
Interviews with Care Workers

INTERVIEWS

Interview with a Physiotherapist

My work is done at the hospital. I start at 9 a.m. and usually work until 5.30 p.m. I start the day by planning and selecting the exercises for each client that I am to see during the day. After each session with a client I write up brief notes about what exercises we have done and how well they were achieved. At the end of the day I write up my records in detail on the computer so that they can be easily referenced. No-one can access these records unless they have the correct password.

In order to be a physiotherapist I had to obtain a degree and a post graduate qualification. My post graduate qualification is in Remedial Gymnastics.

My work is quite varied depending on the needs of the client. I use exercise, heat and massage to help improve and strengthen clients' movements and muscles. I try to encourage independence in clients by encouraging them to meet targets. I hope the treatment I am able to give will improve the quality of their lives. I explain to the clients what the exercise will do to help them. When telling them about the exercise I have to make sure they have understood the instructions, so I make sure that I speak at an appropriate pace and use vocabulary that they understand. I also have to be sensitive about the cultural needs of the client. I make sure that appointments are not made when it is a person's prayer time for example. A Physiotherapist needs to have effective communication skills so that they build a trusting relationship with the client.

The actual physiotherapy appointments start at 10 a.m. Sometimes I will have two or three clients at the same time. These clients may have similar needs, for example, recovering from a broken leg or arm. Clients sometimes say they do not want to join in the exercises. When this happens I have to make sure that I maintain their rights. I try to be cheerful and give them information about how the exercises will help. Then I let them make the choice about what they want to do.

A session will last for about an hour, so I have two sessions between 10 a.m. and 11 a.m. After that I will visit one of the wards and do some shorter sessions with clients who are confined to bed. These usually last for about 15 minutes for each client. I try to help people who have had back operations or serious accidents. I often give some massage treatment but I have to be sure that I have the client's consent and that they are told about the advantages and disadvantages of any treatment.

Lunch is from 1 p.m. to 2 p.m. After lunch I spend three quarters of an hour with clients on the maternity ward. Most women will want to join in the exercises in order to get their figure back. We do exercises that will strengthen the pelvic muscles and bladder. I have to make sure that I maintain the client's dignity, particularly those who have had a caesarean delivery.

After this session I go back to group or individual exercises with clients who are outpatients.

One session is usually for older people. It is important to be cheerful in my work as this will encourage clients. At about 4.45 p.m. I generally do the typing up of records and preparation for the next day.

Interview with a Nursery Nurse working in a Nursery

My main job role is to take responsibility for children at the nursery. We take children from two to five years of age. This means that we have to change them, wash, and feed them as well as supervising their play. We have story time and a sing along as well as lots of creative activities for the children to do.

I have an NVQ in Child Care at Level 3 besides having a nursery nurse qualification. I got my NVQ while doing this job.

I start work around 8.30 a.m. and work through until 5 p.m. Most of the children stay with us for the whole day, but some leave at lunch time while others join us. Most of their parents are at work and we look after the children while they are away. We have to be quite sure that we know what each individual child is allowed to do or eat. We also have to be sure that we have a contact number for the parents in case of an emergency.

The children's names and family records are kept on computer, but only two of us have access to the information.

When I arrive at 8 a.m. we have a short staff meeting to sort out who is taking responsibility for various activities during the day. The younger children are cared for in another room as the older children are too boisterous for them. I am going to concentrate on the day for the three to five year olds as these are the children I directly supervise.

After the staff meeting we get out all the equipment and activities ready for when the children arrive. The first come in at about 8.30 a.m. and the last arrives around 9 a.m.

We greet each child individually and make sure we have asked the parent about any special things that have happened or they want us to do. It is very important that we make sure the parents' wishes are followed and that we establish trusting relationships with the parents. As the children arrive, a register is kept so that we know exactly which children are in the building. The parents know that they must actually hand the child to a member of staff and not just leave them to play.

Each helper looks after three children if they are over three years old, but those who look after the children who are between two and three years only have two children to care for. This is because they are more dependent.

At 9.30 a.m. the three to five year olds all join together for 'Start of the day'. I lead this and we all greet one another. We have to make sure that the cultural needs of each child are observed when we are greeting one another. We have different poems and short sayings read out each day during the greeting. This session usually lasts for fifteen minutes.

We then divide into groups for the different activities. Some children will paint, some will stick and glue, some will colour. Each helper supervises an activity. We make sure there are lots of different materials, from a range of cultures, for the children to use.

At 11 a.m. there is a drinks break. The children sit in a circle and have a drink and a piece of fruit.

At 11.15 a.m. we have 'story time'. This is led by one of the staff but the children join in and take part in the actions or mime.

Before lunch we have 'large activity' which means the slide and trampoline are brought out and all the large tractors and cars. The children can go outside if they wish. Sometimes we organise a walk to the park to find things for the 'interest table'.

The children love the dressing up corner and the home corner. We provide toys that would be used by people from different cultures so that the children can learn about other ways of living and dressing.

After lunch the children lie down on their mats for rest time. Quiet music is played to help them relax. Each day a tune from a different culture is played. We try to be sensitive to the needs of all children whatever their race, creed or colour.

The children can choose which activity table they sit at in the afternoon. Some activities are different from those provided in the morning. Sometimes we have some cooking or papier mache work for the older ones.

Around 4 p.m. we have a sing along for five minutes before the free play that ends the day. Parents arrive at different times but the staff try to communicate with each one as they arrive to give them information about how their child has coped. If we are doing a special activity we will give an information leaflet to the parent a few days before the event. This leaflet has information in three languages so that the parents can understand exactly what we are planning to do. For some, English is not their first language, and we think the information should be available to all the parents who use the nursery.

At the end of the day all the equipment has to be packed away as the hall is used by different groups in the evening.

I enjoy working with the children. It is very satisfying to watch them develop and become more independent and confident.

Interview with a Care Assistant working in a Residential Home:

My day starts at 7 a.m. giving the residents a cup of tea and their medication, while they are still in bed is my first task.

Next I help get the residents out of bed, then wash and dress them. I always ask them if they would like help with washing. If I am helping, I make sure I ask them which parts they would like me to wash first, for example, hands or face. I always tell them what I am about to do so that they are not surprised or frightened. When they are washed I open the wardrobe and ask them what they would like to wear. I think it is important that they are given a choice. I have to get three residents up each morning. I get to know these people very well and we often have a laugh about the different things that happen in the home.

When they are dressed I take the residents to the dining room for breakfast. This is served between 8.30 a.m. and 9.30 a.m. I ask each one what they would like but I make sure they know what choices they have first. One resident needs feeding. I ask her what she would like to eat first and tell her what I have on the spoon. The feeding takes some time as the resident cannot swallow very quickly. I try to make sure the feeding maintains the client's dignity, by not spilling food down her chin or on her clothes.

When clients request, I take them to the toilet. I make sure that the door is not left wide open and stand where I can hear them calling but give them enough space to maintain their dignity. When the residents are settled in the lounge, this is usually by 10 a.m., I help to clear the table. Then I tidy the residents' rooms ready for the domestic staff to clean. Some residents like me to read the morning paper to them, or help them to write a letter. One lady likes knitting, but she is always dropping stitches and cannot pick them up, so I help with this. The morning seems to go quite quickly.

Lunch is served at 12.30 p.m. Before this, I lay the tables and help to get the residents seated. They choose their menu the day before so I help to bring in the food and then I feed the resident who needs help.

Once lunch is over I help the residents back to the lounge, but some go back to their rooms for a 'nap'. I have my lunch at this time.

In the afternoon, I might take one or two residents for a walk around the garden. If it is wet we play cards. They like Whist. On other occasions, we play Scrabble or Snakes and Ladders. Saturday afternoon is always a bingo session for those that want to join in.

Tea is served at 5 p.m., but I go off duty at this time. I have to hand over to another care assistant. When doing this I have to make sure that I go through the notes that I have made during the day so that the person taking over knows exactly what has happened.

I am taking my NVQ in Care while I am working. I go to college for one day each week. Before I worked at the residential home I took a VCE in Health and Social Care at the college.

THE CARE VALUES

The care value base is particularly important in care work, it is derived from ideas about human rights and is informed by the rights granted in UK legislation. The care value base is a way of putting rights into practice.

The care value base has three component parts:

- fostering people's rights and responsibilities;
- fostering equality and diversity;
- maintaining confidentiality.

It is a statement of the values that underpin practice.

Fostering/promoting people's rights and responsibilities

The rights of individuals include:

- the right to be different;
- freedom from discrimination;
- confidentiality;
- choice;
- dignity;
- effective communication;
- safety and security.

Fostering/promoting equality and diversity

This includes:

- understanding prejudice, stereotyping, labelling and their effects;
- understanding the values and benefits of diversity;
- understanding the basis of discrimination, such as gender, race, age, sexuality, disability or social class;
- understanding own beliefs, assumptions and prejudices.

Maintaining confidentiality

Confidentiality is important for building trust between clients and carer and for protecting the safety of the client.

This includes the legal framework of:

- Data Protection Acts of 1984 and 1998;
- Access to Personal Files Act 1987.