



## **“How to ensure dignity and recognition for healthcare assistants in Europe”**

### **Brief report of the EPSU-UNISON-SIPTU seminar 7 February 2020**

Healthcare Assistants (HCAs) are a key and substantial part of the health and care workforce across Europe. However, there is often a lack of recognition of the contribution they make to quality healthcare and of the need to improve their working conditions, education and training, and pay.

The seminar on 7 February organised by UNISON and SIPTU in collaboration with EPSU brought together 40 delegates from health and care trade unions in 14 countries for discussions on the common challenges facing HCAs. Several HCAs working in the UK also attended and made contributions about their personal experiences.

This report summarises some of the key contributions of the day, the discussions on specific topics and points to the way forward for further collaboration between unions.



**Forewords:**

***Christina McAnea - Assistant General Secretary - UNISON***

UNISON is proud to count amongst our membership many tens of thousands of healthcare assistants and support workers from all parts of the United Kingdom.

Too often the challenges facing this vital part of our healthcare team have been neglected; opportunities for training and development have not been as comprehensive as they should be and levels of pay have not reflected their true value and contribution.

We are enthusiastic about improving this situation and were glad to welcome representatives of many different European trade unions to London for what was an interesting and necessary seminar. We would like to offer our thanks to those who assisted in bringing this event together and our gratefulness to our partner unions who have worked together on this issue with us.

We hope to build on the experiences and views we shared to collaborate further on this issue in future.

## **Paul Bell - SIPTU**

Colleagues,

As I write this foreword we are in extraordinary times as the Corona virus impacts our lives, our work, our communities and indeed, our world. The role of health workers has come to the forefront of everyone's mind as each one of us grapple with the implications caused by this pandemic. It is timely therefore that the role of the Health Care Assistants (HCAs) in the delivery of health care in a European context was strongly advocated and supported in our seminar.

All the contributions to the seminar were of significant value, and they all imparted information, education and knowledge - all of which furthered our understanding of the opportunities and challenges faced by HCAs across Europe.

A strong call was made in support of a HCA European network to regularly exchange information and knowledge, and for the occupation of HCA to be regulated and professionalised through world class education and training programmes.

Throughout the seminar the work of EPSU under the stewardship of Luca Scarpiello was self-evident as he brought together the representatives of health care assistants and set out the opportunities and challenges facing our European HCA family.

The commitment of Stuart Tuckwood (UNISON) in organising and hosting this seminar, with all the challenges our diverse membership brings is to be commended for his commitment in bringing this important seminar to life.

I would also like to thank all the participants for their input and for the camaraderie shared and enjoyed and, in this regard, I want to extend a special thanks to Christina McAnea for facilitating us in the beautifully restored UNISON building on the site of the grade II listed former Elizabeth Garrett Anderson Women's Hospital. A very fitting venue as Elizabeth Garrett Anderson (9 June 1836 – 17 December 1917) an English physician and suffragist and the first woman to qualify in Britain as a physician and surgeon.

Colleagues, since this seminar I have had the honour of being appointed to the Irish Labour Court and this seminar was my last official input into this very important work. I want to thank everyone I have met and engaged with throughout my work with EPSU and wish you all the greatest success in your future endeavours.

**Luca Scarpiello - EPSU Officer for health and social services**

Healthcare assistants (HCAs) and support workers are a crucial part of the hospital and care organisation, conducting a range of care and clinical activities in their day-to-day work and providing direct care to patients and families.

We know how important solidarity is among workers: every day we actively campaign on key issues, such as safe staffing levels, pay, and continuing education and development not only for one workers category, but for all those in our hospitals and care facilities that are in need of dignity and recognition.

Several European unions in EPSU are confronted with the challenge of organizing healthcare assistants. As a European federation we provide unions with a space to confront strategies and exchange views on issues facing healthcare assistants and support workers, aiming for greater recognition and opportunities for these workers. We would like to thank UNISON and the other unions involved, in particular SIPTU (IE) and SuPer (FI).

### ***Reports from sessions on seminar:***

#### ***The context - EU HCA Study and Results of EPSU mapping exercise***

Delegates were fortunate enough to hear from researchers involved with the study 'core competencies of healthcare assistants in Europe', Dr Marieke Kroezen and Prof. Ronald Batenburg.

The researchers summarised some of the main findings of their research and noted that there is large variation in the numbers and definitions of HCAs in European countries. There are many different terms and classifications used for HCAs and the differing ISCO codes used make estimating the numbers of HCAs practicing challenging. There is also a large variation in terms of accountability.

The study notes that there is some variation, but also many similarities, in terms of the tasks carried out by HCAs in different settings.

The most common tasks that HCAs are undertaking across the different countries are taking and monitoring vital signs of patients, cleaning and washing equipment, preparing and serving food and drink, applying quality and safety procedures, supporting other health professionals, providing sanitary support and basic care to patients and communicating with them.

The researchers broke these tasks down to four main areas: patient communication, basic care and assistance, hygiene and safety, and supporting teams. They summarised the knowledge and skills required of HCAs to conduct their tasks in these areas.

#### ***EPSU mapping exercise of European unions***

Luca Scarpiello, policy officer for health and social services at EPSU, informed the seminar of the results of a mapping survey that was done of European unions and their work in representing HCAs.

12 unions from 10 different countries responded to the survey. The exercise demonstrated that HCAs are regulated in the majority of European countries and that many of the unions offer support and advice to their workforce in meeting their regulatory requirements. In the majority of countries pay for HCAs is determined through collective bargaining agreements.

In terms of trade union organisation in the different countries, nearly all of the unions representing HCAs also represent other workers within the health and care sector.

When asked to describe the main activities unions carried out for HCAs, the most common were pay negotiation, demanding better working conditions and occupational health and safety, and delivering training for them.

The two most important priorities for the different unions in terms of their work for HCAs were getting access to continuous professional development (CPD) and career opportunities; and improving pay and working conditions. A significant number of unions prioritise professionalisation and better recognition of the work of HCAs.

The mapping exercise also asked unions how EPSU could better support their work in representing HCAs. The responses show that unions wished to see a network established to facilitate exchanges amongst members, including on the competences and responsibilities of HCAs, and to be kept informed about the work undertaken by the European Commission relevant for HCAs.

### **Perspectives on the HCA Workforce and common challenges in organising this area of the workforce**

#### **UNISON**

*Helga Pile*, Deputy Head of Health at UNISON, gave a presentation on some of the key issues for the HCA workforce in the UK and the challenges organising in this area.

Helga highlighted that pay levels, career progression, plugging gaps in staffing and a lack of access to training and development were some of the key issues for the workforce. UNISON surveys of its members have shown that HCAs are often picking up tasks to cover for gaps in the numbers of registered professionals.

UNISON's organising priorities are focused on seizing opportunities to maximise earnings for HCAs, providing guidance for members on raising concerns about unsafe staffing, and organising networking and learning opportunities for HCAs.

## **SIPTU**

*Marie Butler* from SIPTU presented the situation in Ireland and their organising priorities.

In 2018 there was a review of the roles and function of HCAs in Ireland which identified 10 key care functions undertaken by HCAs.

SIPTU's priority in this area is to campaign for a protected title and regulatory framework for HCAs to develop the Health Care Assistant occupation in its own right. This development must be flexible enough to respond to the future workforce demand for regulated healthcare workers, and be reinforced by the ongoing raising of standards in practice through quality assurance frameworks and the planned continuous professional development for all Health Care Assistants.

## **Kommunal**

*Mari Huupponen*, a researcher with Kommunal, gave a presentation summarising the situation in Sweden and union campaigns. Sweden is faced with a chronic underfunding of care and a lack of educated personnel in healthcare. Kommunal is working with other organisations to campaign for more job opportunities in the sector and for national qualifications for vocational education for HCAs. Kommunal, together with the Swedish Association of Local Authorities and Regions (SALAR), introduced a model for career development which allows HCAs to build on their educational attainment and to follow a common framework to becoming a practical nurse (undersköterska) or specialist practical nurse (specialistundersköteska) if desired.

Kommunal hope to standardize the education and skill levels of practical nurses and HCAs to recognise the value of this work and to benefit the whole of the labour market. They also are aiming to improve opportunities for full-time work, as working part-time on low pay is economically challenging and a threat to the comfortable retirement of workers.

## **CFDT**

*Florence Dedieu*, who is a care assistant, from CFDT Santé Sociaux, presented the union's work in France.

In France there are more than 390,000 HCAs working in hospitals and care homes. CFDT believes that their skills and qualifications are not recognised adequately. Florence highlighted that poor pay and gender inequality in this sector was a concern. CFDT has also found that care assistants are increasingly taking on roles that would previously have been expected of professional nurses. Strike movements and industrial action have forced the Government to give the sector more recognition.

In their campaigns CFDT have used the slogan 'Je suis une richesse' - 'I am an asset' to highlight and promote the value of HCAs. They set up a working group for care assistants from all sectors and carried out extensive work to analyse job descriptions and develop a skills checklist to highlight the increasing complexity and demanding role of HCAs. From this working group came demands for action that have been put to the Government.

CFDT has 4 main goals setting out the recognition they want for HCAs, to give HCAs the level they deserve in the health system.

1. Upgrading of their levels of training
2. Statutory reflection of this recognition
3. Proper levels of pay for the jobs they do
4. Increased recognition of this group in the union's elected positions

Since April 2019 the Government has been promising to look again at re-engineering the healthcare assistant diploma. CFDT want a reclassification of the grade of care assistants and statutory recognition of the work they do. They remain in negotiations with the ministry.

### ***CC.OO (Spain)***

*Yolanda Gil Alonso*, responsible for young people and international affairs with CC.OO (Spain), gave a presentation on 'quality, dignity and salary' of healthcare assistants in Spain.

HCAs in Spain require a secondary education diploma to enter their training which has a duration of 1400 hours. The gross pay for HCAs in the public sector is estimated by CC.OO at around 14,850 euros per year, including specific supplements and special payments. In the private sector they estimate HCAs are paid around 1000 euros per month, complemented by special payments.

One of the main demands of CC.OO is for the creation of a qualification framework and professional classification that corresponds to the advances that have taken place in the healthcare sector. They are also asking for HCAs to be recognised as having a higher level of qualification. This would also be reflected in a higher level of salary.

In November CC.OO met with the ministry of health to try and put these issues on the agenda of the new Government and they held a demonstration of around 3000 people making these demands.

### **Specific topic discussion**

*Education, training and registration*

Marie Butler from SIPTU introduced this session which focused on the topics of education, training and registration. Marie talked briefly through the European initiative to improve the qualifications of HCAs with a particular focus on improving cross-border mobility.

Marie highlighted that the need for better education was linked with the need for regulation, arguing that as long as HCA titles were not protected there would be no way of ensuring those practicing these roles had the required standard of education. Because of this, in Ireland, SIPTU have been campaigning for a regulatory framework for HCAs. They argue there should be a standard level of education, with access to further modular based, specialist education after that.

Dr Kroezen talked through the context of education of HCAs in European Member States, pointing out the large variations that exist. Most States required completion of secondary education but some States had no minimum requirements. Some States had either theoretical or practical based education whilst 5 had equal ratios of both. Their study also noted that the level of regulation seemed to be related to the scope of country's general curricula in terms of knowledge, skills and the competencies taught.

The idea of a trade-union coordinated 'training passport' was suggested which could document and give recognition to education and training undertaken by individuals. It was pointed out that many low-paid HCAs could not afford the costs associated with regulation if these costs were passed on to workers.

Different delegates suggested there should be pathways to allow HCAs to train as nurses whilst also acknowledging many HCAs want to remain in their roles with better continuing professional development.

The link between training, education and migration was also discussed with delegates noting that EU Directive on the recognition of professional qualifications only covers formal qualifications and not experience/informally acquired skills.

It was also put forward that, as well as ensuring better educational frameworks for HCAs, there needs to be investment in continuing education and training of HCAs already practicing. HCAs who had attended the seminar reiterated the importance of listening to staff members themselves to hear what they would want in terms of education and development.

Key points:

- The need for better education is linked to the need for recognition and regulation
- Pathways to allow progression for HCAs are important but many simply wish for more training and development in their current roles
- As well as improving systems of training for aspiring HCAs, more investment is needed in the current workforce

### *Pay, working conditions, recruitment and registration*

This section was introduced by Herbert Beck from Ver.di in Germany and Stuart Tuckwood, National Officer for Nursing at UNISON.

Herbert talked through the working context for HCAs in Germany, explaining that there are agreed national levels of salary for health workers across the country. He mentioned that Ver.di is participating in national committees on the minimum wage rate and that there is currently negotiations ongoing for a collective agreement around pay for healthcare assistants and social services workers.

Stuart talked through the UK context for this topic, highlighting that there is collectively agreed rates of pay for HCAs working in the UK NHS but noting that these pay rates are significantly below the median UK wage and for the most part only slightly higher than living wage rates.

In terms of working conditions UNISON surveys have shown that HCAs are often not supported or supervised properly for the tasks they are expected to do. A big majority are picking up additional tasks to relieve the pressure on professionals working in their areas.

There was later a discussion around how to protect HCAs who undertake these tasks and how to fight for recognition of this additional work they are undertaking. The issue of task shifting and the changing roles of HCAs was discussed with delegates pointing out that without effective, collective representation this group would continue to lag behind other groups such as doctors who were having their pay and conditions improved.

Stuart also showed that many HCAs do not feel valued in their role and that only a small proportion of the overall training budget is spent on them. This is leading to big staff shortages across the UK NHS.

Luca pointed out that often agreements and negotiations on working conditions and occupational safety focus on the perspectives of professionals and may overlook the needs of HCAs. A HCA from UNISON argued that grassroots organising was needed in response to fragmentation of this workforce and the movement of staff into the community, otherwise our approaches would not work to address these problems collectively. Paul later reiterated this point, talking about how this growing sector of the health economy, in the community, is where the majority of exploitation is taking place and arguing unions need to be aware of this and respond appropriately.

Delegates representing midwives and MSWs (maternity support-workers) reported that in their research MSWs often brought up their 'love' for their job and that they want more recognition and development opportunities within their roles. It was noted that employers often exploit this love by demanding more work and responsibility without increasing their pay.

Stuart concluded this session by summarising some of the main areas that the European unions could collaborate in this area, though working together to positively shape the professional image of the role and exchanging good practice on collective bargaining and work to improve HCA pay and working conditions.

Key points:

- HCAs remain poorly paid across Europe and this is not being addressed as well as for other professional groups that have better representation
- HCAs are regularly picking up additional tasks, often out of their love for their jobs, placing them at risk and for which they are not rewarded appropriately
- This workforce is often invisible and is becoming more fragmented, with more being moved into communities where organising is difficult. Unions need an adequate response to these challenges to be able to support them.

### *Migration and mobility*

This topic was introduced by Razvan Gae from the Romanian trade union SANITAS. Razvan talked through some of the history and context of HCAs in Romania.

In Romania the issue of migration for HCAs is not as big an issue as it is for nurses because there is not the same recognition of their qualifications and skills.

Razvan highlighted that he believed it was important for Romania and Eastern Europe to have a minimum curricula for HCAs, to increase the expectation that this is a skilled job and to ensure pay for the role reflects this.

There was some discussion about the implications of the UK leaving the EU and the effects this would have for the mobility and migration of HCAs, as nursing is on the 'shortage occupation' list for the UK. The end of freedom of movement between the EU and UK could make it impossible for HCAs to travel to work. Delegates from Spain highlighted that Spanish health workers working in other EU countries have their experience recognised at home and that Brexit potentially threatens this and could have implications for mobility.

Delegates contributed that it has been pointed out that increased barriers to the movement of care staff could mean social care providers being forced to increase wages to improve the domestic supply of labour.

It was suggested that moves to professionalise and increase recognition of this workforce could possibly facilitate further migration of people in this workforce. Razvan pointed out there has already been a high level of migration of other health workers, such as doctors and nurses, that there has been problems in countries such as Sweden where migrant nurses have not necessarily had the required skills for their working context.

Contributions discussed the need to promote tolerance and support in receiving countries and also to counteract attempts by employers to exploit mobile (intra EU) and migrant workers. Delegates also shared their hopes that the experience gained through organising initiatives in different contexts could be shared between the different unions and reiterated the importance of organizing and recruitment.

Key points:

- HCAs face more barriers to migrating for work than other professional groups, because of limited recognition of their roles and experience
- Whilst caring is a low-paid job, it is not low skilled, yet governments often classify it as such and this will have implications for mobility
- Unions can particularly have a role to play in promoting tolerance in receiving countries and can work to counteract attempts to exploit workers. Good practice in organising could be shared amongst the different unions.

### ***Conclusions and work going forward:***

#### *How to work together going forward*

Luca Scarpiello EPSU, reiterated that there was a good level of enthusiasm from the different unions to take forward work in this area and highlighted some of the main ideas that had been put forward for future collaboration.

There is a general agreement with continuing work in the following areas:

- Ensuring solidarity links between the different unions organising healthcare assistants (HCAs)
- Establishing a network based around the organisation of HCAs to facilitate further, more in-depth discussions on some of the topics of interest. The informal HCA network will continue to exchange in particular on:
  - Regulation of HCAs in the EU Member States and in other European countries
  - Good practices in campaigning and organising HCAs in Europe
  - Recruitment, retention, pay and working conditions of HCA workers, in particular on challenges to retaining the HCA workforce, and working conditions.
  - How to strengthen collective bargaining agreements covering HCA workers
- Continuing to monitor initiatives at the European and international level to ensure there is input from trade unions
- Disseminating a range of shared resources applying to this area between unions, allowing the exchange of good practice and projects of organisation
- Capacity building activities

*Paul Bell - SIPTU*

Paul Bell from SIPTU thanked delegates for their contributions for a positive, interesting day, pointing out that it was clear that unions needed to take action in this area for the protection of staff working in these categories and for patients.

Paul hoped that ongoing discussions within a network could look at these issues in more depth and ensure that work on standards ensured improvements were made and that those countries with high standards of education and regulation did not have these threatened. He reiterated that something did need to happen for this group of workers, as the roles of HCAs have continuously evolved in recent years, without their pay or recognition reflecting this.

*Stuart Tuckwood - UNISON*

Stuart thanked those who had contributed to the organisation of the seminar, Leena Kaasinen of SuPer in Finland, Marie Butler of SIPTU in Ireland, and Luca of EPSU. Thanks were also given to Dr Marieke Kroezen and Prof Ronald Batenburg for participating to share their research.

Stuart reiterated that this was a hugely important area of work for UNISON and for the other unions across Europe, an area that is only going to continue to grow. HCAs in the UK have been crying out for more recognition of their work and support from their unions and Stuart hoped that the beginning of better collaboration between unions for this workforce could be the beginning of more progress in this area.

Thanks to:

- Leena Kaasinen from SuPer and their colleagues in helping organise the seminar
- Marie Butler from SIPTU for helping steer the organisation
- Luca Scarpiello and colleagues at EPSU for their assistance in advertising and encouraging attendance
- Dr Marieke Kroezen and Prof. Ronald Batenburg for attending to share results of their research
- Interpreters from Ubiquitus for their smooth interpretation on the day

## **APPENDIX**

### **Participation list**

<b>Union</b>	<b>Family name</b>	<b>First name</b>
Belgium - CGSP-ALR / ACOD-LRB	DI MARTINELLI	Muriel
Belgium - CSC / ACV	CLOOSTERMANS	Lina
Belgium - CSC / ACV	SABEL	Véronique
Cyprus - FP.SEK	PIERIDOU	Nantia
Denmark - FOA	ØST-JACOBSEN	Kim
Denmark - FOA	PEDERSEN	Maria Hjortsø
Finland - JHL	BÄCKLUND-KAJANMAA	SARI
Finland - JHL	MANKA	Marjut
Finland - SuPer	KAASINEN	Leena
Finland - SuPer	NIITTYNEN	Arja
Finland - TEHY	COCO	Kirsi
France - FSS-CFDT	NICOLLE	Maryvonne
France - FSS-CFDT	DUCH	CYRILLE
France - FSS-CFDT	DEDIEU	Florence
Germany - Ver.di	BECK	Herbert
Ireland - SIPTU	BUTLER	Marie
Italy - FP-CGIL	VITELLI	Marco
Netherlands - FNV	LAOUKILI	Soumia
Netherlands - FNV	SKALLI	Karim
Norway - AVYO	ASBJORNSEN	Anita R
Norway - NSF	DAHLSTROM	Tore

Norway - NUMGE	LUTHER	Iren Mari
Norway - NUMGE	EINTVEIT	Margrete
Norway - NUMGE	THORBJORSEN	Tonje
Norway - NUMGE	RØNNING	Kurt
Romania - SANITAS	GAE	Razvan
Spain - FSS-CC.OO	GOMEZ	Maria Victoria
Spain - FSS-CC.OO	Gil Alonso	Yolanda
Sweden - Kommunal	GRASMAN	Yvonne
Sweden - Kommunal	HUUPPONEN	Mari
United Kingdom - GMB	HARRISON	Rachel
United Kingdom - GMB	ANDREWS	Kelly
United Kingdom - RCM	DENISE	Linay
United Kingdom - RCM	SKEWES	Jon
United Kingdom - UNISON	TUCKWOOD	Stuart
United Kingdom - UNISON	WIDLAK	Katia
United Kingdom - UNISON	LEWIS	Richie
United Kingdom - UNISON	PILE	Helga
United Kingdom - UNISON	JONES	Steve
United Kingdom - UNISON	MARTIN	Trudie
United Kingdom - UNISON	GOVIA	Hassan
United Kingdom - UNISON	McANEA	Christina