Looking forward: The World of Paid Care Workers

As the Australian population continues to age, older people and their carers will need more formal support and care in their own homes. At present, this work is done primarily by home care workers. This sector of the workforce, already growing rapidly, will continue to grow. As this care work takes place in the privacy of people’s homes, hidden from public gaze, we don’t observe care workers going about their daily work. This paper is based on the analysis of data collected for a research project, centred on paid care workers, that aims to open this ‘private’ world, to public scrutiny. The research explores and documents, from the care worker’s perspective, the world of care work. Thirty care workers and care coordinators employed by a not-for-profit, non-government organisation, have been interviewed. This paper looks at the paid and unpaid work histories of these care workers, how they became care workers and how these workers view their work. What do these stories tell us about these care workers, their ability to care and their reflections and understanding of the work they do? The implications for care workers, those being cared for, agencies and professionals working in aged care, will be discussed.

Introduction

Care work is centred on and takes place in the privacy of people’s homes, hidden from public gaze. We don’t generally observe care workers going about their daily work. The intention of this research is to open up to public scrutiny this ‘private’ world of work. Unless we are care workers ourselves, or have been recipients of this care, it is unlikely most of us will have much understanding of this work. Most of us have little experience of this world.

Julia Twigg has stated that ‘…Community care has been a neglected area intellectually, something of an academic backwater. Dominated by practical concerns, it is seen as essentially low level and a bit dull… Community care is about the ordinary and mundane, but this does not mean that its analysis should be ordinary or mundane.’ (Twigg 2000, p.vii)

This research focuses on this ‘neglected’ area. The main aim of this project is to explore the experiences and understanding of care workers, to draw a picture of care work, that is far from ‘dull’ or ‘mundane’. The care workers whose stories form the basis of this research are employed as aged care workers by The Benevolent Society of
NSW, a not-for profit, non-government organisation, with a long history of providing support and care to the destitute and disadvantaged.

The Australian population is ageing, and as we age, more older people will be requiring some support to stay safely in their own homes. At the same time the potential pool of informal carers is shrinking, families are smaller, there are proportionally fewer available younger carers, and women, who may have been ‘available’ to care in the past, are now likely to be in some form of paid employment making caring for older relatives difficult. And even though the majority of older people actually care for themselves, a small percentage of older people will continue to require intense support to stay safely in their own homes.

It is important to point out that the majority of care and support given to older people is unpaid. Ninety percent of the care provided to older people in their homes, is by informal carers, mostly family, sometimes friends. There is a large body of research focussing on informal care.

However, little research attention has been paid to the remaining ten percent of care providers, paid care workers. Paid care workers are employed primarily by three sectors; government agencies (local, state and federal), non government not-for-profit agencies (such as The Benevolent Society) and private, commercial for-profit agencies.

This is a sector of the workforce that is growing and will continue to grow. Older people and their carers will continue to need support and care. It is also a sector of employment that has had some difficulty attracting workers. It is often hard to fill positions, with job turnover being high, as people move in and out of the sector. Gibson reports that ‘morale is often low, and rates of turnover high’ (Gibson 1998 p76). This work is not well paid.

There is an acknowledgment in recent policy documents that action is needed. ‘The needs and demands of working in the aged care industry have changed over the past several years. The increasing acuity levels of the care recipients, the changing consumer expectations and needs of the regulatory system require the industry to build its capacity to respond quickly and effectively. One element in building this capacity is a better skilled workforce. Development of this workforce should be undertaken within an agreed framework and direction and with an informed base so that appropriate decisions can be made’ (Commonwealth Department of Health and Ageing 2002)

Contrary to the views outlined above, this study of care workers found that those interviewed were highly skilled, with long careers and varied paid work experience in a wide range of white and blue collar jobs. They also all had extensive unpaid care work experience. They had all consciously chosen to work in this sector, reported a high level of job satisfaction, enjoyed the work and intended to stay working as care workers into the foreseeable future. They drew a graphic picture of the ‘world of care work’. Their stories illustrated that care work is challenging and highly skilled. The body of this paper builds on some of these themes.

This research challenges a number of preconceived ideas about care work. Firstly, the care workers paid and unpaid work histories counter the notion that care workers are inexperienced and unskilled. Secondly, the care workers in this study became care
workers because they wanted to work in the sector, not because they had few job opportunities or little choice. And thirdly, the stories told by the care workers challenge the perception that care work is a mundane and boring job which anyone can do.

**Profile of care workers**

Thirty care workers have been interviewed. Those interviewed were mostly women, aged from 30-60, the average, mid 50s, mostly working permanent part time. A few were employed as casu﻿als. About a quarter of the participants were sole breadwinners. They had worked for Bensoc for periods ranging from 3 months to 10 years, most for at least 5 years.

For many, this was a job they had come to later in life. A significant proportion of the care workers were ‘older workers’ (over 45) when first appointed. This was not a ‘first job’ for any of the people interviewed for this project. They came with a wide range of previous work experience, both paid and unpaid. This is an area of work where there does not appear to be discrimination based on age. There was indeed evidence to the contrary. A ‘more mature person’, was often seen as a preferred applicant for the job.

The interviews were all conducted in The Benevolent Society offices in Sydney; Allambie Heights, Bexley, Brighton-le-Sands, Paddington and Penrith.

**1. Work Histories**

This study of care workers found that those interviewed were highly skilled, with long careers and varied paid work experience in a wide range of white and blue collar jobs. As illustrated below, the care workers paid and unpaid work histories counter the notion that care workers are inexperienced and unskilled.

**Paid Work histories**

The care workers interviewed had a wide range of past paid work experience, having held both ‘white collar’ and ‘blue collar’ jobs. All the participants had been in some form of paid work, prior to working as a care worker. Their past work experience was extensive and varied and they had long work histories.

To suggest or assume that these care workers were unskilled or inexperienced would be a grave mistake. The care workers who participated in this study, did not take this job because they couldn’t find anything else. They chose to do this work and they wanted to do this work. There was no suggestion that they had few choices or that poor employment opportunities had ‘forced’ them to take on this work.

Some had long careers working in ‘white collar’ jobs, as financial and human resource managers, as teachers, office workers and one had been a pathologist.

*I had a long banking career... I ended up being manager of a Building Society*
I was a teacher.

I’ve always done office work.

I studied pathology. I was a medical pathologist.

Most had long work histories in a range of ‘blue collar’ jobs. They had worked as hairdressers, had run small businesses, worked in the retail trade, the entertainment industry and in clubs and hotels.

I worked in a club.

I had a little mixed business, a fast food shop.

I was actually working in retail, helping to manage a gift store. So it was complete and utterly different.

I’m a hairdresser. I have worked with disabled children. I’ve done office work, I’ve worked in accommodation, done party planning. Quite a few things, but this is what I want to do.

Some had work experience in ‘related industries’. They had been nurses or nurse aides, and a number had worked in nursing homes.

I worked in a nursing home. And it is virtually the same thing. You do personal care and a bit of cleaning, a lot longer hours.

I also worked in a nursing home but in the kitchen... cooking, but just having something to do with older people was good. They used to come and help you wash up and things like that. It was nice. I liked the old people from then.

Actually I’m a hairdresser by trade... I actually originally, worked in a hairdressing salon in a nursing home

Unpaid Work Histories

The overwhelming majority of care workers had extensive unpaid caring experience, caring for their own families, children, foster children, adult children with disabilities, and older relatives. They felt it was this experience that gave them the knowledge, skills and confidence to do this work.

We had a very extended family and looked after them. I helped nurse them through sickness, cleaned their houses and looked after all my great uncles and aunties and grandparents as well. I quite enjoyed it. So now I’ve come back and done a full circle I suppose. I’ve come back.

I’ve had a premature baby. I had elderly parents. You know so it has been an ongoing thing for me.
My mum. I looked after her before she died.

I’ve got a nephew who’s got cerebral palsy, so I’ve been involved a lot in his care.

I had two friends in the last ten years that have died, one of ovarian cancer. I was with her through her illness. And then another friend had a blood disease. She died about two years ago. And my mother with lung cancer.

I have a disabled son through accident. I had a grandmother that had Alzheimer’s, she passed away last year.

I cared for my mother for years and my dad died of cancer and I cared for him. And six children, but then I suppose everyone has children. It is whether you like that caring role I guess.

I have looked after my mother on and off for many years. Whether that was part of it to start off with I don’t know. But I was always interested in working with older people. I have a great respect for the people. You hear so many stories.

2. Becoming a Care Worker

Why had these people, many of whom already had jobs, moved into care work? What was behind this decision? All the care workers interviewed for this study had consciously chosen to work in this sector, they all reported a high level of job satisfaction, enjoyed the work and intended to stay working as care workers into the foreseeable future. The care workers in this study became care workers because they wanted to, not because they had few job opportunities or little choice.

They spoke respectfully about the older people they worked with, and spoke of how interesting they found the work. They appreciated the opportunity to form meaningful relationships with older people, who often had long and interesting life histories, with fascinating stories to tell. They had taken on this work because they had a ‘sense’ that caring for older people was what they wanted to do and were confident that they had the requisite skills and experience.

One described how she hadn’t really needed to work, but that this work sounded particularly attractive.

I didn’t need to work, but I was looking for work and a girlfriend was working doing a similar kind of thing and telling me about her experiences... Then she moved over to The Benevolent Society and I thought I would be really interested in doing something like that. So I had an interview and started work. One of the reasons that I did really enjoy it is that I do have an affinity with the oldies. And I do like them.

Initially, one of the major attractions of the work was that they were able to work part time, with flexible hours and at times that suited them. The hours and the flexibility of the starting and finishing times meant they could easily integrate their work to fit with their family responsibilities, for children or older relatives. It also meant they could return to paid work after having taken a break for caring, gently easing themselves
back into paid work, doing work they felt competent to perform. This type of work enabled some to study part time and change career.

There were also a substantive number of women who had moved from relatively secure and comparatively high paid jobs. For these women, care work represented a deliberate career change, from a job that was highly depersonalised, unrewarding and perhaps dangerous, to a job where working with people was central.

**Returning to work after a break caring for children**

For many of the women interviewed, taking up care work offered what they perceived as a comfortable way to ‘ease’ themselves back into paid work, after having taken ‘time out’ to care for children.

*And now that my kids are older, I just wanted to come back and do some part time casual work during school hours. This just fits it perfectly.*

*Mainly I was looking for a job that suited me but that I could fit in and be there for my daughter at the same time. These hours I could choose to do whatever hours I wanted to do. And my manager was so flexible…*

*I said when I started I only want school hours, I like the school hours because I can drop them at school. I can’t start until nine thirty*

*Now that my kids are older I just wanted to come back and do some part time casual work during school hours and this just fits it perfectly*

**Returning to work after a break caring for others**

Some of the participants had given up paid work to care for elderly and frail parents, friends and adult children with disabilities. When this caring ceased, they found themselves wanting and needing, to re enter the workforce. Most of these women had lost some confidence in their ability to take on paid work. They were re entering the workforce as middle aged women, with no current work experience. Care work provided employment opportunities for these older workers.

Care work provided a comfortable transition back into paid work, doing work they enjoyed and were confident they could do well. For some it was this informal, unpaid caring experience that led them to realise they were ‘good’ at this work.

*I cared for my mother-in-law when she was dying, seven or eight years ago. And when she passed away, I thought, ‘That is a job I think I might like to do’.*

*I just needed something different, but wasn’t looking for anything in particular. I was looking in the local paper and there was a care worker’s job, helping with personal care, something that I thought I would never be able to do before, but after doing it for my mum I thought, ‘I can do this’. And then I spoke to my husband and he said,*
‘You can’t replace your mum, you know’. But it wasn’t like that. I didn’t want to do it for that reason. I just thought I’d go for the interview. Anyway, I went and had the interview and I got employed.

**Transition to another career**

For a number of the care workers, this work, with its flexible hours, enabled them to return to study, gain qualifications and pursue a different career. Care work, particularly with a supportive care coordinator, can easily be fitted around study timetables. They were studying at TAFE and university. When they completed these qualifications, they intended to move into a different career.

*The coordinator said, ‘We won’t stop you from doing your course. Do your course and do this job. Whatever time you want to do this job you can have it’. So that is when I started.*

**Combining care work with other part time work.**

A few combined care work with other part time work.

*We have our own business. I still do that. I have to do that. And I that’s just ordering on the computer what they need. So I do that every day.*

**After a work related injury.**

And there were a few women who had taken up care work after an injury had forced them to leave their former job.

*I was working in a nursing home and I hurt my back. So I wanted to do something else, but still work school hours and with the aged. I saw the advertisement and they said they had a no lift policy. They still know that I go to physio for my back*

**Deliberate Career Change**

For a significant number of the care workers, taking on this work represented a ‘sea change’, a radical career change. They felt care work offered the opportunity to do work they felt was meaningful and personally satisfying. They had been working in a range of areas, in nursing homes, as human resource managers, as managers in the finance industry, and spoke graphically about the effects of economic rationalism on the organisations they were working for. They felt ‘economic imperatives’ had led to the loss of personal contact and personal fulfilment. Care work enabled them to connect with people in a meaningful way. They had chosen to give up secure, highly paid full time work, for what they described as a more personally fulfilling job.

Several had moved from quite senior positions in the finance industry, where the work was highly stressful, where they had been closely monitored and where there was
continual pressure to ‘sell’ products (eg loans, credit cards) of various kinds. They spoke of wanting to work in a ‘caring environment’, do a job where one could derive intrinsic satisfaction from the work and do something that was useful and constructive.

*I worked for a bank for a long time and I got sick of being told to sell fries with that, to sell more and more services, when people came in for their withdrawals. I just got tired of that. I wasn’t interested anymore. I have always had a liking for the older people.*

One participant described doing care work as a chance ‘to give something back’ to society, after one of her adult children was badly injured in a car accident. She felt that this job enabled her to make a meaningful social contribution.

*I ended up being manager of a building society. Then my daughter was nearly killed in a car accident. Very touch and go. And it changed my life. It just did, it changed. Up until then my job was the most important thing to me, but then after the accident I reassessed everything and I thought, ‘I don’t want to do this anymore. I want to do a job where I’m appreciated, where I can help other people more’. I know it probably sounds stupid, but it was like giving thanks for us getting her life back.*

*I don’t know, part of it’s guilt maybe, or part of it’s you want to give something back. You think, ‘OK I’ll go and do this kind of work instead of doing office work’. So that’s how I started out. Saw the ad, and started here.*

A number of the care workers had come from working in nursing homes. They described how cost cutting, had affected their capacity to work in the way they thought was appropriate, had taken away the ‘personal touch’.

*I had been working in the nursing home and many of the people in there said to me, not those with dementia, but just those that were bed-bound, ‘If only I had somebody like you, I could have stayed in my house longer’. So I just got thinking about it. Then the personal side of the work was taken away from us. Everyone was designated what they had to do, like giving Mrs So-and-so a shower, even though she doesn’t want to have it, was more important than sitting down with Mr So-and-so, who’s depressed, for five minutes talking to him. That personal touch was really getting pushed out the door. I didn’t agree with a lot of things that were going on.*

*I didn’t like what I’d seen in the nursing homes and it sort of put me off for a while.*

**Job Satisfaction**

Did care work provide the job satisfaction they were seeking? Twigg has argued that, ‘The rewards of care work are direct and immediate and few jobs can offer such strong positive feedback. Care is something that brings its own rewards, seeing the pleasure that your help gives; knowing your work is valuable and important to someone…’ (Twigg, 2000, p164) Other studies (eg NILS) also report high levels of job satisfaction among care workers. This study was no different. These care workers also reported very high levels of job satisfaction.
The care workers spoke about the intrinsic rewards of the job. They described, very movingly and at some length, how much they loved their jobs. The work was personally fulfilling. Every day the work was different and varied, new pleasures and new challenges arose.

*To me this is just the most rewarding job that anyone can have.... I just love my job... I am so lucky because I have got beautiful, beautiful clients. I just can’t say enough of this. I thank God for this opportunity for having been able to do this kind of work. Because I really believe that this is what I was put on this earth for. And I do a damn good job. And I just get so much pleasure out of it. There is not a day where I wake up and go, 'Oh no, I’ve got to go to work today'. I get up and I’m ready to go and I just love it. I absolutely love it.*

The aspects of the work they singled out were the pleasure they derived from working with people and the fact that they could, at the end of each working day, see that the work they were doing was really making a difference to the lives of the older people they were working with. How many of us would like to be doing a job where we could feel at the end the day, we were actually making a difference?

The care workers really enjoyed working with people, and derived much pleasure from their day to day interactions with the older people. They spoke of their respect for the differences and diversity of the clients.

*I just love interacting with them. I think it is just great to know that you can go there. They are so lonely. I know they do have families, but like all of us, family are committed to work. They may live far away. The distances could be a problem. Sometimes they’ve got nobody and we are the only point of contact that these people have. They just want someone to talk to and share their problems with. To sit down and have a cup of tea and have a social chat. And it is great to know that you are making a difference to their lives... I like the thought that I’m allowing these people to stay in their homes longer. They wouldn’t be able to if we weren’t dropping in every day or every second day. I also enjoy and value that they start thinking of you as a friend and they look forward to your company and ask how you are and ask how your family is.*

They’ve got a life of experience, a world of experience, and they’re interesting. They’re all go, their sense of humour, different characters, and you get to know them better. You just can’t not get to know them.

*I love the job because it is varied. I love the variety. And I like people and I like meeting them. And I like helping them. And I like getting paid for it too which is lovely... I just love my little job. I really do. I love the people. And they are all different and you just respect the differences and enjoy it.*

They spoke about how fulfilling care work was they could see their work made a tangible difference to people’s lives.

*The most valuable thing, the best thing I can say about my job is when someone passes away, you know that you’ve made a difference to their life. You know that you’ve made their life happier and that you’ve actually done something for them. And the families are so grateful, and you know they’ll say to you, ‘Mum or dad couldn’t...*
have managed without you’, and you just think, that’s the best thing that can happen. If someone does pass away it helps you to deal with it, is that you’ve actually made a difference.

I like the idea that I’m making a difference to somebody else’s life. Well more so, to an elderly person’s life. That’s what I like about the job.

Just being in different people’s homes, and seeing the difference that I’ve made in some of their lives... Just having a smile on your face when you go into someone’s home and doing different things for them. You can see that a difference it has made. Someone going into their home and assisting them.

I enjoy the work because it is fulfilling. The clients really enjoy having you there. It is interesting to us because they’ve got a varied background and when we go through their memories... It fulfils us what they’ve done in their previous life. And they just enjoy staying at home. And you know it is a very welcomed service.

I just feel after I’ve done my job for the day I feel really good about myself personally. That I’ve gone out and I’ve done a really good deed for the day. That is the way I feel about it.

Their Future as Care Workers

And did they intend to stay working as care workers for The Benevolent Society? I asked the care workers what they saw themselves doing in ten years time. With one exception, they all saw themselves working as care workers until retirement. One of the striking themes to emerge from these stories was a passionate commitment to working in aged care, and a high level of job satisfaction, coupled with an expressed desire to continue working in this sector.

Those interviewed thought they would stay working where they were. They enjoyed the work and saw themselves as working into the foreseeable future in much the same way.

I hope to stay here. And I would like to do more work especially with the dementia clients because I really enjoy that. I find that so it is very challenging. But I really enjoy it.

I would like to stay in that role yes. I just find it fulfilling. I have been in the office, but I prefer caring for people.

I love this type of work. At this stage I haven’t got any plans to do anything different.

I’ve got no plans to go anywhere. I’m very happy with what I’m doing.

Not much different to what I’m doing right now. I’m comfortable. I’m really comfortable.

I couldn’t imagine doing anything else.
Some expressed mild qualifications:

*I want to stay here. Even though there is just so many changes going on. Like before you know it, ‘Righto girls, you are doing this. And you are doing that’. Every week there is another change. And you know it is hard to keep up with it.... I think you could achieve a lot here. I’m quite comfortable. And if I don’t get any more cleaning work I’ll be a happy camper.*

*I’m quite happy with what I’m doing at the moment, but to be honest I haven’t really thought about it. I can see potential here to do a coordinators job, but I don’t know if I would really like to do it. I think it is a very stressful job. I don’t know how much they get paid, but it seems to me it wouldn’t be really worth it.*

*I don’t know about future, I’ll work another five years maybe. It depends. If I have grandchildren, maybe I will give it up. I do ‘ward granny’ sometimes at the hospital and I quite like that. And my Dad is eighty five, so I spend a lot of time with him now. It is hard to say.*

With one exception; one care worker felt it was, indeed, time to move:

*You want to do that little bit extra. But it’s really, really hard. It gets frustrating. This isn’t something I want to continue to do. I want to go back to office work.... I’ve been doing care work for 3 years and I’ve had enough. I am looking at the moment for office work and if I get a chance, I’ll go back to do that.*

This almost unanimous intention to continue working as a care worker may be true only for those I interviewed. Those who were happy to be interviewed and to talk about their work, one would assume, would also be those who enjoyed their work. Those who hated care work would be unlikely to waste time talking to a researcher who clearly thought this was really interesting work. If you hated care work, this project would seem somewhat incomprehensible.

### 3. The world of care work

‘Care work (contains) a sense of sorting things out, smoothing problems, negotiating difficulties, operating at different levels, bodily, emotional, practical, interpersonal’. (Twigg,2000, 172)

The care workers interviewed drew a graphic picture of the ‘world of care work’. Their stories illustrated that care work is challenging and highly skilled. Care work, as described by the participants in this study, is incredibly demanding and all embracing. In this section, I will discuss some of the tasks and activities the care workers performed to maintain and improve the quality of life of older people they were working with. A dominant theme that emerged from the interviews is that care work involves far more than keeping a person regularly bathed, fed and in a clean environment.
The care workers saw maintaining ‘social connectedness’ and along with this, the emotional and psychological well being of the older person as the most important aspect of their work.

The emotional labour expended and the interpersonal relationships they forged in order to the job well, was something they spoke about at length. This aspect of care work is less tangible, a less ‘obvious’ component of care work than the physical tasks, which are more easily described. ‘Emotional’ labour, the work of building and negotiating relationships, so crucial to the work of caring, is largely hidden and taken for granted.

The ‘tasks’ to be performed are set down in the care plan. The aim of the care plan is to set out the support services the older person needs. The care plan is drawn up by the care coordinators in consultation with the older person and, if relevant, families and informal carers. The care plan includes personal care, health care and social care. Underlying the plan is an assumption that this support will retain and enhance the older person’s independence, quality of life, well being and social connectedness.

The care workers generally stick pretty much to the plans, but are able to vary the plan, if needed. This comes down to the care worker making an intelligent judgement in regard to what is required. The care workers are required run any changes by the coordinator and inform her of any variations they make to the care plan.

Care workers are essentially assisting to run the older person’s life and home. The tasks set down in the care plan include monitoring and improving health and personal hygiene, taking the older person to doctor’s appointments, podiatrists, physiotherapists, specialists, filling prescriptions and organising medications, whatever is needed. Running the home also includes doing the banking, collecting pensions, paying bills, trips to the hairdresser, showering, housework, shopping and keeping the house clean.

As a care worker we do everything. We work with a lot of people that don’t have family support at hand, some of them don’t have family around at all. You’ve got to make phone calls to try and get some sort of input from family or let them know what’s happening... A lot that I see, I am the only person that’s there for that person ... So everything I do for my home I’m doing for them for their home. So I’m running their home. It is a lot on us... I run their bankbooks, I run their bills, their shopping, their everything. Everything in my own home I have to do for them.

The care workers spoke of the complexity and the competing demands, and the delicate balancing acts involved in doing this work. Most had very well organised timetables that often involved doing several tasks simultaneously.

You plan it. For example, if you are making beds and stripping beds, like I do that on a Monday morning for Mrs P. So that takes time. Give her a hug, if she is on her own, make her a cup of tea, have a little chat with her for a few minutes. And then I whiz down to the bed, strip the bed, put the sheets in the washing machine. You have to help her shower too and get dressed. So you are trying to fit it all in.
A central part of the care work is personal care. The very nature of personal care, involving intimate body care, showering and bathing, means that, inevitably, you get very close to people. The ‘private’ and intimate nature of these activities requires trust, sensitivity and care in the administration of these tasks.

_The bosses tell you, ‘You’re not their mother, don’t get personal’, but it’s pretty much impossible really. I try to do it where I can, but... we’re more personal care. When you shower somebody and you see somebody in the nude, you can’t help but feel that trusting, relationship with them._

The care workers described in some detail, the ways they negotiated this activity in particular, so as to minimise embarrassment and distress for the older person and to ensure that in conducting these activities they enhanced, rather than damaged their relationship with the older person.

_You’ve got to get to know them. After what 4 weeks of seeing them, you’ve got the idea about them. You know what you can say and what you can’t say. For instance, when it comes to the shower, you know if they’ve got the ability to wipe themselves down. If not, you just grab the washer and do it for them. And you hand it back to them. So all the embarrassment is out of it._

And a very important part of care work, as mentioned above, is social care, maintaining psychological and emotional well being and keeping the older person engaged and connected with the world, through socialising, getting the older person out of the house and into the community.

_We also provide them with social support, just to talk if they want to talk, or an outing, or for coffee down to the local shops, into the plaza for banking needs, anything they want to do, within reason, we’re allowed to do, to make their life a little bit easier._

In some cases, this involves keeping spouses connected.

_I go take his wife and drive her down to the nursing home so she can spend a couple of hours with him and then take her home again. And I take her shopping as well and whatever else she needs to be doing._

And assistance in respecting memories of deceased loved ones.

_Her husband died a number of years ago, so I take her down to the cemetery once a week, so she can put flowers on the grave and visit him. She doesn’t drive anymore because of the dementia. She doesn’t go out. Then I take her shopping and fill her pantry for the week. That is what I’m doing at the moment._

Tapering the care plans to the needs of the older person, means taking on board what is important to the older person. For a substantive number, this included assistance with the care of pets. This was an issue that came up frequently, and it was clearly recognised that caring for these animals was part and parcel of maintaining the happiness and well being of the older person.
I clean all the litter, the dog tray you know, we clean that out. We try every, at least once, if it’s not freezing cold, to give it a bath. I brush it a couple of times a week. Because that’s keeping her happy. Otherwise she’s so worried about this dog because it’s an inside dog. You put gloves on and throw your nose up as you doing the kitty-litter tray thing. But you do it. You just do it. It takes 5 minutes. Boiling water, bit of Ajax, scrub it out.

For many older people, gardens were also important. Support was given to enable older people to continue to enjoy, maintain and care for gardens.

There are tasks that one of my clients used to enjoy very much. We used to garden. Now she couldn’t garden because she would sit down and couldn’t get up. But she used to bring the chair and we just used to sit outside and I’d prune the trees and we could talk and she was a part of it and she could tell me what to cut, but she wasn’t actually doing it. So it is empowering the clients to keep home but also to keep their dignity. To keep in control without taking over. I think sometimes the line becomes very grey.

Assessment and monitoring

An important part of care work is observing closely, monitoring and assessing what is needed. This should be done in ways that ensure older people feel respected and empowered. The care workers generally get to know their clients well and are able to monitor their health and well being and make assessments in regard to what they need. They are making constant assessments, observing closely and responding to needs as they arise.

For example, it may be that a short walk, some gentle exercise is what is required.

And also as you get to know people, like Mrs S for example, she is in her 90s. I know she needs company. She needs people. She is a very slight, small lady. So I like to take her for a walk. She needs just gentle exercise. We will walk out the front up and down and we will look at the trees and talk about the beautiful weather.

The care workers are continually thinking about what the older person needs.

When I was chatting with the coordinator this morning I was saying, ‘He really needs a new bed’. He was talking about it too, and said ‘I really need a new bed’. So she said, ‘Well, next time you see him, tell him that we will allocate the time and you can have a talk with him and then you can go and you can get the bed. You can just go ahead and do that’. And we will give him a bit of time to think about it, because he likes a bit of time.

Following is a story of how the care worker gradually improved the older person’s diet, by slowly and imaginatively, introducing more nutritious food. This was quite a long story, and a process that took some time. Initially, the man was very resistant to any change in diet and eating habits. First, the care worker recognised this person was only eating potatoes and onions, and then she began the slow process of slowly
encouraging a more varied diet. This involved taking him shopping, buying the food and then showing him how to cook this food, and make a tasty and nutritious meal.

I told you about my gentleman that just eats potatoes and onions? And he only lived on potatoes and onions. That was all he wanted to eat. But now I’ve been introducing him to different things… I brought him this packet of frozen mixed vegetables. I told him, ‘If you just boil this, put a little bit of butter or a little bit of pepper, and that goes with your fish. That will go nicely’. Yesterday he said to me, ‘Can you cook me that again tomorrow?’ I said, ‘Yes’.

Or watching and observing the older people very closely to monitor their health and be able to pick up any irregularities through subtle changes in bodily movements or behaviour.

But you do watch. You do notice when they’re a bit shaky, or they’re not sitting the way that they normally sit, or they’ve arranged their table in a different way to what they do normally. Or, they get very repetitious with things and all of a sudden you’ll see a change and you think, ‘Hang on a minute. That’s not like them. You are always watching their health.

A particularly striking example of a positive outcome based on astute and careful observation, is the following story. In this case, the care worker, picked up the fact that her client had thrush, an extremely uncomfortable, but not life threatening, vaginal infection. It is very easily treated. This is not an uncommon condition. Many women will have had thrush at some time of their lives. And those of us who have this experience, will not forget this story quickly. It would have made a huge difference to the quality of this woman’s life to have the condition diagnosed and treated.

In the end you can talk to them personally about different things, and they’ll start telling you what their problems are, like that lady that had the thrush. Now she’d had that for about 5 years, and nobody had picked up on it, and I noticed by the way she was walking there was something wrong.

The formation of a trusting relationship means that over time, the care worker is able to work in ways that will gradually improve the environment.

I know that it is his home and it has to be as he wants me to do things. I’m there to do what he wants. So it has taken me months, but I eventually got into the kitchen and the bathroom to clean those. And then last week I finally got to the vacuum. I had to clear it, it was chock a block. So it is a gradual process of them trusting you and feeling comfortable with you. You know and accepting them where they are at, not where you think they should be.

**Maintaining Independence**

One of the underlying principles of the work is to value older people. Care workers spoke of their respect for older people. A most important goal was to maintain independence, dignity, and quality of life. It takes a great deal of thought, skill and
experience to be able to respect people’s wishes, empower them, and yet ensure that, at the same time, they are safe and well cared for.

Independence. It’s not a matter of us saying, ‘Give me your bank book, and give me your money’. No, we always take them with us and keep explaining to them what has to be done. But you’re the one that has to remember yourself what has to be done for them.

By taking the time to get to know the needs of the older people, one is also able to organise the work in ways that will best suit the older person.

I let them do as much as I can and if I’m doing a meal ask do they want to help, even if it is just, ‘Where do you keep your potatoes?’ I mean you know where they are, but you say, ‘Can you get me a couple of potatoes, or can you get me something out of the fridge or where are your garbage bags?’.

You’ve got to try not be pushy. If you walk in and you see their bed unmade, you just don’t go in there and start making the bed. You ask, because some of these ladies like to do things for themselves. They still like to keep active as much as what they can. So I just say to them, ‘Would you like me to do the washing up or would you like me to make the bed, or do you want to do it yourself?’ Give them that option because it’s their home and you just can’t walk in there and take over for that hour.

Don’t dictate to them. Don’t go in there saying, ‘I can’t talk today because I’ve got to do this and that and that and it’s written on my care plan’. I’ll leave a note in the book saying, ‘Sorry girls didn’t get a chance to do it today’.

And if they want to strip their bed while they are waiting for you to come and put the washing on, well that is good. You let them do it. If they want to come out and help you peg the washing out, you let them do that too.

To be independent. Yes. For them to be important as a person. Very.

Their emotional well-being. Most of the time I think that’s more important than getting the house clean. Sometimes they just want you to sit and have a cup of tea with them. Even if you don’t drink it, you still sit there and pretend. And just have a talk. Or just sit there and listen to the radio or watch something on TV with them.

That is why it means so much to them because it helps them stay in their own home. If they’ve got the basics taken care of, then that pressure is off them and they don’t feel so weighed down. So they can enjoy their life instead of being frightened that you can’t do this and you can’t do that. And also a lot of them don’t know what is available. And they might have a question that if they’ve got a care worker coming in, they can ask that question to the care worker. So it is like their little being in touch with outside.

We are only there to assist them. Not to do everything or to take anything away from the family, but just to assist them with the duties, that they might be able to do themselves.
Not all the care workers took this on board.

*Some workers tend to treat them like children. So you know we will do it this way and we’ll do this and we’ll do that.*

**Creative Solutions**

The care workers know their clients very well and are therefore pivotal in recognising problems and devising creative solutions to deal with particular difficulties. Sometimes this is done by the care worker alone, or more commonly, in consultation with the coordinator or other care workers. The care workers related many stories, telling of the creative ways they had approached and dealt with, sometimes straightforward, and sometimes quite challenging problems.

The following excerpt describes how one care worker managed to support and assist a woman with dementia, who, initially, would not allow the care worker through the door.

*I remember one lady I used to go to, the only way I could get in the door, was if I turned up with some drink and a couple of cream cakes. I would pretend I was just calling in to have morning tea. And this lady had dementia. She had no idea I was even a care worker. It was the only way I could actually get in her door, to just pretend I was a friend. She couldn’t remember where I came from in the very beginning... But in the end she started to ask me little things like, ‘I haven’t been able to get the vacuum cleaner out for a while’. I said, Well I could do it for you while I’m here’... And then she started to ask me, ‘Look, I need a bit of milk and bread’. And then we started going out for coffee.*

Following is a moving story of a care worker assisting an old man to deal with the grief and loss of his wife.

*Or if they are having a sad day, you get to know if somebody is sad. If you haven’t been there for a while you might know that there might be some anniversary that they are grieving... One chap, I was there for probably two and a half weeks and he was quiet as a mouse. I said, ‘I haven’t changed your bed. How about we do that?’ ‘No, no, no’, he said, ‘I would like to do that myself’. But he is not doing it. So I said to him, ‘Okay, is there a reason you don’t want me to help you with your bed?’ Anyway he turned around and said, ‘I don’t want you to think I am silly’. ‘Why would I think that? The story was that his wife has been gone for 4 years, but he still had her nightie under the pillow in the bed and he said he could not move that nightgown. ‘What is the problem there? That is beautiful’. That is so beautiful. I mean it is bringing a tear to my eye, telling the story. So when we change the sheets, the nightie goes back there.*

Sharing ‘problems’ at regular meetings, and getting group input, was seen as good way of dealing with some of the difficulties.

*At the meetings, the coordinator talks about client issues. So we’ll have a turn if we’ve got a problem. It’s good, because you find out a little bit about that client even...*
though you don’t go to her, but in another months time you might need to go to her if somebody’s off sick or on holidays, and then you think, ‘Oh yeah I remember!’. So it’s good because you find out a little bit more about that client before you actually go there.

We have fortnightly meetings. And at that meeting, our Supervisor and the Manager, give us an opportunity towards the end of the meeting to go around the table and discuss clients and if there is any difficulties, and problems. Anything that has happened.

What makes a good care worker

Ability to negotiate relationships

When asked what they thought made a good care worker, most said they felt it was the skill and capacity to form good relationships with the older people they were caring for. To do the job properly, to provide good quality care, the care workers were aware that they needed to invest time and energy into ‘getting to know’ the older person and building a ‘working’ relationship.

As argued above, care work is firmly embedded in relationships. When they described the work they did, a theme that recurred over and over was the importance care workers placed on forming good relationships with the older person. Knowing someone well, forging trusting relationships, ensuring they felt comfortable with the care worker, and indeed trusted the care worker, enabled the care workers to do their ‘jobs properly’. This requires time and great skill- ‘a caring person’- the ability to feel empathy and respect for older people, an investment of time and energy that is not easily ‘measured’ or quantified.

What distinguishes care work from other work, for example cleaning, is the emotional labour required. However, as Twigg observes, ‘It is labour that is only partly visible… emotion is not part of the rational, bureaucratic account…. (Twigg, 2000, p173). A large component of the ‘world of caring’ is emotional labour, putting time and thought into forming trusting relationships.

These relationships with older people are being developed within a professional context, and although you can utilise skills you have developed in forming personal relationships and friendships, these relationships with the older people being cared far are very different. For a start, the care worker is being paid for this work.

Establishing trusting personal relationships enabled the care workers to perform a range of caring activities, they would be unable to do without an intimate knowledge of the older person. These activities included less tangible and quantifiable goals of the caring enterprise, such as improving and maintaining the emotional and psychological well being of the older people, maintaining the independence of and empowering the older person.
These relationships take time and skill to build up. The care workers need to devote some time to building these relationships when visiting the older person, and the relationships develop and strengthen over time. The relationship formed between the care worker and the older person is of crucial importance, and clients and care workers inevitably become very close.

In some instances, the care worker is sometimes the only visitor the older person sees from one week to the next. It was a slow process to build up trust and confidence.

*When you’re dealing with somebody three times a week, and you’ve had them for two or three years, you just know that person the same as they know you. One I see, I love her dearly, more so because of her sense of humour. I’ve got a really good sense of humour and I love to laugh and she loves to laugh, and when we’re together, that’s all we do, is laugh. We’ve become very close.*

Inevitably, building a relationship takes time. Older people are, understandably, wary of having strangers in their homes. It takes time to get used to and to trust the care workers...It takes a long time to build up their trust.

*Once you start a relationship, they will tell you a lot of things. Things that they won’t tell their doctor, things that they won’t tell their daughter. They do open up to you and start telling. I think the biggest thing is you’ve got to get that relationship going.*

Building a relationship. That is what we are doing. We are building relationships with them to gain their confidence, so that we can hopefully expand our services to them and retain their trust.

They valued these relationships and the trust that had developed.

*I know the people I’ve been to see and my regular clients, I know that they trust me wholly and solely. And they’ve got to know me. I’ve built up enormous trust with my clients. And there is nothing I would do to jeopardise that*

**Other Skills and Qualities**

The personal qualities they felt were important to be a care worker were patience, maturity and the ability to empathise with older people. They also spoke of the importance of having some insight into and understanding of the ageing process.

Particular skills that were singled out were communication skills, skills in negotiating and managing difficult situations, being able to take initiative and be flexible, to exercise judgement, to be sensitive to and recognise people’s needs and to deal with problems as they arose.

Some of the above can be learnt, and developed over time, with training and support from management and colleagues. But some of these are personal qualities that may or may not be taught. Can one learn to be patient and tolerant? Can one learn to respect older people? Some felt it was possible to teach these things, and others felt you either possessed these qualities, or you didn’t. You were either a ‘caring person’
or you weren’t. Others share this view. For example, at the Adards home for people with Alzheimer’s disease in Hobart, ‘Apart from a core of registered nurses, carers were hired from the local community, chosen for their warmth and practicality, rather than tertiary qualifications’ (Good Weekend, September 4, 2004)

Kind, considerate, patient, tolerable of difficult situations. And a lot of patience. Lots and lots of patience. Especially with dementia clients. Cause it does get repetitive. I know the lady I go to every week it is the same, virtually the same story every week, but I used to get that with my grandparents. So I know you just go with them and don’t worry about it. They don’t know any different. They don’t realise what they are saying, that they’ve already told you.

It is not so much skills, you’ve got to have patience. If you don’t have patience well don’t work here.

Patience, a lot of patience is involved. Most of the people that I talk to (other care workers) have had similar things in their lives. They’ve either cared for a mother or father or someone. They’ve had a lot of caring in their lives. So I think it is something that you learn..

Along with patience went ‘maturity’. Several of the participants spoke of the importance of life experience, of being ‘mature’ and possessing the qualities that come through maturity that enable the workers to deal sensitivity and respectfully with older people. Some felt that with maturity (for some) came the understanding and the ability to appreciate and value older people.

More mature. I really believe that they (younger workers) look at things in a different way. Their own maturity is not there.

And I suppose because I’m that bit older you know I hope I have a little more patience than I would have had as a younger women. And you identify more.

There is great job satisfaction in what we are doing. And as you get older, I think you get a little more understanding of older people. You’ve got that experience behind you, so you are a little more sensitive to their needs and you want to give them as much independence, self respect and dignity as possible.

In order to build up this relationship, good communication skills are required. You need to be able to listen carefully, and respond appropriately. You need highly developed ‘people skills’, to be able to empathise and ‘connect’, to talk and to listen.

People skills. You’ve got to know how to talk to them, relate with them.

I think you’ve got to have great communication skills. You’ve got to have a lot of patience.

You can’t actually switch off to that person talking. You’ve got to take an interest in them, so you’ve got to listen to what they’re saying, and be interested and make conversation. It’s not just a matter of carrying on with your work and just saying ‘Yes, yes, yes’.
I think you need good listening skills and you need to empathise with people. And to look at things from their point of view. I always try to and I like to look at it as if it was my mum or dad that I was dealing with.

Listen. That’s it. Listen to the person. Listen to what they want. Listen to what they need. That person might be crying their eyes out about something that happened fifty years ago. That bed can wait till tomorrow to be changed. That person needs me to sit there and talk and listen.

I think the most important thing is communication. You have got to be able to communicate with elderly people. If you’re a bit young you just can’t relate... You’ve got to be able to ask them questions about their family, get them talking. That’s the most important thing.

And keep the conversation going, because most of them live on their own, they’re very lonely. If I go to a lady’s place and she says, ‘I don’t want you to do anything today. I just want you to talk to me’. Then you’ve got to be able to keep the conversation going.

Communication skills was the biggest thing in the bank. I talked to all sorts of people, from all walks of life. A lot of the elderly who came into the bank didn’t know the new technology, so I got to communicate with them, showing them different things, the ATM and whatever. So I can talk to anybody.

I give them a big smile when I go in and say, ‘Hi! How are you today?’ They love talking about their families. If you can get them talking about their family and their grandchildren, I think you’ve got them won. That’s what they enjoy talking about the most. Photos are a good conversation piece when they’ve got photos around. You just ask who the people are in the photos and that gets them going.

Another quality that made a good care worker was the ability to be flexible. The care workers need to be flexible, change their approach for each person and having worked out what’s needed, to try and organise to ensure that needs are met.

You take every client as they come. They are all different. You start to learn what they like to talk about and what they like want to hear about. You just adjust to each one.

Care workers are generally working on their own, visiting older people for a proscribed length of time. And that is all the time they have to complete the tasks set out in the care plan. This is often difficult to do, so the ability to be flexible, to think quickly of creative ways to get the work done in the time and to solve problems on the spot, were also seen as important skills. These skills were often described simply as the taken for granted possession of ‘common sense’.

We’ve got a care plan. It depends on what is in the care plan. But sometimes you have to be flexible. For example, you see that there is no need to vacuum, but the house is a mess. So you fix that. It’s common sense.

The workplace of the care worker is the older person’s home. They are the people
responsible, on a daily basis, for the care of the older person. It is crucial that care workers are able to work alone, unsupervised most of the time.

As Twigg has pointed out, ‘Care workers are in general positive about their work…. The key lies in the direct nature of the interpersonal rewards and the freedom from close control. Home care is unusual for a low level job in its relative absence of direct supervision. Workers are out in the community, not under the thumb of the manager… Freedom from being controlled and reprimanded was important’ (Twigg, 2000, p126)

We’ve also got a lot of freedom. We are out on the road and we like it. We don’t have someone on our backs, breathing down our throat. In the bank… they are there all the time watching you.

There’s a lot of trust put in us, and a lot is left up to our own discretion. We have to know our guidelines and we have to know what we can do, but most things, within reason, we can do

You’ve got a sense of freedom to, you know, like when I was in the bank you’ve got your manager breathing over your shoulder, telling you are not meeting quotas and not selling our credit cards and insurance and all that sort of stuff. I took that for so many years. But here you’ve got the freedom of being out on the road, you’ve got no boss breathing over your shoulder, and its, its lovely, just being outside working.

The ‘world of caring’ is constantly changing. There is no certainty. No two days are ever the same. You are never quite sure what you are going to find when you arrive at someone’s home and what you may be required to deal with. You are also required to deal with this alone, as the following story demonstrates.

You go from client to client to client. So while you are supported, if something happens, you’re pretty much on your own. I had one case where a client had a fall. He broke his nose, and there was blood everywhere. I got the ambulance and went to the hospital. Well, for me there was nobody there. He lived with his family, but the family were all at work. I cleaned up the floor because they had young children. He lived with his grandchildren. I got rid of all the blood, because they would be very upset. You just sit for a minute and have a cup of coffee, but then you have to keep going. So you have to absorb all that and then just go to the next client, as if nothing’s happened. ‘How was your day today?’ ‘Oh, it is great. Everything is fine. How are you?’

Some of the experiences they had were quite frightening. You have to be able to deal with problems and move on.

I’ve had a few older people just fall on me, but that is normal. Those things happen when they collapse or suddenly. It can be a bit scary the first time. It is frightening. It really is. You are talking to them and all of a sudden they just faint on you or collapse. But I managed quite well with that. I just know the procedure is to ring the office and then they will just see how they are and if need be contact the family. Contact an ambulance, fire brigade, whatever. So they know. You know what the
procedure is. But once it happens the first time, I know what to expect next time so I won’t panic as much.

And finally, care workers need to be skilled in keeping records, writing down what is happening, keeping the family and the care coordinator informed.

Movement sheets, that is what they usually have in nursing homes for move the bowels today. And then you’ve got to write like how long it took you to get there and if you’ve gone to the shop you’ve got to write I went to the shop and then you’ve got to write between mileage and full mileage.

I sat down the other day and did the care plans and I wrote my things out and I spent and hour just doing that at home. Because you can’t do it, I mean I do, I do have my poor little book I go through a fortune in these little notebooks and when I fill in for the clients like I write if I do their shopping and then I will write it all out. So when we go to put it on my diary I have to do that.

I said we should get paid like secretaries! We do a lot of paper work. We’ve got the movement sheet, the diary, the time sheet and the care notes.

Just half an hour. That is all you need. If everyone just scribbled it in a book like that each day then you could sit down and just say right I’ve got it all written out like this and I just sit down and I just do each day, right Wednesday, Thursday. Cause I found mine got too messy.

Conclusion

Because of the taken for granted nature of care work, work that is highly gendered, the complexity, the experience, the knowledge and the skills needed are downplayed. Twigg argues that, ‘Care work is often treated in a schizophrenic fashion, denigrated as a low level job, yet also lauded as ‘special’ work, involving the supreme virtues of ‘love’ and ‘care’. The roots of this tension lie in its gendered nature, for it is the fact that it is largely performed by women, and is indeed structured around expectations concerning gender and gendered identities, that lie at the root of its problematic character, and the diverse valuations that are put on it’. (Twigg, 2000, pviii) The care workers in this study were experiencing all these tensions.

What do these stories tell us about these care workers, their ability to care and their reflections and understanding of the work they do? All the care workers had long work histories, prior to taking on care work, so were knowledgeable, experienced and possessed a wide range of relevant skills and knowledge that they drew on to do this work. Their stories about their working lives are reflective and thoughtful. The care workers themselves have an astute understanding of the importance of this work and the complex skills, knowledge and experience required to do this work well.

Some people might have the image that maybe it is a nice little job you have that you go and make little old ladies cups of tea. It is far from that. They generally just discover that it is just not what they thought it would be.
What emerged from the stories the care workers told, was that care work is indeed, ‘far from that’. They went to great lengths to tell me about the world of care work, actively resisting the perception that care work is low status, unskilled work, so I too could understand.

Ungerson argues that, ‘the future of that form of employment and its status lies in the politics of workers who are already beginning, collectively, to reflect upon the nature of the tasks they do, and the meanings of the tasks to employers’. (Ungerson, 2003, p394)

A central finding of this research is that paid care work is important work. The way a society organises and provides care for its most dependent members can be seen as a measure of a ‘caring society’. All of us are potentially dependent, as a basic right we should have access to care and support should we need it. This right should underlie and be firmly embedded in all policy development. We need a paid care workers and a solid ‘community care’ infrastructure.

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References
