



AN AGEING EUROPE

Job profiles of the European Senior Service Sector. Typology and Developments.





The report has been developed by the team:

Denmark

Caesar Szwebs
cs@amunordjylland.dk
Helga Pinstrup
hp@amunordjylland.dk

Germany

Tamara Frankenberger
tamara.frankenberger@leg-nrw.de
Jeanette Schmidt
jeanette.schmidt@leg-nrw.de

Italy

Francesca Scocchera
f.scocchera@cooss.marche.it
Claudio Sdogati
c.sdogati@cooss.marche.it
Elisabetta Piangerelli
e.piangerelli@cooss.marche.it
Diego Mancinelli
d.mancinelli@cooss.marche.it

Poland

Maria Bogowolska-Wepścięć
maria.bogowolska-wepniec@umwd.pl
Antoni Zwiefka
azwiefka@umwd.pl

Portugal

Vanda Duarte
vanda.duarte@soprofor.pt
Pedro Pires
ppires@soprofor.pt

UK

Graham Smith
graham.smith@strath.ac.uk

PROJECT PARTNERSHIP

AMU  Nordjylland

AMU Nordjylland International Department, Denmark
www.amunordjylland.dk



LEG Arbeitsmarkt- und Strukturentwicklung GmbH, Germany
www.leg-as.de



Cooperativa Sociale COOSS MARCHE ONLUS, Italy
www.cooss.marche.it



Urząd Marszałkowski Woj. Dolnośląskiego, Wydział Zdrowia, Poland
www.umwd.dolnyslask.pl



Sociedade Promotora de Formacao, Lda, SOPROFOR, Portugal
www.soprofor.pt



University of Strathclyde, Senior Studies Institute, Scotland
www.strath.ac.uk/cil/seniorstudiesinstitute/



Disclaimer

The project is being funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



Acknowledgements

We would like to express our gratitude to all those who supported us in our research work. We would like to thank them for all their help, support, interest and valuable hints. We are especially obliged to:

France

Sonia Arnaud, Conseillère technique, URIOPSS LR, Montpellier

Guy Beauthauville, Responsable Service Emploi, Pôle Emploi Services Hérault, Montpellier

Carole Finifter, Chargée de Direction, Responsable de Formation, Centre AFPA, Montpellier St Jean de Vedas

Jean Claude Ricourt, Responsable de Formation, Centre AFPA, Montpellier St Jean de Vedas

Germany

Silvia Marienfeld, managing director, maxQ. - im bfw-Unternehmen für Bildung, Institution of Education of the Federation of German Trade Unions, Bochum

Greece

Mata Kaloudaki, Research Centre of Women's Affairs, Athens

Ioannis Athanasiou, Help at Home Programme, Athens

Slovenia

Toni Vrana and Danica Hrovatic, Center Spirala - Centre for the Development of Mutual Relations, Ljubljana

Sweden

Hans Dahlin, Victum Kompetensutveckling, Helsingborg



CONTENTS

Acknowledgements	3
1. Introduction	5
2. Factors that impact on job profiles of the European care sector for elderly	7
2.1 Changing profiles of elderly Europeans	8
2.2 Extending fields of service for elderly Europeans	11
2.3 Introduction of assistive technology and of communication technologies	12
2.4 Increase of special senior groups	12
3. Mapping Job Profiles: common features and differences	13
3.1 General framework	13
3.2 Functional job profiles. Variety of tasks and merging boundaries	14
3.3 Educational patterns and lifelong learning	18
4. Trends and developments	21
5. Challenges for work places	23
5.1 Employability and family patterns	23
5.2 Employability and quality of employment	25
5.3 Introduction of technologies supporting the service sector	26
6. Challenges for vocational education and training	29
6.1 Lifelong learning perspective	29
6.2 Multi-professional approach	30
6.3 Matching and access: changes in vocational education and training	31
7. Recommendations	34
8. References	35
CD-ROM: National job profiles (English)	37



1. Introduction



This publication presents results of research¹ conducted across 20 European countries and highlights the main characteristics of the job and competence profiles related to senior services. This is, so far, the first extensive attempt to collate such data in this field on a European level. The research is based on literature studies, surveys, desk research and analysis of branch catalogues in the involved countries. Furthermore, a series of in-depth interviews were conducted when additional information was required.

The purpose of the research was to depict existing national maps of job profiles with core tasks, qualification and educational requirements. Furthermore, expected developments and changes were to be traced in existing labour market policies and local strategies.

The results have been gathered in the enclosed national catalogues, which give an extensive and comparative picture of existing job and competence profiles across Europe. This part is aimed to be used to improve the quality of recruitment processes and retention strategies and to support mobility of workers in the sector.

The national research has been put together from a comparative perspective in order to scrutinize the factors influencing changes in work places, in functions and in cores tasks. Possible trends and future developments are outlined, and should be seen together with the requirements of elderly Europeans and the need to modernise the senior service sector in Europe.

1 The research was a part of the Leonardo da Vinci project no. 134320-LLP-2007-DK-LMP "4 Leaf Clover Quality Model for Senior Service Sector", conducted in 2008-2009.

This map of changes is crucial for developments in IVET (Initial Vocational Education Training) and CVET (Continuing Vocational Education and Training) – both for quality and for adapting changes to competence fields. Sectoral education also has to be adapted to meet the changes in the labour market.

The first part of this publication comprises the conclusions of this comparative work. When seen together with the study “Challenges of the European Senior Service Sector”², the reader will see a comprehensive picture of developments in senior services across Europe.

Aalborg – Ancona – Essen – Glasgow – Lisbon – Wroclaw 2009

2 All project publications are available for download from the project Web site www.senior-service-sector.eu

2.

Factors that impact on job profiles of the European care sector for elderly



The special characteristic of person-related, household-related and social services is that the work with people may not be standardised. Empathy and professionalism, flexibility and commitment are expected of service providers.

There are however several key factors severely influencing the care services, the content of job profiles and, accordingly, competence fields.

The changes can be divided into 4 groupings:

- Expected long-term changes in the common profile of an elderly person in comparison with the users of the current senior services. This is connected to changing expectations to the variety and quality of services in the sector.
- Changing boundaries of traditional perceptions of care for the elderly – understood as new service areas emerging to meet the needs of new users (e.g. wellbeing, tourism) and mixture with other sectoral areas, e.g. within housing.
- Introduction of technological solutions (assistive technology, ICT and smart houses) which influences work organisation and competence profiles of personnel.

- Introduction of new national strategies targeted at the older population (for instance prevention of age-related illnesses, sport, social inclusion, ethnic minorities etc.)

2.1 Changing profiles of elderly Europeans

Generally speaking, after finishing the work period, life can be divided into two phases:

- The earlier old age (60+) with higher activity levels and a more independent life without the need, or only a limited need, of assistance and support in daily life.
- The later old age (75+) when people become more and more passive due to a declining health condition and thus dependent more or less on external help.

The older a person is, the more differences there are in daily life and in the level of care, support and nursing required. The decisive factor is the "functional age"; this is the stage where the physical and emotional/mental abilities are not directly related to the real age of the person.

Today, between 75-80 is the age where, approximately, a clear need for care/support can be identified. However, there is a distinct trend that the active period of most senior citizens in the European countries is extending. This means that seniors are more active in terms of social life until a relatively advanced age³.

Lifestyle and perception of life quality

The future generations of elderly will be more heterogeneous. The expectations of elderly people of so called "war generations" are very different to those living in a world of variety of services, on-line support and pervasive computer and mobile technologies. This is why expectations of current 40-50 years old is not only around good health (avoiding sickness) but also maintaining independency in one's choices

3 See statistics in life expectancy and healthy life expectancy: www.who.int, Healthy life expectancy (HALE) at birth (years)The world health report 2004 - changing history, *World Health Report 2004: Changing History*. Geneva, World Health Organization, 2004. Furthermore about the importance of the hanging patterns in senior life: D.Avrarov and M.Maskova, Active ageing in Europe, Population studies, No. 41 Directorate General III – Social Cohesion, Council of Europe Publishing 2003.

and maintaining an active form of life; cultivating different types of leisure activities and expecting high quality services.⁴

One of the major factors of importance is that the average education level of future elderly will be higher. There is a clear link between the level of education and perception of quality of life.

Health Situation

The majority of older people carry out a comparably normal, independent and self-determined life. However, there are physical and psychological limitations when getting older, specific illnesses, such as dementia or Parkinson's, and the increase of chronic diseases like multiple sclerosis.⁵ In many countries, for example Scandinavia, France and the Netherlands, there are extensive proactive prevention programs targeted at individuals aged 50+ in order to prevent age-related diseases. Also, in most European countries, senior citizens are more acquainted with a healthy way of living via mass media and health promotion programs at a national level. This means that health and wellbeing and tourism sectors are vastly growing in many countries and adapting to senior customers.

Financial Situation

Particularly in the Western countries in the EU most of the current older generations have a better financial situation than previous generations. But this is expected to decline in the coming years. For example, average low-income earners⁶ will receive, compared to net earnings as a pensioner, an increase of 32.7% in Denmark, but a reduction of 46.6% in Germany. Differentiation of the financial status of senior citizens means there is a need for greater variation and categorisation of the content of services, collaboration between the public and private sectors, a common approach for formal and informal care and special programs for the elderly.

4 Vappu Taipale, Meeting the challenge of ensuring active ageing and improved quality of life, in , Healthy Ageing and Biotechnology. Policy implications of new research, OECD 2002 OECD 2002; N. Agahi, M. Parker, Are Today's Older people More Active than Their Predecessors?, Ageing and Society (25), p. 925-941; A. Bukov et al., Social participation in Very Old Age. Cross-sectional and Longitudinal Findings from BASE, Journal of Gerontology, Psychological Sciences (57) 6, p. 510-517.

5 The current studies show that on average 65% of the population over 50 years have no serious health problems. The European map shows interesting tendencies. In the Mediterranean countries there is relatively high proportion of elderly with disabilities and health problems, whence in the Scandinavian countries and the Netherlands, by the contrast, a relatively low number of elderly are affected by disabilities. For comparative view on the subject see: E.Pommer, I.Woittiez, J.Stevens, Comparing Care. The Care of the Elderly in 10 EU Countries, SCP, Hague 2007, pp.17.

6 Earnings up 50% of average earnings; Hans-Böckler-Stiftung, Böcklerimpuls 09/2009:2 (source: OECD 2007).

Living Environment

There are significant differences related to whether older people live in urban or rural areas, in neighbourhoods with or without strong neighbourly ties. The needs of elderly in rural areas are on the agenda of many countries (Ireland, Sweden, Finland). In terms of the needs of service users, in the foreseeable future the majority of senior citizens will live in their own houses and flats. Nearly all European countries build up supportive structures to provide the elderly with the prolonged possibility of independent living. Living at home can keep individuals active and independent for a longer period of time, engendering a sense of better health than moving to a care home. Making homes more accessible is therefore a high priority task to enable as many people as possible the opportunity of continuing to live at home, even in declining health or mobility.

Social network and informal care

A key factor is whether older people live with a partner or alone in their own household, in care homes, in housing projects, such as flat-sharing communities, or with members of the family. In some countries, like Italy, the relationship between family members seems to be much stronger than for example in Scandinavian countries. The point that makes the difference is not the degree of affection between parents and children but how much the family feels responsible to provide care should the individual be unable to look after themselves on their own. Nevertheless there is an increase in single-person households across Europe and often the elderly and younger family members no longer live in the same local area.

Social contacts like family, friends, neighbours, clubs, and further relations play an important role due to the fact that, all in all, the family contacts will decrease.

Cultural Background

Belonging to an ethnic, national, or religious minority could cause problems when getting older. It should be assumed, in relation to elderly migrants in an overall comparison, that an extensive proportion of these specific elderly groups will have lower health levels, lower incomes and difficulties regarding communicating in the respective national language.

Gender issues

While statistics show dramatic increases in the number of people aged 75+, this also means there will be a greater proportion of older women in society due to the fact that the life expectancy of women is around 4 to 5 years longer than that of men. This means the impact on services may be serious as women are often in a financially weaker position in later life.

2.2. Extending fields of service for elderly Europeans

In all European countries, with their ageing societies, care providers will have to adjust to the fact that, in the future older people may wish to maintain their selected form of living to the end of their life – even when they need care, support and nursing. This is of particular importance to the next generation of elderly people who are much more independent and individually oriented than the current generation.

Having more elderly people staying in their own homes means a greater need for services that are available 24 hours a day, seven days a week. These services will not only include household-related services like cleaning and gardening as person-related services but accompanying services from shopping to leisure activities as well. Already, more and more elderly people like to have care services or well-defined household related services such as cleaning the flat and doing the laundry. Additionally to these services, they like and need advisory services, leisure provision, cultural events, health and wellbeing and tourism.

In most EU countries there are new approaches to organize multi-sided housing services. This is a balanced combination of professional, multi-skilled home care services, combined with technology to support self-care at home. Information technology can assist individuals in keeping in touch with their service providers and also enables care staff to work effectively.

The life quality of elderly migrants seems to be an issue that is disregarded in many European countries. In the coming years the key challenges in this area will be to decrease the deficits in information, for example with regard to the care and support systems for the elderly in the respective European country, cultural alignment of all institutions for the elderly in the sense of heterogeneity as well as inter-cultural

communication and contact structures within neighbourhoods. There is a specific need for cross-sectoral and cross-cultural service approach groups.

2.3. Introduction of assistive technology and of communication technologies

Another important theme in the coming years will be the use of assistive technology in the senior services, allowing elderly people to live independently in their preferred environment while technical systems assist them in coping with everyday life and improving their care routines. Major changes within competence profiles are needed when the technological solutions will be more pervasive than today⁷.

2.4. Increase of special senior groups

There is an increase in the number of people coming from different ethnic backgrounds in the European countries and these ethnic communities are growing older too. Some of the elderly migrants have new and different requirements for the local health and social care services especially caused by language or cultural barriers.

The increase of people suffering from dementia represents a particular challenge for the informal, as well as the professional, care system. Nursing care insurance still does not offer a sufficient financial basis for the out-patient treatment of people who require 24-hour care without being in need of care in the traditional sense.

Also, the number of people suffering from chronic illnesses is increasing significantly and, in addition, more and more people suffering from these chronic illnesses are reaching older ages. A new and extended understanding of the care tasks and the relevant professionalization are necessary.

⁷ For in-depth discussion of this topic see the special project report on interaction between welfare technologies and lifelong learning. Anne-Mette Hjalager, "Assistive technologies and the prospects for caregivers' lifelong learning"; www.senior-service-sector.eu



3.

Mapping Job profiles: common features and differences



3.1. General framework

The senior service sector covers a range of professions and qualifications across many different fields of activity. The professions and jobs applicable to this sector are included in the occupational group of social, caring and nursing professions. Alongside the professionally qualified nursing and care staff and other professional members of the care professions and social services, this group also includes non-professionally qualified nursing, caring and auxiliary staff. In the research for this publication, all services required for independent living as an elderly person are included. However the classic forms of nursing, for example in hospitals, within the framework of basic medical assistance are outside the scope. Emphasis is placed on pre-nursing and support services for the elderly which are designed to enable them to lead an independent life in their own homes or residential area for as long as possible.

In all the European countries considered there are numerous job profiles in the field of social, caring and nursing professions and in some countries the range of alternatives is extremely broad. However, mainstream job profiles are very similar and the activities they involve are almost identical.

Roughly, the job categories can be collated into the following fields of services:

- Primary care sector (e.g. elderly care in residential homes)
- Person related and household related services (e.g. home care, social assistance, cleaning)
- Company related services (e.g. concierge, property caretaker)
- Services related to the residential area (e.g. community helpers, district nurses)
- Not for profit social services (volunteers)

3.2. Functional job profiles. Variety of tasks and merging boundaries

The research results show the expanding and growing care sector across Europe covering a variety of multifaceted jobs. The sector is on its way to establishing one of the more complex and varied service areas in the labour market. New tendencies show cross-national senior service initiatives, for instance in the area of senior tourism.

The analysis of core tasks shows a somehow contradictory tendency. On one hand the core tasks are more specific and measurable, especially when help functions are taken into consideration (cleaning, personal care etc.) and connected to very specific professional skills. These tasks can be standardized and measured in time and extent according to a certain quality system (e.g. a defined number of hours for different kinds of cleaning services per week). On the other hand there is more and more attention to a higher level of personal skills, such as flexibility, problem-solving, a friendly approach, sensitivity, patience, sense of humor, ability to remain calm, team work and being respectful. These are competences and functions that are traditionally associated with informal care/ family care and cannot be measured by a standard quantitative quality system. Qualitative assessment systems are discussed for emotional care aspects, however, serious barriers has been met, for instance in the evaluation of care of the elderly with dementia, where the perceptive ability is not fixed and stable, but can change.

Furthermore, more and more core tasks concern general skills such as written communication (e.g. report writing) numeracy (helping customers with organizing their budgets, paying bills) and ICT skills due to the development of care and help systems to be more complex and inclusive of ICT and assistive technologies.

The emergence of new housing and collaboration patterns between primary and secondary care sectors puts a focus on collaborative skills, teamwork and organizational overview.

From home help to home care and home health

Even the most basic job profiles connected to senior services are in the process of becoming more and more complex in line with the professionalization and standardization of work

Help tasks consist of practical support at home ranging from help in shopping, cleaning and cooking to personal hygiene, tasks which are very often left to informal carers.

There are two opposite tendencies associated with typical help tasks. On the one hand we can see a tendency to divide the help and care tasks into several functionally limited job profiles (examples of Portuguese, Greek, Polish profiles, for instance of cooking, laundry help, cleaning or driving and 3 French profiles: Assistante de vie familles, Agent à domicile, Auxiliaire de vie sociale.

Below the North-South axis of Europe, in countries such as Greece, Spain, Portugal and Italy, this function is very often performed by family members and volunteers or replaced by an unqualified migrant work force.

Countries including France and Germany present more complex cases where there is a mixture of traditional and even unstructured service approaches with more systematic and professional measures and strategies are introduced.

On the other hand, in northern European countries, including the Netherlands, home help profiles become more and more complex and demanding. The home helper profession, with devoted vocational education, meets these competence requirements. It is visible, especially in the Scandinavian educational models, where home helpers become acquainted with an increasing number of health and care tasks. The awareness of growing demands at home is even observed in countries

like Italy, with examples of projects upgrading qualifications of the migrant work force.

A good example of this trend is in Norway where the new job profile of a Health Worker unites two former job profiles: auxiliary nurse (*hjelpepleier*) and care worker (*omsorgsarbeider*), which for some years have been complementary categories. The initiative behind the new job profile (Aksjon Helsefagarbeider) is part of an extensive strategy to change the structure of the care sector in Norway (Parliament Act 25 “Future challenges of the care sector”; Care Plan 2015). The introduction of the new profile is followed by an accreditation/validation procedure for the auxiliary nurse and care worker finishing in 2010.

The new, functionally wider, job profile has been introduced due to the following arguments:

- Intended increase of the proportion of personnel with higher education and through this higher standards and assurance of quality;
- Change in the status of the care workers by giving the profile more professional image
- Statistics confirm that there is a greater demand of applying for education at a higher level than for courses providing lower skills; the change is expected to attract young people especially

Similar developments of absorbing more demanding and complex tasks also occur in the portfolio of core tasks of qualified carers and the professional nurse profile (e.g. health- and social assistance in Denmark, nursing assistant in France (Aide-soignant), elderly care nurse (Altenpfleger/in) in Austria and Germany) particularly when the home environment becomes the focus for strategies to relieve the burden from long-term care units or even hospitals. Here examples of rehabilitative home care in Finland or hospitalisation at home in France (HAD) can be mentioned with the related job profiles of medical and psychological auxiliaries (Aide médico psychologique [MP]) and nursing assistants (Aide-soignant).

Challenging the boundaries of non-care related job profiles

In Norway, the core tasks of home care are more multifaceted job profiles merge into one. There is, therefore, a tendency to change the boundaries of profiles coming from branches which are not necessarily associated with care work. Simple home help tasks are taken over by professions in housing associations, such as the concierge in Germany or property technician in Denmark.

In, perhaps, a more natural way the elements of geriatrics and care invade the service areas in wellness, health prevention and tourism.

Job profiles: new roles, meanings and implications

The need for new overarching collaboration models across different branches is evident when the needs of senior customers are more and more diversified, new service areas are introduced and the tasks are more and more complex, by for example, introducing technological or ICT solutions.

The job profile of care coordinators is becoming increasingly important in this context. Such specific profiles can be found in France: medical coordinator (Médecin Coordinateur) or Portugal General Service Supervisor (Encarregado Serviços Gerais). Similar job profiles of social care coordinators can be found in the municipal services of most European countries. In the Czech Republic, Career Coordinators, in Poland and Lithuania, Social workers, where the profile is even more demanding, as the welfare system is comparatively limited. There is a need for more detailed examination and individual assessment of the extent and form of support provided for the elderly due to scarce resources.

The importance of the social activities and associated job profiles is also evident via animateurs (activity manager) in France or Socio-cultural Activities Organizer (Animador Cultural) in Portugal.

Job profiles framed

Analysis of existing job profiles and the observed developments confirms that it is not the care work content but the conditions, structures and frame challenging the job content⁸. In many cases, the carers do not have flexible opportunities to access competence development due to pressures at work or inflexible educational

⁸ Sirpa Wrede et al. (ed.) Care Work in Crisis. Reclaiming the Nordic Ethos of Care, Holmbergs, Sweden 2008, p. 55 ff.)

offerings (training duration and time schedule, acknowledgement of existing informal and non formal competences).

The core tasks become more and more specific as a consequence of standardization and introduction of quality measures. When doing this there is the possibility of measuring the duration of different tasks and assigning this to the standard (e.g. BOM model in Denmark). It means that new competences are required in job profiles, such as quality awareness and quality management.

In informal care, the care work is often time pressured. The more formal the care concept the more specific care tasks are and the associated time pressures.

Professionalization of the sector brings greater time pressures to the daily routines of carers. This raises the issue regarding quality of the emotional care being the main component of the carer/recipient relationship.

3.3. Educational patterns and lifelong learning

In nearly all the European countries researched, there are both fully-qualified vocational training courses and auxiliary qualifications; fully-qualified vocational training usually takes around 2 - 3 years. In some cases, there are also fully-qualified ancillary qualifications, which usually take 1 - 2 years. More elementary auxiliary roles are generally trained 'on the job', the qualification period usually takes 6 - 12 months.

One of the qualifying conditions for vocational training in social, care and nursing professions is at least a 16+ school leaving certificate. However, in nearly all European countries, except Germany and Austria, there is an entry requirement of an advanced technical college entrance qualification.

Vocational training takes place regularly at both a theoretical level (e.g. at vocational colleges) and a practical level (e.g. in nursing institutions). As a rule, these are state-run educational institutions, at least for the teaching related to the professional qualification. Nursing institutions, which are being used more frequently for the practical element of the training are often found in private companies.

In the majority of the European countries, vocational training within the social, nursing and care professions is structured with the viewpoint of a general education base. However, in Germany it is necessary from the beginning of the vocational training to specialize in, for example, elderly care, nursing care for children or general nursing. There is no general educational opportunity in order to gain experience in all areas.

In some European countries there are clearly defined modular training systems, for example in Denmark and the Netherlands, offering highly differentiated career advancement and vocational training opportunities. The professional field covering social, nursing and care professions is accepted by society to highly different extents in each of the European countries considered. The working conditions, earnings, career opportunities and mental strain are all very different.

There are generally many opportunities for advanced vocational training. Depending on the country, they will be organised along different lines and highly differentiated, starting with specialisation in further gerontopsychiatric qualifications and specialisation in occupational therapy, through to courses of study leading to Bachelor and Master degrees, which relates to the "Bologna Process".

Employment opportunities are numerous and are, to a large extent, in out-patient and in-patient facilities, partly publicly, partly privately owned and, occasionally, in self-employment.

In the countries considered, the informal structure, care and nursing by members of the family, friends and neighbours varies considerably, but the tendency in all the European countries is for this to decline, due to an increase in women in work, smaller household sizes and more extensive mobility.

One of the greatest challenges in some countries, such as Austria and Germany, is the provision of household and personal services and competition from the black market. In these countries, a large proportion of services are provided through the shadow economy. This can only be counterbalanced by offering professional and experienced care services of high quality and reliability, supported directly or

indirectly. In other words, one has to be better than the services from the shadow economy.

Finally, the social and health care sector is under tremendous financial pressure in all the European countries considered and there are widely differing degrees of privatisation observed. The danger is this could lead to a decline in the quality of services and vocational training measures due to the factors. Thus, it is vital that cross-market standards should be maintained for all areas, public as well as private.



4. Trends and developments



In all the European countries considered, demographic development suggests that, in the future, there will be a far greater need for professionals in this field but it must be assumed that there will also be a lack of professional staff.

At a European level, there are directives relating to professions which contain minimum standards for harmonising vocational training (qualifying conditions, duration of training, content and occupational titles) and rules for automatically recognising general nursing qualifications. However, these directives and rules do not include recognition of training qualifications in the field of elderly care nursing. A comprehensive harmonisation of training courses and qualifications is still to be achieved. As social, caring and nursing professions distance themselves to an increasing extent from the informal sector, the need for professional care and support increases, irrespective of whether this requires out-patient, partly in-patient or in-patient accommodation. At the same time, it is essential to reduce the often very high rates of staff turnover and burn-out syndrome among staff.

A further aspect is the clarification of the value placed on voluntary work and the commitment by local citizens and exactly what specific areas of activity this may cover. This also involves qualifying the health service provider and professionalising the framework conditions for voluntary work and commitment by local citizens. Furthermore, there is in some subsections of the care professions a smooth transition between individual career profiles. Here, it is necessary to clarify which

activities are to be provided by whom and the extent to which multiple abilities are required (increased flexibility / multiple abilities).

One of the key European challenges lies in migration. In many European countries, the increasing proportion of older immigrants means an increase in the importance of culture-specific care. This means that elderly people, in need of nursing care, can be cared for in line with their individual values, cultural and religious beliefs and needs.

Another aspect, that will have an enormous impact on caring as life expectancy rises is the number of people suffering from dementia. Initially, dementia sufferers are physically still healthy, however, from a relatively early point, caring for them becomes a 24-hour activity.

In an advancing technical world, technology is increasing in importance in the field of health care and will, in the short-term, also affect vocational requirements. At the same time, in most European countries, there has been little discussion on the subject of "nursing / care and technology" (the limitations and opportunities afforded by tele-medicine and other forms of technology).

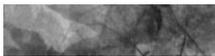
In view of the anticipated lack of professional carers, there is the question of how outsiders can be encouraged to take up professions in nursing and social welfare and what training modules can be developed for career changers. In particular, countries where high unemployment has existed for decades and pensioners' incomes are low, politicians are required to find ways of enabling the elderly with lower incomes to participate in, and fund, the care services available.

Further trends include:

- Paperless certification (e.g. Denmark, simply by entry in a register)
- Increase in community living for individuals suffering from dementia
- Increasing loneliness among the elderly
- New career profiles, for example case managers in geriatric care
- Adopting a wider view of senior services, including leisure and cultural services aimed at promoting, maintaining and enhancing the social integration/inclusion and the quality of life of older people as well as including soft care and full care services aimed at supporting those in need of care and assistance.

5.

Challenges for work places



5.1. Employability and family patterns

In the period 2000-2007 the total employment rate in the European Union (EU 27) increased by 3.2%, 0.8% of which are attributed to the growth of employment in the health and social care sector. For women and older workers, the creation of jobs in this sector is even more accentuated, with an increase of 1.4% on a global growth of 4.6% for women and of 1.8% on 7.8% for older workers. Between 2000 and 2007, the share of employment in health and social work rose from 2.4% to 2.7% for males and from 8.4% to 9.8% for females, showing a striking gender gap. The proportion of working-age women employed in the sector is especially high in Denmark, the Netherlands, Sweden and Finland, where around one-fifth of all working-age women are employed in health and social services.

The main drivers of such increasing employment trends are likely to be two-fold: the birth rates boosting employment in childcare services; and the positive trends in life expectancy creating new jobs in new residential care facilities and in home-care services.

Some special characteristics can be highlighted for employment in senior services sector, compared with the rest of the economy:

1. The proportion of high-skilled workers (doctors, nurses, people with pedagogical training, social workers) is higher than in the total economy, and in recent years it has been rising even faster.
2. The usual average weekly working hours for full-time employees in the sector are, in general, lower than the rest of the economy. However non-standard working hours are more frequent to the nature of the work.
3. The prevalence of part-time work is higher than for the total economy; such a feature, coupled with the gender gaps, can explain the trade-off for family members regarding the choice between participating in the labour market and assuming care responsibilities within the family (reconciliation of work and family life).
4. Temporary contracts are slightly more common than in the total economy.
5. Gross earnings are lower than in the total economy, confirming the gender pay gap of sectors with high female employment.
6. The increase in the number of migrants employed (non EU) has been more rapid in the senior service sector than in the total economy, and more than other services of the health and social sector, for example childcare.
7. Staff costs within senior community care, home care, residential care and day care is the majority of the overall costs, and has more labour-intensive services compared to other sectors of the total economy.

The transformation of society is evident within the changing family structure which in turn, is influencing social relationships and the future trends. Family situations are influenced by politics on flexibility of the job market, as concerning unemployment, working instability and mobility. The transformation of family patterns and structures influences also children and older people.

It is important to focus on the change in family structure in order to examine how much it influences the stress and isolation of the single members, as well as to understand the ability to create models and nets of solidarity at an inter-generational level.

There is an increasing “caring deficit”; thus the growing demand of welfare is bringing a more high-level of supply of it, with effects in the increasing tension between demand and offer of services and pressures on the welfare systems in

Europe. Demographic change has been suitable as another cause of crisis for the welfare system, not only for the pension system, but also for the challenges coming from a great need to furnish suitable care and social integration in the services to older people.

The development of senior services affects employment and family patterns. Senior services are relevant as a source of employment, especially for women and older workers. Furthermore, senior services facilitate labour market participation for those with care responsibilities and for helping those who need to adjust to economic change.

But there are also a number of challenges to the continued growth of employment in the senior services sector. Dissatisfaction linked to non-standard working hours, above-average educational levels and below-average gross earnings, part-time jobs and the increasing necessity to take account of the cultural background of the people, for example elderly migrants. All these developments are outlining the difficulties in attracting qualified employees, staff shortages and reduced quality of services. The shortage of trained staff is exacerbated by the fact that the bulk of the care provided in that setting tends to be carried out by family or informal caregivers, with evident consequences in the family structure.

5.2. Employability and quality of employment

The changes in society, the ageing of the population and technological innovation contribute to the need for new competences and the need to update existing qualifications of the senior services sector.

Not only is a quantitative increase of the qualifications required, but above all a qualitative one, to be able to better respond to the new and emerging needs of an ageing society. Being aware that the senior services sector represents one of the most promising growth sectors in Europe, it must be recognised that, at the same time, the sector faces some key challenges. These include the lack of skilled care workers, the shortage of flexible services, the need for improved provision and the overarching requirement for comprehensive policies that combine care with other support services and more family friendly job design.

With a view to addressing the shortage of staff and skilled labour force in the senior services sector, some cases of professionalization are evident in the EU. For example, in the UK the Care Standards Act 2000 reformed the regulatory system of care services in England and Wales, considering the assumption that competent staff is a fundamental requirement for high quality care. Therefore, the Care Standards Act has defined a set of rules in relation to management, staff preparation and social care provision that represent now the base of reference for the system. As for professionalization, caregivers are required to meet national minimum standards, including training and competence requirements leading to a nationally recognised standard.

Furthermore, special measures have been introduced in order to support training and qualifications for managers and caregivers, such as consultation among training providers, staff, carers and users. Again, in Scotland, students in social care work are paid during the training, with the opportunity of a permanent job.

In order to clearly define and agree on duties and responsibilities of the caring professions, for example ethical principles and values, and thus to achieve and maintain the highest professional standards, specific guidelines have been developed in Ireland to lead and orient the performances of carers.

Attempts towards the professionalization of carers are also evident in Italy, with a full process of revision of the “social professions”, in terms of qualification and identification of transversal competences taking place. In Denmark, the definition of work-based and life-based qualification systems, accordingly to shorter educational modules filling identified qualification gaps exists.

5.3. Introduction of technologies supporting the service sector

All European countries are becoming more and more involved with the development of new “high-tech” products, processes and services to aid people in their daily lives.

Assistive Technology (AT) is used by individuals with disabilities in order to perform functions that might otherwise be difficult or impossible to do. Assistive technology

can include mobility devices such as walkers and wheelchairs, as well as hardware, software, and peripherals that assist people with disabilities in accessing computers or other information technologies.⁹

AT development is particularly evident in “high tech” products, such as e-health and computer-based systems. Rather, the contribution of the ICT development can be recognised in all devices, materials, designs and components including advanced control and communication systems, such as mobile phones and “smart house” (automated home) equipment.

Generally speaking, AT is a comprehensive concept, including a double range of products:

- Instruments, services and strategies to support independent and active living of people with impairments (disabled and elderly). AT solutions improve the personal security of the user, as well as the personal and family care. Furthermore, these tools allow a better quality of life and a more efficacy job environment for caregivers. Examples are smart houses, robots for cleaning and telemedicine procedures.
- Solutions related to severe impairments, cognitive and physical treatment and rehabilitation. In these instances, AT solutions are intended to enhance the health and wellbeing and the quality of life for people in need of long-term care, as well as for their caregivers. Examples include new technologies for people with dementia, smart materials and sensors as well as innovative approaches (Gerontechnology).

Good practice and pilot results are registered in most countries, and many innovative research projects and institutions have been set up. “Smart” or “intelligent” houses, as well as smart and advanced materials, are becoming more popular, together with mechanics and electronics and the ambient intelligence environment. Advancements are also taking place in nano-electronics, bio-mechatronics and even bionics.

9 Analysing and federating the European Assistive Technology ICT industry, European Commission, Information Society and Media, March 2009
http://ec.europa.eu/information_society/newsroom/cf/itemdetail.cfm?item_id=4897&utm_campaign=isp&utm_medium=rss&utm_source=newsroom&utm_content=tpa-112

New technologies will also be essential in the supply of services, enabling the user to stay as long as possible in their own home or to gain a better quality of life, particularly for those in need of long-term care. It will also be fundamental in supporting carers to reduce workloads and to improve the efficiency of the service. Finally, it may have a part to play in assisting older people to avoid social isolation, by allowing them to remain in contact with friends and family¹⁰.

¹⁰ For systematic overview of the main categories of assistive technologies see Anne-Mette Hjalager, "Assistive technologies and the prospects for caregivers' lifelong learning" ; www.senior-service-sector.eu



6.

Challenges for vocational education and training



6.1. Lifelong learning perspective

Lifelong Learning in the senior service sector is promoted and fostered with the common aim of addressing labour shortages. Therefore, it is important to ensure that sufficient numbers of young people enter the workforce, as well as ensuring that the more experienced older workers remain in employment for longer.

When recruitment campaigns are more and more extensive, a variety of people with backgrounds in other areas will apply for work in social work field. This career change has several implications for the vocational education system which is typically quite time and resource consuming. The challenge for the existing educational approaches is to be more and more flexible in relation to the duration of courses and validation of existing competences for the group of typically experienced people with competences from other sectors that can be acknowledged. Measures to attract new workers are on going (new degrees in Greece aimed at creating a new generation of highly qualified carers; long-term unemployed recruitment in UK, providing training and the opportunity to improve career prospects). However, it means that a sectoral system of validation of competences should be introduced – and examples from the UK, Ireland and Portugal show good practice in this area.

In a sector where the workforce is ageing and the rate of turnover is exceptionally high, the continuing vocational education and training (CVET) initiatives can play a fundamental role. CVET in the senior service sector is based on the assumption that better training can help staff deal with physically and emotionally demanding situations and can help reduce employee turnover and improve working conditions. A training scheme is required to look at improving and updating competences and skills, incorporating individual supervision and regular group sharing of information. This is the experience from some northern European countries, where occupational well-being programmes and training schemes are offered to ageing employees (e.g. Finland). Furthermore, the definition and achievement of new management skills and competences in human resources represent a means of stimulation and motivation to older caregivers, providing them with the opportunity for improvement and progression (e.g. United Kingdom).

6.2. Multi-professional approach

The multi-professional approach is widely developed in the health and care services sector. As for the senior services sector, it is mainly related to elderly people suffering from dementia. It deals with the acquiring of transversal abilities, a set of extra-professional competences that a carer should have:

- Local development / Networking: the capability to activate resources from the local environment
- ICT: deals with knowledge and skills related to new technologies
- Adapting to changes and transitions: the capacity to face changes and challenges of development
- Labour insertion: professional opportunities of the sector (career advancement)
- Social planning: the capability to analyse the whole project and intervention around the elderly (user' centred approach)
- Interpersonal relationships and communication: communicative aptitudes

There is a clear tendency towards a broadening of the required skills portfolio at all occupational levels linked to “non-routine” tasks. This reflects the growing demand for transversal key competencies, such as problem-solving and analytical skills, self-management and linguistic skills, and more generally, “non-routine skills”.

Increasing professional levels and training opportunities could contribute to making the sector a more attractive place to work, as well as making improvements to the quality of service provided. However, professional requirements should not become too high and demanding, as this could put potential workers off from entering the sector.

6.3. Matching and access: changes in vocational education and training

The senior service sector is facing trends, challenges and developments in relation to care staff. In such a context, a fundamental role is assigned to the competence patterns and the VET solutions.

Therefore, changes are recommended for the CVET system within the senior service sector to assist with growth, professionalization and equality. Changes suggested by the experiences of countries already active in facing the challenges of making the senior service sector one of the most professional places of work:

- The development of Lifelong Learning must be continuously fostered, promoted and enhanced, in order to increase competences. Training on-the-job should be encouraged, as an opportunity to recognise and to validate acquired experiences (e.g. the French model "validation des acquis de l'expérience").
- The professionalization of the senior services sector can be enhanced through standardisation and accreditation processes. The definition of clear standards for competences and skills can lead to greater transparency and homogeneity, as well as raising competency levels (e.g. the national Minimum Standards defined by the UK Care Standards Act in 2000, or the qualification models for nursing care assistants and every-day assistants, issued at the end of 2007 by the German institute Robert-Bosch-Stiftung). Also, an inclusive approach to accreditation that enables staff to benefit from training initiatives in personal and working life can improve confidence in qualifications and encourage career opportunities (e.g. the Italian portfolio of competences, collecting all individual's VET experiences and, accordingly, elaborating tailored training steps).

- Approaches to education and training must evolve and include innovative features. The continuous development of training courses is required in order to allow carers to acquire new competences and skills leading to new job profiles (e.g. assistive technologies – gerontotechnology in Finland, speech therapists and chiropodists in France, Hydrothermal Therapy in Portugal, concierge in housing companies in France, etc.). The flexibility of training approaches must also be maintained and reinforced through measures that allow caregivers to achieve the planned learning in a suitable tailored process. This helps to enhance motivation and avoid drop out (e.g. modular system of Open Workshop in Denmark, short-term intensive vocational training courses for unemployed coming from other sectors in Greece, course entitling “personal assistants” addressed to those who are disadvantaged in the labour market in Slovenia, such as long-term unemployed, first-time job seekers, redundant workers, single parents, etc.)
- Informal care must be recognised as well as informal skills experienced. Most care in Mediterranean Europe is still provided in a non-regulated and informal manner, often by family members, friends, neighbours, volunteers, as well as by immigrant ‘domestic’ caregivers. Because of their background and informal role, quite often the informal carers do not benefit from educational and training initiatives, reducing the opportunity of formal and regular work. A new branch of education and training is provided to informal carers in the form of ‘soft-training’ and ‘respite’ initiatives and requires formal recognition in order to improve professionalization, as is the case in Ireland, Italy, Greece, Slovenia, Sweden and Finland.
- The recruitment of migrant caregivers must also include a structured training process to combat labour shortages with a professional and qualified work force. A key issue for foreign caregivers is the validation of their existing qualifications. A further critical aspect is language skills. As migrant carers have the potential to strongly contribute to Europe’s care demands, it is essential to develop effective educational and training programmes. A number of initiatives have enhanced the labour supply from migrants, while easing their entry into declared work, namely in Greece, Italy and Germany. In the examples

experienced by European countries, the language barriers are tackled along with cultural and social issues.

- New areas of specialisation must be developed in the training of caregivers, due to the diversified and changing profile of elderly users. As example, dementia and chronic illness ask for specialised caregivers, and consequently, for customized qualification. Beside them, a new generation of people experiencing old age outside the country of origin is appearing; older migrants need for special attention, because of the cultural issues that are involved too, and intercultural skills of caregivers should be necessary to respond their needs.



7.

Recommendations



In order to enhance the professional opportunities of the senior services, with consequent positive effects to its attractiveness, some key policy recommendations can be outlined:



- It is necessary to provide caregivers with opportunities to improve and develop their qualifications, since it makes the sector more professional and effective.
- It is necessary to provide training on caring activities to unemployed and inactive individuals, as a means to job creation and the potential for hiring new, trained caregivers.
- It is necessary to recognise and value the life experience of people with no, or low, formal skills. This allows caregivers with low qualification levels the opportunity to be trained, thus increasing their competence levels. It is necessary to invite and stimulate men to get access to the job opportunities of the senior sector to achieve a better gender balance.

To favour a better equilibrium between supply and demand of job, the senior services sector has to be more attractive through adopting measures for improvement, such as work flexibility, better pay and conditions and dignified jobs giving personal satisfaction.

The unbalance among occupations in the senior service sector should be reduced, promoting a greater stability of jobs for personnel, regular employment, suitable salaries and the opportunity to gain qualifications that will allow individuals to progress their careers. By avoiding transforming the job into a routine and recognising previous qualifications, progress can be made with areas such as suitable training for the role being made available. Adopting these practices may also assist with the exploitation of strategic jobs and the reduction of the gender unbalance.



8. References

- Arbeitsmarktservice Österreich, <http://www.berufskompas.at/berufskp3/>
- Bertelsmann-Stiftung, Steuerung der beruflichen Bildung im internationalen Vergleich, Germany, Güterloh 2008.
- Berufenet der Bundesagentur für Arbeit, Germany, <http://berufenet.arbeitsagentur.de/berufe/index.jsp>.
- Berufsbildung für eine globale Gesellschaft, BIBB-Fachkongress, Germany, Bonn 2002.
- Bundesministerium für Arbeit, Soziales und Konsumentenschutz (AT), <http://www.bmsk.gv.at/cms/site/liste.html?channel=CH0099>.
- Bundesministerium für Familien, Senioren, Frauen und Jugend, Germany, <http://www.bmfsfj.de/bmfsfj/generator/BMFSFJ/aeltere-menschen.html>.
- Bundesministerium für Familien, Senioren, Frauen und Jugend, Germany, Alternde Gesellschaften im Internationalen Vergleich, Bonn 2007.
- Bundesministerium für Gesundheit, Germany, http://www.bmg.bund.de/DE/Pflege/pflege_node.html
- CEDEFOP, Future Skill needs, Thessaloniki 2008.
- CEDEFOP, Vocational Educational Training, Building on the past, looking to the future, Thessaloniki 2008.
- Central Administratie Kantoor, Netherlands, <http://www.hetcak.nl/>
- Charta der Rechte hilfe- und pflegebedürftiger Menschen, http://www.pflege-charta.de/nn_454/DE/Home/homepage_node.html?nnn=true
- Deutsches Zentrum für Altersfragen, Germany, <http://www.dza.de/allgemein/dza-intro.html>.
- ebs Eurobarometer, Health and long-term care in the European Union, December 2008.
- EQUAL Exchange Platform, European Commission.
- EQUAL Transnational Partnership "MESSage", Transnational Report – Perceptions of the Future Care services for Elderly, Aalborg, Cuneo, Ratingen 2007
- EURODYCE, Nationale Kurzdarstellungen der Bildungssysteme in Europa und der aktuellen Reformen 2007.
- EURODYCE, Das Informationsnetz zu Bildung in Europa, <http://eacea.ec.europa.eu/portal/page/portal/Eurydice/EuryPresentation>
- European Commission, New skills for new jobs. Anticipating and matching labour market and skills needs, 2009.
- European Commission, Biennial report on social services of general interest, July 2008.

European Commission, Long-term care in the European Union, April 2008.

European Foundation for the Improvement of Living and Working Conditions, Demographic change and social services, 2009.

European Foundation for the Improvement of Living and Working Conditions, Employment in social care in Europe, 2006.

Expertisentrum Mantelzorg, Netherlands, <http://www.expertisecentrummantelzorg.nl/>

Hans-Böckler-Stiftung, Germany, Earnings up 50% of average earnings, Böcklerimpuls 09/2009:2; source: OECD 2007).

ISFOL, Un modello di Osservatorio per il governo del sistema delle professioni sociali e lo sviluppo dei servizi alla persona, Italy, May 2008.

Kies Beter, Verpleging en Verzorging, Netherlands, <http://www.kiesbeter.nl/algemeen/default.aspx>

Leonardo da Vinci project, Ageing in Europe: Challenges of the European Senior Service Sector, 2009

Ministerie van Sociale Zaken en Werkgelegenheiten, Netherlands, <http://home.szw.nl/index.cfm>

Ministerie van Volksgezondheid, Welzijn en Sport, Netherlands, <http://www.minvws.nl/>

Ministerium für Arbeit, Gesundheit und Soziales NRW, Germany, http://www.mags.nrw.de/04_Soziales/1_Pflege/index.php

The Netherlands Institute for Social Research (scp), Comparing Care. The care of the elderly in 10 EU-countries, November 2007.

Niederlandeweb, Netherlands, http://bln.niederlandeweb.de/de/content/Berlin/Home/start_html

Opleiding en Beroep, Netherlands, http://www.opleidingenberoep.nl/ts/ob/view_entity_description.php?generic_entity_exists=true&selected_entity_id=745&generic_entity_name=professions

Pflegenetz im deutschsprachigen Raum, Austria, http://www.pflegenetz.at/index.php?option=com_content&task=category§ionid=1&id=18&Itemid=63

Sozialökonomische Forschungsstelle, Austria, Ausbildungen im Gesundheits- und Sozialbereich in Österreich - Ist-Analyse, 2004.

Thesaurus Zorg en Welzijn, Netherlands, <http://www.thesauruszorgenwelzijn.nl/>

Zorg voor Beter, <http://www.zorgvoorbeter.nl/>

CD-ROM : National Job Profiles

Austria

- Elderly care nurse (Altenpfleger/in)
- Registered nurse (Diplomierte/r Krankenpfleger/in)
- Home carer (Heimhelfer/in)
- Occupational therapist (Ergotherapeut/in)
- Home help (Haushaltshilfe)

Czech Republik

- Nurse (Zdravotní sestra)
- Social worker (Sociální pracovník)
- Physiotherapist (Fyzioterapeut)
- Career Coordinator (Kordinátor pro kariéru)
- Cleaner (Uklízečka)
- Cook (Kuchař)
- Laundry person (Pracovník v prádelně)

Denmark

- Service assistant (Serviceassistent)
- Social and Health Assistant
(Social- og sundhedsassistent , SOSU- assistent)
- Care helper (Social- og sundhedshjælper)
- Physiotherapist (Fysioterapeut)
- Property Service (Ejendomsservicehjælper, ejendomsservicetekniker)

France

- Family helper (Assistante de vie familles [AVF])
- Activity manager (Animateur [AMP])
- Agents of hospital services
(Personnel de service hospitalier [ASH])
- Medical and psychological auxiliary
(Aide médico psychologique [MP])
- Home helper (Agent à domicile or Aide à domicile)
- Home auxiliaries (Agent à domicile or Aide à domicile [AD])
- Auxiliaire de vie sociale [AVS]
(Assistante de vie familles [AVF])
- Medical coordinator (Médecin Coordinateur)
- Nursing assistant (Aide soignant)
- Social helper (Auxiliaire de vie sociale [AVS])

Germany

- Elderly care nurse (Altenpfleger/in)
- Elderly care assistant (Altenpflegehelfer/in)
- Assistant elderly care nurse (Hilfskraft Altenpflege)

- Home Carer for private households (Pflegehelfer/innen im Privathaushalt)
- Live-in carer (Fachkraft für Altenbetreuung)
- Social assistant (Sozialhelfer/in, Sozialassistent/in)
- Gerontotherapist (Altentherapeut/in)
- Housekeeper (Hauswirtschafter/in)
- Housekeeping assistant (Hauswirtschaftshelfer/in)
- Concierge (Hausmeister/in)
- Volunteers (Freiwillige in der Altenpflege)

Greece

- General Care Nurse (Nosileftis [nosileftria])
- Basic Assistant / Carer (Basikos (i) Voithos Frontidas tis Ygias)
- Home Carer / Family Assistant (Voithos frontidas sto spiti / Ikogeniakos(i) voithos)
- Psychologist / Sociologist (Psychologos / Kinoniologos)
- Social Worker (Kinonikos(i) Litourgos)

Italy

- Professional Nurse (Infermiere Professionale)
- Home Basic Assistant (Assistente Domiciliare)
- Family Assistant (Assistente Domiciliare)
- Socio-Health Operator (Operatore Socio Sanitario)
- Physiotherapist (Fisioterapista)
- Social Worker (Assistente Sociale)
- Kitchen Staff (Cook and Cook Assistant) (Personale di cucina [Cuoco ed aiuto Cuoco])
- Cleaner (Addetto Pulizie)
- Entertainer (Animatore)

Ireland

- Registered nurse
- Care assistant
- Home carer
- Overnight care service
- Handy person
- Activities organizer
- Housekeeper
- Kitchen staff
- Cleaner
- Meals at home
- Care home manager
- Administrative assistant
- Concierge
- Volunteers

Lithuania

- Nurse (Slaugytojas)
- Social worker (Socialinis darbuotojas)
- Assistant of social worker (Socialinio darbuotojo padėjėjas)
- Therapist (Terapeutas)
- Work therapist (Darbo terapeutas)
- Work therapist (Darbo terapeutas)

Netherlands

- Home carer (Zorghulp)
- Elderly care nurse (Bejaardenverzorg(st)er; Verzorgende IG)
- Geriatric nurse (Geriatrisch verpleegkundige)
- Occupational therapist (Ergotherapeut)
- Assistant / Auxiliary for care and public well-being (Assistent / Helpende Zorg & Welzijn)
- District (male) nurse (Wijkverpleegkundige)

Norway

- Health worker (Helsefagarbeider)
- Physiotherapist (Fysioterapeut)
- Cook (Institusjonskokk)
- Cleaner (Renholdsoperatør /Renholder)
- Property maintenance /service worker (servicearbeider)

Poland

- Nurse (Pielęgniarka)
- Carer in social help house (Opiekun w Domu Pomocy)
- Social worker (Pracownik Socjalny)
- Handicapped person's assistant (Asystent osoby niepełnosprawnej)
- Environmental carer (Opiekun Środowiskowy)
- Occupational therapist (ZawodowyTerapeuta)
- Physiotherapist (Fizjoterapeuta)
- Massager (Masażysta)
- Geriatric doctor (Geriatra)
- Cook (Kucharz)
- Dietetician (Dietetyk)
- Volunteer (Wolontariusz)

Portugal

- Nurse (Enfermeira)
- Nursing home carer (Ajudantes de Lar)
- Home Carer (Ajudantes de Apoio Domiciliário)
- General Services Auxiliary (Trabalhador Auxiliar)
- General Service Supervisor (Encarregado Serviços Gerais)
- Socio-cultural Activities Organizer (Animador Cultural)
- Psychologist (Psicólogo)
- Chef (Cozinheiro)
- Kitchen Help (Ajudante de Cozinha)

- Catering Auxiliary (Trabalhador auxiliar de Cozinha)
- Laundry Staff (Trabalhadores de Lavandarias e Roupas)
- Driver (Motorista)
- Physician (Médico)
- Administrative Services (Serviços Administrativos)
- Accountant (Contabilista)
- Technical Director (Director Técnico)

Slovakia

- Nurse (Zdrávozna Sestra)
- Physiotherapist (Fyzioterapeut)
- Social worker (Sociálny pracovník)
- Cleaner (Sociálny pracovník)

Slovenia

- Nurse (negovalka / negovalec v socialno varstvenem zavodu)
- Social home care worker
(socialna oskrbovalka / socialni oskrbovalec na domu)
- Performer of social service
(izvajalka / izvajalec socialnega servisa)
- Social worker (socialna delavka / socialni delavec)
- Social worker in institution
(socialna delavka / socialni delavec v domovih za stare ljudi)
- Occupational Therapist in institution
(delovna terapevtka / delovni terapevt v institucionalnem varstvu)
- Coordinator of Social Home Care
(koordinatorica / koordinator socialne oskrbe na domu)
- Operator for long distance help
(operaterka / operater pomoči na daljavo)
- Telephonic counsellor for elderly (svetovalka / svetovalec na telefonu za starejše ljudi in njihove svojce)
- Volunteers
(voditeljica / voditelj skupin starih ljudi za samopomoč)

Spain

- Nurse (Enfermeiro)
- Home Carer (Auxiliar de Apoio Domiciliario)
- Geriatric Auxiliary (Gerocultor)
- Nursing Care Technician
(Técnico de cuidados auxiliares de enfermagem)
- Social Worker (Trabalhador Social)
- Occupational Therapist (Terapeuta Ocupacional)
- Physiotherapist (Fisioterapeuta)
- Speech and language therapist (Terapeuta da Fala)
- General Service Assistant (Ajudante de Serviços Gerais)
- Psychologist (Psicólogo)
- Doctor (Médico)
- Director of Day Care Centre and Home Care Centre (Director de Centro de Dia ou Centro Residencial)

Sweden

- Nurse (Sjuksysteer)
- Assistant Nurse (Sjukbiträde)
- Social welfare officer (Socialarbetare)
- Occupational therapist (Yrkesrådgivare)
- Physiotherapist (Fysioterapist)

United Kingdom

- Registered nurse
- Care assistant
- Home carer
- Overnight care service
- Handy person
- Activities organizer
- Housekeeper
- Kitchen staff
- Cleaner
- Meals at home
- Care home manager
- Administrative assistant
- Concierge
- Volunteers



This publication presents results of research conducted across 20 European countries and highlights the main characteristics of the job and competence profiles related to senior services. This is, so far, the first extensive attempt to collate such data in this field on a European level.

The results have been gathered in the enclosed national catalogues. This part is aimed to be used to improve the quality of recruitment processes and retention strategies and to support mobility of workers in the sector.

The national research has been put together from a comparative perspective in order to scrutinize the factors influencing changes in work places, in functions and in cores tasks. Possible trends and future developments are outlined, and should be seen together with the requirements of elderly Europeans and the need to modernise the senior service sector in Europe.