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**University of London**

Support workers: their  
role and tasks. A scoping  
review

December 2008

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# Support workers: their role and tasks. A scoping review

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## **1. Introduction**

Increasing numbers of people are employed as 'support workers' where their role is to help people with disabilities and others to become more independent and join in with aspects of everyday life. Although this sort of help is widely reported to be valued by service users, very little is currently known about the role and how and why people become support workers and their long-term employment plans. This makes it very difficult to plan for the expansion of the workforce and to develop effective recruitment and retention strategies.

This study provides a picture of current knowledge about support workers in adult social care based on a review of the literature in the field published in the UK since 2003.

Given the generic and imprecise nature of support working as a category, the study first aims to isolate those characteristics that go towards defining the role and it reports on research that details the tasks involved in this kind of work. Following this, we discuss the role's overlap with that of other workers and an assessment of the training, career pathway and pay issues as they arise in the literature. Examinations of both worker and service user satisfaction are considered next, recommendations taken from the studies involved in the review are outlined, and finally suggestions are made as to where gaps exist in current research that might be usefully filled.

## **2. Summary**

### **Definition**

Support working in social care is an ill-defined role that is currently the subject of workforce development initiatives and evaluations. Three characteristics that generally feature are: first, fostering independence among people being 'supported'; secondly, such workers are generally without professional accreditation; thirdly, they frequently engage in both social care and healthcare tasks, or wider tasks. This study of the literature includes people who are termed support workers, but it also covers titles that are often used interchangeably: social work assistants, community support workers, home care support workers, mental health support workers, housing support workers, rehabilitation workers including non-professional intermediate care workers, and also personal assistants (the employees of direct payments users).

### **Role & tasks**

Support workers typically seek to build rapport or a good relationship with service users at the same time as offering practical assistance in fulfilling the goal of increased or sustained independence. They may also act as a bridge between professionals and service users, facilitating better communication. Tasks performed

will depend on the specific type of support worker under consideration and the wishes and needs of the person they support, and may range from personal care, healthcare, community participation, assistance in rehabilitation and advocacy.

### **Role clarity**

The literature frequently comments on role overlap between support workers and their professional colleagues. Studies of professionals working in nursing homes and occupational therapy show that there is some anxiety (among the professionals) about this, but the picture elsewhere, for example in intermediate care, is more positive. Some studies suggest that ill-feeling and uncertainty relate to levels of confidence among team members.

### **Training**

Specific workforce development initiatives bring with them specific and one-off training programmes, but evaluations indicate that existing standard National Vocational Qualifications are inadequate, there is no specific source of funding for training that is accessible and, in the case of personal assistants, there remains a lack of clarity as to whether training is needed, who should do any training, and, if so, who should pay for it.

### **Career pathway and pay**

Some support workers are more likely to enjoy career development than others, and overall the picture within support working is mixed. Amongst personal assistants there is often a lack of clarity about what the particular job entails, often because their role is specifically to undertake tasks as needed and wanted by the person receiving their support and not to work to a set care plan. Some of these workers may receive low pay and poor or uncertain terms and conditions.

### **Worker satisfaction**

The general picture is of relatively good levels of job satisfaction among support workers. This seems to relate to the rapport-building element of the role, the focus on well-being, and the degree of leeway there is in being able to take on tasks that might otherwise have been done by professionals.

### **Service user views**

The literature contains many individual reports of service user experience of support workers. The extra time such workers are able to spend with the user compared to professionals is valued. Amongst direct payments users, the employment relationship may have formalised a relationship that otherwise was coming under strain. Several authors report anxiety surrounding the recruitment of personal assistants.

## **Recommendations from the studies**

The literature sets out the following areas for improvement: there should be the right infrastructure in place, particularly when introducing a new support worker role; training should be available; levels of pay should rise, especially amongst personal assistants; there should be increased regulation; and, job descriptions should be clearer. Professionals should be better equipped to work with support workers.

## **Gaps in the research**

There is a lack of evidence in the literature about specific terms and conditions amongst support workers, and there are no longitudinal studies that can inform us of their longer-term work profiles and development. We have little information on migrant workers who are working directly for services users as support workers and we know little about the day-to-day elements of the work.

There is very little on the management of risk, conflict and negotiation, how support workers manage decision making, especially for people whose capacity to make decisions may fluctuate or be diminishing, and on support workers' relationships with others in the caring network. Of particular interest is the relationship and division of labour between support workers and professionals. One question that arises in the literature is how these would be affected if the support worker category were to become more formalised and subject to professional qualification: do support workers thereby become of more or less assistance to the professionals involved in relieving them of burdensome tasks? (This is touched on in Bach *et al.* (2007) and later in section 5 of this report on role clarity.)

The personalisation agenda, newly promoted by the government (HM Government 2007), envisages people eligible for publicly funded social care services making greater use of more flexible support, through deployment options such as direct payments or personal budgets. People who have used direct payments to fund their social care have often termed the posts or work they create as support work. If personal budgets lead to greater take-up of direct payments then we may see greater demand for this work. This will bring new challenges to those responsible for workforce strategies at national, regional, local and micro market levels and they will need to work with sector skills, training and employment agencies in pointing to the new roles emerging in this transformation of social care. If support work is to be a form of self-employment there will need to be greater understanding of the implications for low waged workers of being responsible for their own employment-related liabilities. As micro-employers, people using services and carers will have new responsibilities for support workers if they choose to take on this model of support. Alternatively, support workers may increasingly undertake agency working to provide the back-up of an employer and the terms and conditions of employee status. Some of these scenarios have been discussed by Skills for Care (Eborall & Griffiths 2008) and they point to this current period as perhaps heralding great change to the social care workforce as a whole, with a possible nine-fold increase in the numbers of personal assistants by 2050.

### 3. Definition

#### *Working definition*

This section introduces the report by exploring the question of the definition of support worker from the perspective of the social care literature. The working definition for this scoping review was:

*A person who is employed on an individual basis to foster independence and provide assistance for a service user in areas of ordinary life such as communication, employment, social participation and who may take on secondary tasks in respect of advocacy, personal care and learning.*

Two framing observations are helpful here. First, earlier work by Saks and colleagues from the healthcare perspective sought to use an ‘integrated operating definition’ (Saks *et al.* 2000: 24) which spanned the health and social care sectors. Their research generated over 300 different job titles ranging from Accident Department Assistant to X-Ray Helper, including care assistant and other social care roles. This review employs a more restricted focus, excluding those working solely in healthcare (or educational) settings. While support work in social care may involve basic healthcare tasks, these are generally conducted without health professional supervision or clinical responsibility. This is a definitional approach shared by the Research in Practice for Adults’ research briefing on ‘generic workers’ in health and social care (Research in Practice for Adults 2008).<sup>1</sup>

Secondly, historically the term support worker in health and education services has referred to a role built around the concept of one worker supporting another professionally qualified worker and not, or not specifically, the person using services. This is a definitional approach retained by occupational sociologists when they consider the centrality of assistant roles in the process of workforce re-structuring across the public services (Kessler & Bach 2006), including teaching and healthcare as well as the now small number of social work assistants. While not rejecting this facet, this review’s working definition shifts the emphasis towards the support given by the worker to the service user. This both allows the review to take into account studies of personal assistants employed by people using services through direct payments, since in performing their role such workers are not directly overseen by any professional, and reflects the important part support workers are suggested as playing in the Independent Living or personalisation agenda (HM Government 2007).

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<sup>1</sup> Useful introductions to the development of the support worker role in specific areas in recent years include: Leece 2006; Shield *et al.* 2006; and, Nancarrow & Mackey 2005.

## *Skills for Care job roles*

Recent work for the National Minimum Data Set for Social Care (Skills for Care 2005) assists in the process of drawing specific job titles out of what have been, in research terms, problematically generic roles. In this classification support workers are found in category 8, 'Care worker' and in category 9, 'Community, support and outreach work'. These exclude NHS support workers, such as maternity support workers. Job roles predominantly involving personal care, though they may be referred to as support workers, were not considered to specifically meet the fostering independence requirement—they are often classed as care assistants and were not included in this review. However, this is not a firm boundary and many care assistants may be undertaking roles that are similar to support workers. Job titles from the two Skills for Care categories that were included in this review were 'social work assistant', 'community support worker', 'home care support worker', 'mental health support worker', 'rehabilitation worker' and 'personal assistant'.

## *Common characteristics of support workers*

The heterogeneity of the category of support worker makes it difficult to delineate, but certain themes are identifiable in the literature. These include the support worker's role of enabling independence, the general rule of their not being professionally qualified, and, most distinctively and commonly because of the high numbers of studies of intermediate care, the boundary-spanning nature of the role in relation to the health and social care sectors.

### **Independence**

The value placed on enabling service users to be as independent as possible was exemplified in the evaluation of the Support, Time & Recovery (STR) worker, a role developed around the idea of negotiated time with mental health service users and the provision of appropriate support to aid their recovery (Huxley *et al.* 2005). The ideal progression of worker and user relationship was presented as the move from the STR worker working *for* the service users, to working *with* them, supporting and teaching practical skills that lead to better social skills/activities, so leading to greater independence and interdependence with other people. The case of Graham was said to be typical:

The worker met Graham 15 months ago and spends 2 hours a week with him (but this can be flexible). Graham wanted to get out of the house to do things, but had not left his home for 2 years. The worker found information about activities, such as day centres, cafes, and cinemas, and then went to these with Graham. He had not been on a bus for 20 years. Graham is now able to make decisions about what he wants to do and is beginning to plan for himself, and saving up for his first horse riding lesson. Making his own decisions now gives Graham confidence and independence. (Huxley *et al.* 2005: 18)

By dint of their own maturity and personal experience of mental health services STR workers could teach service users activities of ordinary living (as well as develop skills, including literacy and numeracy) so that they could perform them on their own in the future. But more than this, the programme's avowed purpose of social inclusion was entirely consonant with the development of service user independence, since in practice it meant the worker assisting in the accessing of appropriate resources, employment and education, and encouraging use of the welfare and health systems.

In discussions with people using services and carers and users during the preparation of this review one service user commented on the theme of independence, in her case using the concept of empowerment. She described how she had recently fallen into a dispute about her support worker's role:

'...and I have also been the employer of someone who helps me and I would say that from my perspective it is about assisting me to reach my full potential, assisting me not managing me but assisting me and that in my case because I have hearing and sight impairment often means opening up my e-mails, making sure that I get on journeys, times I am going to get to places, and it also is keeping me on track of the various bits of the diary I can manage and can't manage, it also sometimes means picking me up off the floor because I have fallen down, so there is lots of ways in which the carer [support worker] has to empower me. Now last week I hit a crisis when she said, at a meeting that we were holding at our house, that 'I will manage [name of speaker]' and I said 'I don't want to be managed' and that is the difference between an empowerment... she didn't have a clue did she, she got the sack immediately...' (Personal communication, Social Care Workforce Research Unit 2008)

Interestingly, although this person was talking about a support worker, the term used was 'carer'. While this example might stress the principle of empowerment, from another perspective it also confirms the weak position of the worker. The limited employment rights of care assistants or support workers have recently (2008) been raised as important subjects by the local government union, Unison (Community Care 2008). Concerns related to failures to pay minimum wages, lack of statutory leave entitlements and poor employment practices were reported in the Skills for Care survey of direct payments workers (IFF Research 2008).

Two other closely allied incarnations of the support worker role confirm the fostering of independence as one of the defining features of the role. Assisting a service user to stay in their own home rather than to move to a care home or similar is a goal of both housing support and hospital at home and similar services (Shepperd *et al.* 2003). This may explain the popularity of the term support worker in the undertaking of these tasks that are so central to government targets. Given that the goal of intermediate care is the prevention of unnecessary hospital stays and the avoidance of premature or needless admissions to long-term care (Nancarrow *et al.* 2005), it has been a segment of the social care sector within which new roles have been encouraged. Support worker roles have been a specific development in intermediate

care teams spanning NHS and local authority social services. They assist in this by meeting rehabilitation needs and focusing on enablement, as well as providing personal care (Nancarrow *et al.* 2005). Their title, moreover, does not suggest that they are linked to any one sector or ancillary to any one professional.

In housing support, the Supporting People programme (in mental health) was described as a means of helping 'vulnerable people to live more independently and maintain their tenancies...to prevent problems that can often lead to hospitalisation...[and to provide for a] smooth transition to independent living for those leaving an institutionalised environment' (Office of the Deputy Prime Minister, quoted in Goldie 2004: 3). When accommodation-based support work was involved, one of the major developments of one programme was the creation of 'floating support workers' – peripatetic staff who visit tenants in their homes in order to provide support for specific tasks, but who have an office elsewhere (Fyson *et al.* 2007). A housing support project in Merseyside, for homeless people, identified a similar type of support worker which is described as a floating/resettlement worker: here, the worker offered assistance to ensure smooth transition from living in a hostel to living in independent accommodation, and continued to visit the service user thereafter (Hennessy & Grant 2006).

### **Not professionally qualified**

Support workers have conventionally been understood as being employees without professional accreditation. This was expressly part of the definition of support worker generated by a large study from the healthcare perspective (Saks *et al.* 2000), and was used as a means of differentiating this role from the others in intermediate care (Nancarrow *et al.* 2005). In a literature review relating to support staff working with people with learning disabilities, studies were identified indicating that about 75% of those staff surveyed were unqualified (Hatton & Lobban 2007). Indeed, it is a commonplace in the literature for this facet to be referred to as a positive advantage in the service being provided. Assistant practitioners in occupational therapy were valued because of their use of ordinary language and so were more accessible than their professional colleagues (Nancarrow & Mackey 2005). In the Merseyside housing support study, the absence of an overly 'professional' persona was seen as an advantage for similar reasons (Hennessy & Grant 2006).

However, there is clear evidence of concern among professionals that an education and training pathway should be formulated, particularly in relation to specific workforce programmes such as STR (Huxley *et al.* 2005). This is dealt with more fully in the section on training below. It may be noted here, though, that in the case of the social work assistants surveyed in an Economic and Social Research Council (ESRC) study, over 40% had a degree, and two-thirds of them saw themselves as being professionals in five years' time (Kessler & Bach 2006). This reveals the great difference between social work assistant roles and most support workers in adult social care and we suggest that depicting the work and post of social work assistants as support working should be done with caution. It may give a false impression of a career pathway and averaging their wages might lead to a view that wage levels for support workers are higher than the majority enjoy.

## Boundary-spanning roles

The New Types of Worker programme is a Skills for Care initiative seeking to implement role redesign in social care (Skills for Care 2008). It identified four types of new role at the evaluation of stage one (Kessler & Bach 2007), many of which were described as support workers:

- 'Co-ordinators' organised activities and networks among staff and people who use services.
- 'Specialists' focused on a particular activity or services group – this included an assistive technology support worker.
- 'Person-based roles' were involved in a MIND project that trained people to become listeners and buddies in a Supporting People with Emotional Distress programme.
- 'Boundary-spanners' worked across organisations or client groups: community support assistants delivered 'low-level' nursing and therapy tasks such as changing dressings and routine administration of medication, formerly performed by qualified health service workers, in what could be regarded as a form of job substitution.

This capacity to break across the divide between health and social care, and, as we have described to cross health, social care and housing sectors, arises frequently in the literature. An evaluation of an Accelerated Development Programme in intermediate care made it clear that the role redesign involved precisely the bridging of the health and social care gap to serve the aims of intermediate care. This would lead to more effective use of professionals' time and reduce the number of 'hand-offs' experienced, that is the number of different staff seen by each service user (Ottley *et al.* 2005). Continuity of care across sectors was also an important feature of the development of the STR role (Huxley *et al.* 2005). Again in the intermediate care field, studies of rehabilitation assistants (RAs) have described them as a type of generic support worker trained at a basic level in nursing, physiotherapy, occupational therapy and social work (Stanmore *et al.* 2006; Stanmore & Waterman 2007). An earlier report by Stanmore reinforced the point, defining an RA as:

'A multiskilled support worker who works across the traditional health and social service boundaries, within the hospital and community. He/she works alongside qualified rehabilitation professionals to deliver an integrated rehabilitation programme according to patient/client needs.' (quoted in Stanmore *et al.* 2006: 658)

True to the diverse character of the support worker profile, not all such workers necessarily have this hybrid role. It seems less likely, for example, to be the case where housing support workers are concerned, or when support workers assist carers, rather than people with a disability directly (Dack *et al.* 2006). Again, personal assistants, those who are employed by direct payments users, may undertake basic healthcare tasks as well as assist with personal care and social activities, but because of the bespoke nature of personalised care, the literature does not generalise in this regard (Flynn 2005; Ungerson 2004). Nevertheless, it was clear from one carer's comments made to this research team during the present review that, in terms of

personal assistants, the distinction between health and social care may often be seen as 'a false division'. Here, the carer's daughter relied on the assistant to perform complex tasks around personal and healthcare needs 'in order to keep her healthy...and then assisting her to access the world around her'. Another contributor stressed the blurred boundaries in this area between social care and activities of daily living. While there was, '...the bathing or whatever, you can't separate them away from people having a quality of life doing the activities that they want to do.' (Personal communication, Social Care Workforce Research Unit 2008).

#### **4. Role and tasks**

The generic character of the support worker role gives rise to a multiplicity of tasks in practice: a selection of those studies that detail these tasks is considered at the close of this section. In terms of role, the importance of being both practically helpful and emotionally supportive is particularly salient in the literature. In broad terms, this is a facet of the support worker's non-professional status. It raises, also, the issue of the vulnerability of the role to exploitation by virtue of the human ties that form outside of any strictly contractual arrangement.

##### ***Befriending and being practical***

In a study of support working with people who are homeless, Hennessy and Grant (2006) emphasize both the befriending and the practical role of the worker at a time when a service user may be changing what may have been long-term habits. Being approachable—having an informal and grounded attitude—was seen as integral to the success of the role. The absence of 'professional' characteristics was an advantage. If motivation on the part of the service user was one of the two key determinants of success, then the development of a good relationship was the other:

'[Organizing] the furniture helps you to bond a little bit with the clients in the early stages. You begin to build up a friendship, not a friendship in the strictest sense of the word. They know that we are not there to police them in the property, we are there to help them. (floating support worker).'

(Hennessy & Grant 2006: 342)

Furniture and household goods would have to be obtained, and the worker would assist in this, but the study emphasises the worth of non-judgementalism on the part of the worker—not 'policing' the property—and of being flexible according to that person's needs (Hennessy & Grant 2006).

For people with mental health problems, the practical and emotional support in relation to participation in daily life provided by Support, Time and Recovery workers was part of the programme's key goal of social inclusion. That relationship was itself a form of involvement leading to further education, training, getting and holding a job, participating in leisure activities, and dealing with personal finances

(Huxley *et al.* 2005). An account by a person with mental health problems holding an Individual Budget (Lyal 2008) reports a similar merging of social and health related aims in the activities of the support worker:

'We go out shopping together and we're working at improving my diet and getting me back to doing more walking...I was pleased to be asked what support I wanted and what was important to me.'

In an evaluation of a Supporting People programme of housing support involving adults with learning disabilities researchers found comparable stress placed on the personal aspect of the support worker-service user relationship. Here the central formal function was 'supporting people to learn, rather than providing care' (Fyson *et al.* 2007: 28). One tenant, meanwhile, when asked to describe a good support worker:

'...used terms such as 'nice', 'kind', 'helpful' and 'a friend'. In other words, from the perspective of tenants, support staff fulfilled a role that was as much about social and emotional support, as it was about the specific housing related task (such as assistance to prepare a meal, or support to pay household bills) that they were 'officially' undertaking.' (Fyson *et al.* 2007: 32)

In her study on developing the role of personal assistants, Flynn stressed the qualities required of these support workers which would feed into the role they performed. They should be communicators; empathic and sympathetic; trustworthy; and willing to go the extra mile, that is, do more hours than they were paid for (Flynn 2005). This last observation, not unique in the literature, prompts some consideration by researchers as to whether or not a support worker is open to exploitation.

### *Between friend and employee*

The issue of blurred boundaries between friendship and employment arises particularly in relation to direct payments employees, often termed personal assistants. In Stainton and Boyce's (2004) study of service user experience of this system, more than half of the 25 interviewees had known their staff prior to employing them. There was some evidence that disabled people were tapping into existing social networks to employ staff who had never worked in the sector before. Indeed, paying friends generally made service users more comfortable (Stainton & Boyce 2004).

Again, in a small study comparing personal assistants to home care workers, more than half of the service users described their relationships as 'like family' or 'friendly/professional'. Interviewees spoke of 'friendship time' provided in addition to paid care time (Leece 2006: 196-197).

At the back of these observations sits recognition of the potential value to both parties of this side of the relationship. This was the case in Leece's study (2006),

where a positive picture was drawn: respondents described how personal assistants might share their own worries with them. If the hybrid nature of the role meant they were like family, then home care workers, by contrast, observed boundaries more rigorously and were more like servants. On the other hand, there is a concern that the support worker role in direct payments may be peculiarly vulnerable to abuse in this area—that because of the blurred boundaries the employee may find themselves the subject of ‘boundless obligations’ (Glendinning *et al.*, quoted in Leece 2006: 191). Personal assistants are more likely to live close by their employer, they are relatively isolated workers, and these factors may increase the risk of this happening (Ungerson 2004).

There is growing apprehension that support workers are vulnerable when they are working on their own (Ungerson 2004; Stainton & Boyce 2004). The Skills for Care survey of direct payment users and of the people they employ, which is the most extensive survey of this form of employment, indicates that around a fifth of personal assistants say they are required to work too many hours. Of those who worked overtime (over half of the respondents) this included just less than two hours unpaid work per week (IFF Research 2008).

Where the support worker is assisting a professional in their work, then these doubts about the role are reportedly less likely to arise. Here, the characteristic position is more likely to be that of the support worker taking up the role of intermediary between professional and service user. In rehabilitation or reablement work the worker may take on an advocacy role *vis-à-vis* the user or patient and the professionals involved (Stanmore *et al.* 2006). In their analysis of assistant roles, Bach and his colleagues found that social workers generally did not find support workers to be a managerial burden precisely because they helped build relationships with clients—where there may have been a barrier between professional and service user (Bach *et al.* 2007).

### *Support worker tasks*

The nature of the tasks undertaken by support workers depends on the kind being considered, whether it be determined by the requirements and wishes of a service user employer making use of direct payments—work described by Ungerson as ‘unorganised and particular’ (quoted in Scourfield 2005: 479)—or by the prescription of the professional being assisted (Baldwin *et al.* 2003; Stanmore *et al.* 2006). This review retrieved several attempts to give full accounts of what was involved in the duties of a diversity of support workers.

The work of the **personal assistant** may involve personal care requiring hands-on contact, and assistance with household tasks such as cooking, cleaning, washing, ironing and pet care. The worker may also share in their employer’s activities and pastimes (Flynn 2005). Achieving or sustaining independent living may involve education, work, relationships and social life as well as domestic and other practical tasks. An example of the particular, tailored task would be going to the shops with a

service user who would otherwise find it difficult because the person experienced agoraphobia:

‘There are some things that I couldn’t do, like I can’t go in to a busy shopping centre ... although I would like to, but if I have got somebody with me, then I will do it, I don’t like to go to crowded places on my own. It’s just not so much for the company, but I just feel scared of what might happen to me, and I have had quite a lot of panic attacks and agoraphobia as well. So I use it for shopping and to do a new course.’ (Spandler & Vick 2006: 110)

At the same time, the same role may entail a range of basic and not so basic healthcare tasks including physiotherapy, changing dressings, giving medication and injections, performing manual bowel evacuations, giving ‘medical’ baths to people with skin conditions and providing personal care for individuals with HIV (Pickard *et al.* 2003). In one early report, support worker was the term applied to staff working for direct payments support organisations, not necessarily those working with service users directly (Clark 2001), and this use of the term has more recently resurfaced:

‘SPAEN aims to train and develop a network of peer support workers particularly in parts of Scotland where there is no access to local support organisations such as centres for independent living. These peer support workers will provide practical one-to-one assistance to disabled people who want to find out more about employing personal assistants’. (SPAEN 2008)

**Carer support workers**, aside from helping to rebuild lost or diminished social confidence and providing listening and emotional support, may introduce the carer to a support group, look after the disabled or ‘cared-for’ person while the carer takes a break, and suggest or promote coping strategies to the carer. The worker may provide moral support at a mental health tribunal, or this could be extended to advocacy on behalf of the carer and ‘cared-for’ person in communications with a care co-ordinator (Dack *et al.* 2006).

In Home Office guidance based on project evaluations (Parmar *et al.* 2005) in tackling **domestic violence**, the theme of advocacy is continued. Indeed, advocates, support workers and outreach workers are terms used interchangeably suggesting that the term ‘support’ may provide a ‘voice’ for people in vulnerable situations. This expansive version of the support worker role involved building good relationships with survivors of domestic violence, conducting risk assessments, and then liaising with partner agencies to assist women in gaining access to them as appropriate. The position required an ability not only to engage survivors in dialogue about their situation and to assist them in developing life-skills, but also to raise awareness about domestic violence in the local community, and in statutory and voluntary agencies by way of workshops (Parmar *et al.* 2005).

In **rehabilitation**, by contrast, support workers, often described as assistants, are expected to work towards patient rehabilitation goals as prescribed by professionals, assisting with the provision, fitting and safe usage of equipment, supervising and

assisting activities of daily living, and the monitoring and feedback of patient progress to professionals. They also maintain records and engage in more specific tasks, for example, the therapeutic movement of people who have had a stroke (Stanmore *et al.* 2006; Stanmore & Waterman 2007).

Attempts to generate an exhaustive list of possible tasks for support workers in **intermediate care** include those by Herbert and Painter (2003), and by Nancarrow *et al.* (2005). In a national survey of community rehabilitation (Herbert & Painter 2003) a checklist was used according to area of need. This gave rise to the following classification of tasks: personal care—mobility—domestic activities—eating, feeding and nutrition—communication—mental health—medical and nursing—psychological and emotional health—accommodation—safety—employment—personal fulfilment—financial advice—carer needs—carer services—general information (Herbert & Painter 2003). These tasks are time-limited, of course, by the nature of intermediate care, which is provided for a maximum of six weeks.

The primary aim of Nancarrow and colleagues' study of intermediate care was to provide an understanding of support workers' roles in the research's participating intermediate care teams and the structure of their employment (Nancarrow *et al.* 2005). Table 3 of their article (p 343) gives an account of roles matched with tasks. Thus, the role of meeting rehabilitation needs entailed working individually and in teams to carry out formalised, competency-based rehabilitation programmes in the patient's or user's own home. The role of personal care provision meant assisting with all aspects of patient care, for example, exercise programmes, therapeutic sessions, walks, home visits, feeding and basic wound/hygiene care. This focus on enablement or rehabilitation incorporated reablement assistance to implement a programme following specialist assessment by professional members of the team. Multidisciplinary working was the fourth role and involved working with the assessment team to ensure the support workers were implementing the care plan appropriately (Nancarrow *et al.* 2005). The locus of control is the employing organisation (NHS and Adult Services in the main), not the person using the service, in contrast to personal assistants working for people using direct payments.

The literature seeking to capture the nature of the support worker role is not generally very detailed as to workload. The Support, Time and Recovery Report was an exception in this regard: the average STR worker carried a caseload of 12-15 (a senior worker may take on fewer but more complex cases). Contact was usually two hours/week (to a maximum of 18 hours), the programme usually lasting between 18-24 months. Clearly, a support worker employed by a person directly may have a variable contract. The Skills for Care survey of direct payment workers (IFF Research 2008) provides helpful detail of work patterns and their variety.

## 5. Role clarity

The development of a generic role that lacks the rigour of a well-defined structure and that is frequently sited, in organisational terms, between service user and professional, and in sector terms between health and social care, might be a recipe for ambiguity when it comes to the question of who does what. The limited literature in this area recognises this, while presenting a mixed picture of the degree to which this is viewed as a positive thing by the workers or service users involved.

At one end of the spectrum, in a literature review considering support workers in nursing homes in the United Kingdom, Baldwin *et al.* (2003) reported that they saw their role as similar to that of the registered nurses, while the latter regarded 'basic nursing care' as the key remit of support workers. Some of the nurses felt threatened by the presence of the support workers. The authors argued that a lack of clarity about job role, lack of supervision, training and a defined career pathway might lead to poor job satisfaction and higher staff turnover among both support workers and their professional colleagues (Baldwin *et al.* 2003).

An evaluation of the introduction of an extended-role occupational therapy support worker, called an occupational therapy assistant practitioner within a single NHS Trust, found considerable overlap with the work of the occupational therapists themselves (Nancarrow & Mackey 2005). It was difficult to distinguish between roles, though there were some (ill-defined) points of difference—those in the more senior of the two posts attending more meetings, enjoying more influence on service development and a greater management role as well as taking charge of more complex cases. The occupational therapists, however, were found to lack confidence in delegating tasks, which the authors ascribed to a lack of clear career direction for qualified therapists, meaning that they were uncertain about which aspects of their job they were 'giving away'. This was experienced as a threat to the professionalism of the occupational therapist, something compounded by inadequate lines of accountability between the two, the authors arguing that the occupational therapists lacked supervisory skills (Nancarrow & Mackey 2005). A lack of infrastructural support, reflecting a lack of understanding of the new role and pressure on senior staff supervisory time, was reported in a study of recently introduced rehabilitation assistants (Stanmore *et al.* 2006). Further, both these studies commented on a loss of job satisfaction among the professionals concerned, arising from the fact that those in the ancillary role were taking over personal or face-to-face work. Indeed, where part of the appeal of the job had always been the chance to be hands-on, inadequate delegation may not have been a matter of competence so much as reluctance to give up clinical work and patient or service user contact (Nancarrow & Mackey 2005).

Other work in this area detects a more benign aspect to role overlap, though not without caveats. In an analysis of assistant roles in the public services, social services support workers (assistant social workers) experienced more role overlap than teaching assistants, and this feature was broadly regarded as a 'positive sum game': both the professional and the assistant gained from the development. In particular, social workers, themselves undertaking an increased workload, saw assistants as crucial in helping them to cope (Kessler & Bach 2006). Support workers were there to

relieve the social worker of burdensome tasks, though it was reported that as the support worker became more skilled they tended to become less available to assist the professional (Bach *et al.* 2007).

In an examination of the impact of intermediate care on the roles and role boundaries of workers involved in two teams, an admission avoidance (Rapid Response) and assisted discharge team (Hospital at Home) in South Yorkshire, practitioners were not threatened by overlapping roles, which were seen, rather, to be a benefit. Staff included physiotherapists, occupational therapists, nurses, a social worker and support workers. The therapists and nurses engaged in 'vertical substitution', delegating tasks to the support workers, but this led to flexible or dynamic role boundaries. It was reported to lead to a better use of resources since the lower cost of less-trained workers was, in effect, freeing others to undertake more specialised tasks. Centrally, at least in these two teams, staff confidence in their roles and core skills was seen to allow for such dynamism to operate. A virtuous circle was described where successful role overlap appeared to both depend on, and enhance support workers' confidence in their areas of expertise, a confidence that incorporated an awareness of their limitations. In the words of one support worker, 'You've got to be confident to say, I'm sorry, I know that Joe Bloggs could do such and such, but I can't.' (Nancarrow 2004: 148).

## **6. Training, career pathway and pay**

There is, in the literature, considerable unease about the state of training in this area, partnered by some recognition of its value where it has been successfully introduced. There is, likewise, an acknowledgement of the benefit of the development of a career pathway for some support workers, and this is a predictable finding in relation to specific programmes, such as Support, Time and Recovery. The lack of definition or job description is a concern for some commentators with regard to personal assistants, as is their typical rate of pay.

### ***Training***

The literature features several evaluations of attempts to introduce tailored programmes for support workers (for example, an Accelerated Development Programme in Ottley *et al.* 2005; New Types of Worker in Kessler & Bach 2007). Beyond these initiatives, however, the absence of a specific source of funding to finance role preparation and mentorship of support workers means that training remains *ad hoc*. In a literature review of support workers in nursing homes this was found to result in inadequate preparation and subsequent supervision (Baldwin *et al.* 2003). In the case of personal assistants, while many had qualifications and experience, training was not given a high profile by them, and relevant training opportunities were not being accessed or funded (Flynn 2005). While social work assistants were more likely to have been appraised than their peers in teaching, induction to the role was often limited (Kessler & Bach 2006).

While such induction was likewise acknowledged as being important in relation to a programme such as Support, Time and Recovery for mental health service users, one obstacle here was the problem of fit with current National Vocational Qualification (NVQ) provision. There was, too, a shortage of NVQ assessors (Huxley *et al.* 2005). Again, in relation to occupational therapy assistant practitioners, current NVQs were arguably less valuable than experience (they were insufficiently focused). Training for professional therapists in the supervision of their assistants was thought to be worth considering (Nancarrow & Mackey 2005).

Such findings reflect those made by an assessment of the readiness of 'frontline workers' in general to implement person-centred planning. It was clear that skill deficits among this group were likely to impede progress here and that there was a lack of training to enable them to adopt this approach. While some staff had a natural ability in this area, training was called for in order to address both the practical and philosophical aspects of person-centred planning (Dowling *et al.* 2006).

Such low-level credentialism (as it is termed by Ungerson 2004) has been challenged by programmes designed to improve standards and to formulate new roles in this segment of the social care workforce. Indeed, one of the defining features of the new Support, Time and Recovery worker—a feature that rescued the role from accusations of re-badging—was this emphasis on training and career progression, including the provision of an Accelerated Development Programme (Huxley *et al.* 2005). The skills development of those working in intermediate care called for training, even if this only took the form of workshops to encourage generic workers to reflect on their role (Herbert & Painter 2003). More substantive, was the one day a week psychology assistants (a role typically undertaken by graduates seeking experience in advance of applying for highly competitive clinical psychology training) spent receiving training and supervision from a consultant clinical psychologist which directly related to the clients they supported for four days a week as support workers. At the six-month point, subjects rated the experience positively as an opportunity to increase knowledge of clinical psychology theory and its application—a key drawback was that one day was seen as insufficient (McKenzie *et al.* 2005), even though this was likely to have been very costly.

An Accelerated Development Programme (ADP), expressly designed to train people to perform a more integrated role in intermediate care (across the health and social care divide), was found to benefit users, staff and organisations. In particular, teams reported, because of the training, that support workers had improved health and social care knowledge, better motivation and job satisfaction, and that there was a viable career pathway for support staff, and improved quality of care (Ottley *et al.* 2005). This was not a longitudinal study so these attributes have not been tested over time. An ADP was a *short-term* training programme: teams had to develop the infrastructure to enable sustained training by way of NVQ and foundation degrees (Ottley *et al.* 2005). These latter were said to have the virtue of being academic/job based and to counter the 'all or nothing' barrier created by full degree level qualifications. Such two-year foundation degrees were favoured in a consideration of the training needs of a hypothetical 'interprofessional practitioner' for older people (Shield *et al.* 2006). The on-the-job element of training was reflected in an analogous

international context—that of Canadian ‘community support providers’ working with people with ‘psychiatric disabilities’ (mental health problems) (Aubry *et al.* 2005). In identifying the core competencies for such workers, the majority of those competencies that were assessed as being needed pre-employment were personal attributes consistent with a person-centred approach—indeed they were arguably mostly generalisable to any job. Those to be learned on the job involved special skills specific to working with people with psychiatric difficulties. The dilemma over what is the most appropriate moment for the acquisition of knowledge and skill is indicative of the nature of the support worker role (Aubry *et al.* 2005).

Once again, the situation with personal assistants is of a different character. The reigning questions here, in what remains a problematic area, are: is training necessary? If so, who trains—the employer or another source? and, who pays (Scourfield 2005)? In the absence of any formal training for personal assistants, where employers wished it, this was often hard to access and pay for: sometimes they were trained on an informal basis by professionals, but this was very ‘hit-and-miss’. Some use was made of the Direct Payments Initiative fund, to set up formal networks based around training needs, but this is now finished (Pickard *et al.* 2003). However, Flynn found that most employers/service users wanted to play the lead role in ‘customising’ training on the job. Indeed, they were generally not keen to employ people with a social services’ employment background, which might bring with it a perceived one-size-fits-all approach (Flynn 2005). The implications of this for the personalisation agenda (HM Government 2007) need to be considered: they include helping people to think about any long-term advantages of using trained staff if social or health wellbeing outcomes are better, and the ‘trade off’ between training and its expense, and whether training leads to better quality support. Meanwhile, these concerns are beginning to be addressed by agencies such as Skills for Care (Williams 2008).

### *Career pathway and pay*

A concern connected to the availability and perceived worth of training is the degree to which the support working role is susceptible to being thought of in terms of career development in social care or as a stepping stone to the professions. In comparative terms, social work assistants were more likely to have opportunities for professional development (such as being seconded on to a social work training programme) and were more likely to be appraised and trained than teaching assistants: this, in part, reflected the different intakes and expectations that marked the two workforces (Bach *et al.* 2007). In interview, two thirds of social work assistants saw themselves as professionals in five years’ time. Just as these workers benefited from typically being allocated to a team of professionals (Kessler & Bach 2006), so those taking part in an Accelerated Development Programme in intermediate care had access to supervision of one of three kinds. They were allocated a mentor, who was often a registered practitioner; there was team supervision from members of the multidisciplinary team; or, there was the direct formal or informal supervision from their line manager (Nancarrow *et al.* 2005). Amongst the limited literature on the subject, a career pathway was seen as a benefit

for and by some non-professionally qualified groups, but even in an initiative such as Support, Time and Recovery, the picture was uneven, with some respondents complaining of a lack of clarity here (Huxley *et al.* 2005). This mixed picture of whether support working is a first step on the professional ladder is not informed by any study that has taken a longitudinal approach.

Regret for the absence of career structure is observed amongst some personal assistants (Scourfield 2005), though it is not something that is always seen as desirable by service users or all those undertaking the role, as is an absence of clarity in job descriptions. Such descriptions could be expected to vary widely, but six service user respondents, co-ordinating the work of ten personal assistants, were unable to produce any whatsoever in one study (Flynn 2005). After the initial recruitment interview with the service user employer there was no mechanism whereby the personal assistant formally agreed to undertake certain tasks (Pickard *et al.* 2003) and there is no discussion in the literature of how human resources issues are addressed and negotiated.

The literature on terms and conditions more broadly, pay for example, is sparse, possibly reflecting the fact that it is difficult to be sure that like is being compared with like. In a 2006 comparison of a small number of direct payment workers and home care workers (employed by an agency), the latter received £6.14/hour, while personal assistants received an average of £5.16/hour. In addition, the home care workers received sickness and holiday pay, compassionate leave, unsociable hours payments, guaranteed hours and paid travelling time, and access to a pension. Over half of such workers were trade union members. Personal assistants had poorer provision on all these measures, and none belonged to a trade union or had access to a pension scheme (Leece 2006). The difficulty of making comparisons was highlighted in two other studies: inconsistencies in rate of pay depended on site and service delivering the role (Huxley *et al.* 2005). The minimum payment (in 2005) to intermediate care support workers was £10,300 p.a., the maximum, £20,000 p.a., but staff in the two teams represented here were working on markedly different shift rotas (Ottley *et al.* 2005). The latest statistical analysis of the social care workforce does not break down rates of pay according to the support worker category (Eborall & Griffiths 2008) and so we are still ill-informed about the wage levels of support workers and their terms and conditions.

## **7. Worker satisfaction**

While there are some negative reports of levels of job satisfaction in support working in the literature, there are also positive accounts in the case of specific programmes, and in relative terms, where support working is compared to other kinds of work. In a literature review (Hatton & Lobban 2007) of support staff for people with learning disability or intellectual disabilities and mental health problems, 30% or more of staff reported clinically significant levels of psychological distress. However, studies identified by the same review examining support staff in the intellectual disability field reported lower levels of depersonalisation, and similar levels of emotional

exhaustion and personal accomplishment to studies of staff in social services in general (Hatton & Lobban 2007).

In a small, localised study, personal assistants, as a group, showed lower stress and higher job satisfaction than home care workers, despite apparently worse terms and conditions (Leece 2006). There may have been psychological compensations in the face of low pecuniary gain (Scourfield 2005). This was possibly because of the blurred boundary (between friend/kin and employee) often manifest in the role. In terms of work intensity, agency-employed home care workers reported rushing from service user to service user, whereas a personal assistant was more likely to be engaged by just one employer, for whom they were much more likely to do more than their contracted hours (Leece 2006). One of the features of the personal assistant position was the potential for isolation—team working and consequent peer group support were only viable for those where the employer required many hours' support from more than one assistant (Flynn 2005). Where home care workers mostly received good support from managers and colleagues, in one study, personal assistants who did not have this claimed not to miss it (Leece 2006).

In comparison with teaching assistants, social work assistants enjoyed a higher sense of enrichment in relation to distribution of tasks. Job satisfaction was above the mid point (except in relation to pay) and, again, social work assistants were generally more satisfied than teaching assistants; they also exhibited higher levels of commitment to the organisation for which they worked. These findings were tempered by the fact that on other measures social work assistants did not fare so well—in particular, teaching assistants felt more empowered than their counterparts in social care, and social work assistants registered higher levels of work pressure and less control (Bach *et al.* 2007; Kessler & Bach 2006).

In relation to specific programmes introducing new roles or implementing redesign through support working, job satisfaction was an important measure. Notwithstanding some misunderstanding of the rehabilitation assistant role (by nurses), the assistants themselves were satisfied with the role and highly committed (Stanmore *et al.* 2006). For Support, Time and Recovery workers, developing a good relationship with the service user, giving of their time to this end and helping the service user to gain independence, were valued elements of the new role, and led to high levels of satisfaction and respect deriving from their work. This rapport building was an important constituent of job satisfaction experienced by a generic worker for older people in the community (Hek *et al.* 2004). In the role redesign via an Accelerated Development Programme within intermediate care the integration of health and social care activities into one job description gave rise to better motivation and job satisfaction, and it is suggested that this was responsible for the improved recruitment and retention rates across the 50 intermediate care teams that took part in the project (Ottley *et al.* 2005).

## 8. Service user views and outcome measures

This section reflects service user views as these are reported in the literature on support workers, as well as detailing the rare occasions when that literature attempts a more objective measure of the impact of their work.

Studies of direct payments generally reveal positive reports from employers (service users), though there is anxiety surrounding recruitment. Service users were able to hire culturally competent personal assistants in one study (Clark *et al.* 2004), or simply those with whom they shared common interests (Spandler & Vick 2006); service users were more likely to be able to trust personal assistants than agency or social services staff, for example, to let them work in their home while the service user was out. Control as to timing and pattern of care was experienced as positive (Stainton & Boyce 2004).

The positive social impact of direct payments was outlined as follows: with service users often being isolated, the befriending aspect of the personal assistant role was seen as important. In this regard, personal assistants enabled service users to be less dependent on friends and family, potentially thereby lessening guilt (Spandler & Vick 2006). Alternatively, direct payments sometimes formalised existing caring relationships, which could be under strain because of a lack of monetary compensation:

‘I don’t feel so guilty about calling upon my mother to help out because I know she is being paid and that my mother can come out to me, because she is being paid direct payments and isn’t doing the other job that she was doing before.’ (Spandler & Vick 2006: 111)

Anxieties in relation to recruitment were found by Flynn (2005), giving rise to difficulties in finding people of the right calibre, and by Leece (2007), for whom the shortage of personal assistants was one of the challenges facing the direct payments system. These are reported to relate to local job markets and geography, with some evidence that in some rural areas recruitment of such staff can be more difficult (Manthorpe & Stevens 2008). Discussions of the policy may have been clearer on ends, namely choice, control and independent living, than on the means to attain those ends, namely the personal assistant market (Scourfield 2005). Assistants can be employed directly, using a third party scheme, brokered through an organisation such as a local Centre for Independent Living, or via a care agency. Reasons for recruiting difficulties included low pay; unsuitable applicants; competition from other providers; and, insufficient applicants. It is suggested that direct payments support services should maintain a register of personal assistants to ease recruitment (Scourfield 2005) and some of these are being considered in the context of the implications for such services of then having to register with the regulatory body as an employment agency (personal communication Bell Vue Resource Centre, Northumberland, 2008).

Beyond direct payments, there is also widespread satisfaction with the work of support workers. In a study of carer support workers, all but one carer felt the carer

support service to be useful or very useful. There was some evidence, also, that a carer support worker had a positive impact on the cared-for person. The authors stress the importance of the recognition that the carers felt they received, and how this increased their confidence, with a positive effect on the person whom they were supporting (Dack *et al.* 2006).

A theme arising in the literature more than once is that of time spent with the service user. Extended social contact is important in the field of rehabilitation, especially for people living at home, and in one study this extra time that was so valued also fed into continuity of care since rehabilitation assistants were able to work at weekends, unlike therapists whose contract did not appear to extend to this (Stanmore *et al.* 2006). In terms of outcomes, professionals were reported to be more confident of patient improvement at home if assistants were involved. Further, both carers and patients expressed 'overwhelming satisfaction' with the assistant role (Stanmore *et al.* 2006: 659). For those people using Support, Time and Recovery workers, the workers were described as listeners, positive, showing them respect, aiding belief in their recovery, giving them hope, having time for them, preventing illness and improving their quality of life. Again, continuity of care, across sectors, was a consequence (Huxley *et al.* 2005). Elsewhere, service users appreciated the extra time occupational therapy assistant practitioners gave them, although they did not themselves always differentiate between the assistants and the therapists (Nancarrow & Mackey 2005).

## 9. Recommendations arising from study findings

We have commented that conceptualising social work assistants as support workers may not be helpful to analysing the growing area of support work in the world of adult social care. Nonetheless, the position of social work assistants offers some useful pointers when thinking about social care and other public sector roles. Social work assistants, for example, fare better in comparisons with their peers in the teaching sector according to certain measures. It may be possible to account for this by referring to the longer history of the assistant role in social services, a different intake with different expectations, and the fact that traditionally, at least, social work has not been regulated so that there has been more room, for example, for role overlap with professionals (Bach *et al.* 2007). Social care work with adults is a fluid area, with new roles developing from diverse demands.

Nevertheless, the aggregated literature gives rise to important critiques of aspects of support working, and these cluster around the following themes: **infrastructure, training, pay, regulation** and **contractual vagueness**.

In the development of a new kind of support worker, the Support, Time and Recovery worker, the introduction of which was judged to have been overwhelmingly positive in effect, organisational **infrastructure** was deemed key to its continued success. There had to be dedicated STR managers, with attention paid to supervision arrangement and workload management. There had to be firm funding arrangements agreed with informed commissioners. Tightly focused

outcome measures that reflected goals of inclusion, integration, recovery and quality of life were also important (Huxley *et al.* 2005). In the context of redefining the support worker role in intermediate care, Ottley *et al.* (2005) stress, as a corollary of a robust infrastructural setting, the will to carry the development through. In this case, the relevant chief executives or lead directors of the statutory organisations signed a memorandum of agreement.

**Training** is widely viewed as desirable by other professionals. This was predictably the case in the development of a new role, termed support worker or similar, where there would inevitably be an expectation that attention would need to be paid to the preparation and induction of new workers (and old) with availability, structure and funding for training (Huxley *et al.* 2005; also, in relation to the redefining of a role: Ottley *et al.* 2005). More than this, if one of the roles of some support workers is their being a bridge between service user and professional in a scenario of changing or porous boundaries (the question of who does what), then training is said to increase the worker's confidence to know when they have reached the limits of their role and/or capability (Nancarrow 2004). By extension, in some instances, the support worker role may overlap so much with the professionals involved that training becomes seen as essential for health and safety, at a minimum (Nancarrow & Mackey 2005), although this may be a means to negotiate boundary incursion. Baldwin *et al.* (2003) found that amongst nursing home support workers, only 38% believed that they had received sufficient training to perform their role effectively — they needed training on job-specific tasks, not just health and safety. One further form of training may be required: where a new role is being introduced, other professionals may require training, support or education, so that they do not feel threatened and that they work effectively alongside the new workers (the case with nurses in relation to rehabilitation assistants: Stanmore *et al.* 2006). This does not appear to have happened in respect of personal assistants, who are forming a significant part of the current workforce and whose numbers are predicted to rise steeply (Eborall & Griffiths 2008).

As regards **pay**, as Leece (2006) points out, although personal assistants report higher satisfaction than home care workers this may not justify low wages. This point was reinforced by Flynn (2005). In an expert literature review of support staff for people with intellectual disabilities and mental health problems, the authors argue that pay and conditions needed to be improved because of the dangers otherwise of a distressed and burned out workforce (Hatton & Lobban 2007).

**Regulation** arises as a concern, again in the context of dynamic role boundaries. Occupational therapists are professionally accountable, yet their assistants are often doing like work but without such formal oversight (Nancarrow & Mackey 2005). Variations in support worker roles, training, salaries and management structures reinforce the fragmented nature of their employment, and have important implications for the ability to regulate such a diverse workforce (Nancarrow 2004). In relation to the personalisation agenda, Scourfield (2005) remarks on the paradox of the fact that direct payments are monitored, reviewed and audited, but the actual care or support workers themselves are neither monitored nor regulated. However, service users will be able to make checks of potential employees with the

Independent Safeguarding Authority (from 2009) and some areas currently facilitate Criminal Records Bureau checks. There is no discussion in the literature of the process and results of such efforts.

Following Scourfield's point is a concern about **contractual vagueness** in the direct payments relationship. Some argue that express job descriptions should be encouraged—where they currently exist they are often of a few lines only (Flynn 2005) but there is little evidence of what contracts work best and for whom. Not limited to people employed under direct payments, the same recommendation is made in relation to support workers working for agencies, such as carer support workers (Dack *et al.* 2006) and support workers in nursing homes (Baldwin *et al.* 2003).

## 10. Conclusion

This review of the literature on support workers in social care has shown the role to be a varied one. It includes workers involved in coherent workforce development programmes such as New Types of Worker, but also personal assistants in direct payments, a lower profile and inevitably varied group, though integral to the personalisation agenda.

Published after the search phase of this review, but of particular salience to the personalisation agenda, is the Skills for Care study of the employment aspects and workforce implications of direct payments (IFF Research 2008). Several of its findings were consonant with those reported in the present scoping study. In particular, it found that employer/service user satisfaction levels with personal assistants were high—such workers were generally found to be superior to those commissioned by local authorities. Reflecting concerns expressed in other literature, only a relatively low proportion, two fifths, of employers (500 were surveyed) had issued their assistants with formal contractual job descriptions. The majority of personal assistants (486 participated) reported finding the work enjoyable and rewarding, but at the same time, again echoing findings elsewhere in the literature, around one third felt that they were not paid enough, and around a fifth thought they were required to work too many hours. Employers were found to value personality traits over proven skills and experience in their selection process (IFF Research 2008).

The other studies retrieved by the search strategy were predominantly small-scale qualitative projects conducted by way of interview, questionnaire and/or focus group. Subject numbers (that is, number of support workers) ranged from as few as eight (in Hek *et al.* 2004 and Leece 2006, for example) to 59 assistant social workers in the case of Bach *et al.* (2007). Typically, researchers considered single projects or experience in a single local authority, although important exceptions to this rule included Clark *et al.* (2004), who examined direct payments across three local authorities, Fyson *et al.* (2007), who considered housing support across four administering authorities, and, again, Bach *et al.* (2007) who drew participants from six social services departments. Also in this group of more ambitious studies were

Huxley *et al.* (2005) who evaluated the introduction of a support worker in three of the seven pilot sites involved in the Support, Time and Recovery programme.

This scoping study identified three literature reviews (Baldwin *et al.* 2003; Dowling *et al.* 2006; and, Research in Practice for Adults 2008) in the area. Of the 36 papers included, aside from those attending to the generic support worker role, 10 concentrated on direct payments, and others focused on intermediate care and housing support. The majority of the studies collected data not only from the support workers concerned, but also service users and professionals working alongside the primary subjects.

Generalisation is difficult and some themes have emerged that do not necessarily apply to the whole category. Further research should acknowledge, for example, that while training and career development are both arguably of value to many support workers, their team and the service users in intermediate care or nursing homes, for instance, this may not be the case for personal assistants.

Having noted this, however, it would seem that at the heart of the support working role lies the fact that practical assistance in furthering service user independence is partnered with a befriending role, or at least a function wherein time is spent with the service user—time which cannot be afforded by any professional involved. This allows the worker to act as human intermediary between professional and service user, if need be, and may involve also imparting confidence or engaging in extended practical assistance. It is this element of time being available that may account for the relatively high levels of satisfaction reported among both workers and service users. The dyad of service user and support worker is important, but there may be wider issues to consider in respect of other supporters of people using services, such as carers and other members of social and support networks, including advocates and attorneys. The relationship between a person who has diminishing capacity to make decisions and a support worker has not featured in the literature.

It would appear that the main omissions in the research base are longitudinal studies that follow workers and employers in this area over time. To what extent is the support worker role seen as a stepping stone to other employment, a flexible work opportunity for people with other interests or activities, or alternatively as something more nearly 'vocational'? Are concerns about potential exploitation based on evidence and is there any evidence of mistreatment and neglect (wilful or otherwise) on the part of support workers? This raises the question of pay and conditions for support working, which are also sparsely covered in currently available research. As the role gains in importance, data of this kind will be necessary in order to optimise recruitment and retention practices in the social care sector.

## 11. Methods

This study was explicitly commissioned as a scoping study, the aims of which have been defined as:

‘The purpose of a scoping exercise is both to map a wide range of literature and to envisage where gaps and innovative approaches may lie’ ...It seeks to...’define and limit the field for the research programme’ (Ehrich *et al.* 2002: 28, 25)

Rather than a full systematic review, this study adopted this broad approach but the review was nonetheless rigorous and systematic. The particular focus of the study and the time frame employed reflected the commissioner’s interests and the need to ensure a manageable quantity of literature within the limited resources of the study.

### *Developing the search protocol*

#### **Definition**

The search strategy for the review was developed by consulting the Skills for Care National Minimum Data Set Job Roles classification (Skills for Care 2005), developing a definition of ‘support worker’ within the research team, and piloting searches on main databases.

The working definition of support worker used for the review was:

*A person who is employed on an individual basis to foster independence and provide assistance for a service user in areas of ordinary life such as communication, employment, social participation and who may take on secondary tasks in respect of advocacy, personal care and learning.*

The relevant Skills for Care job role categories were no. 8 (‘Care Worker’) and no. 9 (‘Community, Support and Outreach Work’).

#### **Inclusion and exclusion criteria**

##### Scope

- UK
- Exclude healthcare support workers
- Exclude volunteers, family members
- Exclude cases where service users are children
- Include non-professional staff in intermediate care
- Include personal assistants in direct payments (from job role category no. 8 in the Skills for Care classification)

##### Population

- Support workers working with adults

Date of publication

- 2003 –

Language

- English

Type of publication

- Journal articles
- Books/book chapters
- Grey literature

### *Executing the search and the review*

#### **Search strategy**

(“support work\*” or “social work assistant\*” or “personal assistant\*” or “direct payments”) using Keywords and Descriptors where appropriate.

#### **Databases searched**

- AgeInfo [<http://www.cpa.org.uk/ageinfo/ageinfo2.html>]
- Applied Social Sciences Index and Abstracts [CSA]
- International Bibliography of the Social Sciences [OVID]
- PsycINFO [OVID]
- Social Care Online [<http://www.scie-socialcareonline.org.uk/>]
- Social Services Abstracts [CSA]
- Sociological Abstracts [CSA]
- British Education Index [Dialog Databstar]

#### **Websites searched or browsed**

- Shaping Our Lives [<http://www.shapingourlives.org.uk/>]
- Joseph Rowntree Foundation [<http://www.jrf.org.uk/default.asp>]
- INVOLVE [<http://www.invo.org.uk/index.asp>]
- Department of Health [<http://www.dh.gov.uk/en/index.htm>]
- Economic and Social Research Council  
[<http://www.esrc.ac.uk/ESRCInfoCentre/index.aspx>]

## **Progress of search**

After the initial search, 1,131 results were entered into an EndNote database. After de-duplication and after the first sort, 112 studies were included.

During data extraction, 41 of the 112 were excluded, 36 were included (see the tabulated bibliography in this report) and a further 37 were consulted but were judged to be of marginal relevance (these are listed after the tabulated bibliography).

Following data extraction, a themes document was generated building on the data extraction tables. The review was written up using this themes document.

The search was conducted in November – December 2007. As proposed in the research protocol, consultation with people with experiences of using social care services and carers was undertaken in two ways. First, in February 2008, the subject was discussed with the Social Care Workforce Research Unit's Carers' and Users' Advisory Group (Social Care Workforce Research Unit 2008) whose members gave examples from their own experiences and who debated the varied names used in 'real life' for certain job roles. Second, a member of the Advisory Group volunteered to take an interest in the study and to assist the research team in debating the subject further. The review was written up in May – June 2008 and further literature added in October 2008.

## 12. Bibliography

### *Main studies*

Author/s	Year	Title	Source (Journal/book/organisation)	Aims & Methods	Sample size
Bach, S., Kessler, I. & Heron, P.	2007	'The consequences of assistant roles in the public services: degradation or empowerment?'	<i>Human Relations</i> , 60(9): 1267-1292.	To assess the distribution of degradation and empowerment across the professional/assistant divide with the development of the Teaching Assistant and Social Work Assistant roles, and the division of labour shifts. Mixed methods: Work-centred material used 3-item enrichment scale & a 3-item workload scale. Employment-centred material used 11-item job satisfaction scale.	192 assistants (59 in social care; 133 in education); 376 professionals (226 social workers; 150 teachers)
Baldwin, J., Cowan, D. T., Fitzpatrick, J. I., Roberts, J. D. & While, A.	2003	'The role of the support worker in nursing homes: a consideration of key issues'	<i>Journal of Nursing Management</i> , 11(6): 410-420.	The aim of this paper is to critically consider the role of the support worker in the nursing home sector and with particular reference to the United Kingdom situation. Review of the literature addressing the role of SWs in the nursing home sector: Databases: CINAHL / MEDLINE / DH / Synergy. 1989-2002	—

Clark, H., Gough, H. & Macfarlane, A.	2004	<i>'It pays dividends': Direct payments and older people,</i>	York: Joseph Rowntree Foundation	This research examined 'what works' for older people on direct payments schemes in three local authority areas. Each area has a different type of direct payments scheme and/or support service. Conducted between January 2002 and June 2003 and examined how direct payments work for older people in 3 different local authority areas.	41 older people, 5 senior managers, 11 team managers, 32 care managers, and 10 direct payments support workers: Interviews and/or discussions.
Cowan, D. T., Roberts, J. D., Fitzpatrick, J. M., While, A. E. & Baldwin, J.	2004	'The approaches to learning of support workers employed in the care home sector: an evaluation study'	<i>Nurse Education Today</i> , 24(2): 98-104.	The aim was to identify SWs' approaches to learning and to determine whether or not a preparatory six-week College-based course had any impact on these approaches. The NVQ candidates were support workers (SWs) (sometimes called care assistants) employed in United Kingdom (UK) care homes for older people.	This study examined the approaches to learning of a cohort (n = 76) of National Vocational Qualification (NVQ) Care Award candidates using the Approaches and Study Skills Inventory for Students.
Dack, W., De Travernant, A., Hook, C., Mortimer, R., O'Brien, M. & Haining, S.	2006	<i>Carer Support Workers - A Carer Evaluation of the Effectiveness of Carer Support Workers in Mental Health Services:</i>	Morpeth: Northumberland Care Trust	Aim: For carers to interview other carers to find out if the use of a carer support worker has made a difference to them in their caring role. Used semi-structured interviews.	11 carers who had used the Carer Support Worker service within the previous 6 months

Dowling, S., Manthorpe, J. & Cowley, S.	2006	<i>Person-Centred Planning in Social Care</i>	York: Joseph Rowntree Foundation.	Aim: To identify the barriers and bridges to the implementation of person-centred planning in adult social care in the UK. This was a literature review with service user involvement.	—
Flynn, M.	2005	<i>Developing the role of personal assistants - researched and compiled for OPARATE - a Skills for Care pilot project examining new and emerging roles in social care New Types of Worker Project</i>	Leeds: Skills for Care. Sheffield: University of Sheffield.	Aim: To examine how personal assistance is defined and what is currently expected of the role and its future, including an exploration of perceived training needs. By interview, then data interpretation and analysis methods. These involved making sense of what people said, noting any patterns, integrating what people said and considering the sum of this information in the larger context of other research. Themes that emerged were then checked with advisory group, 2 workshops and with everyone who contributed to the project	16 Direct Payments recipients 14 Personal Assistants

Fyson, R., Tarleton, B. & Ward, L.	2007	<i>Support for living? The impact of the Supporting People programme on housing and support for adults with learning disabilities</i>	York: Joseph Rowntree Foundation.	An examination of how the Government's Supporting People programme is affecting housing and support for people with learning disabilities in England.	Working across four diverse administering authorities, this detailed qualitative research involved 66 interviews: 31 people with learning disabilities, plus 11 support workers, and managers of support provider organisations and local Supporting People teams.
Goldie, N.	2004	<i>The Supporting People programme and mental health</i>	London: Sainsbury Centre for Mental Health.	To brief staff working in mental health services as to the significance of Supporting People and points to how they can influence its future development.	Staff in four commissioning agencies, five provider agencies (one affording access to some SUs) and other relevant stakeholders were interviewed

Hatton, C. & Lobban, F.	2007	'Staff supporting people with intellectual disabilities and mental health problems'	In: N. Bouras and G. Holt (eds.) <i>Psychiatric and behavioural disorders in intellectual and developmental disabilities (2nd ed.)</i> . pp. 388-399, New York, NY: Cambridge University Press.	Considers evidence as to staff well-being, influences on this and staff turnover, the effect of staff well-being on people with ID etc., and interventions to improve staff well-being. Expert chapter, with no methods section.	—
Hek, G., Singer, L. & Taylor, P.	2004	'Cross-boundary working: a generic worker for older people in the community',	<i>British Journal of Community Nursing</i> , 9(6): 237-244.	Evaluation of one-year pilot project introducing a health and social care trained generic worker for older people living at home. Interviews and focus groups were conducted.	5 service users 8 generic workers (kept daily activity sheet; interviewed) 9 district nursing staff 9 community support workers 1 project manager 1 home care manager
Hennessy, C. & Grant, D.	2006	'Developing a model of housing support: The evidence from Merseyside'	<i>International Journal of Consumer Studies</i> , 30(4): 337-346.	Critically examine the types of housing support available to those who were homeless and their effectiveness as methods to facilitate resettlement; to ascertain the key factors which were essential to the success of housing support. Researcher negotiated access to Service Users and Support Workers through project managers—a wide range of housing projects and support providers were approached through the area and asked to take part and interviewed.	25 service users of support services; 16 support workers

Herbert, G. & Painter, A.	2003	<i>Enabling Effective Transitions: Developing a Workforce for Intermediate Care</i>	Leeds: Nuffield Institute for Health	The development programme concerned the newly formed workforce within the intermediate care service in South Cumbria. The report gives an overview of the approaches used, the apparent impact that they had and, in particular, lessons learned and key messages arising from them.	—
Huxley, P., King, S., Evans, S., Davidson, B. & Beresford, P.	2005	<i>'No Recovery without Time and Support' (or 'More than Bowling Together'). Evaluation of the introduction of Support, Time &amp; Recovery Workers in three pilot sites</i>	London: NHS: National Institute for Mental Health in England; Social Care Workforce Research Unit, King's College London; Care Services Improvement Partnership.	Evaluates the introduction of STR workers. Participants were drawn from 3 of the 7 pilot sites established by the Changing Workforce Programme. They were interviewed and questionnaires were used. <i>Interviews were subject to framework analysis (Ritchie and Spencer 1994) or NVivo.</i>  Climate and culture forms, job satisfaction scales and QoL data were analysed in SPSS. Comparisons were made btwn team members and STR workers using appropriate parametric and non-parametric tests.	16 STR workers; 18 SUs; 24 staff (mostly managers, team leaders, and care coordinators)
Kessler, I. & Bach, S.	2006	<i>Assistant Roles and Changing Job Boundaries in the Public Services. End of Award Report</i>	ESRC-funded project 2003-2005	This research project examined three assistant roles in different parts of the public services: the teaching assistant (TA) in education, the social work assistant (SWA) in social services and the healthcare assistant (HCA) in health, by way of interview and survey.	Interviews: 40 managers; 26 professionals; 41 assistants. Survey: 59 assistants returned; 226 professionals returned. (all figs. relate to social services part of study)

					only)
Kessler, I. & Bach, S.	2007	<i>New Types of Worker Programme Stage 1 Evaluation Report</i>	Leeds: Skills for Care (SfC)	Evaluate the first phase 2003-06 of the SfC New Types of Worker programme. This evaluation drew on documentary material from the pilots, telephone interviews with project managers and follow up in a selection of these.	25 project managers
Kessler, I., Bach, S. & Heron, P.	2006	'Understanding Assistant Roles in Social Care'	<i>Work, Employment and Society</i> , 20(4): 667-685.	To explore the development of the social work assistant role in the context of the structure-agency debates (at the same time as considering a job role that would normally not be attended to in the sociology of occupations) by interview. (ESRC study)	23 Social Work Assistants 12 Social Workers 13 Service Managers
Leece, J.	2006	“It’s not like being at work”: A Study to Investigate Stress and Job Satisfaction in Employees of Direct Payment Users’	In: J. Leece and J. Bornat (eds.) <i>Developments in Direct Payments</i> , pp. 189-204, Bristol: The Policy Press.	To examine the job satisfaction and stress, and terms and conditions of direct payment employees in comparison with home care employees. Selection was by invitation; then, direct payment users and home care users matched to be as similar as possible in terms of: age, gender, disability and ethnic origin. Interview and questionnaire	8 direct payment users; 8 personal assistants; 8 home care users; 8 home care workers  32 people in total
Leece, J.	2007	'Direct payments and user-controlled support: the challenges for social care	<i>Practice</i> , 19(3): 185-198.	Paper looks at the background to direct payment and considers the challenges. Discussion paper	—

		commissioning'			
McKenzie, K., MacDonald, K. & Wilson, S.	2005	'Attracting Psychologists to Learning Disability Services: Starting with Assistants'	<i>Clinical Psychology Forum</i> , (156): 25-28.	To examine the experience of those in a split support worker/psychology assistant post after 6 months in post working with people with a learning disability Psychology assistants employed by a non-statutory organisation which supported people with a LD were issued a questionnaire.	10 psychology assistants
Morris, T.	2006	'The Role of the Mental Health Support Time Recovery Worker',	<i>Nursing Times</i> , 102(33): 23-24.	Not itself a study. Examines the role of STR worker (stage one 2003 to 2005-6, the final year of implementation) Draws on DH guidance and Huxley <i>et al.</i> evaluation	—
Nancarrow, S.	2004	'Dynamic role boundaries in intermediate care services'	<i>Journal of Interprofessional Care</i> , 18(2): 141-151.	Examined the impact of intermediate care on the roles and role boundaries of workers involved in 2 teams—an admission avoidance and assisted discharge team in South Yorkshire Intermediate care staff: including physiotherapists, occupational therapists, nurses, a social worker, and support workers from 2 teams: Rapid Response, and Hospital at Home were interviewed	26 practitioners, 10 of which were support workers
Nancarrow, S. & Mackey, H.	2005	'The introduction and evaluation of an occupational therapy assistant practitioner'	<i>Australian Occupational Therapy Journal</i> , 52(4): 293-301.	Evaluates the introduction of an extended role occupational therapy support worker, called an 'occupational therapy assistant practitioner' Purposive sampling to ensure representation from each stakeholder group—all were invited from within the North Staffs Combined Healthcare NHS Trust – to people focus groups.	Four focus groups— 1.) 5 assistant practitioners; 2.) 5 supervising occupational therapists; 3.) 4 team managers; 4.) 3 clients and carers

Nancarrow, S. A., Shuttleworth, P., Tongue, A. & Brown, L.,	2005	'Support Workers in Intermediate Care'	<i>Health &amp; Social Care in the Community</i> , 13(4): 338-344.	To provide an understanding of support workers' roles in the participating intermediate care teams and the structure of their employment; To provide data on the approximate numbers of Support Workers in intermediate care (IC) and their ratios to other staff. Questionnaires were issued to the intermediate care (IC) teams taking part in the accelerated development programme for SWs in IC, an initiative of the NHS Modernisation Agency Changing Workforce Programme	33 of the 50 services responded. (The 33 teams employed a total of 794 support workers and 386 professionally qualified staff.)
Ottley, E., Tongue, A. & McGill, M.	2005	'Redefining the role of support workers in intermediate care: key findings from a national project'	<i>Journal of Integrated Care</i> , 13(1): 28-34.	Analyse the effect of Accelerated Development Programme – with the aim of role redesign – on support staff working in intermediate care services in England – the authors are part of the <i>Changing Workforce Programme</i> of the NHS Modernisation Agency. Intermediate care teams across England were invited to participate – involving questionnaires and monthly reports	Of 105 expressions of interest, 50 teams were chosen to take part – based on strict criteria

Parmar, A., Sampson, A. & Diamond, A.	2005	<i>Tackling domestic violence: providing advocacy and support to survivors from black and other minority ethnic communities</i>	London: Home Office	To provide concise guidance to those practitioners who work directly with female victims of domestic violence who are from Black and other minority ethnic communities 3 multi-agency victim-focused projects as part of Crime Reduction Programme, and Violence Against Women Initiative.	Based on interviews in evaluations of projects (no detail given)
Pickard, S., Jacobs, S. & Kirk, S.	2003	'Challenging professional roles: lay carers' involvement in health care in the community'	<i>Social policy and administration</i> , 37(1): 82-96.	Aim: to look across a range of different contexts in exploring the interfaces between lay and professional carers and, in addition, to compare and contrast the experience of paid lay carers with family carers. The study is a comparison of 3 completed projects: 1. older carers of older people 2. parent carers of tech-dependent children 3. home-care workers or PAs involved in Direct Payments funded work	—
Research in Practice for Adults	2008	<i>Evidence cluster: generic worker roles in health and social care</i>	<a href="http://www.ripfa.org.uk/evidenceclusters/displayCLUSTER8.asp?catID=6&amp;subcat=1">http://www.ripfa.org.uk/evidenceclusters/displayCLUSTER8.asp?catID=6&amp;subcat=1</a>	Aim: to learn more about the impact of these roles and the best way to provide them. Review of the literature [published after the end of the literature search, but included]	—

Scourfield, P.	2005	'Implementing the Community Care (Direct Payments) Act - will the supply of personal assistants meet the demand and at what price?'	<i>Journal of Social Policy</i> , 34(3): 469-488.	What issues surround the hiring of Personal Assistants in a time of greater take-up of DP? Discussion paper	—
Shield, F., Enderby, P. & Nancarrow, S.	2006	'Stakeholder Views of the Training Needs of an Inter-professional Practitioner Who Works with Older People'	<i>Nurse Education Today</i> , 26(5): 367-376.	Examine the education and training requirements of an interprofessional practitioner for older people Service providers; service users of a community rehabilitation team; focus group with carers were surveyed	95/150 service providers returned questionnaires 24 service users 22 Carers
Spandler, H. & Vick, N.	2006	'Opportunities for independent living using direct payments in mental health',	<i>Health &amp; Social Care in the Community</i> , 14(2): 107-115.	To evaluate a national pilot project launched in Feb 2001 to promote independent living through the implementation of DP for people experiencing mental distress. All SUs who were actively using DP during the pilot were invited to take part in interviews.	27 (47% of total numbers who took up the option of DP during pilot) DP recipients within 5 local authorities.

Stainton, T. & Boyce, S.	2004	‘I have got my life back’: users’ experience of direct payments’	<i>Disability and Society</i> , 19(5): 443-454.	Reports on a two-year evaluation of 2 Direct Payments schemes in Wales. People involved in the first and most fully developed schemes in Wales were interviewed.	25 responses from SUs 88 responses from Social work teams
Stanmore, E., Ormrod, S. & Waterman, H.	2006	‘New roles in rehabilitation-- The implications for nurses and other professionals’	<i>Journal of Evaluation in Clinical Practice</i> , 12(6): 656-664	To evaluate the impact of introducing Rehabilitation Assistants (RAs) in health and social services in one region in the north-west, covering the viewpoints of associated professionals, the RA-trained staff and patients. Purposive sample to cover the range of organizational settings. – managers and professionals on basis of involvement with RA scheme – RA sample on basis of those who had completed training; those actively working in new role; those who had completed the training but were not yet active in role. – patients had at least 2-3 weeks experience of RA treatment and care (Observation and interview)	15 RAs 26 professionals (9 managers, 5 ward nurses, 3 community Primary Care Trust nurses, 3 ward occupational therapists, 3 community occupational therapists, 1 ward physiotherapist and 2 community physiotherapists) 14 patients

Stanmore, E. & Waterman, H.	2007	'Crossing professional and organizational boundaries: The implementation of generic rehabilitation assistants within three organizations in the northwest of England'	<i>Disability and Rehabilitation: An International, Multidisciplinary Journal</i> , 29(9): 751-759.	<ul style="list-style-type: none"> <li>– to examine the role of RA and how it differs within the various locations and organizations</li> <li>– to evaluate the impact of the role on job satisfaction, retention and careers for the RAs and associated therapists and nurses</li> <li>– to examine the acceptability and integration of the role within these different areas from the perspectives of associated therapists, nurses and managers</li> </ul> (Interview, observation and scrutiny of documentation – RAs included – those who had completed training and were actively working in the new role and those who had completed the training but had not yet become fully operational; <ul style="list-style-type: none"> <li>– Therapists, nurses and managers who were involved in project</li> <li>– Patients were a convenience sample who had received at least 2 weeks' assistance from RAs</li> </ul>	55 interviews were conducted (as above)
Ungerson, C.	2003	'Commodified care work in European labour markets',	<i>European Societies</i> , 5(4): 377-396.	Assess the impact on labour market of cash for care schemes Elderly care users; care givers were interviewed	c. 10 elderly care users in each country c. 20 cash for care employees in each country

Ungerson, C.	2004	'Whose empowerment and independence? A Cross-national perspective on 'cash for care' schemes'	<i>Ageing &amp; Society</i> , 24(2): 189-212.	To consider the concepts of empowerment and independence in relation to both care-users and care-givers (across 5 European countries) Care-givers/workers were selected via elderly care users and interviewed.	20 cash for care employees in each country (as above)
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