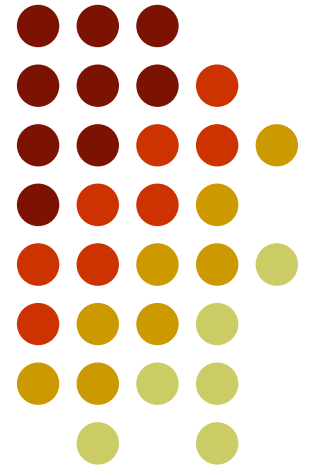


Resources, Resources and Resources: The care force amongst long-term care of older people

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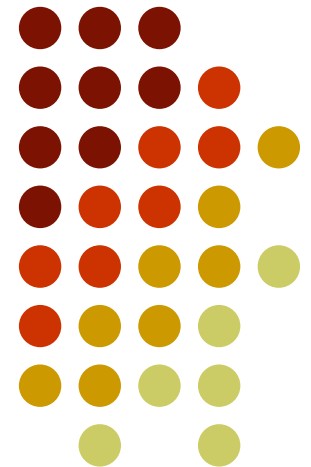


Presentation focus

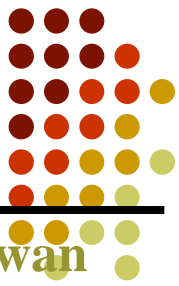


- ❑ Is there a problem with carer shortage?
 - ❑ The adequacy of the care force
 - ❑ Staffing levels and stability
 - ❑ The quality of the care force
 - ❑ Education and post-qualified training

Background



Welfare and long-term care systems



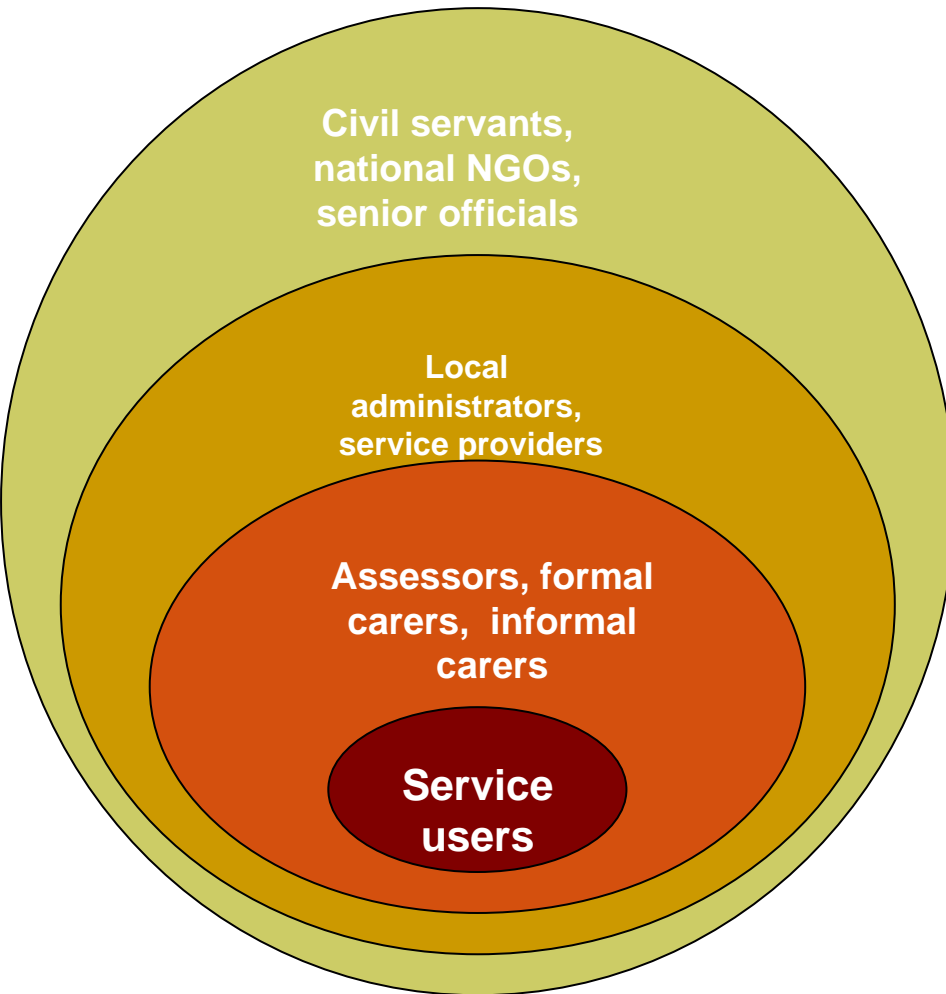
		England	Netherlands	Taiwan
<i>Differences</i>	Welfare regime	Liberal-social democratic	Social democratic-conservative	Liberal-conservative
	Care support	State	State	Family
	Care market pluralism	Private and some local authority	Non-profit	Non-profit and for-profit
	Welfare expansion	Unlikely	Unlikely	Probable
<i>Similarity</i>	Aging demography	Same percentage (over 19%) of over 65s by 2020 in England and the Netherlands; 23% in all three in 2040		
	Policy convergence	<ul style="list-style-type: none"> •Narrowing the gap of responsibility between state and family •The states involve with formal carers and professionals training 		

Staffing levels and qualifications of carers



Service	Country	Professionals	Semi-professionals	Non-professionals
Home care	England	None	Carer with NVQ1,2	Untrained carers (perform personal care)
	Netherlands	Nurse	Trained carer with professional care degree level 2.	Basic trained carers (perform house work)
	Taiwan	None	Trained care with 50 hours taught course and 40 hours placement. Post training required with no stated limit.	None
Residential care	England	None	Carer with NVQ 2	Untrained carers (perform personal care)
	Netherlands	None	Trained carer with professional care degree level 3.	Volunteers (for social and recreational activities, meal assistance)
	Taiwan	Nurse, social worker	Trained care with 50 hours taught course and 40 hours placement. Post training required with no stated limit.	Volunteers (for social and recreational activities)
Nursing care	England	Nurse	Carer with NVQ 2 or 3	Untrained carers (perform personal care)
	Netherlands	Nurse, physio therapies, nutritionist, social worker	Trained carer with professional care degree level 3 or 4.	Volunteers (for social and recreational activities, meal assistance)
	Taiwan	Nurse, social worker, nutritionist	Trained care with 50 hours taught course and 40 hours placement. Post training required with no stated limit.	Volunteers (for social and recreational activities)
Extra care housing	England	None	Warden, carers with NVQ 1,2	Untrained carers (perform personal care)
	Netherlands	Nurse	Trained carer with professional care degree level 2, 3 or 4.	None
Living-in Foreign carers	Taiwan	None	Trained carer in their own country for 2 months with the training programme regulated by Taiwanese government.	None

Design and Method

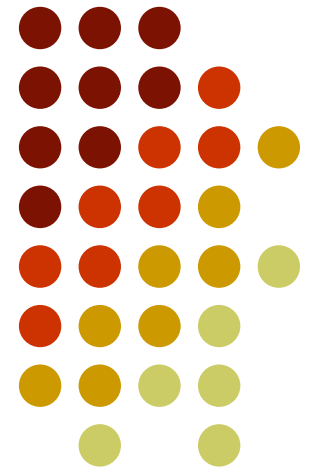


- **Semi-structured interviews**
 - *Informal carer* (6 in England, 1 in the Netherlands and 3 in Taiwan)
 - *Formal care* (5 in England, 9 in the Netherlands and 9 in Taiwan)
 - *Assessor* (11 in England, 8 in the Netherlands and 11 in Taiwan)
 - *Service providers* (10 in England, 7 in the Netherlands and 8 in Taiwan)
 - *Local administrators* (4 in England, 4 in the Netherlands and 6 in Taiwan)
 - *Civil servants and national NGOs official* (3 in England, 4 in the Netherlands and 6 in Taiwan)

Key Findings

Perspective at the macro, meso and micro levels

*Based on
114 participants in
England, the Netherlands and Taiwan
between 2004 and 2005*



The adequacy of the care force: level and stability



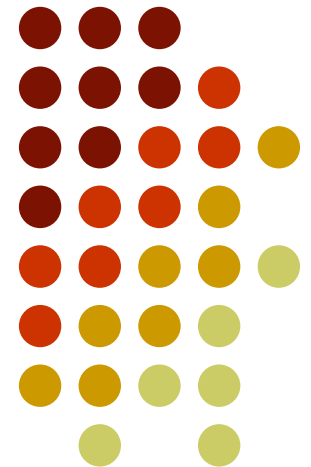
- Professionals
 - Unmanageable workloads for professionals in England and Taiwan, to some degree, the Netherlands.
 - All three countries showed a tendency for less direct professional contact with service users.
- Formal carers
 - Shortage of care force is the shared concern in England and Taiwan, to some degree, the Netherlands.
 - High turnover of formal carers has been a significant problem in England.
 - Dutch formal carers are paid better and have better job security.
- The Dutch and Taiwanese care force combination provide more comprehensive of care.
- Informal carers
 - Male family carers also provide significant care provision.

The education and training of formal carers



Country	Policy intention	Practice	
England	To improve the staff quality in England	Has faced the difficulties in implementing professionals and carers' training.	The informal carers have been left out in the training system
The Netherlands	To maintain the quality of care in the Netherlands	Has modernize the training program to meet the increasing <i>complicated needs</i> and strong relate to <i>personal perceptions</i> of older people.	
Taiwan	To increase employment opportunities for the care force	Has more cooperative involvement in training between the state and the service providers, but still a lack of national standard in general and foreign carers in particular.	

Key lessons



Points for policy



- Improving the economic and professional status of hand-on carers is likely to improve the quality of care.
- Explicit policies to support care professionals and workers should be developed in all three countries, in order to reduce work dissatisfaction to prevent staff turnover and to raise productivity.
- Regulations to protect home employment opportunities and provide specific training for migration carers to ensure they are able to adopt the culture of care.

Points for practice



- The dangers of limiting the assessment time for individuals may result in inadequate assessment and service outcome.
- Time for carers to spend with individual older people is significant in providing more individual or 'humane' care.
- Helping informal carers extend their ability to carry out their role may improve their well-being as carers and reduce the demand for formal care services.
- Professional joining with care workers to provide hands-on care is likely to improve the quality of care.

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