

Helpcare Project

Report on Research with Care workers, Care Users and Commissioners of Care

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Erasmus+

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Pathways to the Future for Health and Social Care

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Report on WP4 results' analysis

Abstract

This report details the findings of the HELPCARE project, an Erasmus + funded, 3 year strategic partnership aiming to develop and transfer innovative practices in education for the qualification and professionalization of health and social care workers. The headline findings of the research stage of our project are that care workers are often not able to access training and have a significant training shortfall with over 400 training needs identified, they suffer low self-esteem and high burn-out rates, particularly where working full-time. In some settings carers receive little or no training before commencing work as a carer, this is particularly the case with informal carers. Examples of excellent practice were also identified, but these are poorly shared or are the result of short-term interventions or pilot projects, which then end. Care work is seen as an unattractive career option, a 'last resort' and often people recruited do not have the soft skills or empathy needed for this demanding and important role. Turnover rates in care are as high as 25% per year which further adds to the problems of the sector.

Recommendations

1. Training needs to be formalised, with national or EU-wide validation of qualifications and a suite of qualifications from level 1 (entry level) to level 6 (degree level)
2. Inspection needs to be more effective especially for domiciliary care and should focus more on training and development, staff retention and management of care alongside care standards
3. All professional care givers should be registered as an absolute minimum (similar to registered child minder status in the UK)
4. Need for a degree-level qualification in care to match the UK Early-years Practitioner status
 - a. This should be coupled to a requirement for care providers employing more than five staff to have one degree-level practitioner
5. There should be training for specialist care practitioners (stroke, dementia, etc), with a pay premium for specialist care practitioners
 - a. This would enable progression for care workers from entry level to specialist level

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- b. This would help raise the status of care workers to that of other health care workers such as Health Care Assistants in hospitals and may be accompanied by changing the role title to something more reflective of the responsibility, such as care practitioner.
6. All care providers should have a specified person responsible for training and development of staff and a programme of CPD that staff undertake in working time
7. The issue of migrant workers in care needs addressing across the EU, there are implications for modern slavery in some countries, and structural issues in others
 - a. The UK faces a particular problem with Brexit – around 84,000 care workers (about 5%) are from the European Economic Area, in London around 10% of carers are from the EEA.
8. Training and development should include a focus on soft skills, compassion, dignity and ethical practice
9. There should be a formalised procedure for whistle blowing, carers are frightened to report abuse and fear for their job if they make a complaint.
10. Models of good practice such as Hertfordshire, Devon County Council, Buurtzorg Model (Netherlands), should be explored and implemented.
11. Integration of health and care services is essential
12. The role of emotional stress in retention of care workers should be recognized by employers, currently there is a 20-25% annual turnover rate amongst staff
13. Informal carers need identifying and need access to training and support
 - a. Informal care (provided by family and friends in some countries, but by unregistered labour in the illegal economy in others) is increasingly a significant part of the care workforce. Currently there is no systematic attempt to quantify how much informal care is taking place and there is no mechanism for providing support or training for informal carers. We recommend that informal carework needs recognition, training and support in order that this type of care is as effective as possible. This will enable informal carers (family and friends) to maintain this role alongside other responsibilities without burning out, and for those carers in the illegal economy to move into properly regulated care work.
14. Although funding is not part of the remit of Helpcare it is clear that care is chronically underfunded and that the shortfall in funding underpins many of the problems in commissioning care, recruiting and retaining staff and in staff training and development. We recommend that all EU countries establish a task force for care with a remit to consider the full



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integration of health and social care including commissioning structures, funding, training and development.

Introduction

The Helpcare project aims to improve the training, recruitment and retention of care workers across the EU. In order to achieve this aim the EU Erasmus+ funded project has worked with carers, employers, commissioners and educators to explore the barriers to care work, the issues around career progression, the need for training and development of care workers and the role of informal carers in managing the aging population of Europe. This report aims to summarize the findings from the research undertaken in the context of WP4 for the HelpCare project. The objectives of this research were i) to illustrate the current state of long term care from the point of view of formal and informal caregivers in participating European countries (UK, Poland, Bulgaria, Italy, Greece), and ii) to identify their training and career development needs. More than 650 caregivers participated in this research, providing information about burn out and motivation, loyalty in the profession, skills needed for being an effective caregiver, current training needs, working conditions and opportunities for career development. This helped us identify shortcomings and deficits that prevent care to be provided efficiently and to an adequately professional level, in order to ensure quality of service for the care recipients, and professional motivation for care givers. It is important to note that the term 'informal carer' usually refers to a family member or friend providing care without pay but is equally likely to mean a person paid for providing care but working in the informal economy. It is estimated that in Italy for example, 80% of care work is within this informal economy.

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II. Procedure and findings

The methodology included [DESKTOP RESEARCH](#), distribution of [QUESTIONNAIRES](#) to 550 caregivers, [STRUCTURED INTERVIEWS](#) of 100 caregivers and of 20 individuals receiving long-term care, as well as 5 [KETSU WORKSHOPS](#) undertaken with 20 caregivers.

Most caregivers that filled a questionnaire were females (88%), with an average age of 41.14 (SD = 14.21, Range = 16-86), Caucasian (98%) and worked full time (73%). Only a few participants had level 1 education, whereas 15% had achieved level 2 qualifications while 23% were qualified to level 3. Our sample included carers who only had vocational education (30%), but a significant proportion had received higher education (20%) with the Greek cohort the most likely to have higher education. Most caregivers interviewed were females (90%), with an average age of 44, most were natives of the country in which they worked (96%), were formal (paid) care givers (79%), of which 66% had at least a minimum of nursing education.

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Profile of Carers (questionnaires)

Country	N	Age <i>M.</i> , (SD)	Age Range	Gender (F)	Ethnicity	Full time ¹	Work hours <i>M.</i> , (SD)
Bulgaria	100	47.67, (13.09)	21-73	92%	97% Caucasian	94%	8.4 (2.4)
Greece	100	40.33, (8.60)	22-66	73%	100% Caucasian	91%	7.6 (1.7)
Italy	100	46.19, (10.64)	25-67	92%	94% Caucasian	54%	6.9 (4.2)
Poland	121	47.84, (11.66)	20-86	93%	100% Caucasian	97%	8.9 (2.5)
UK	129	27.08 (12.77)	16-77	88%	97% Caucasian	39% ²	8.1 (3.8)
	550	41.14 (14.21)	16-86	58%	98% Caucasian	73%	8.0 (3.15)

¹ Employment, ² Other 22.6%, Over 90% in each country employed

Education (%)	Bulgaria	Greece	Italy	Poland	UK	%	N
Higher	50	15	20	16	12	21	113
Vocational	14	64	11	74	6	18	168
Level 3	29	9	29	-	61	43	128
Level 2	7	11	39	11	16	14	84
Level 1	-	1	-	-	3	3	4

Profile of Carers (interview matrices)

Country	N	Age	Nursing Education	Gender (F)	Immigrants	Formal	Work hours <i>per day</i>
Bulgaria	20	42.65	75%	100%	0%	80%	8.4
Greece	20	41.75	75%	55%	0%	95%	7.6
Italy	20	50.80	70%	100%	10%	75%	4.3
Poland	20	48.95	35%	95%	0%	80%	7.0
UK	20	36.25	75%	100%	10%	65%	6.5
	100	44.08	66%	90%	4%	79%	6.7

Quantitative study

The findings of the questionnaire indicate that burnout scores seem to be higher in those of full time employment and less in those of part-time employment. Being employed part-time had a beneficial effect in emotional exhaustion as well. This may be because workload, as well as interpersonal conflict seems to be less in those working part-time. In addition, part-time caregivers seem to be more motivated in doing their work because of the inherent joy that it brings to them. Regards caregivers' intentions to make a genuine effort to find a new job with another employer within the next year, most (45%) answered not at all likely or somewhat likely (36%).

Taking everything into consideration, how likely is it you will make a genuine effort to find a new job with another employer within the next year?

%	Not at all likely	Somewhat likely	Very likely
UK	46	36	17
Bulgaria	37.5	50	12.5
Poland	45	33	22
Italia	48	36	15
Greece	46	31	23
Total	45	36	18

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Regards the training needs of caregivers, the participants ($N = 550$) reported 498 different Training Needs (TN). These items were grouped together in categories and subcategories, and the most frequently reported training needs were:

- *Nursing and Medical skills* reported 491 times, comprising mainly from *nursing certain conditions* (91), *manual handling* (70) and *first aid* (69), followed by *general nursing skills* (51) and *safe dispensing of medication* (36)
- *Psychology and Soft skills* reported 185 times, comprising mainly from *General Knowledge of Psychology* (38), *Providing Support through Counselling* (31), *Emotion Regulation* (37), and *Communication Skills* (41). In the forced choice questionnaire, the participants reported lacking in soft skills, such a stress management and the management of emotions (both one's own emotions, as well as those of others).

Qualitative study

The Findings from the interviews taken from caregivers indicate that:

- Most caregivers feel that their role is being valued by society, though a quarter feel their role is not appreciated. Many caregivers make a distinction between care recipients, family, organization/employer, and society, claiming that their role may be valued by people belonging in one of the categories but not from the others. Some caregivers also mentioned that they are treated as second-class workers.
QUOTE: "CARE IS UNDERVALUED BY THE GENERAL PUBLIC AND THE LOCAL AUTHORITIES".
QUOTE: "WHEN PEOPLE ASK WHAT I DO I FEEL ASHAMED TO SAY I AM A CARER"
- The vast majority of the Polish caregivers interviewed feel that their job is poorly paid. The same accounts for a quarter of the UK and the Bulgarian participants. Caregiving is described as a physically hard work that involves risk of contracting diseases or receiving injury (such as back problems). Difficulties in work-life balance are often reported.
QUOTE: "GIVING CARE HAS BEEN A LARGE COMMITMENT ... AND HAS DECREASED HER AND HER HUSBAND'S FLEXIBILITY AND CAN MAKE HER FEEL PRESSURED AT WORK AND HOME."
- A very limited number of the participants in the UK, Italy and Bulgaria foresee any developments in their career as caregivers. In Greece 25% of caregivers saw potential for career development. The evidence shows clearly that caregivers are pessimistic about their development in the future. In Italy for example, the main goal for many caregivers is to get a full-time job in the legitimate economy, whereas in Bulgaria the wish is simply to retain existing employment.
QUOTE: "IN THE NEXT YEARS, SHE IMAGINES HERSELF DOING THIS JOB BUT REGULARLY, WORKING AS A REGULAR EMPLOYEE."
- The positive side of care work came through in our work. The most commonly reported benefits were; having the opportunity to offer help to others, seeing others getting better or improving the quality of life of others, receiving patients' gratitude, having the feeling of doing something important (or the job you love). A quarter of the participants in each country (with the exception of the Polish participants) said that the social aspect of the role (being around with people, talking with them, receiving life lessons from them) is also one positive aspect.

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- The negative aspects of the role according to the participants are that it is emotionally draining, as it involves dealing with their emotions, those of their patients, as well as those of their patients' families. In addition, many have to deal with intense stress, aggression (from patients), and depression.

QUOTE: "THE POSITIVE SIDE OF THE PROFESSION IS THE CONTRIBUTION TO HEALING, ESPECIALLY IF EVERYTHING GOES WELL... THE NEGATIVE ONES ARE THE PSYCHOLOGICAL BURDEN, THE WORKING HOURS, AND THE BODILY STRAIN"

- For many participants, lack of support from the state and the shortages in resources were cited as the major challenges in their profession

QUOTE: "I FOUND THE SITUATION VERY DIFFICULT BECAUSE I RECEIVE VERY LITTLE SUPPORT FROM THE GOVERNMENT AND ALSO I HAVE RECEIVED VERY LITTLE TRAINING IN BASIC CARE AND DEALING WITH DEMENTIA"

- Caregivers feel that personal characteristics and soft skills, such as empathy, emotional intelligence, a positive attitude and conscientious character, patience, loving the job you do, and good communication skills, are the most vital skills needed to be an effective care worker. The frequency with which the aforementioned skills and characteristics were reported outnumbers those of good education and training in a great degree.

QUOTE: "THE MOST IMPORTANT SKILLS FOR AN EFFECTIVE CARES IS GOOD WILLINGNESS, THE DESIRE TO HELP, BEING CALM, PERSISTENCE AND PATIENCE, AND CONSISTENCY."

- Most caregivers believe that caregiving skills can be developed through a combination of education and training, however many seem to value work experience more. This suggests that work-based learning is the most effective approach to developing a professionalised care workforce.
- Many caregivers acquired their skills through a combination of education and work experience, however, an equal number reported to have acquired their skills only from work-experience or informally (e.g., asking friends, doctors, searching the internet)
- The training needs of the participants seem to be general nursing skills, manual handling, first aid, as well as the management of emotions and stress.

User / Commissioner reports

The user commissioner reports were conducted from each partner, using information regards the role of regulation, qualifications, issues of cost, impacts of immigrant workers, on users of health and social care. This information derived from desktop research, structured interviews of caregivers as well as care recipients, and a range of interactions with commissioners of health and social care including members of our advisory board, interviews and meetings.

The findings indicate that caregiving as a profession and as a service is not well regulated, with some good practice such as the introduction of the UK Care Certificate, but unfortunately, where there are good intentions in regulation and qualification, it has not been well-thought-through by government and as a result does not work as intended. For example, the UK Care Certificate is employer led and not externally validated, so it is not a portable qualification, even though portability was the

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intention of the government. In Bulgaria a very thorough set of qualifications exist for carers but take up of this qualification is extremely low, with fewer than 500 carers in the country qualified to date. Although sets of legislations that frame the qualifications of caregivers exist in each partner country, they are poorly implemented. As a consequence, many unskilled caregivers are employed formally in many caregiving structures, or informally in the informal economy. Turning to paid, informal caregivers for covering long-term care needs seems to be an action that, for many, is driven by the increased cost of long-term care.

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In all partner countries formal long-term care structures cover only a limited proportion of the actual needs in care. The cost of care provided by official state structures, or by local municipalities is usually covered fully or partially by the welfare system. Although such care is affordable, only a certain number of individuals can become users of such services, as the capacity of these caregiving structures is limited. In addition, such services are subjected to budget cuts, which create many shortages in material and leads to brief sessions or visits, and in curtailed care services. This is one factor that creates an overload in the number of care recipients allocated per caregiver. The private sector is covering some of these deficits, though it is a costly solution, inaccessible for many care recipients that have a lower income. In addition, it seems that many caregiving structures in the private sector aim actively to restrain the cost of caregiving, leading many to limit the time allocated per care recipient, thus leading to similar care giving deficits evident in state structures.

Formal and informal caregivers report the need for a continuous evaluation of caregiving services, including both the skills of caregivers, as well as the structures that provide care. They also state the need for a more thorough education, as many caregivers and employers rely on the on-the-go training that responds to an immediate need rather than planned programmes of staff development. For informal caregivers, there is almost a complete absence of training opportunities or support although informal support groups or support from the third sector may be available to some. This places informal care givers in a disadvantaged position that adds to their emotional and physical burden.

Formal caregivers describe their profession as being a “hard job” that is poorly paid (with some exceptions). Caregivers feel the nature of their working duties is acknowledged as important, however, the nature of their employment and their working conditions take their toll. They note that this profession does not enjoy a respectful status among other professions and the prospects of career development are poor. A professional carer said, ‘I feel ashamed to tell people that I am a carer even though I know in my heart that the work I do is really important and I make a difference to the lives of people’.

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Conclusion

The findings presented above indicate that the quality of care provided to date is compromised by many factors. For example, quality long-term care seems to be hardly accessible to many in need of such services, due to its cost or due to the limited capacity of structures that provide affordable care services. In many instances, long-term care is characterized by shortages in resources, translated in limited time allocated per care recipient, or shortages in material that support caregivers' work. In addition, inadequate education and training is evident both in formal and informal care.

Although the shortcomings on caregiving provided by the state and the private sector provide fertile ground where informal care can grow further, most countries do not provide training opportunities to informal caregivers whether paid or unpaid. Even for those that have received training however (both formal and informal caregivers), there is a need for better education and training in communication, team work, basic nursing and first aid skills, manual handling, and safe dispensing of medication. Among caregivers, the need for training need in soft skills, such as emotion regulation, stress management, counseling skills, and communication skills is striking. In addition, the findings of this research point to a need for continuous education that is planned and structured to support the needs of caregivers and recipients in certain condition (e.g., dementia).

Formal education and training are seen by carers, care recipients and commissioners to be important in order to have qualified caregivers with a necessary set of skills, to raise the status of care work and to help develop a recognized career pathway for care work. Caregivers however, placed much more importance in personality characteristics, such as being someone with empathy, emotional intelligence, a positive attitude and consciousness, patience, and good communication skills. This aspect of caregiving may be widely overlooked today in recruiting, although it may carry great implications.

Having more skilful and effective caregivers is an important goal, in order to cover the upcoming demands on long-term care resulting from the ageing population. However, such a career prospect seems not to be appealing to date. Caregivers described their profession as physically and emotionally challenging, without public acknowledgement and respect, while financially, they feel to be compensated poorly. Lastly, their career development prospects are poor, both for those that are formally employed, as well as for those that assumed a caring role informally and consider moving into care work officially. For many, choosing a career as caregivers is "the last resort to avoid unemployment". For many, what are rewarding are the good outcomes of their work and the gratitude that they receive from their patients. As some caregivers said "you got to love this job in order to do it right, and in order to stay in the job".

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