The state and status of training opportunities for Health Care Support Workers: perceptions of career progression pathways in Adult Mental Health. (0204)

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In the context of recent health care policy, cost efficiencies have been sought through a series of skill mix initiatives as part of re-profiling the NHS workforce. One major outcome has been a huge increase in the employment of health care support workers. This paper draws on ongoing research exploring the current training and development opportunities available to support workers in the field of mental health, together with potential enablers and barriers in terms of future career progression pathways. Initial findings from the study offer insight into how this sector of the workforce are looking to HE in the form of the Foundation degree in Health and Social Care to provide a significant step on the skills escalator between NVQ level 3 and further professional training. The paper considers the concerns raised by participants in relation to their ability and desire to enter an academic environment.

Outline title:
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This paper reports on the initial findings of an ongoing piece of research conducted by the School of Health Sciences at the University of Southampton. The purpose of the research is to explore the training and educational opportunities available to health care support workers (HCSWs) and Support Time Recovery Workers employed within the Adult Mental Health Service of two NHS Trusts. Moreover, the study aims to identify and examine the aspirations of support workers in relation to future career development, including perceived barriers and enablers to potential career progression routes.

The methods comprised of a flexible, qualitative approach in order to conduct in-depth, face to face interviews with self-selecting support workers. Having obtained informed written consent from participants, all interviews were digitally recorded before being anonimised and transcribed. Transcriptions were then imported into NVivo, a computer software package which helped to code and retrieve data under key emerging themes.

The rationale for this research stems from a general increase in support workers employed in the NHS following the radical national pay and grading system introduced by the Agenda for Change. In its aim to harmonise pay, terms and conditions for all NHS workers other than doctors, the Agenda for Change brought about a re-balancing of the skill mix and a consequent growth in the number of unqualified support worker roles. Within the field of mental health, the introduction of STR workers (DH, 2004a) and the general increase in numbers of support workers employed by the NHS and
Social Care suggest that education, training and career progression continue to be pivotal in delivering a quality service. However, concerns were identified about the ‘state and status’ of training opportunities in a review of STR pilot sites (Huxley et al, 2006: 10) leading the authors to recommend: ‘A clear pattern of training opportunities, linked in some way with a career pathway would go a long way to alleviating those anxieties’.

Support workers employed by the NHS currently undergo mandatory in-house training both during their initial induction period as new members of staff and also as part of updating knowledge and skill levels on an ongoing basis. Initial findings reveal that the majority of participants in this study experience easy access to in-house training by means of an on-line booking procedure. In addition, this process was generally seen by participants as their personal responsibility, only referring to line managers for official approval of selected courses. Feedback from support workers, however, suggests that training and development opportunities varied in relevance and quality and did not necessarily equate with career progression. All participants are currently employed at band 3 level of the NHS pay scheme, yet most of them expressed frustration that time and effort spent on completing further training would not ensure a band 4 position, due to the noticeable lack of NHS posts at this level. Indeed the current NHS workforce profile identifies a lack of current opportunities at level 4 and the existence of a big gap in the workforce between support staff and registered professionals.

As a result, many participants felt both de-motivated with regard to committing to further training and de-valued with regard to their wealth of experience and expertise not being fully acknowledged or recognised. Some participants expressed their intention to continue learning, motivated both by a desire to provide their clients with the best possible service and by an intrinsic interest in self-development. However, the major concerns expressed by this group of employees centre on an underlying frustration that the only obvious progression route offered is that of mental health nurse training. Herein lies the dilemma; with nurse training becoming a graduate-only route, participants questioned their academic ability to succeed at HE level, retaining a more practical hands-on self image.

A mixture of interconnected emerging themes from the study builds on this reflection on self image, linking up an exploration of occupational identity, rank consciousness and role boundaries. Participants revealed that in the context of changing skill mix models, role boundaries have become blurred and conflicting, although these perceptions varied depending on the service setting or context in which support workers were based. For example, participants who were employed in a ward setting experienced lack of clear boundaries between themselves and newly qualified nurses and revealed that they were often expected to work beyond their remit to support staff lacking in practical experience and confidence. Not only do such scenarios result in an increased workload on the part of support workers but they also give rise to serious questions of accountability and responsibility. The notion of blurred boundaries is reflected in the position of health care assistants, who often identify
little difference between their role and that of nurses, with the exception of drug administration, paperwork and professional accountability (Bosley & Dale, 2008). Likewise, support workers engaged in crisis resolution and home treatment work revealed that they were frequently asked to administer medication to clients, a task beyond the realms of their official responsibility. In-depth interviews with participants evidenced their frustration with such expectations and underlined the feelings of rank consciousness, imposed in part by their state and status as unqualified, unregistered and non-professional staff. This situation raises questions around the possible creation of a statutory registration system for this sector of the NHS workforce.

As an alternative to nurse training, some participants had investigated the entry into a Foundation degree as a possible route to further professional training. As part of the government’s modernisation agenda, the Foundation degree in Health and Social Care appears ideally suited to developing the knowledge and skills of support workers and offering a way of enhancing career opportunities. These participants were attracted to the Associate Practitioner role, which fits between that of senior support worker and a qualified professional, at level 4 within the new NHS pay bandings (DoH, 1999).

The Foundation degree offers a transition route to HE that incorporates academic learning with a strong work-based learning element, enabling the learner to bring theoretical relevance to practice. However, concerns remained amongst participants in relation to their ability and desire to enter an academic environment as a possible career progression pathway.

References