

Supporting the area between formal and informal care improving employability in social care in the EU

- the contribution of the European Care Certificate

A workshop by James Churchill

Chair of ECC Board

Lisbon

14th April 2011

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Workshop plan

- brief introduction
- group work - what do people want from their support staff?
- UN Convention on Rights of People with Disabilities
- something for the front line worker - formal and informal
- what happens in your country? What more can we do?

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A few numbers...

- an estimated 20m people are employed in health & social care in the EU
- over 85% of health & social care workers are female
- annual growth of 2.5%
- sector with largest employment growth

Source: Martin Lepič; Charles University, Prague

i) *Future skill needs in health care* 22-23 May 2008, Thessaloniki

ii) *Forecasting skill supply & demand in Europe* 14-15 June 2010
Thessaloniki CEDEFOP,

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We have a huge 'army' of social care and personal assistants across Europe.

- impact of personalised services can only increase demand for more staff
- this army is mobile - will work across borders
- very different traditions of providing social care in different countries of the EU - family care, the local state, the central state
- different funding systems

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All under pressure because :

- the EU is getting older & the workforce is more mobile
- the 'single market' is a reality in care - eg

In December 2008 figures for foreign born workers:

18% of UK care workers

19% of UK childminders & related occupations

23% of nurses in UK

Source: *Migrant Care Workers in Ageing Societies UK*
Cangio A, Shutes I, et al, COMPAS, Univ Oxford June 2009

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Other examples of worker mobility:

The Polish plumber & care worker??

“Since the 2004 EU enlargement, Poland has become by far the main country of origin of care workers, sending one in four of the new arrivals. However, WRS data for care assistants suggest that migration from the new EU member states is significantly decreasing.”

Source: *Migrant Care Workers in Ageing Societies UK*
Cangio A, Shutes I, et al, COMPAS, Univ Oxford June 2009

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What do people who need support *really* want from their care workers? What qualities and abilities do they value most in them?

What do older people want?

What do younger people want? Is it any different?

List them all- then put top five in order of ranking

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Older people	Younger adults
kindness	personal compatibility
reliability	enabler not controller
task competence	reliability
honesty	flexibility
caring	patient

Sources : Health Affairs, April 2011

What older people want from long term care & how they can get it. Kane JL & Kane RA

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UN Convention of the Rights of People with Disabilities

Signed by EU in January 2011

EU Disability Strategy 2010-2010

Purpose: *'to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity'* Article 1

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There are eight guiding principles that underlie the Convention:

1. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
2. Non-discrimination
3. Full and effective participation and inclusion in society
4. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
5. Equality of opportunity
6. Accessibility
7. Equality between men and women
8. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities

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Other major elements include

1. Social model of disability adopted
2. Principle of reasonable accommodation
3. Accessibility of environment, transport etc
4. Right to education
5. Right to health
6. Habilitation & re-habilitation
7. Participation rights - inclusion in all aspects of society
8. Right to work on equal basis with others
9. Right to vote

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Most important thing here is attitude !

What is your attitude based on?

your values

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The Health & Social care 'Army'

The leaders - a few senior officers

The officers & NCOs - more of them and increasing numbers as you get closer to the frontline soldiers

The frontline soldiers - masses and masses of them.....

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The care workforce is a bit like an army - masses of people do direct hands on care. The frontline soldiers of care...

- They *talk* to people and *listen to them*
- They give them personal care
- They feed them, they dress them and take them out
- They give them a life worth living

BUT what is our attitude to those on the front line?

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In every country, in every society, with every client group, of every age (and especially with older people) and in every institution, you will find thousands of paid workers providing personal care - often one to one and... most of the time...

we give them nothing -

no support,

no training,

no recognition!

This huge workforce is mostly female, poorly paid, most unqualified and yet we expect them to a really difficult job.

They also have most direct contact with users.

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Our attitude is revealed by the fact that there are lots of courses and qualifications for the ‘officers’

but for the first time person at the front line - the norm is:

- **nothing at all**

or

- **your employer trains you and ‘certifies’ that you have done it properly (!)**

or

- **this is an ‘informal’ arrangement by the family**

So either way - it doesn’t really count for very much!!!!

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A common set of values

□ People want care staff who will:

- treat them with respect - they have the right 'attitude'
- recognise the value of me as an individual with my own distinctive needs, views, culture, beliefs etc
- have appropriate skills and specialist knowledge to do the job properly

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Creating a Common Foundation in Care with the European Care Certificate

Leonardo da Vinci Project
Transfer of Innovation

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LdV I	LdV II	<i>LdV III?</i>
2006 - 08	2009 - 11	<i>2011-13</i>
6 countries	12 countries	<i>15 countries</i>
8 partners	13 partners +3 more	<i>18 partners + 3 more??</i>
Develop & test validity	Expand user base, online exam, NQF/EQF approval	<i>Delivery systems, new materials & approach based on UN Convention on RPwD, EQF/NQF</i>

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We asked - can we agree on the 'basic things' ALL staff need to know in ALL countries with ALL client groups in ALL settings?

Can we test for that knowledge?

Does it really work?

Basic **E**uropean **S**ocial **C**are **L**earning **O**utcomes

The 'BESCLO' was agreed and so was the exam

We piloted it and it works and employers and staff agree that the BESCLO covers the essentials and is *relevant to their work*

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BESCLO covers 8 key areas of Knowledge

- 1 Values of social care**
- 2 Promote Life Quality for the Individuals you support**
- 3 Working with Risk**
- 4 Understand your role as a care worker**
- 5 Safety at work**
- 6 Communicating positively**
- 7 Recognise and respond to neglect and abuse**
- 8 Develop as a worker**

Each of these is expressed in terms of *learning outcomes*

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2 - Promote Life Quality for the Individuals you support

learning outcomes

- 2.1 Understand the importance of finding out the history, preferences, wishes, needs and abilities of the individual(s) you are supporting**
- 2.2 Understand the need to make sure that everything you do is based around the individual(s) you are supporting**
- 2.3 Understand the need to enable the individual(s) you support to control their own lives and make informed choices about the services they receive.**

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2.3 Understand the need to enable the individual(s) you support to control their own lives and make informed choices about the services they receive.

The student has achieved this outcome because s/he can:

- Explain why it is important to empower the individual(s) s/he supports to take control of their own lives**
- Give examples of how in everyday life s/he can empower the individual(s) s/he supports to take control of their own lives. Explain the meaning of informed choice.**
- Describe ways to support the individual(s) s/he is supporting to make informed choices about the services they receive.**

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Testing for the application of knowledge

Question 6			
To ensure the quality of life of the individuals you support you will do the following...			
a) Ask the individual what they want to do and follow their direction without question	TRUE	FALSE	NO ANSWER
b) Involve the family of the individual where possible and appropriate	TRUE	FALSE	NO ANSWER
c) Support the individual to speak up when they are unhappy	TRUE	FALSE	NO ANSWER
d) Explain different options even if some of them seem unsuitable	TRUE	FALSE	NO ANSWER

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It's not rocket science...

**The ECC is now available in: Germany, Austria, UK ,
Romania, **Portugal**, Belgium, Italy, Bulgaria, Slovenia,
Ireland, Hungary, Cyprus, Czech Republic, Poland, Latvia**

**Partner in Portugal: C.E.C.D.-Mira-Sintra (Education Center
for Disabled Citizens) Av. 25 de Abril, 190 – 2745-418
Mira-Sintra**

**susana.cunha@cecdmirasintra.org
www.cecdmirasintra.org**

Multi- choice exam - *simple questions linked to practice*

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Lead Partners, Delivery Partners,

ECC Board governs the ECC & its development

EASPD provides secretariat and database services

European Care Certificate - ECC is a basis for any care qualification

Various uses for the ECC

- **it can be inserted into any qualification (from the lowest to the highest),**
- **it can be a standalone award, a threshold or bar on a course, an 'extra' by-product, or an 'in course' test as part of something bigger**
- **it can be used in recruitment processes**

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So the ECC -

**Is for any worker, in any country, with any client group, in
any setting, on any course**

**Is something for the masses in the army of care workers,
something for everyone,**

**Is building a common foundation in care - for us all - in
Europe**

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**Thank you for your attention
for more information contact**

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