

# VET CARE

## **Building Capacity and VET for Migrants Care Workers in Europe**



### **WP5/A3 Report on pilot-pool model for care workers**



**Co-funded by  
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# VET CARE

## **Building Capacity and VET for Migrants Care Workers in Europe**



**WP5/A3 Report on pilot-pool model for  
care workers – CECO/Portugal**

Date: 30/07/2024

## DOCUMENT CONTROL SHEET

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Distribution	VET CARE Consortium and target-groups except care workers
Summary	The following document describe the results of research conducted by CECOA combining desk and field research, as well as feedback given by the participants (target-groups) during WP5/A1 training sessions. The best practices on pool models are from Portugal and Norway, giving two examples of a pool for informal and informal care workers.

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## 1. About the VET CARE project

The VET CARE project aims to provide practical and useful answers regarding qualifications for the labour market, in the segment of long-term care (LTC) services, contributing for integration and social inclusion of migrants. Migrants are one of the major workforces in this area. VET CARE aims as well to transfer knowledge from different levels of stakeholders, contributing for implementing a logic of national/transnational cooperation and partnership in the sector.

The expected results are to contribute for a better knowledge and understanding of the migrant care workers landscape and training/qualification needs; capacity building and upskilling of migrant care workers, within a logic of integration and social inclusion of vulnerable populations; to foster cooperation among stakeholders from the care services sector that will allow to create suitable care work pools answering the needs of the labour market at European level.

The transnational project partnership supported by the Erasmus+ programme will be led by CECO (Portugal) in cooperation with the following partners: FORMA.AZIONE (Italy), IDEC (Greece) and Fundación Ronsel (Spain).

The VET CARE project started in December 2023 and will end in November 2025.

For more information, visit each partner's website:

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IDEC - [www.idec.gr](http://www.idec.gr)

Fundación Ronsel - [www.fundacionronsel.org](http://www.fundacionronsel.org)

## 2. Executive Summary

Work package (WP) n°5 is labelled as following:

- WP5 Pilot-pool model for care workers
- WP5 started in December 2023 and will end in November 2025, being developed over six (6) activities.

- WP5/A3 is about collecting the **8 good practices** developed at European level regarding local, regional and/or national formal and informal pools of care workers with co-participation of the target groups identified in WP5/A2 into **4 national reports**.
- At least **8 countries** will be targeted: Portugal, Spain, Greece and Italy, plus 1 other EU country by each partner.
- All partners will follow the template provided by Fundación Ronsel in this document.

WP5/A3 is scheduled to take place from April to July 2024.

## 3. Good practices in pilot-pool model for care workers

### 3.1 Introduction

The good practices on pool models for care workers selected were from Portugal and Norway, representing two different realities in the care demand, training offers and labour market: pools for informal versus formal care workers. Care demand is related with the sector of domestic services, showing that people will look online for a solution to answer their needs.

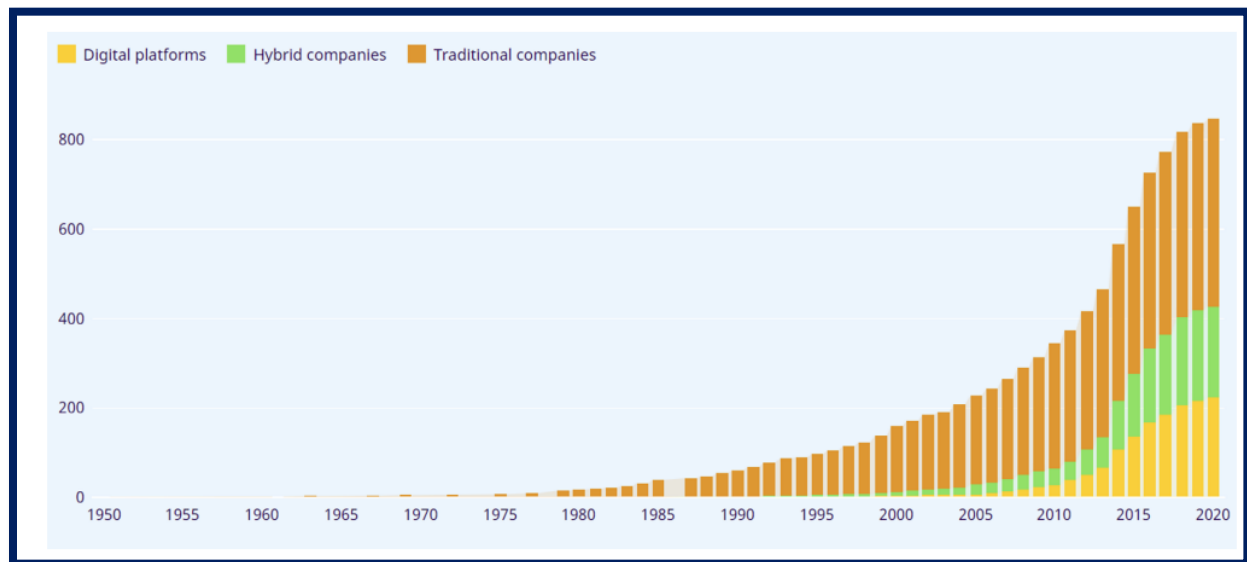


Figure 1: Number of active domestic work platforms globally 1950-2020 (ILO 2021)<sup>1</sup>

*Over the next five decades, the number of Europeans aged 80+ is set to double. The pool of informal carers is shrinking due to changing family patterns, with growing female employment*

<sup>1</sup> See [https://feeps-europe.eu/wp-content/uploads/2023/03/FEPS-FES\\_Care-Strategy-Policy-Study-web-PP.pdf](https://feeps-europe.eu/wp-content/uploads/2023/03/FEPS-FES_Care-Strategy-Policy-Study-web-PP.pdf)



*and the increase in the retirement age. These developments have a range of consequences and present long-term care systems with a clear need to adapt to the growing demand and evolving needs. As demand for care services grow, there is increasing professionalisation of the sector (Federation of European Social Employers and European Federation of Public Service Unions 2021: 3)<sup>2</sup>.*

When comparing Norway to Portugal, the public policies are different, with Norway developing training offers and education courses specifically for LTC (Long-term care), increasing qualified professionals and attractiveness of the sector. “In Norway, as part of the Knowledge Promotion reform of 2006, the government established a training programme for healthcare assistants (helsefagarbeider) to stimulate employment in LTC and related services” (Eurofound 2020: 55)<sup>3</sup>.

On the other hand, in 2006, Portugal established the National Network for Long-Term Integrated Care (RNCCI), “formed through a partnership of the Ministry of Health and the Ministry of Labour, Solidarity and Social Security and provides health, rehabilitation and nursing care services for residents unable to care for themselves” (Tello et al. 2020: 9<sup>4</sup>). Nonetheless, Portugal has a “persistent fragmentation of governance and financing arrangements remain the main obstacles to advance the integration of services in Portugal” in the LTC sector (ibid). Furthermore, “In Southern Europe, daughters engaged in intensive caregiving often reduce work hours or leave their jobs” when compared to Norway, in which “few children have provided intensive care to old parents, and research suggests minimal impact on labour market participation” (Gautun and Bratt, 2024: 2<sup>5</sup>).

## 3.2 Methodology

Within the training sessions done during WP5/A1, the target-groups of the VET CARE project, except care workers, presented their own experiences with pools and/or need for having pools that can match experienced and/or qualified workers with labour market demands and VET offers. The WP5/A1 group, in Portugal, ended the training sessions with suggestions for the criteria needed for mapping and identify two (2) good practices, considering the care landscape in the country. Bearing that in mind and taking on board the criteria defined by the VET CARE consortium for developing desk research (see VET CARE table below), with additional information provided by our trainees, as well as CECOA partnership in other European projects about gender issues, it was considered to be of importance to identify a pool for informal care workers compared to a pool for formal care workers in Europe. Specially in Southern Europe, informal care workers are mostly family members and/or domestic workers, namely migrant women, as referred in the literature and by our strategic partners.

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<sup>2</sup> See [https://www.socialemployers.eu/wp-content/uploads/2023/09/Social\\_Employers\\_EPSU\\_JPP\\_European\\_Care\\_Strategy\\_final-1.pdf](https://www.socialemployers.eu/wp-content/uploads/2023/09/Social_Employers_EPSU_JPP_European_Care_Strategy_final-1.pdf)

<sup>3</sup> See <https://www.eurofound.europa.eu/system/files/2020-12/ef20028en.pdf>

<sup>4</sup> See [https://www.researchgate.net/publication/344233071\\_A\\_services\\_delivery\\_perspective\\_to\\_the\\_provision\\_of\\_long-term\\_care\\_in\\_Portugal](https://www.researchgate.net/publication/344233071_A_services_delivery_perspective_to_the_provision_of_long-term_care_in_Portugal)

<sup>5</sup> See <https://www.sciencedirect.com/science/article/pii/S0277953624001667>

**Criteria for developing desk research on care worker pools (WP5/A2) – VET CARE**

Description of criteria for enrolment	<b>PROFILE</b>	
	Gender Comments:	
	Age Comments:	
	Nationality Comments:	
	Region of residence Comments:	
	<b>GENERAL INFORMATION/DOCUMENTATION</b>	
	Type of documentation required for registering (e.g. ID, passport, permit, criminal record, health certificate/medical condition, registration at the jobcentre) Comments: not present in the first page of the registration form, but surely required at a later stage	
	Cost for subscription and/or fees, or premium fees Comments:	
	Driving license Comments:	
	<b>WORK FIELD</b>	
	Previous experience: formal and/or informal in the health care area Comments: when the applicant was most recently employed as a nurse (including internship and voluntary work)	
	Availability for work (e.g. part-time, full time, internal/external) Comments:	
	<b>EDUCATION FIELD</b>	
	Previous training in the field: formal and/or informal (i.e. institutional and/or family/community) Comments: degree level; number of years studied; end of nursing studies (MM/YYYY); registered/licensed nurse in home country; what kind of licence or registration possessed (registered nurse, auxiliary, midwife, etc.)	
	Previous training in the field: certification issued in the national context by whom Comments:	
	Level of schooling: recognition or not at national level Comments/description:	
	<b>SKILLS</b>	
	Level of knowledge/proficient languages (i.e. national and other languages) Comments: level of German (the applicant does not necessarily need to already know German)	
	Knowledge of Information, Communication and Technology (ICT) Comments:	
	Knowledge of care sector Comments:	

	<b>OTHER CRITERIA</b> (description, detailed as possible):	
<p><b>Does the organisation/group/initiative have complementary services apart from the pool? Which ones?</b></p>	Labour orientation and follow-up after insertion	
	Labour intermediation with companies	
	Training	
	Legal support and advice (e.g. contracts, rights and duties, trade union)	
	Social support (social work)	
	Networking activities	
	Psychological services	
	Entrepreneurship mentoring	
	Supporting groups (f.e. mentoring between them)	
	Economical support	
Other (add):		

### 3.3 PORTUGAL – Matosinhos a Cuidar” or “Matosinhos Caring”

In Portugal, an informal care worker pool was selected called “Matosinhos a Cuidar”, because it answers the care national landscape and demands, namely contributing for strengthening the care sector, giving practical solutions to Portugal, one of EU member states with the highest rate of informal care workers (European Commission, 2021). Informal workers look for support, through the construction of a network, preventing isolation.



**matosinhos a cuidar**

Ficha de Pedido Matosinhos a Cuidar  
(Gabinete de Apoio ao Cuidador)

Informações sobre o Cuidador Informal (CI) ⓘ

Nome\*

Data de nascimento\*

This care work pool is a regional example of a partnership between public and private institutions, looking for complementary solutions to the public policies for care, providing local support for families at local/regional level. Indeed, the pool “Matosinho a Cuidar” is the outcome of a partnership between an association and a municipal/public body, namely ADEIMA - Associação para o Desenvolvimento Integrado de Matosinhos and Câmara de Matosinhos (municipal body).

The Portuguese law considers that informal care workers are the following:

*always the partner, relative or family member up to the 4th degree of the or collateral line of the person being cared for (e.g. children, grandchildren, great-grandchildren, great-great-grandchildren, siblings, parents, uncles, grandparents, great-grandparents, great-great-grandparents or cousins)<sup>6</sup>*

According to the information provided by the pool “Matosinhos a Cuidar”, the idea of the pool, created in 2020, is to provide a space “so that Informal Caregivers can dedicate themselves to any another activity that constitutes a personal benefit and/or rest”<sup>7</sup>. With that aim, the pool was created and provide “for this purpose, six External Caregivers, with an appropriate profile and qualifications”<sup>8</sup>. The results until June 2022 are that 42 families are being supported at regional/local level, with “3,328 households (...) carried out and 10,070 hours of breaks (...) provided”<sup>9</sup>

To enroll in the pool, the person needs to answer for how long is an informal care worker, relationship with the person in need of care, daily time spending caring for the person, information about the level of dependency and typology, and if the informal care worker lives at the home or not<sup>10</sup> (see [Matosinhos a Cuidar - Ficha de Pedido \(arcgis.com\)](https://www.matosinhos.pt/pt/pt/comunicacao-e-imagem/noticias/noticia/bolsa-de-cuidadores))

The website of the municipal body, in which the pool is, provide a female avatar, sign language and audio reading for inclusion. In addition, it is possible to see the website in nine (9) different languages.



<sup>6</sup> See <https://www.seg-social.pt/documents/10152/17083135/8004-Estatuto+Cuidador+Informal+Principal+e+Cuidador+Informal+n%C3%A3o+Principal/2efee047-c9ba-49c8-95f2-6df862c4b2c5#:~:text=O%20cuidador%20Informal%20%C3%A9%20sempre,tios%2Dav%C3%B3s%20ou%20primos>, p. 5

<sup>7</sup> See <https://www.cm-matosinhos.pt/servicos/comunicacao-e-imagem/noticias/noticia/bolsa-de-cuidadores>

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> See <https://survey123.arcgis.com/share/3c7a12216b59445cadedf1946f2b8cc79>

When looking to a national initiative, the example of “Support to Informal Care worker” developed by the regional government of Azores<sup>11</sup> was highlighted by our target-groups during the training sessions. Despite the budget and human resources differences between a municipal body such as the one of Matosinhos and the regional government of Azores, the “Care Pool” gives the possibility to identify professional care workers in the region and care because it provides information about health services at local level, resources such as videos explaining about care issues, manuals, among other information<sup>12</sup>.



### 3.4 NORWAY – “Menn i helse” or “Men in Health

In Norway, a formal care workers pool was selected, called “Menn i helse”, a partnership between an association/NGO, public bodies and home cares. The idea is to qualify workers for care, aiming at men and women with 25 to 55+ years old, following a “compressed and predictable course of study leading to a certificate as a health professional. For more than 10 years, carpenters, musicians, lorry drivers and salespeople alike have passed the education and gained a completely new profession”<sup>13</sup>.

The project, a collaboration between the municipality, NAV, county council, KS and the Directorate of Health, resulted in the creation of a pool in which trainees can enrol and work in the care sector. “800 men have taken the qualification via Menn i helse. 92% of those who have taken a diploma have got a relevant job in the health sector”<sup>14</sup>.

<sup>11</sup> Autonomous Region of Portugal, with nine islands.

<sup>12</sup> See <https://apoioaocuidador.azores.gov.pt/>

<sup>13</sup> In [Men in health - nav.no](http://Men in health - nav.no) ([www-nav-no.translate.goog](http://www-nav-no.translate.goog))

<sup>14</sup> Ibid.

The project provides education offers over the fifteen (15) counties of Norway.



**MENN I HELSE**

**Rogaland South**

**Join in 2025**

Are you our next man? Seize this chance - get a golden ticket to a vocational certificate and a job!

Men in health is a unique opportunity to take a certificate as a health professional. The education is designed for job-seeking men aged 25 – 55+. For cohort 2025, we have non-binding information meetings in January and February 2025. Registration for the information meetings starts in November 2024.

Talk to me!

**Kjersti Hoddevik**  
County coordinator

922 31 066  
kjersti@mennihelse.no

This good practice contributes for the professionalising and strengthening of the care sector providing a Vocational certificate as a healthcare worker; have a summer job and an after completing the vocational course have the right to sign an apprenticeship contract, ensuring stability and recognition. Moreover, “Men in health aims to open new career paths and increase the proportion of men in the health sector. There is a major shortage of healthcare workers in Norway, and there will be an increasing need for labor in the field for many years to come.”<sup>15</sup> Below the image matching previous professional experience to men, presented by NAV in Oslo at the Second Mutual Learning Session of the IGUAL PRO project - Professions Have No Gender<sup>16</sup>, November 29, 2023, in which CECO A presented VET CARE project.

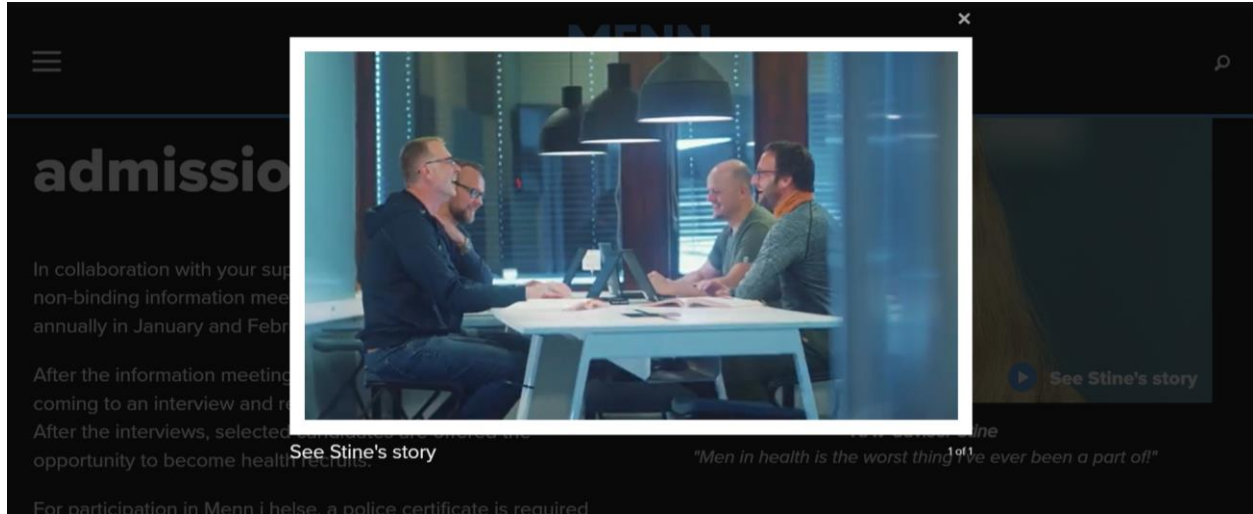


This is a national project with regional impact, connecting municipalities and people looking for requalification or re-start their life's, with a county coordinator and support over the path for learning,

<sup>15</sup> Ibid.

<sup>16</sup> See <https://cecoa.pt/custompage/projects?tproj=nacional&aid=147&id=projects>

upskilling and requalification. The stories of healthcare certificate are shared in Norwegian, being to life how man engage in a traditional female environment<sup>17</sup>.



To enrol and get the certificate, trainees need to be able to deliver an approved police certificate to work in health and care to the employer at the start of the project. The pool connects people looking for changing their professional lives, second chances and care labour market needs.

## 4. Overview on the contribution to the professionalisation of long-term care

### 4.1 Introduction

Professionalisation in the LTC sector relates to quality and formalization, recognising care as work.

*Many people would regard a 'professional' as having individual decision-making responsibility, as being trusted to exercise personal judgement and supported with regular training to keep their skills and knowledge up-to-date. It would be understandable if the idea of working in a 'profession' gave rise to expectations of good rates of pay, social esteem, recognition of technical know-how, ethical behaviour, job prospects and standardised practice (Hayes et al. 2019: 1<sup>18</sup>).*

<sup>17</sup> To listen go to [https://mennihelse-no.translate.google.com/translate/og-opptak/?x\\_tr\\_sl=auto&x\\_tr\\_tl=en&x\\_tr\\_hl=en&x\\_tr\\_pto=wapp&gl=1\\*refc55\\*up\\*MQ..\\*ga\\*NjYzOTI3OTQ2LjE3MjIzNTM2MDQ.\\*ga\\_C4ZS3XCB93\\*MTcyMjM1MzYwMi4xLjAuMTcyMjM1MzYwMi4wLjAuMA..#deeplink2](https://mennihelse-no.translate.google.com/translate/og-opptak/?x_tr_sl=auto&x_tr_tl=en&x_tr_hl=en&x_tr_pto=wapp&gl=1*refc55*up*MQ..*ga*NjYzOTI3OTQ2LjE3MjIzNTM2MDQ.*ga_C4ZS3XCB93*MTcyMjM1MzYwMi4xLjAuMTcyMjM1MzYwMi4wLjAuMA..#deeplink2)

<sup>18</sup> See [https://kar.kent.ac.uk/77269/1/Professionalisation\\_at\\_Work\\_0309.pdf](https://kar.kent.ac.uk/77269/1/Professionalisation_at_Work_0309.pdf).



However, reality does not reflect such description. Indeed, recognition does not necessarily end in professionalization in the care sector. Because of the aging population in Europe and lack of care support to answer population demand, there is the need to transfer good models that answer care needs in Europe, through professionalization. Indeed, and according to the Hemmings et al (2022: 2-4<sup>19</sup>) report on professionalisation of care workers, it is important to acknowledge the following:

- “(...) registration and professional regulation can reduce risk to the public, improve outcomes for people drawing on social care services, improve confidence in the workforce, and can drive up workforce standards through mandatory minimum training”.
- “Care workers who receive relevant, high-quality training are more likely to stay in their role and be equipped with the skills and confidence to deliver better care”.
- “Evidence demonstrates that increasing pay to competitive wages would reduce staff turnover, particularly for staff paid at lower wage levels”.
- “International experiences suggest that measures must be designed and implemented together rather than introduced in isolation”.
- “Professionalising the workforce and providing consistent opportunities to access training and development opportunities could help to address inequalities in progression and earnings, and could also help attract underrepresented groups into the workforce”.

## **4.2 PORTUGAL – Matosinhos a Cuidar” or “Matosinhos Caring”**

The municipal pool in partnership with a local NGO answer the Portuguese need for resting and acknowledge the work of informal care workers, representing the high percentage of care staff near the people needing of care. The possibility to have a break and recover for a highly demanding 24 hours job will contribute for elevating self-esteem, knowing other informal care workers and look for professional help and solution that can lead to a balanced in door care practice.

In this Portuguese good practice, there is recognition but not professionalization due to the nature of the care. Informal care workers are already recognized by law, but there are another lawyer of informality that is related with domestic services being used as an umbrella for care work.

## **4.3 NORWAY – “Menn i helse” or “Men in Health**

The Norwegian project promotes at municipal level answers for recognition through professionalization over a health care certificate. Education is the answer in connection with labour market needs and introducing a gender stereotype change in European feminization of the care sector.

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<sup>19</sup> See <https://www.nuffieldtrust.org.uk/sites/default/files/2022-09/1662995727-nuffield-trust-new-horizons-web.pdf>



## 5. Conclusions and critical overview

One of the main conclusions is that public and private bodies working together to find solutions for the lack of skilled labour in the care sector is providing concrete results both in Portugal and Norway. However, it is noted that the recognition of professionalization of care workers in each European country differs, creating several categories of informality in the sector. The need to qualify through education and/or professional certificates is a choice elected by the good practice of Norway, providing a gender lens over the care sector. Conversely, in Portugal, the high number of informal care workers is a challenge for the public policies, following global trends. Indeed, a “systematic review covering studies from various continents/countries (Europe, Asia, United States and Australia) highlights the negative impact of caregiving on the mental and physical health of the informal caregiver, especially female, married caregivers and those providing intensive care”<sup>20</sup>. In addition, and as highlighted by Barbosa et al (2020: 2), there is the “need to distinguish between informal care provided inside the household and informal care provided outside the household, and between types of welfare state provision” as well. The Portuguese pool tries to answer such concern, providing professional care support while informal care workers take a step back and rest.



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<sup>20</sup> See <https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-020-01841-z>

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Date: 20 June 2024

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Reviewer (s)	
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Summary	<p>The following document illustrates the results of the research conducted by FORMA.Azione partly as desk research and partly with the cooperation of the organisations involved in the WP5-A1 training. The best practices collected and analysed present some examples of pool models for care workers in two EU countries, Italy and Germany. A brief introduction illustrating the main features of such practices will be followed by a description of their impact on the professionalization of the care sector, also considering migrant workforce, and a critical analysis.</p>

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## 1. About the VET CARE project

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Fundación Ronsel - [www.fundacionronsel.org](http://www.fundacionronsel.org)

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- WP5 started in December 2023 and will end in November 2025, being developed over six (6) activities.

- WP5/A3 is about collecting the **8 good practices** developed at European level regarding local, regional and/or national formal and informal pools of care workers with co-participation of the target groups identified in WP5/A2 into **4 national reports**.
- At least **8 countries** will be targeted: Portugal, Spain, Greece and Italy, plus 1 other EU country by each partner.
- All partners will follow the template provided by Fundación Ronsel in this document.

WP5/A3 is scheduled to take place in April 2024.

## 3. Good practices in pilot-pool model for care workers

### 3.1 Introduction

The good practices selected for this document come from Italy and Germany, two among the countries with the oldest population in the European Union. The issue of long-term care work is therefore crucial, and workforce shortages can be observed in both countries. The solutions developed to address this problem can be a starting point for the creation of a common model that can also be tested transnationally. Moreover, as it will be more extensively explained in paragraph 4, focused on professionalization of care work, the pool examples presented offer some other forms of support, mainly training, that make them a valuable source of inspiration.

### 3.2 Methodology

All pool models were identified through a classical internet desk research. Moreover, the Italian practices have also been discussed and analysed together with the participants of activity 1 of this WP. In general, the main criteria followed for selecting the good practices were:

- **reliability** of the provider, meaning the organisation that promotes and/or manages the pool;
- **variety**, with the intent of presenting different approaches adopted in different systems and countries, but also providing thought-provoking insight and potentially transferable structures;
- **accessibility**, meaning ease of access to and use of the pools both for workers and potential employers.

### 3.3 Italy – Registro provinciale assistenti familiari Trento

The [Provincial register of family carers](#) was established by the autonomous province of Trento in 2014 and is a service that allows both care workers to enrol, stating their availability to work and providing their main information, and families to access the public, online register and find the assistant they need. Specific support institutions are in charge of helping the workers to finalise their registration, that requires different data and documents:

- personal information – gender, age, nationality, residence/domicile, ID, residence permit in case of foreigners, criminal record;
- professional information – documented previous experience in the last three years of at least 480 hours;
- education and skills – previous documented training of at least 60 hours and/or specific socio-sanitary title, knowledge of Italian language<sup>21</sup>; knowledge of the care sector.

A registration fee is requested, 16€ that cover the validation fee of the submitted documents.

The Provincial register of family carers can be considered a good practice because it offers a valuable service by streamlining job placement and matching carer availability with local needs. This, coupled with a dedicated training program, fosters professional development for carers, strengthening and broadening their skillsets.

### 3.4 Italy - LianeCare

Launched in 2022, [LianeCare](#) is a platform that connects companies seeking to improve their employees' work-life balance by providing caregiving services. Companies, employees, and caregivers can all sign up independently to access the platform's features: employees can find the caregiving services they need (elderly care, babysitting, pet sitting); caregivers can find job opportunities; companies can subscribe to offer caregiving benefits to their employees; psychologists can provide support to caregivers and families. 7 companies and over 2,200 caregivers already registered are the main numbers that describe LianeCare's activity.

The care worker can autonomously sign up on the dedicated online platform by giving some preliminary data (gender, age, nationality and residence): further information about personal documents, professional experience and education is given presumably at a later stage of the registration process.

LianeCare's service can be considered a good practice because it offers an innovative approach to reshape corporate welfare, allowing the workers' benefits to have a concrete impact on their work-life balance and well-being while giving care workers simple access to job opportunities.

### 3.5 Germany – CWC Recruitment

Founded in 2012 by Dr. Steffen Zoller and Laura Esnaola, [Care With Care \(CWC\) Recruitment](#) is a recruitment agency that tackles staffing shortages in German healthcare facilities by connecting them with international nurses. CWC specializes in supporting nurses mainly from Asia, the Middle East, North Africa, Central, and South America who want to relocate to Germany and advance their careers. CWC's comprehensive support system guides nurses through the entire process, which typically takes at least 12 months. This includes managing bureaucratic requirements like work visas, title recognition, and language learning. With a 97% Qualification Recognition (QR) rate, CWC declares a proven track record of successfully integrating over 900 nurses into the German healthcare system.

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<sup>21</sup> Having a residence permit implies that the worker has already reached an A2 level (CEFR).



CWC provides an online platform as well, where nurses can sign up to enter the program filling a first registration form with the following information:

- personal- age, nationality, residence (personal documents will be given presumably at a later registration stage);
- professional – previous experience, also including internship and voluntary work;
- education and skills - degree level, number of years studied, end of nursing studies (MM/YYYY), registered/licensed nurse in home country, what kind of license or registration possessed (registered nurse, auxiliary, midwife, etc.), registration in home country, German level (not necessary for registration, as language training will be provided anyway).

CWC Recruitment can be considered a good practice because, while it targets the broader healthcare sector rather than solely the long-term care one, their approach of attracting and developing talent through ongoing training and professional development is still noteworthy.

## 4. Overview on the contribution to the professionalisation of long-term care

### 4.1 Introduction

Focusing on the professionalization of the care sector is fundamental, because the improvement of this aspect is directly linked to other crucial points, such as fairer working conditions and higher recognition of the care worker's professional profile. Therefore, all the good practices presented in this report, on top of providing a recruitment pool, offer training opportunities that foster the care worker's continuing professional development.

### 4.2 Italy – Registro provinciale assistenti familiari Trento

The Provincial register of family carers offers free professional training courses, in cooperation with the [Franco Demarchi Foundation](#), to the care workers that have successfully completed their application. Furthermore, to maintain active subscriptions, care workers must participate in continuing education. Annually, during renewal, they will need to demonstrate completion of at least 8 hours of training.

In addition to the training possibilities, further services are included: guidance and follow-up, intermediation with employers, networking and supporting groups-like activities.

### 4.3 Italy – LianeCare

LianeCare offers free online training to all the caregivers that have signed up in the platform, giving them the chance to strengthen their experience and expand their skillset. Moreover, psychological support is offered as well, thus enhancing the resilience capacity of care workers, who are constantly exposed not only to physical health risks, but also to mental health ones, potentially experiencing

burnout and similar manifestations. Other services also include guidance and follow-up, intermediation with companies/employers, networking and support activities.

In terms of networks, LianeCare is affiliated to the [Italian Corporate Welfare Association](#) (AIWA), that since 2017 promotes welfare, wellness and wellbeing culture in Italian companies.

#### 4.4 Germany – CWC Recruitment

CWC Recruitment implements the hiring process of international nurses in two key stages, that in some phases run simultaneously: Qualification Recognition (QR) and training. Right from the applicant's home country, CWC handles the complexities of qualification recognition, work visa applications, insurance, and initial language training. Once in Germany, CWC provides additional integration and adaptation courses to ensure the nurses' foreign education aligns with German standards. This two-step process ensures that healthcare facilities in Germany receive highly qualified nurses with the necessary skills and competencies to excel in their roles. In this way not only training is provided, but also guidance and follow-up, for professional matters and integration, intermediation with the hiring facility, legal and social support.

Such results are achieved through partnerships with different organisations, such as German nursing schools for on-the-job training, universities in the sourcing countries to attract talents after graduation, language schools and local sourcing partners for candidates' screening and guidance.

## 5. Conclusions and critical overview

All the cases here collected present both positive elements and aspects that could be improved.

In the first Italian good practice, we can note how **accessibility** and **support**, efficient **matching** and **transparency** and **organisation** are valuable points: registration and navigating the process are straightforward, with assistance readily available; families seeking care are easily connected with qualified carers and vice versa; the register provides a clear and organised way to find available carers. On the other hand, some aspects that could be improved are **inclusivity**, as the registration requirements on qualification and experience might exclude informal carers with valuable skills, the **subscription cost** and **territorial inconsistencies**, as such registers are available in some areas in Italy but not implemented at national level, which would set a more comprehensive and equitable standard.

Considering the LianeCare experience, the positive feature that stands out is definitely its **innovative approach to corporate welfare**, with an action that reaches beyond the workplace and impacts directly the workers' wellbeing and work-life balance. Such procedure could be improved by **partnering with public entities** like employment offices, in order to amplify its positive impact on both potential employers and the caregiving workforce.

CWC Recruitment presents its pros and cons as well. On the one side, **no registration fees** make the program more accessible, the focus on **continuing education** ensures nurses maintain their skills and knowledge, guaranteeing a high standard of care for German healthcare facilities, and the **qualification**

**recognition** leads to a more direct match between workforce shortages and potential employees. Another interesting aspect is how CWC pays attention to **sustainable recruitment**, carrying the RAL Quality Seal “Fair Recruitment Healthcare Germany” since 2022 and following the guidelines provided by the latest WHO’s [Health Workforce Support and Safeguards List](#), avoiding hiring nurses from countries which already face workforce shortages in healthcare. However, this focus on formal qualification might **exclude** individuals with talent and experience that don’t have one, risking to be overlooked by the system. This potential flaw could be corrected by considering to **incorporate skills assessment** alongside traditional qualifications, allowing them to evaluate non-traditionally educated nurses and potentially open doors for those with valuable practical experience and expanding the recruiting pool.



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# VET CARE

## **Building Capacity and VET for Migrants Care Workers in Europe**



**WP5/A3 Report on pilot-pool model for  
care workers – F. RONSEL/Spain**

Date: 19/06/2024

## DOCUMENT CONTROL SHEET

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## 1. About the VET CARE project

The VET CARE project aims to provide practical and useful answers regarding qualifications for the labour market, in the segment of long-term care (LTC) services, contributing for integration and social inclusion of migrants. Migrants are one of the major workforces in this area. VET CARE aims as well to transfer knowledge from different levels of stakeholders, contributing for implementing a logic of national/transnational cooperation and partnership in the sector.

The expected results are to contribute for a better knowledge and understanding of the migrant care workers landscape and training/qualification needs; capacity building and upskilling of migrant care workers, within a logic of integration and social inclusion of vulnerable populations; to foster cooperation among stakeholders from the care services sector that will allow to create suitable care work pools answering the needs of the labour market at European level.

The transnational project partnership supported by the Erasmus+ programme will be led by CECOIA (Portugal) in cooperation with the following partners: FORMA.AZIONE (Italy), IDEC (Greece) and Fundación Ronsel (Spain).

The VET CARE project started in December 2023 and will end in November 2025.

For more information, visit each partner's website:

CECOIA - [www.cecoa.pt](http://www.cecoa.pt)

FORMA.AZIONE - [www.azione.com](http://www.azione.com)

IDEC - [www.idec.gr](http://www.idec.gr)

Fundación Ronsel - [www.fundacionronsel.org](http://www.fundacionronsel.org)

## 2. Executive Summary

Work package (WP) n°5 is labelled as following:

- WP5 Pilot-pool model for care workers
- WP5 started in December 2023 and will end in November 2025, being developed over six (6) activities.



- WP5/A3 is about collecting the **8 good practices** developed at European level regarding local, regional and/or national formal and informal pools of care workers with co-participation of the target groups identified in WP5/A2 into **4 national reports**.
- At least **8 countries** will be targeted: Portugal, Spain, Greece and Italy, plus 1 other EU country by each partner.
- All partners will follow the template provided by Fundación Ronsel in this document.

WP5/A3 is scheduled to take place in April 2024.

## 3. Good practices in pilot-pool model for care workers

### 3.1 Introduction

The good practices selected were from Spain and Ireland because they are two countries with a high percentage of ageing compared to the birth rate, and because they are in the process of generating new service pathways in this area. It seemed interesting to us to be able to transfer pools from these territories, which in addition to the pool itself had other services that were in line with the needs of people, in particular the migrant group. That is why the selected options offer some added value according to what was pre-established between the partners when designing the template.

### 3.2 Methodology

The methodology used was an initial search for pools on the internet and a review of known pools. After this, the different proposals were filtered according to their relation with some of the needs detected in the migrant collective (for example, training or legal advice). In addition, the possibility of labour insertion was assessed, as well as the initiatives in terms of equity, equality and values.

### 3.3 SPAIN - Seniors Residencias

The Good Practice selected in Spain is *Senior Residencias*. It should be considered because they aim to balance the quality of the service they offer with ensuring the labour rights of the workers, facilitating gender equality and facilitating access to the world of work for people with a certificate of disability. In addition, they have very clear values of respect for human rights that must be taken into account, as care work is a highly precarious, poorly regulated and unprofessionalised sector. It should be noted that they offer a wide range of training courses free of charge.

Apart from the pool, they offer training, legal advice and economical support, and they give the opportunity to people that do not have official training and different work hour options. In addition, they

prioritise people with disabilities and implement positive discrimination that promotes gender equality and access to economic independence for women.

### 3.4 IRELAND - Family Carers Ireland

The Good Practice selected in Ireland is *Family Carers Ireland*. It has to be considered a good practice, because projects that emerge from the collective and the community have to be put at the centre, as they work from a more realistic and fairer perspective and respond to immediate and up-to-date needs. They also offer monetary rewards to new workers, and a list of complementary services for self-care, including respite spaces. Considering the harshness of this type of work, this is very relevant. On the other hand, and taking into account that the presence of migrant women in this type of work is high, the fact that they can have spaces to share with other people and create a network is of great value.

As said before, they give training, legal support and supporting groups in addition to the pool, and we consider that those are useful services for the migrant community. In fact, one of the main reasons why we decided to choose it as a good practice is that as a not-for-profit organisation, they are different to other home care providers in Ireland, because any profits earned from the delivery of home care goes directly back into supporting family carers through the provision of specialised training programmes, respite breaks, equipment supply, emergency respite/respite provision, advocacy, peer support groups, emergency care planning and many other worthwhile initiatives.

## 4. Overview on the contribution to the professionalisation of long-term care

### 4.1 Introduction

The importance of professionalisation in the care sector is relevant for reasons such as quality of service, good work, labour rights and so on. That is why we considered this section to be important when assessing the usefulness of a pool. In the case of the two best practices chosen, we can see that training is a pillar of the proposal, as well as care in the selection and recruitment processes. This is why they were chosen, as we will explain below.

## 4.2 SPAIN - SENIORS RESIDENCIAS

We can see from their website that they attach importance to the quality of services as well as to the welfare and rights of workers. They are governed by collective bargaining agreements, have the possibility of incentives, facilitate family reconciliation and are prohibited from working overtime.

In addition, although the employment exchange is open to everyone, they make positive gender discrimination and facilitate the inclusion in the workplace of people with a certificate of disability.

Furthermore, there is the extensive training offered free of charge to workers, which includes both formal and non-formal training, where they can even specialise in different areas.

So, considering all these factors, the complementary services they offer, and taking into account that they are part of Clariane Community, that is the biggest nursing home network of Europe, we can say that it is a pool that aims to ensure good conditions for the cared-for person and the carer and to ensure a professional service in accordance with the needs of the sector.

## 4.3 IRELAND - FAMILY CARERS IRELAND

This initiative promotes professionalism and good practice within the long-term care sector, due to its extensive experience in the sector and because it is an initiative that arises from the needs of families who need support in caring for family members. In addition, they value the quality of care as well as the well-being of carers by offering different services such as legal advice, training and even support groups.

Therefore, taking into account the complementary services, the family origin of the initiative and the training offered, we can say that it is a good practice that seeks the best results at a professional level, both for the cared-for and the carers.

# 5. Conclusions and critical overview

In conclusion, we can say that the two chosen good practices meet the requirements set by the partners. After all, they are quite complete proposals, which take into account the reality and the context of the long-term care sector, as well as offering complementary and useful services for the good work of professionals. Although they are not a specific pool for migrants, we believe that they are useful and accessible to migrants, and that they offer services that are often lacking for migrants, such as access to specific training, support from other professionals or legal advice.

However, we would also like to provide concerns or more critical feedback in terms of good practices, as for example in the case of Spain they are private residences, and ideally these services should be public. Even so, from the perspective of the employment exchange, it seems very accessible and gives the

opportunity to train and specialise to people who are not. Even so, more information would be needed on how they carry out the strategies they propose and what the selection processes are like.

The same is true for Ireland, although it is a non-profit initiative, the information on the complementary services offered is very scarce on the website, and it would be necessary to know in what specific way they work, how often they are offered and whether they meet the established objectives.

Finally, positive feedback should be given on the consideration of equity inclusion and diversity. In the case of spanish GP they use positive discrimination as a method to facilitate and ensure gender equality, as well as different family reconciliation policies, including the possibility to apply for leave of absence; and in the case of irish GP, they place great value on human qualities, good work and the desire to learn. Moreover, it is an initiative that starts from the beneficiaries, and this makes it an added value and really responds to the needs of the people who need care and those who care, even informally.



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# VET CARE

## **Building Capacity and VET for Migrants Care Workers in Europe**



**WP5/A3 Report on pilot-pool model for  
care workers – IDEC/Greece**

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WP5/A3 is scheduled to take place in April 2024.

## 3. Good practices in pilot-pool model for care workers

### 3.1 Introduction

The second activity within this package, WP5/A2, involves identifying eight good practices from European countries. Greece contributed one practice: *WorkLife.gr* which focuses on improving access to caregiving services through a digital platform. The second good practice researched was in the Netherlands and is called Buurtzorg, a home care organisation, whose name translates as "neighborhood care" and constitutes a change of paradigm in the approach of home care.

### 3.2 Methodology

The research methodology was differentiated. During research for WP2 that included research on the different training systems and opportunities for care workers in the two countries, as well as through the discussions and training of participants during WP5/A1, we took notice of the needs and the offer in the care sector. Through an extensive online search a wide range of pools and initiatives was identified in both countries in question. This was supplemented by a thorough review of established and previously known pools. Each proposal was then meticulously evaluated and filtered based on its relevance to specific catering of the migrant community, such as access to training programs, legal assistance, and support services. Another factor was the professional diversity of the team in charge of the pool, as well as the variety of employment services they offered. Finally, though for Greece we chose a pool that promotes direct registration and contact, in the Netherlands, the best practice chosen was of a slightly different type, as will be explained below.

### 3.3 WorkLife.gr

*WorkLife.gr* is an online platform aimed at connecting individuals in need of caregiving services with qualified professionals. It offers a user-friendly solution for those seeking nursing, home care, or assistance for individuals with disabilities. Registered professionals cover a wide range of services, from caregiving to physiotherapy and social work.

This platform contributes to the professionalization of the caregiving sector in Greece by simplifying the process of finding suitable caregivers and ensuring that individuals receive the care they need in a timely manner. It operates at a national level as far as professional placement goes, but is open to international registration of professionals and has a formal structure.

### **3.4 Buurtzorg**

Buurtzorg Nederland was founded in 2006 by Jos de Blok, a former nurse, as a response to inefficiencies in traditional home care systems. The name translates to "neighborhood care" in Dutch, reflecting its community-based approach. Buurtzorg's mission centers on providing holistic, patient-centered care while minimizing bureaucracy. The organization operates through self-governing teams of nurses who provide comprehensive home care services. Buurtzorg has grown significantly since its founding and now has a substantial presence throughout the Netherlands, with its model being adopted internationally.

## **4. Overview on the contribution to the professionalisation of long-term care**

### **4.1 WorkLife.gr**

This pool places a strong emphasis on lifelong learning by ensuring the continuous professional development of its partners. In order to nurture a collaborative network of associates who can support and complement one another, and not only enhance professional expertise but also strengthen the sense of belonging within the team, training sessions are regularly organised.

These sessions cover a wide range of professional topics, including issues affecting vulnerable social groups. For instance, there are sessions addressing the needs of children with disabilities, the elderly, and the inclusion of people with disabilities.

Additionally, there is training aimed at developing key professional skills such as empathy, crisis management, problem-solving, stress management, and effective communication, ensuring that the work seekers registered in the platform are well-equipped to handle challenges in their professional lives.

### **4.2 Buurtzorg**

Buurtzorg is transforming long-term care by putting patients at the heart of its nurse-led model. By giving nurses the freedom to work in self-managing teams, Buurtzorg empowers them to handle every aspect of care, from scheduling and coordination to direct communication with patients and their families. This decentralized approach reduces bureaucratic processing, allowing nurses to focus on

holistic care that blends medical treatment, personal support, and health coaching. The organization's efficient IT systems further ease the administrative workload, ensuring that nurses can dedicate more time to providing quality care.

Buurtzorg also strengthens the healthcare sector by delivering cost-effective, high-quality outcomes, setting a standard for efficient healthcare delivery. Moreover, its emphasis on work-life balance and job satisfaction helps build a sustainable workforce and combats the burnout that often plagues long-term care professionals.

Buurtzorg's innovative model, that puts both the carer and the patient in its centre, has gained international recognition, inspiring similar initiatives in diverse healthcare systems around the world, as it redefines the role of caregivers as autonomous professionals, contributing to the overall professionalization of long-term care practices.

## 5. Conclusions and critical overview

The analysis of pilot-pool models for care workers reveals two effective approaches: Greece's *WorkLife.gr* and the Netherlands' Buurtzorg. *WorkLife.gr* uses digital technology to connect caregivers with those needing support, improving accessibility and professionalization in Greece's care sector. Buurtzorg employs a nurse-led, self-managing model focused on holistic patient care while reducing bureaucracy and empowering caregivers. Both models enhance the professionalization of long-term care through continuous learning, skill development, and efficient service delivery.

The comparison of these models highlights distinct strengths and challenges. *WorkLife.gr*'s strengths include improved care service accessibility through a user-friendly digital platform, promotion of caregiver professional development through regular training, and provision of formal structure for national and international professional registration. However, its digital infrastructure dependence may exclude caregivers and clients with low tech literacy, and platform effectiveness depends on training quality and frequency.

Buurtzorg empowers nurses through self-governing teams, increasing autonomy and job satisfaction, minimizes administrative burdens allowing more time for patient-centered care, and establishes a global benchmark for efficient, cost-effective healthcare delivery. Yet its self-managing structure may be difficult to implement in hierarchical systems, and scaling across different cultural and regulatory environments presents complexities.



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