Policy Briefing - Helpcare Project: Pathways to Professionalization for Care workers

# Background to Project

The Helpcare Project was funded by the European Union Erasmus + funding stream and took place in the UK, Greece, Italy, Bulgaria and Poland, ending in August 2017. The headline findings 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 and care work is seen as a career of last-resort. In some settings carers receive little or no training before commencing work as a carer, this is particularly the case with informal carers working in the shadow economy in Italy and those caring for family members. Examples of excellent practice in all countries were also identified, but these are poorly shared or are the result of short-term interventions or pilot projects, which then end or are advisory rather than mandatory and are not uniformly adopted.

# Key Findings

1. Care workers, especially those working full time suffer high levels of stress, often coupled with low self-esteem
2. Care workers often feel they have inadequate training for the demands of their role and identified numerous training needs that were currently unmet
3. A significant minority of care workers feel undervalued by wider society and sometimes by those they care for or their families
4. Care workers wanting to progress within care do not know how to acquire the skills or knowledge needed and cannot see a route through to a management role
5. Care workers feel their role is not recognised by the State and that the State does little to support their work
6. Care workers identified strong soft skills as critically important in fulfilling their role
7. Care commissioners identified lack of integration of health and social care as a significant barrier to progress
8. Care for vulnerable adults is not consistently regulated in the way that care for babies and young children is.
9. Many initiatives designed to improve care standards are voluntary for care providers and are therefore not adopted
10. Much paid for care in southern Europe is within the informal economy
11. The cost of care is a significant issue in all EU countries and the funding of care cannot be separated from conclusions about recruitment, retention, staff development and professionalization.

# Key Policy Implications and Recommendation’s

1. Training for care workers 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) and a condition of registration should be an enhanced criminal records check and the acquisition of a level one qualification in basic care within the first year of registration
4. Need for a degree-level qualification in care to match the UK Early-years Practitioner status
   1. This should be coupled to a requirement for care providers employing more than four staff to have one degree-level practitioner[[1]](#footnote-1)
5. There should be level 2 and level 3 training for specialist care practitioners (stroke, dementia, etc), with a pay premium for specialist care practitioners
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
8. 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.
9. Training and development should include a focus on soft skills, compassion, dignity and ethical practice alongside important technical skills such as stoma care, stroke, dementia, diabetes etc.
10. 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.
11. Models of good practice such as Hertfordshire, Devon County Council, Buurtzorg Model (Netherlands), should be explored and implemented more widely around the EU.
12. Integration of health and care services is essential and could assist in raising the status of care workers as well as ultimately ensuring a more cost-effective service, and in places where care is largely in the shadow economy could reduce the likelihood of this type of provision
13. 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
14. Although funding is not part of the remit of Helpcare it is clear that care is chronically under-funded 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 this important issue and draw up detailed recommendations.

# Further Information

Dr Carolyn Downs (Project Director) [c.downs@lancaster.ac.uk](mailto:c.downs@lancaster.ac.uk) Project Website www.helpcare-project.org

1. Please see attached Care Work Pathways to Progression Map for further information on this. [↑](#footnote-ref-1)