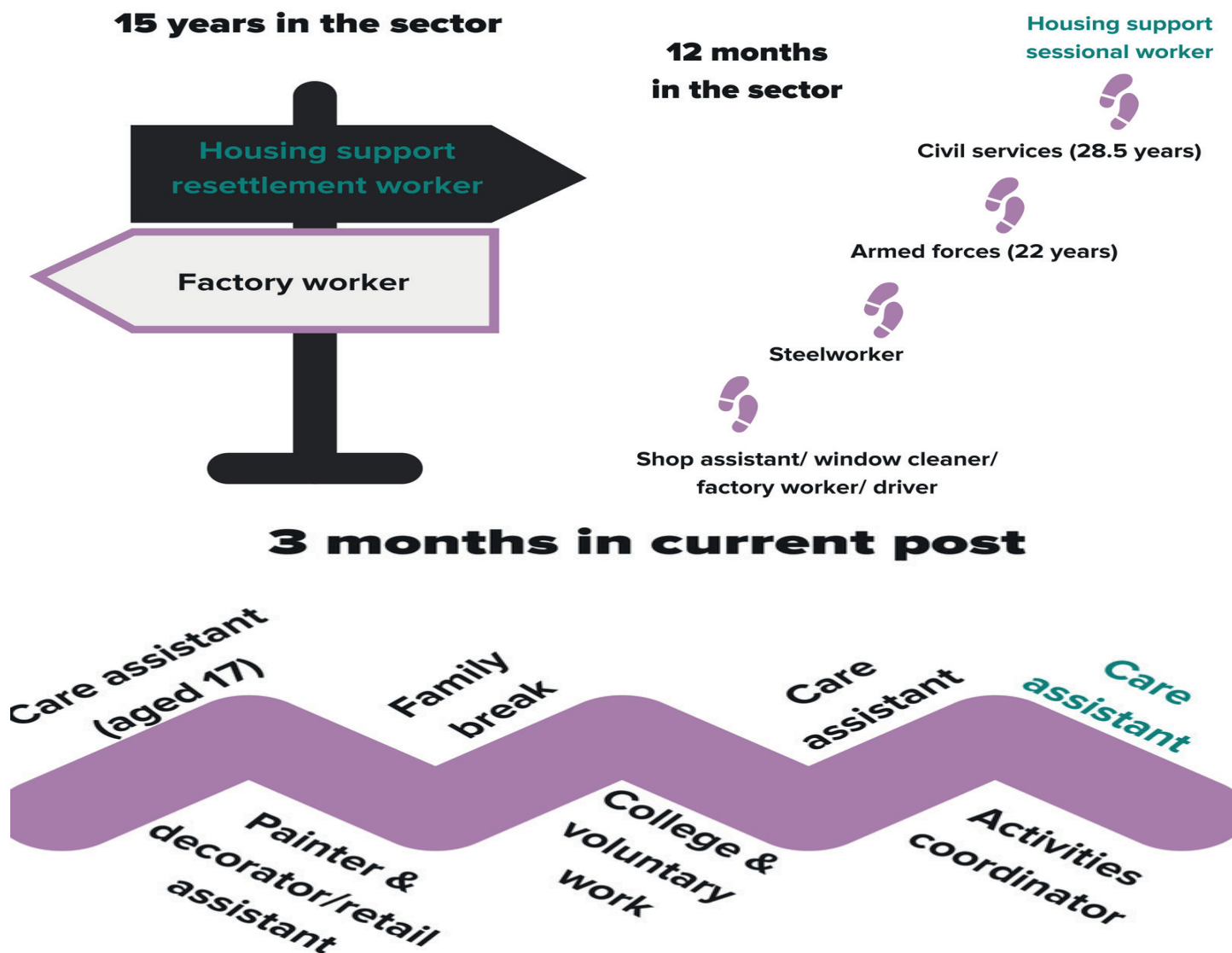
**19 years in
the sector**



**1 year in the
sector**



24 years in the sector



Ranging in age - from 44 to 71 years old – and in time spent working in the social care sector - one through to 24 years - it is clear that experience can be viewed in different ways. We have many workers who are very experienced in life, coming to social care later and bringing this lived experience with them; we also have workers who are very experienced in social care. These two sets of experienced people are integral parts of teams and services all across the country. While the years' of knowledge of social care practice one set holds is invaluable in enabling teams to provide confident, highly-skilled services, the skills, qualifications and experiences gained by individuals from working in other sectors is also essential in delivering person-centred support. What we will see is that the lived experiences of both are equally essential in the delivery of compassionate, reliable social care.

The participants represent a real mix of care employment experience, from those who are total newcomers to the sector through to those who have worked in the health and social care sector for a long time but are in relatively new posts or organisations, right up to those who have been employed long term in one service. Interestingly many, though not all, have had some previous experience of caring roles before their current posts showing that people are able to move through and around the care sector in their career pathway. What is also significant is that half of the females interviewed took breaks from working to have a family and undertook a career change into social care upon their return, indicating that perhaps social care presents particular positive opportunities for people with families and experience of caring responsibilities, which will be further explored later.

How did you get started or what brought you into your job?

My daughter, who works in this line of work, said to me that they were recruiting sessional staff and said I should apply when I retired... [I didn't think about doing care at all until my daughter mentioned it.](#) I didn't actually know that there were services like this. It's terrific.

I did apply for my (nurse) training and was accepted but my son took leukaemia so I had to leave work for a wee while to look after him. He's well now but at the time it just wasn't feasible. Then I saw a part time job opening here because [I couldn't commit myself to my full time role where I was because of the circumstances.](#) So when my son was in remission I thought maybe a wee part time job in a nursing home... because I liked the job I did prior to coming here (in acute medical).

I don't know, I think I just wanted to help people. And I always wanted a granny – [I never had a granny and always wanted one.](#) [And I've ended up with hundreds!](#) I just wanted to help older people.

[I wasn't sure that I wanted to nurse in social care, I just wanted to do my training. But I even got placements here.](#) They offered to change it but I was comfortable to come back here as a student. I stayed on their books all the way through. It is like a bit of a family. Your residents are long term. In an acute setting, in a hospital, they're coming and going, it's different faces all the time. Quite impersonal I think sometimes. Whilst here they're coming to make it their home. My range (of residents) goes from 42 to 101 with everything that you can think of.

I'm a recovering alcoholic. I'm 18 years sober, and after a couple of years sober I decided that this is what I wanted to do and go in to help other people. [Passing my experience on to help someone else.](#)

I took 4 months out to see if I was ready to give up work but I wasn't, I had to come back. I find it far more challenging than working in the NHS. You're very much a lone worker when you come into a care home. In NHS settings you have other nurses around, you have Charge Nurses, you have doctors on-call there and then if you need them. I find it more challenging having to make decisions, whether or not to call a doctor, having to make decisions on your own being the only nurse in the building. It's a positive challenge for me. [I've always preferred the care home environment. It's more friendly, homely, where as hospitals are far more clinical.](#)

I had never done care before in my life before coming here... I had to find something else to do so [I thought I'd give caring a try and see if I like it.](#) I thought I maybe wouldn't like it, but I absolutely love it. I find it so rewarding. I know I get a pay packet at the end of the month, but I find it so rewarding.

I liked working in the care environment, talking to residents but I wasn't sure if I could do care work. I wasn't enjoying my domestic work so decided to look for another job.

I was actively looking for a job. I wanted a career to get my teeth into. I had more time on my hands and could work full time. I had wanted to be a nurse when I was younger, but didn't pursue this. Care wasn't actually my first choice, but I was looking for something I could do. I always had 'just jobs', but I wanted more...to put more in and get more out.

It is hugely worthwhile to understand some of the drivers behind individuals' motivations to enter the care sector and these responses demonstrate the variety of reasons that lie behind these, with some perhaps not even a conscious 'decision' but more of a fortuitous set of circumstances.

It is interesting to note the degree of uncertainty that a number of participants had about working in the care sector either from a lack of awareness about it or a curiosity about their ability to undertake care work based on their previous experiences and skills. Fortunately, those for whom social care employment was less planned have found it to be positive and rewarding which highlights that giving people opportunities to 'try out' these lines of work can have real benefits and lead to staff longevity in a service.

Many also highlighted an innate desire to care and to contribute some of their own experiences and skills in the pursuit of supporting others, which points to the importance of promoting the sector as somewhere where people can really make use of their experiences and also to the benefits of more holistic approaches to recruitment and selection processes, basing these on values and life experience rather than on directly relevant employment experiences or qualifications.

Family circumstances also seem to play a role in determining why people enter social care employment, with the sector offering both flexible working patterns and offering people the chance to build relationships in ways that they have perhaps not experienced in their personal lives. This focus on relationships was also particularly prevalent amongst those with hospital employment experience and the nurse participants, all of whom spoke unprompted about the ways in which social care compares favourably to hospital settings in this regard.

How did you find out about the job?

I saw it advertised and needed to do something for myself [after son's illness]. I'd never worked in a nursing home before and I've been here 19 years.

My daughter worked in the service and suggested I apply for sessional work.

I know the manager. She phoned me up and asked if I wanted to come and cover Maternity Leave for a year. But she's asked me to stay on so I'll be staying on when the other girl returns. I really enjoy it here.

It was an advert in the paper that I saw. There was interviews in a hotel in the town and I went for the interview and I got it.

It's local to where I stay, just five minutes away. And my daughter is a Care Assistant here. I phoned up and asked for an application form, applied and got the job.

I saw an advert on-line.

I saw the advert on Facebook, it was the only job I applied for. I spoke to the manager on the phone initially and thought 'I want to join this organisation'. At the interview, everybody was so nice and friendly. I couldn't get over how nice they were!

I know the manager. We grew up in the same housing estate. She asked me to come for an interview and see how I got on... I always thought it would be good to do more than just volunteer, so I thought I would like to go into care...

This question really highlights the mix of methods that have been utilised in recruiting individuals to care work. Whilst some of these will relate to recruitment undertaken a good number of years ago, it does suggest that there remains no particular way in which to best advertise and promote social care employment amongst those with life and care experience. The one anomaly to this and which we haven't fully recognised before is the power of personal contacts, word of mouth and direct approaches. This did stand out as a recurring reason why people joined a particular service when they hadn't necessarily considered doing so before, either through family experience, local knowledge or links with existing staff. Should services therefore prioritise very localised targeting of recruitment campaigns and/or encourage their staff to consider their contacts and who might be suited to a career in care? Certainly as a means of raising awareness of the sector with people with

life experience, direct contact seems to be a positive method given that care staff are not only the sector's greatest resource but its greatest asset for positively promoting it as a career.

As might be expected, the role of online advertising, social media and Facebook in particular continues to increase as an effective recruitment tool. Whilst this wouldn't capture all potential workers, perhaps it is now a myth that many 'older' recruits would not be active on such platforms and it could be an effective means through which to deliver a carefully designed national recruitment campaign targeted at those with experience in other forms of employment and walks of life.

Before you started in social care what image did you have of the work in this sector?

Well you see reports in the paper and on the TV, social workers, and I thought it was visiting families in their own homes where there's maybe an issue with children and the parents maybe aren't coping for one reason or another, and you see the reports in the paper and all these things and *you're thinking 'That's some job to take on!'*.

I don't really know if I had an image of it at all. I don't think I did. *I maybe thought that I would have the boak the first time I had to give somebody a bed bath or anything like that, but never. It's never fazed me.* I could never deal with snot and sick with my own kids growing up or with my grandkids, but it's never been a problem for me here. It's so strange! It's totally different.

I really didn't have much idea. *My image was just to help people because somebody helped me so I didn't really know.* I didn't know much about addictions – I knew about alcoholics as I'm an alcoholic, but didn't know anything about addicts. I didn't know anything about mental health so it's been a learning curve as the years have gone on. I went for it because I wanted to make a difference with other people.

I thought that maybe you would get more time to spend with residents rather than the tasks that we need to carry out. You don't get enough time to spend with them because of the tasks you need to carry out. I wanted to make a difference. I had a good image of social care.

I thought it would be hard work. I'm a caring person. I like to talk to people...I'll talk to anybody! This job allows me to do this. At first I was really stressed. There was too much to remember. 'How will I remember all of this?' However after a few weeks in I felt fine. I love my job.



My mum was a home help and I had the perception that a care worker was an older person's job. Through my mum I knew the basics. My mum enjoyed her job and this motivated me. I had no pre-conceived ideas about the job however.

I looked after my mum's dad then my dad's mum, then my gran, then my own mum was in bad health for a lot of years so there was a lot of personal experience. But I had no concepts about the nursing homes. There was a few people from the village working here, most of them are still here.

I didn't really think about it much to be honest. I just kind of fell my way into it.

My transitional period was quite difficult because I'd come from an environment where it was your ward sisters and your staff nurses and everything was quite formal. I remember everyone was on first name terms and I wasn't used to that. So it took me a while to adjust and it was a totally different environment but what I did realise – and I'd never ever thought – because I worked in an acute area and people were coming in and out all the time, you don't really bond or have time to form relationships with people.

It is perhaps surprising that so few participants had preconceptions about the social care sector before experiencing it for themselves, and they certainly didn't seem to hold any negative opinions of it. This requires us to consider our own assumptions when planning for the future social care workforce, given that so much of the rhetoric amongst professionals operating in this sector is that social care has a negative public image. Having said this, most people didn't have any view of it at all which perhaps points not to a negative image but an invisible one. It is therefore important that more positive, realistic and tangible examples of working in social care are profiled and promoted to ensure that more people have an awareness of the opportunities within the sector.

Those who did have their preconceptions altered upon entering the sector share some interesting views, not least the person whose family experience had led her to consider care as an 'older person's job'. Whilst this is ultimately expressed in a positive way, it leads us to consider how that view, if more widely held, impacts on the recruitment of both younger people and those more experienced – who may not consider themselves as 'old'!

Others admitted that the reality was different to their initial ideas of care work, with this reality proving refreshingly better in some cases and more challenging in others. Again, experiences of NHS work allowed for some workers to recognise social care as more relationship-centred and better for it, whilst others found the practicalities of their role to be more demanding and constrained than they had hoped. Whilst for one participant this initial shock eased, it seems like another started out with a better image of relationship-based care in the sector than the reality of task-oriented limitations has allowed for. The risk therefore is that we seek to recruit more experienced people into the sector based on their interpersonal strengths and in fact, they find the job to be less rewarding because the current commissioning approaches don't allow for them to make best use of these skills.

What values/qualities/attributes do you think more experienced workers have that make the most difference to the people you support?

Definitely life experience. And I would say that older people have a lot more patience... And the fact that our kids are all up, we don't have that tie, so the different shifts are not a problem to us. [Life experience is the most important thing, definitely. Life experience and patience.](#)

When you're a bit older you have a bit more life experience, you're a bit more clued up on the level of care you should be giving to people. You develop different strategies, you learn to look out for triggers, you learn more about people, their own wee ways, more about them as a person, which gives you wee tips on how to deal with them if they have challenges... [You're able to guide and support the younger ones, give them the benefit of your experience.](#)

I would say that I've worked with some younger girls who have been really good but I think you have to develop your skill-set and to do that I think you need experience under your belt... I don't think it's the kind of job you can be in a couple of years and get promoted to being a senior. I've never been an advocate for that. [I think experience is invaluable and you really have to have that in a variety before you can do your job the way you're supposed to be doing it.](#) It's not necessarily an age thing, but not 19 or something. A good lot of experience is vital to doing the job properly. You couldn't do it any other way.

I think it's just down to the person within themselves. I think that we can all learn how to do the different tasks, but I think it's down to the person and how they are. Like if they're understanding, and if they have patience. I've come across young people and they're good, a good carer. And vice versa, I've come across younger people and older people and they're not good carers so I think it comes down to the person, the type of person they are. I mean, [I couldn't work in a shop and sell shoes, because shoes haven't got feelings.](#) Working with people is the thing that I like to do. The experiences you have in your own life, they help when you're working with people.

[I think that you're that bit more caring as you get older.](#) I don't mean to be disrespectful to younger people doing care, but I think the older you are, the more caring you are. I think younger ones now only get into care for a wage. I've not really seen too many who get into it as a vocation. You've seen a lot more of life than a 17 or 18 year old has.

Having the right attitude and nature are important. It's not just a job. [Raising children has helped deal](#)

with unwell clients. I feel I can reassure them. Being older and more mature does help, but the young girls are really sensible and have got their heads screwed on.

Being older does make a difference. You know how to cook...you've brought up a family and made a home. Some of my clients feel more relaxed and at ease with me. Some of the younger workers are great too. Although life experience is important, you do learn as you go along – things about medicines, conditions - no matter what age you are. I've always been an empathetic worker, from a young age. Both my parents are dead, I appreciate my family and my health very much. Life is too short.

I think it's either for you or it's not for you. It's about people's strengths and weaknesses but also their personalities and I would say, you do get staff who come and you know yourself it's not the type of job for them. I always say to people it's not a 'job', it's not like going to work in a supermarket every day. You've got to have these qualities to be able to deliver. This is their home, you're in their home, so it really should be about them.

I just believe, and I say this to any new carers, treat them how you would like your own mum, your own gran to be treated. If you're doing that, I think you can't go very wrong... you've just got to have an empathy and compassion. Depending on what's happened to them, they're still going through grieving. Their families grieve as well. You've got to support the families as well as your resident. I think that's important.

The way I look at it, you've got to treat people like you would treat anybody outside, or a member of your family, treat them with respect, let them talk, listen to them. Being a good listener is massively important. Life experience is important – where I was, it was trained soldiers... The experiences I've had mean that I don't feel under threat at any time in here. There have been instances where the staff feel it's a police matter for the safety of the staff and other residents and call the police, but I've thought I could maybe just talk to the person and talk them down.

On my second shift someone died, one of the residents. We were going round the rooms and this man, 60 years old, was dead. I checked his pulse and told the lassie I was working with that he was dead. She went to tell the Team Leader and I stayed with him. It can happen at any time in any of these services. Someone else had died in here the same day actually. I was offered to go home, but I thought 'I'm just in a couple of hours, I'm not going home'. It isn't a nice thing to experience, but life experience helps make it easier.

Life experience is far and beyond the quality deemed most important by participants to deliver high quality social care. However, quite an interesting split emerges between those that attach this to age and those who don't, with a number of participants reflecting on the fact that anyone with the attributes of patience, empathy, compassion, willingness to learn and passion for the job can be a good carer regardless of their age. Yet the overall consensus is that this essential life experience tends to come with age and, whilst it isn't exclusive or guaranteed, increases the chances of people exhibiting these attributes.

Other interesting reflections included, particularly from females, that the skills acquired from parenting and running a household are often transferable to care environments. What's more, the experience of more negative situations and circumstances, particularly around death and loss, appear to enhance someone's abilities in a social care environment, both to cope with challenging situations themselves and to support people appropriately through these. This is significant given the increasing levels of palliative and end of life care that independent sector social care services now deliver. It appears that this ability to offer support – not only to clients but to families and equally importantly, to fellow staff – is where many of the experienced participants see their particular strengths lying.

Have you registered with SSSC and what has been your experience of doing so? What impact do you think the conditions of registration have on attracting more mature people to work in the sector?

I'm not registered yet – but will be doing this soon. I'm not too sure about the impact this will have, but it's a good thing if you're serious about the job. *Anybody could get a job [in care] so it will put people off who are in it for money.*

I've found registration fine, yeah, not a problem. I've been registered for a wee while. I think it's a good thing. You do hear horror stories and there are, unfortunately. I think it's good to have some sort of regulatory body. Like the nurses have their registration. I think it's more positive. *I think a lot of people were a bit sceptical about it and a bit wary, but I think it's a positive thing.*

I've got my (NMC) revalidation this year. I don't know how it'll be, I haven't started it yet. All you're doing is proving you're upkeeping your training, mandatory training, and what you've learned out of the training that you've done. I think SSSC registration is a good thing. If it puts them off then the vocation's not there because *it makes them accountable and to be honest, it takes a wee bit off the trained staff.* Because when they weren't accountable, we had to be accountable for them so they've got their own accountability now. I think it's a very good thing. If you get people who don't want to do it because of that... well it's part and parcel of your job really, it's like getting your disclosure. It's all for the residents' welfare and safety.

Yes. The experience of registering on line was just a disaster. When I was trying to do it online the computer was down, so I tried again and it was down, then I clicked the wrong thing and I was like 'this

is driving me potty!' ... I'm not great with computers, through the years I've learned, but someone who doesn't know? I think they would find it very difficult. The older generation, we didn't have computers. I've just started in the last few years. Before, I didn't even know how to turn a computer on... I think it's ridiculous you have to pay for it. I don't think registration would put people off though, I think like me people would just plod along that would be it.

I'm registered with the NMC. It's not a problem maintaining my registration within this setting. We get plenty of training... With SSSC registration, most of the carers are quite good with it and accept that it's something they need to do to be able to work. I know that a couple of people who would need to do SVQ2 have left, we've lost a couple of people because they didn't want to do it, experienced people. I'm not sure of their reasons for not wanting to do it, I don't know if it's because they haven't had to do anything like it since they left school or whether they just lost interest, I don't know, but I know that we have lost a couple of members of staff because of that.

I'm not registered yet, but knowing I have to register doesn't put me off. I'm a little concerned, but feel I'll be really supported by management.

I found the experience ok, it was fine, I just applied online. If I get stuck with IT I just ask my daughter. I think if people want to do the job it won't put them off. This is what nurses have always had to do and now, if you're a care assistant, you have to do it. I think if you're wanting to get into care then it won't put you off, it'll be fine to apply to the SSSC and do it. If someone is older though and thinking about working in care then they might think 'Oh, I can't bothered with that' and it could be off putting.

Yes. I found it quite easy. I did it all on line. My son showed me how to do it. He has to do it with his work, he works with kids, and showed me how to do it all. It was fine, it was easy enough. I don't think it would put older people off. Most people now are technology minded, so it's easy enough. It's quite an easy website to get on with.

Yes. I think it's very important that we're registered because of the job we're doing with vulnerable people. It wasn't an issue for me. It was part of the requirement to do the job. I found the process ok. I did the paper one and sent it in. I paid the fee. I think it's a really important thing if you want to work in this sector, even as a sessional worker. It didn't bother me at all.

Whilst people were at different stages of the process, encouragingly none of the participants found the requirement of SSSC or NMC registration to be a negative factor in terms of their career in care. In fact, all spoke positively about registration as a means of protecting people in receipt of care and support and for distinguishing between those who are passionate about care and those who see it as 'just a job'.

A particularly interesting observation in terms of more experienced care workers is the way in which registration is seen as a way of increasing accountability within the workforce and therefore relieving

some pressure on those in more senior mentoring and leadership roles.

What does come through clearly though is the need for support around registration. This is especially true in relation to online systems, with a couple of participants reflecting on their challenges around digital literacy and the ways in which colleagues and family members have supported them. It is essential that varying degrees of capability and confidence are taken into account in designing and operating registration systems and other online workforce development tools, particularly in terms of supporting those of a generation that are less familiar with IT.

Support is also critical for those still required to register and undertake the associated qualifications. Confidence in the availability of both internal and external support through these processes can go a long way to relieving anxieties and may even go as far as to prevent more experienced workers leaving as the prospect of undertaking SVQ qualifications looms. Whilst this group were positive about registration, some did know of or could conceive of colleagues who had opted out of care as a direct result of registration requirements. This is not a model we want to encourage given the skills and knowledge these experienced individuals hold.

Have you undertaken/will you be undertaking social care qualifications and how did you find this/do you feel about this?

If I had come to this earlier and had I known that this work was available I would have loved to have come and done the qualifications. Whether I could do the qualifications now or not I don't know. *I'll be 72 in December and I've stayed healthy in body and in mind, that's important to me, but if somebody came to me now and said I can do the SVQ, I would really like that.* It's another qualification. I've done SVQs before in the likes of Customer Care.

I've done my SVQ; I only needed to do level 2 at the time so that was it. I've done loads of training through the 15 years. I did the Moving & Handling. *You name it, I've done it.*

I didn't do my SVQ that long ago, it must have been about 4 or 5 years ago. Like me, I went into massive panic as usual! But by that time I was fine with the laptop, I'd been using the laptop for a few years and I actually found it alright. Because the SVQ was about what I'd actually done, what my work entailed, I could just rattle through it. I found it good reflecting on what I had done because sometimes you forget... SVQ isn't about you.... The SVQ is more about the work that you're doing. The process was fine for me, but, I've seen people that have been in maybe two years and I've seen people struggling. Saying that, I don't want to do it again. *See, when I started in here I couldn't spell or write, so I had to go to literacy classes even when I was working in here.* [The organisation] put on literacy classes at the beginning. It was a hard process for me at the beginning, but I got there because I stuck at it and stuck at it.

I did my SVQ3 before I did my nursing training. I found it good. I've heard some people complaining, having difficulties with their Assessor, not getting positive feedback, but I was very lucky, I had one who was very, very good and was very supportive. So I found it good. I found it very helpful.

On top of the social care units I did at college I have my SVQ2. I did that in 2011 when I returned to work. I found it was my only way in. I was going to do my SVQ3 but the Assessor kind of looked down at us and everyone became kind of frightened of her. I just thought, at my age, I'm not prepared to be spoken down to like that. It's put me off doing a higher level qualification. My ambition has went now. Doing the SVQ2, I suppose it did respect my life experiences. For me, having left work and had 4 weans, to do my SVQ and achieve that, it was good for me. I do think that they could maybe do it in another way... I think that the SVQ should match the work more – you're in care because you want to be in it and doing the SVQ because you have to. It would be like 'Oh I need to get that done (for SVQ)' not 'Oh, I want to get that done'. Doing the reflective accounts was alright, but the cross referencing... SVQ is off putting for some older workers. I know of some people, near retirement age, who are saying 'I don't want to do that'. They're good carers but they just don't want to put pen to paper and study. And when are they going to get time to do it when they're working all the time and have families to care for. Things like that are barriers for people.

I don't have any qualifications at all, though I do any training that's going. I'm currently doing the SVQ3 to be a Senior. It hasn't actually started yet, it begins in July/August this year. I haven't heard anyone talk about the process other than the Assessor who came in and gave a talk on it, explaining what units we'd be doing. I'm looking forward to it. I left school with no qualifications and, I know I'm old, but I'm not that old that I can't get qualifications.

I haven't started my SVQ 2 yet. My laptop is too old so I'll probably do it [SVQ] in the office. I'm not very good at writing, so working on a computer will help me. One of my colleagues was supported by the manager to do hers. They sat with her over the weekends to pull her evidence together.

I completed my SVQ in 2017 – in 6 months. I did it through the council and it was all on-line with a lot of great support from an internal verifier. It doesn't help practical skills, but other training does. You need the experience to do SVQs because you're writing about what happens. It gave me a better understanding of rules and regulations and it can go on my CV. It did take me longer than I thought. I'd often meet my assessor at lunchtime, in between shifts.

I think SVQs are really good. Even though it's things you're actually doing it makes you step back and look at your practice. I did find things when I was doing it that were very informational and I thought 'you know, I haven't thought about it that way.' It makes you think, and I don't think that's a bad thing. People might say 'I know this and I know that' and they might have a lot of experience, but I learn things all the time. You learn things about yourself. You've got to stay current.

This question provides fascinating insight into the experiences and opinions of life experienced individuals working in social care. It highlights both the benefits and the challenges of the current SVQ assessment process.

Firstly, it reinforces the importance of a robust support system around the person undertaking an SVQ qualification for successful completion and making the process a positive learning experience. For some individuals and organisations, that can mean considerable input outwith work time which has significant resource and capacity implications. However the implications of not providing this support can be even costlier, as evidenced by the examples of colleagues leaving organisations. We must give serious consideration as to how individuals who are unfamiliar with academic assessments, who have personal caring responsibilities, who are illiterate or who lack confidence in undertaking an SVQ for some other reason are adequately reflected in the planning of these qualifications and properly supported to achieve them.

It also highlights how influential, positively and negatively, an individual's Assessor can be in their qualification experience. It is shameful that anyone should be dissuaded from continuing their academic and professional progress because of the lack of respect shown to them by someone in this role. We must explore opportunities to engage with Assessors to ensure they understand the various considerations they must give to how to support an individual in a person-centred way. The qualification process and support needs to reflect the approach we expect a candidate to apply to their care delivery.

What's more, it raises questions about how and when an SVQ should be undertaken. Many participants spoke positively of it because it allowed them to evidence the skills they already have and to reflect on these. This is extremely positive. However, does it lend itself to supporting someone relatively new into the sector who is still learning these skills on the job given the timeframes in which new workers have to register with the SSSC and begin taking active steps towards gaining their qualification? There also seems to be ways in which the qualification could be improved from the perspective of those who have gone through it, such as reviewing how information needs to be presented or how it ties to the practical realities of people's roles so that the SVQ can be of even more value.

Finally, it is hugely encouraging to hear workers who identify as 'old' or 'older' refusing to write themselves off in terms of their capacity for continued learning, training and career progression and instead actively seeking chances to develop themselves. This reinforces the importance of ensuring such opportunities are suitably tailored and inviting for people of all experiences, ages and academic abilities.

Do you feel that your previous life and work experiences are fully appreciated in your role in social care?

I'm not 100% sure about that, but I think that people are expected to just come in and get their job done. I'm not sure if people at the top recognise the older workers and what they bring.

I think so. Definitely in our service, because we have a few older people now, and they do recognise that older people can bring a lot.

I don't think so. I don't think that we get the same recognition that the staff nurses in the NHS get. I don't think that we are perceived on the same level. They tend to forget about the staff nurses in care homes.

I definitely do, because I did come here with a lot of experience... Over the years as I've developed here, I have had the support and the recognition from management. That's been really important because you do want to feel valued. Everybody does. But you've got to earn it as well. I do feel recognised and valued. I think when people adopt an 'I know it all' attitude, there's an element of danger there. Because rather than come and ask a question, they might act and then that could be quite catastrophic. It's not like you're working in a factory here and breaking a machine. You're talking about people.

I don't really think about that. When I come to my job, I'm here for the residents and I just think about the residents. We all want to be respected and treated well, and that's right, but I don't know. I don't think about that.

Definitely, they just call me Mammy xxx in here, and all of the young ones, even the staff will say 'just go and ask xxx'. Especially if it's to do with alcohol or addictions and they're not sure, I've been doing it that long and I have my own life experience, I still go to AA, I still go to my meetings, I'm still on a programme myself so I can relate to people. Don't push it in their face. Give them wee baby steps, let them come out themselves. To me, that's how I find it works.

Oh very much so! One of our receptionists calls me 'the Oracle'. Another says I'm her historian. There's things you remember from a resident 10 years ago and you draw on the experiences. I've got 4 kids, I've got 19 grandchildren... so although you don't treat them like children, my youngest resident is ages with my eldest son. You can use your own life skills and experience.

I feel that people – including my family – don't understand the complexity of the job. It's frustrating at times....my husband, daughter...they don't understand. You need a clear mind....it's a complicated job. Being a bit older and experienced gives me a bit more confidence, but that also comes through experience of working. When I was told I'd be going to a new client I used to be really worried, but now I feel excited.

Life experience helps. I've seen it, done it, got the t-shirt. It would take a lot to panic me and age and experience helps with this. I think some younger people (but not all) coming into this work would find it scary.

I don't know if we talk about it in regards that, but I feel that it helps me. I can talk to other members of staff, people we support, and make suggestions and I think that it's appreciated. In all my previous roles I've had people above and below me and I've had to earn respect from all of them to help me to do my job. If I wasn't able to do the very basic stuff that I need to do to work here, I shouldn't be here. My life experiences help me, I like to do things as they should be done.

There is real diversity in opinion on whether the participants' life and work experiences are explicitly recognised and valued in their current roles. Validation in this regard appears to come from colleagues and their recognition of these workers as experienced, confident and knowledgeable and therefore a valuable source of advice and information. Additionally, support from management is an important way in which experienced workers feel able to develop in their roles and have their particular skills acknowledged. It is good to see that some feel that organisations are becoming increasingly aware of the contribution and are supportive of more experienced workers. It would be helpful to better understand the ways in which employers are actively doing this.

Unfortunately there are still a number of workers who don't feel that their experience is recognised and who feel like they are expected to just 'get on with' what are difficult jobs. It is interesting to note that nurses often feel underappreciated in comparison to their colleagues working in health settings and this is something that needs to be corrected by the whole health and social care system – in an integrated landscape, individuals should not feel inferior to those doing similar roles, simply in a different setting. Additionally, there appears to be some disconnect between the professional and personal in terms of understanding and support around the complexities of care. It is therefore necessary for us to recognise the variable support networks available to the workforce and how these could be strengthened.

What does unite the participants however is a sense that regardless of the extent of overt recognition they receive, their experience helps them to undertake their roles and they acknowledge the direct correlation between the care they deliver and the previous experience they can bring to bear. We need to develop and share these links further so that these experiences can be most effectively applied to the realities of care delivery in 2018 and beyond.

It should be noted that when asked if they feel their experiences are valued within the sector, everyone spoke about their own immediate workplace or organisation and not the wider sector. This seemed too broad and abstract a notion for people to process. It suggests that the broader sector needs to do more to champion and celebrate this group of workers. If the social care sector as a whole is not highlighting the needs and successes of experienced workers, is it surprising when this is reflected at service level?

What parts of your job do you most enjoy?

I really enjoy supporting people living with dementia, it's had a positive impact on me. I really like helping people....getting to know people, their life stories. It's important that I am helping my clients stay independent in their own homes for as long as they can.

We try to make it their home as much as we can ...So when you get someone who's content and happy to be here, or when you come back from holiday and they're like 'oh you're back, I've missed you'. You get a lot out of that, personal benefit, that you are missed. Even though some residents hardly speak but they acknowledge you when they haven't seen you for a while. People who are ill but you can nurse them back to a certain optimal level. One of my oldest residents, she's 95, last year was really, really ill and we thought we were going to lose her, you just automatically expected death and end of life care. But she came back and she's still here now and she just goes on. Nursing her through that... it's rewarding.

I enjoy getting to talk to them, spending time with them when you get a wee minute, I enjoy that. Which you don't get enough of because you have things to do. Working with people who have dementia, just living in the moment, you can have wee laughs which is good. And knowing that you've done a good job for somebody, even if it's coming towards the end of their life, you know that you are in a really privileged position to just be with someone at the end of their life. That's a huge thing for me, I think 'It's a privilege for me to be here with you and see you through to the end'. It's all the human parts I enjoy, all the writing parts don't matter at the end of the day when you're sitting there with somebody who needs help, or someone who's dying, you're not thinking about all of that. You're just holding someone's hand and making sure that they're comfortable. That's what matters.

I love spending the quality time with residents. Just now we've got the old music on. Sitting watching 'Singing in the Rain', I love doing all that sort of stuff with them. Sitting having a chat about them and their life – I love doing that, I really do. Last week, there was a lady sitting watching TV and I wanted to do her feet so I got a basin for her to steep her feet while we watched telly and just chatted to her. She loved it, saying 'Oh, this is like a wee pamper day', she thoroughly enjoyed it. Wee things like that mean a lot.

Interacting with people. Meeting new people. The support network. There's always someone at the end of the phone. You can always ask.

It's hard to say, because I do enjoy it all. I do enjoy when I get to use my nursing skills – taking bloods, checking catheters, I have a very big interest in palliative care. I enjoy, I'm not saying I enjoy that people need that level of care, but I enjoy being able to keep on top of that, when somebody's

requiring ACP meds put in, I like to be able to spot that early and make sure that it's put in place so that the person is able to experience a peaceful death. [So I am really interested in the palliative side of it, and when I get the chance to use my skills in that, I do enjoy it.](#) It's more and more so now. It's the most caring thing you can do for someone, absolutely, making sure that things are peaceful and pain free as they approach the end. So when I get the chance to do that, achieve that for someone, I go away thinking 'Yeah, I've accomplished something today'. When I was doing my nursing training and someone passed away I was upset. One of the nurses said to me that I need to get over it as it happens all the time. I just said to her that [if I can't cry for someone who has died then I'm in the wrong job](#), there's no point in me qualifying to be nurse then. I'm not ashamed to cry. I won't cry in front of anybody at the time, but I've went home and burst into floods of tears or in my car before I've went home. But for me, that's part of it, it's showing compassion. To not have feelings for someone, especially in a care home environment where you've maybe been nursing that person for a couple of years, to not have feelings for that person when they eventually pass away? Then you're in the wrong job.

The part of the job that's best for me is being with the residents, and I hope that it's the best for them. Whether that's one to one or in a group discussion, getting them talking which is good. Normally it's one to one... Working with older residents, going out with them for 2 or three hours, maybe going down to Ayr, having a spot of lunch, talking about their previous life, maybe their National Service – which is before my time – that's what I enjoy. [Just listening to them – my ears are garbage, but I can still listen to them!](#)

Definitely the social interaction. [The vast personalities you work with, the good staff and it is quite a homely environment here.](#) Not everyone gets on all the time and it's not wonderful all the time, no way, but on a general scale it's a good place to work. You're not coming in thinking 'oh god', you've not got that dread. I've felt tired and exhausted and I'm not saying I haven't walked out of here at 8 o'clock at night and thought 'thank God it's Friday'. But it's a good environment to work in. Us colleagues socialise and we're friends but we know our places at work, the respect is there, and it's like your extended family.

I love working with the people that I support. I love when I see the difference in somebody, when you know you've made a difference in their life. I've had flowers, I've had plaques, I've had people making me pictures. And you know you're appreciated then. [I've had people come and tell me 'my life's completely changed because of you' which is nice.](#) And even, sometimes when I've worked with someone in here, and they've never got it, they're maybe gone on from here and they're still on drugs or drink, I still think 'I wonder how that one is, I wonder how he is, I wonder how she is' and the feeling I get when I go to an AA meeting and I see somebody! Just recently I met someone I used to support and I was like 'aw, wow!' And I always ask for feedback when I meet someone I used to support, and I say to them 'you went out there, and you were still using heavy, you were still drinking heavily, did we help you in any way?' They always say 'It was in there (points to head). We did listen, it was in there and eventually it clicked'. That's why I say 'Never give up on anybody! I don't care if you go to somebody 4 times, 5 times, 200 times, it might be just that one time that they get it. Keep on going and keep on going!' And that's what I do, [I just keep on going and keep on going. I never give up on anybody, never.](#)

What a full, heartfelt and passionate response this question received from all participants. What stands out most clearly is the strength of relationships formed with people being supported and the ways in which these contribute to workers feeling fulfilled and valued in their roles and positive about the difference they make to people's lives. Each response is an example of the myriad of ways in which these individuals deliver person centred care and show compassion. These are not expressed through details of task-based interventions or ways they fulfil care needs but through the very human, everyday interactions that care staff have with the people they support.

It is also notable that palliative care in particular stands out as an area of support that participants felt strongly about delivering and enjoying. It seems to be a form of support in which experienced workers can really apply their life skills and values and it would be interesting to explore if this is an area of especial strength and reward for more experienced individuals. If so, this could perhaps be more explicitly considered in recruitment and career development strategies, not least as the need for palliative and end of life care in independent social care settings increases. This may support organisations to ensure that their selection processes and workforce development plans fit with the aims of the Strategic Framework for Action on Palliative and End of Life Care that all staff feel suitably equipped to deliver this type of care through the identifying and developing of their knowledge, skills, support and experiences.

What do you feel are the things that are most challenging about your role?

Your challenging bits are always going to be your staffing levels, that can be really difficult. The manager is always recruiting and that's a time-consuming process, then you've got the orientation process. You can't just put these people and count them in with the numbers and that's it. So not only are you trying to do your own job but you're trying to develop somebody else as well.

Lack of knowledge, whether that's about what's been happening in the service and about the residents, or about the systems. Many times I've thought I'd like to know more about something but there's not enough time if there's only the two members of staff. And I'm being brought in because there's not enough staff so it's often the case. That's the only concern of mine – *of all the jobs I've done over the years, this is the only job where I don't know enough.*

We do get a lot of agency, it depends on time of year and holidays and things like that. Don't get me wrong we get a lot of good agency staff in but again they don't know the unit so sometimes it's like double the work. It's not that they can't do the basic care but you can't leave them. *You feel like you're just repeating yourself.* That's challenging.

I don't find addictions challenging, *I find the mental health, sometimes I feel a bit challenging, people*

with maybe schizophrenia, bi-polar, different mental health issues, I find that more challenging than addictions. We've had training on mental health, but I can find it a bit challenging.

There's never enough time sometimes. Even though we are in a 24hour service, there's never enough time to be with people. People get into care because they want to help and they want to make a difference, but sometimes it's more of a 'task' job compared to your initial thinking of it. Which is quite a shame. It's more like that now than before. People's needs are greater now than before, there's more demands now.

The lack of nurses. Although the manager is a qualified nurse, she goes home at half past 5 at night. There is only one nurse, really, in the building. If you have maybe 3 or 4 people taken ill at the one time, I find that quite challenging, prioritising who is maybe going to need my help first. I do think it would be helpful if there were more nurses, especially in difficult times when more people are ill, but it comes down to funding. We have senior carers who are very supportive and capable, but they aren't nurses.

Running late! You've not always got enough time with how ill people are that you're supporting. One client I knew was dying, it was so sad, especially for the family. Having had experience of death in my life did help me through this. Other times, where someone has poor mental health, or where people are aggressive can sometimes be challenging. But I know when to step back – life experience has helped me with this.

There are so many people needing care, and there's not enough staff or resources. Responsible for their security, wellbeing, happiness....it can be frustrating because there's only so much you can do. Also the lack of cross sectoral working. I cared for somebody in a previous job who has had a stroke and is non verbal who had a hospital appointment. I wanted to take him there on my day off, but this couldn't be arranged. I feel strongly that health and social care need to be far better at working together. Also, it's easy for me to work full time because my boys are now grown up but for a woman with caring responsibilities it's extremely difficult. I don't know if I could do it when they were younger....too much stress and pressure. I worked with a friend a couple of years ago who had caring responsibilities for her dad and used to head off at lunchtime to cook his lunch and care for him. I don't know how she managed it. You just get on with it, I suppose. It's not compatible for full time hours if you have caring responsibilities or family.

I've worked on every unit here but I've always settled more with the elderly and frail. Having the younger client group and a lot of mental health... I always say I'm not a mental health nurse but I've had to go do some training and a lot of reading. That has been quite hard but I think that's because it's every day. You've got that mix. Because as I say, there's just everything here. There's brain injuries, strokes, mental health, schizophrenia... young and old. We had a couple of elderly people with poor mental health before the younger ones. People that are bedbound, MS... young MS. Over the years we have had a lot of Huntington's, they tended to be older but the last one was ages with myself. So there's just everything... Korsakoff, early dementia, late dementia. And it's a mixture, there's usually

two or three. I have someone who's got schizophrenia but also had a CVA (stroke). I had someone with cerebral palsy who also had a CVA. So it's challenging.

What gets to me is if they pass away. I always remember the first couple of weeks, a lady up the stairs was dying and a colleague said to me 'if she passes away when you're on shift you'll need to give her a full bed bath' and I was shocked, thinking 'I can't do that!' I thought 'I seriously cannot do that' but I find it so rewarding, it's the last thing that you can give to them. And it just so happened that the first person I had to do it for was an old neighbour of my Mammy's. It was so nice to do it for her family. I used to babysit for her great grandweans. That was really lovely to do it for her. It's emotionally challenging, but I get so much from it too.

Whilst many of the challenges detailed here are applicable across all care settings, all ages and all degrees of experience within the care workforce, there are some particular areas of interest in regards to the categories of workers we are focusing on in this research.

Firstly, staff shortages and the resultant reliance on agency staff in some services can put pressure on more experienced members of staff than others given that it is these people who often formally or informally lead teams and provide direction. If we continue to experience the levels of recruitment and retention challenge within social care, it is these workers who are likely to be at the sharp end of its effect on daily practice. On-shift leadership is often carried, exhibited and modelled by experienced colleagues. Whether it is through increased dependence on their capacity, additional time spent explaining things to incoming staff (including agency workers) or supporting new colleagues at the possible expense of their own learning and development, we must be aware of the knock-on effects of staff shortages and mitigate these where possible. This must be considered as the sector continues, quite rightly, to promote and deliver the current Leadership Strategy. Otherwise, we risk placing intolerable pressure on those with experience and knowledge and therefore exacerbate retention issues.

The changes that have taken place in the sector in recent years, from policy developments to the practicalities of supporting a diverse group of people, each with complex and often competing care needs, can all take their toll on experienced workers too, regardless of whether they have worked in care for a long time or are relatively new to the sector. The vast range of conditions that people are supported with in ever-changing ways leads some workers to feel that they never know enough or are constantly having to adapt and evolve their learning to deliver high quality care. From some of the responses, it's clear that there is a challenge in the level and complexity of care needs individuals have, but that there are also so many people living with more than one condition or co-morbidity. When these individuals are being supported simultaneously, particularly when all under one roof in a care home setting, this can be a negative challenge for those trying to provide that care. Whilst some do relish this challenge, it is undoubtedly an important consideration in terms of how these workers are supported to adapt their practice and address the needs of an extremely diverse population, often without specialist training: we must not assume that they can 'just get on with it' and that their past experience is a 'catch all' for being able to cope with all the changes taking place in the sector.

Interestingly, palliative care is again mentioned here but more as something that participants had been apprehensive of undertaking and in terms of the emotions associated with it. They developed this to reflect on the ways in which their experiences had been applied to palliative and end of life

situations in order to cope with the resulting emotions and to turn the experience into a positive one both personally and professionally. This again demonstrates the absolute centrality of life experience to the delivery of high quality palliative and end of life care and the need to build this into the planning of future care delivery and workforce needs.

The point made about managing personal caring responsibilities alongside work ones is very significant. It needs to be recognised that more mature workers will often have multiple caring obligations across any combination of parents, grandparents, children and grandchildren. Employment conditions must therefore be suitably flexible and supportive to allow workers to achieve effective work life balances and protect against burnout. But how often can we say that these sorts of considerations are built into planning, commissioning and delivery practices at the moment? Can we also say that the current care inspection processes appreciate the difficulties employers have balancing their desire to provide consistency of care with a largely female, part time workforce?

Do you have aspirations to develop your career in social care?

Yes I do, what I'm looking to do next is the venipuncture course. I've always fancied doing it. That's like your phlebotomy, taking bloods... *I thought that would be quite a good skill to have and be a good help to the nurses as well.* I've spoken to my manager about doing it and they're looking into the course.

No, I'm just looking forward to retiring now! I've only got a year and a half! I'll still do sessional, I'll never walk away from it. *I've never wanted to be a senior or a supervisor. I'm a people person, I wouldn't want to go into a role that takes me away from the people who live here.* I've never been interested in anything like that. There are opportunities to develop within my role, definitely, if there's anything I want to do I just need to ask. Just because I've been in here that long, and my age, it's not as if they go 'well, she's done it all', they still include me and ask me to do things. If people do want to progress, there's definitely a pathway. I've seen young lassies starting in here from 19, 20 and now they're Coordinators and Managers. I like to see them getting on like that and moving up in the world.

Definitely. I'm Acting Senior with the idea being that it becomes permanent. *I would have loved to have done nursing, I don't know if I'm too old, but we'll see.* I don't know if there's a clear career pathway. When you get to be Senior, where do you go from there? Do you jump straight into being a nurse or a manager? Do you need to be a nurse before you become a manager?

I had previously wanted to become a senior carer but my experience with the SVQ Assessor put me off. I was able to develop my career and become Activities Coordinator but my ambition has kind of went out the window. I've went to college, I've got my SVQ so I'm quite happy doing what I'm doing now. When I say my ambition's gone out the window, it's in a positive sense. I just love doing what

I'm doing now. The experience with the SVQ3 was negative, but if I'd got it and become a Senior, I wouldn't have got to be the Activities Coordinator which I enjoyed and I wouldn't have come here doing what I'm doing now. It was a different path. I don't have any aspirations, I don't know if it's my age now, but I just enjoy coming in and doing my job. It's about what you've got to give for people, that's success. I think that there are less opportunities for people to progress in care now. People over 25 can't get funded for SVQ. That's just the way it goes.

I'm keen to start my SVQ2, and would consider a level 3 after that. But I want to continue with front line delivery. I love being out on the road. I've enjoyed the training I've done very much – dementia, first aid, MND, MS. I'm not sure if there is a clear pathway in social care, though I know some staff are more experienced than others. **There are things that could help me going forward in my career. Flexibility in hours would help.** My job isn't all about personal care – there's a lot of companionship. I don't think I could do that [personal care] all day. I notice if I've had a hard day. Having a good team – it's like a family. The office team have helped me with issues which aren't directly related to work, but have an impact. One of the manager's husband who is a biology teacher had a chat with my daughter about her exams!

I did, but now I'm quite happy where I am. It's mainly me holding myself back. I don't feel I've ever been discriminated against [because of age]. I definitely want to stay in care, one way or another. What needs to change to help me continue in my career? Practical support. More understanding of age related changes. **I take personal responsibility for maintaining health and wellbeing, but fewer hours would help as I get older. I won't be able for it and will need to slow down.** It's a very physical job. In terms of development, part of it is up to yourself. There are always opportunities to do more.

At my age, that's a difficult one – I'm not sure how long I'd be allowed to go on. **I wouldn't be looking to become a permanent member of staff as it would affect my pensions and looking after the grandkids.** My aspirations are about doing the job as best I can and developing through practice and experiences. There are opportunities for career development. We get young students coming in for experience to write their essays etc. I'm really impressed with how hands on they are and keen to get on with it. And the older staff are really keen to help them.

No, not at all. I mean last week I was googling everything trying to find out some diagnosis we were inexperienced with. Printing stuff off, reading it, speaking to the doctors. **You're learning all the time in a nursing home, there's always something.** But no, I'm not into going and doing further training. I want to retire sometime. But for younger people yes. If they just come in and do the job, they'll stagnate, so it's finding things for them to do.

Again, we see a significant degree of variance in how participants consider their future in care and their plans for professional development. Some have identified clear courses and qualifications they want to undertake in order to progress through care and that is extremely encouraging, provided they are able to realise these ambitions in due course.

Others are clearly considering their options for development, including into more senior and clinical roles. For these sorts of people, opportunities to talk through the possibilities and what might be best suited and achievable for them should be prioritised if the sector is to be one of opportunity and growth for all who wish to pursue careers in it. At the moment, these opportunities are likely to be variable because of the resource pressures on services which in the medium to long term, is likely to be to the detriment of both services and the sector more generally.

We must also consider the cohort of participants who are clearly nearing retirement and hope to either wind down or consolidate their learning through continued practice. From this group, it is interesting that everyone firmly expressed a 'lack' of aspiration but also gave numerous examples of the ways they do actually continue to develop professionally, whether that's through learning about new conditions they are supporting or contributing to the learning and mentoring of younger and newer recruits. This emphasises the need to continue to provide support and opportunity to more experienced workers and to understand what they may need in order to continue their work. For instance, one participant raised the very valid question of how they might be able to continue to do what is a physically and emotionally challenging job as their own needs and priorities change. To fail to support these people and enable their input to adapt to suit their needs and those of a service will likely result in the premature loss of skilled and knowledgeable individuals from the sector who absolutely still have a contribution to make.

What would you say to your 'pre-social care' self about working in the sector?

I would still do it. I would make the transition from health into care... even when I did my training I knew that I wanted to work in care homes. I like the challenges, like I said before, that a care home give you. [You're having to think more, be one step ahead, make the decisions yourself. There are no safety nets of people above you.](#) I couldn't work in a hospital. It's not that I didn't enjoy it, it's just that I like getting to build up a relationship with the people and their families. In the hospital you don't get to do that. People are numbers. They're in, they're out, they're in, they're out. You don't get the chance to do that. In a care home it's a more relaxed environment, it's not as clinical, though you're still using your clinical skills, it's more...it's homely and you do get the chance to get to know people better and I like that.

I don't know what I'd say to myself. ['Get ready for this!'](#) As I said, I can't go and sell shoes or frozen food, it has to be working with people. That's just it.

I think I would be straight to the point and say how difficult it can be to work in this sector, the challenges you face. But 12 years ago, if I knew that this kind of work existed, I would have done it. Working in this sector, it suits me. I don't have any issues working with anyone, the residents. I wish I had done it sooner.

It's not easy. It's quite a hard job, it can be emotional. It can be emotional – you deal with death, you deal with all aspects of life. You have to have a thick skin, I don't think you can be over sensitive. No chance! You have to be empathetic and caring, compassion. It's not always a pleasurable job because of some of the tasks you have to do. But it's very rewarding. We don't always have good days but it's a nice feeling when you come back from your holidays and they say 'where have you been, I've missed you'. It's like your family. You don't just leave it here.

Sometimes it can be quite challenging, but I like a challenge. It's a profession that you need to want to be in, you need to give it a go to see if it's for you or not. Because it's very rewarding. That's what I did. I thought 'Give it a go. Give it 6 months. You'll know after a few weeks if it's for you' but I knew right away, I love it. I just knew that I'd be here for a long time, I just enjoy it.

Go for it – you'll really enjoy it! I wish I had started it much younger. I thought you needed qualifications to start, but you don't. It's always something I wanted to do I suppose.

Go for it! I was wrong to see this as an older person's job, that's why I didn't go for it when I was younger. I didn't think about it until I was older. I would share how difficult and challenging a job it is. It's physically and mentally difficult and demanding. People don't recognise this. There's so much involved in care, so many career paths. It's such a big umbrella. There's just so much to care.

I think I would practically do the same thing over again. I really do. I couldn't have went and done my training any earlier because I had kids and I wouldn't have went away to work when they were young. Life experience helped. My nursing class halved in the 3 years and I think it was something like about 30% that qualified out of over 100. So maybe some people come in too young. I know one of my lasses started her training early but she came back out and she's been working with us for about a year and now she thinks she's ready to go maybe next year. You need a bit of life experience. I know for a fact that my sister couldn't do it, my daughter couldn't do it. So I think my advice would be get a bit of your own life experience. I think myself I'm quite happy I did it the way I did, I was older and had experience before I came in so I knew what I was coming in to.

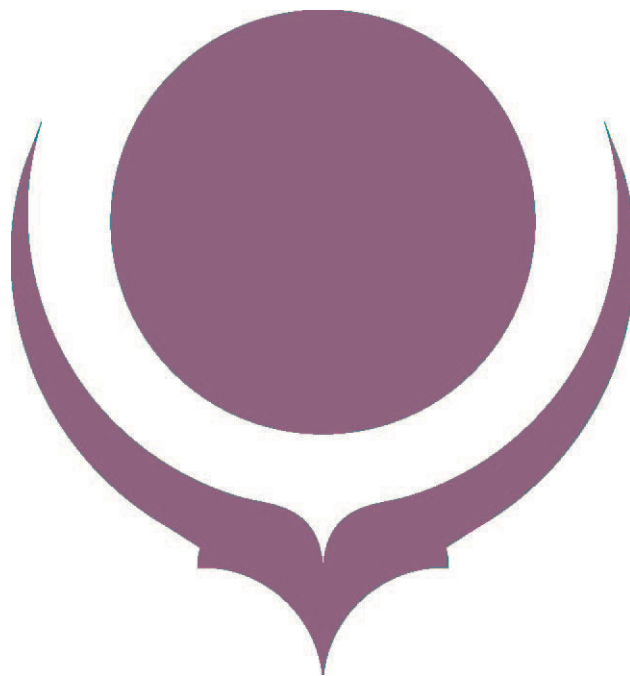
I would never, ever have thought of getting into social care years ago. Because I was illiterate, I never would have thought I could have got into social care anyway. ... At the time I applied I just thought 'I'm just going to give it a go'. So it must have been meant for me. I was honest with them at the interview about my addiction, but not about my illiteracy! It wasn't a problem any way because when I started they put on literacy classes and I just plodded along with it. It shows that my experience was valued. I've had a good journey. I can't thank [the organisation] enough for taking me on, when I didn't have

any experience. [They gave me that opportunity and the opportunities throughout the years they've gave me.](#) [They've changed my whole life.](#) I was two years sober when I started and that helped me an awful, awful lot. As the years go on I just get more passionate and passionate – I never give up on anybody! I don't care if I've been to them 100 times, 200, 300 times, I go back, and back, and back.

It is so encouraging that the participants speak so positively about their decisions to pursue careers in care, and that in fact some people wish they had entered the sector earlier. These are the sorts of messages that need to be communicated more widely to encourage more people with a range of experiences to consider joining the social care sector.

Equally the realities of these careers need to be shared, in that they can be both extremely challenging and hugely rewarding. This involves breaking down the range of assumptions and stereotypes that remain, ranging from the complexity of the job, the age of person the work is best suited to through to the qualifications, skills or experiences required to be successful. Instead participants speak passionately about the qualities and attributes they believe colleagues need and which they all clearly have in abundance.

But the strongest message that emerges from these responses is the way in which each participant's experience, whatever shape that takes, has informed and positively contributed to their employment in the care sector.



Conclusion

This report has captured just a few of the voices of the experienced front line social care workforce who are transforming lives across Scotland. We have sought to map their journey into - and through – a rewarding career of supporting, nursing and caring for individuals living in care homes or their own homes who rely on their skills, compassion, insight and experience.

It has reinforced the fact that a career in social care can be hugely rewarding and professionally fulfilling regardless of what age you are or what your background is. It provides a sense of purpose, achievement: a vocation.

Discussions have shone a light on the value of previous professional and personal experience and how this enables the older workforce to manage complex family, emotional, practical and social situations. We acknowledge that many young people are also capable of doing the same but would suggest that age and life experience gives an invaluable insight into the complexities of life, and often provides a greater appreciation of its fragility.

However, the uniqueness of the older workforce and the attributes, values and skills they bring to care homes, housing support and care at home organisations needs more careful consideration if their potential is to be realised.

The new National Health and Care Standards introduced in April of this year positively embrace differences and strive to promote the development of person centred, individualised, rights based care and support to individuals. Perhaps we need to question whether or not current social care regulatory requirements are flexible and adaptable enough for an older, more experienced workforce. For instance, the Care Inspectorate quite understandably seek consistency of care delivery but can organisations who are functioning with a largely part time female workforce, a significant proportion of whom will be reaching retirement imminently, achieve this? We must therefore consider how the realities of workforce planning can be balanced effectively against our ambition for consistent, person-centred care.

We absolutely believe there needs to be a professional registration process and a qualified, professional workforce – and respondents were positive about this. But we need a regulatory framework, including a qualification system, that encourages people of all ages and experiences to choose social care as a career, which appreciates and responds to differences and allows individuals to thrive.

For example, the regulatory requirement to achieve SVQs does not currently take into account previous qualifications and professional attainments, nor does it take into account the skills acquired through previously held managerial and leadership roles. There is an opportunity to review how prior learning can directly and positively contribute to the attainment of regulatory qualification requirements and how a more personalised approach to supporting a career journey to support this can be developed.

Ensuring we have a regulatory framework that acts as an enabler to a career in care rather than a barrier is dependent upon a wide range of organisations to review current practice. For instance, the voices of experienced workers captured here highlight that mentoring, support and time are all critical to somebody having a positive experience of obtaining SVQs. This therefore needs to be considered through commissioning standards and expectations. The availability of funding for SVQ qualifications must also be made equitable, otherwise it is discriminatory and disproportionately impacts upon older

workers. Current Government policy is heavily weighted towards youth employment, learning and development. This is reflected in severe challenges faced by providers when seeking funded SVQ places for those aged over 25 years. It is also reflected in the Modern Apprentice framework, where funding is similarly targeted at those younger than 25 years. As this report evidences, the majority of our workforce is in fact aged over 45 years – with the sector as a whole being therefore unfairly disadvantaged compared to other industries in the attainment of essential qualifications.

Do we also need to consider a fundamental change in registration categories and job titles? Does a ‘support worker’, regardless of the service they work in, even remotely capture the complexities of the role and the attributes and skills required by the workforce of today? The day to day prioritisation of complex care interventions; the frequency of lone working and therefore the responsibilities individuals take on around professional decision making; understanding of a vast range of conditions and co-morbidities; tailoring support to individuals in their 40s right up to those over 100, displaying high levels of emotional intelligence; routinely delivering palliative and end of life care and supporting families – do these contemporary realities fit with any traditional notion of what working in social care entails? We would suggest that they don’t and as a matter of priority, we must therefore revisit our terminology, regulation, support and marketing around these highly skilled and complex positions.

The challenges of current workforce shortages and the resultant additional pressures are not unique to older workers but balancing work and personal commitments and caring responsibilities generally intensify in later years. We need to map current career pathways and organisational infrastructures against the realities of a fragile, often vulnerable workforce, many of whom have dual caring responsibilities and who will likely experience changes to their own health, wellbeing and needs as they themselves age.

To positively promote social care as a career for experienced citizens of Scotland it is imperative that the Scottish Government, SSSC, SQA, Skills Development Scotland, the Care Inspectorate and other stakeholders are cognisant of the needs of an older workforce. This requires reflection – and action – on current learning resources, registration requirements, equal access to funding opportunities and qualification redesign.

And how do we encourage more experienced, knowledgeable, skilled and passionate people to enter the sector, particularly when they may not have even considered social care as a feasible career option? The reflections captured through these interviews that this work “Is for you or it’s not for you” need to be considered alongside the comments made by participants themselves that they wish they had joined the sector earlier on in their career - what can we learn from this to inform recruitment and retention strategies? It would be extremely helpful, in our opinion, to better understand this through further engagement with experienced workers and use the subsequent learning to undertake a focused campaign to attract the older workforce into social care, similar to the current campaign on early years being led by the Scottish Government.

We welcome the opportunity to work in partnership to not only attempt to answer some of these challenging questions but to ensure that the experience of the experienced is both recognised and celebrated.

Thank you

Scottish Care would like to thank all organisations who have contributed to and supported the 4Rs work. Our members and the information they share with us determines the focus of Scottish Care's research and it is through their continued engagement that we can produce these reports.

We would particularly like to thank the organisations who volunteered to contribute to 'The Experience of the Experienced'. Their willingness to support their staff's involvement is much appreciated.

Finally, our sincere thanks go to the individuals who gave of their time to take part in interviews as part of this research. Their openness and honesty is inspiring and they are a credit not only to their organisations but to the social care sector in general.

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