"Caring for those who Care"

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Ms. Allison Metcalfe

Founder & CEO

Of

HCA & Carers Ireland

An Roinn Sláinte
Department of Health

Welcome

HCA & Carers Ireland Meeting
With
Minister Mary Butler TD.

(Minister of State with responsibility for Mental Health and Older People)

Department for Health

HCA&CARERS
IRELAND

Please Refer to Meeting Agenda for Schedule

Introductions

Minister Mary Butler TD	**Department of Health**
Ms. Allison Metcalfe	***HCA & Carers Ireland***
Prof. Mary Codd	***UCD SPHPSS, CSTAR and HSE-UCD CTC***
Mr. Karl F. Conyard	***UCD SPHPSS, CSTAR,*** **HSE-UCD CTC, RCSI; & HCA & Carers Ireland**
Ms. Aoife Smith	***The Great Care Co-op***
Ms. Helen Lowry	***The Great Care Co-op***
Ms. Linda Keitasha	***The Great Care Co-op***
Ms. Majella Beatty	**HCA**

Issues and Solutions

The Facing Façade

An industry wide belief that there is a shortage of Carers (HCAs). This surprisingly is not true based on Stats from QQI.

No shortage of carers just shortage of people who want to work for minimum wage on "if & when" type contracts

Some HCAs are working **under dreadful terms and conditions** of employment in Nursing home, mostly for the private sector.

Solutions

- Ensure minimum percentage of tendered price has to be paid out in wages or insist minimum payment of living wage
- Make it easier for other models of provision to apart of the tender process e.g. Co-ops, community groups, micro providers
- Allow families where appropriate, to use packages directly with local qualified carers – personal budgets – reduces cost and more motivated carers

To repeat the famous words of Ghandi, 'the true measure of any society can be found in how it treats its most vulnerable members"

Caring is not an attractive career because:

- **All power** in the hands of a small number of corporate providers
- **Too little funding getting into hands of frontline workers** where they have greatest effect
- Too much leakage to corporate overheads and profit margins

480 Million Euros spent on homecare in Ireland last year and the majority was through corporate providers

Representation

- Carers have no voice at table

- Other groups pretend to talk for carers – Private Representation,
  They position themselves for Carers but they align,
  to companies not the workers.

- To Whom do they support the worker or the corporate company
- Hidden Agendas have caused more damage COVID19 has illuminated this.

We need Ministers of State to Support:

- Setting up of a National Body/Group for Carers/HCAs to represent carers which voice their concerns

A Registry of Carers is needed and long required as a first step for Caring to become a proper profession

Policy Development is Required to make Important long lasting Positive Change

Healthcare Assistants and Qualified Carers, A Trained, but untapped underutilized resource: A population-based study in Ireland

Overview of Study ,Results, Recommendations, and Pandemic Correlations (from CT)

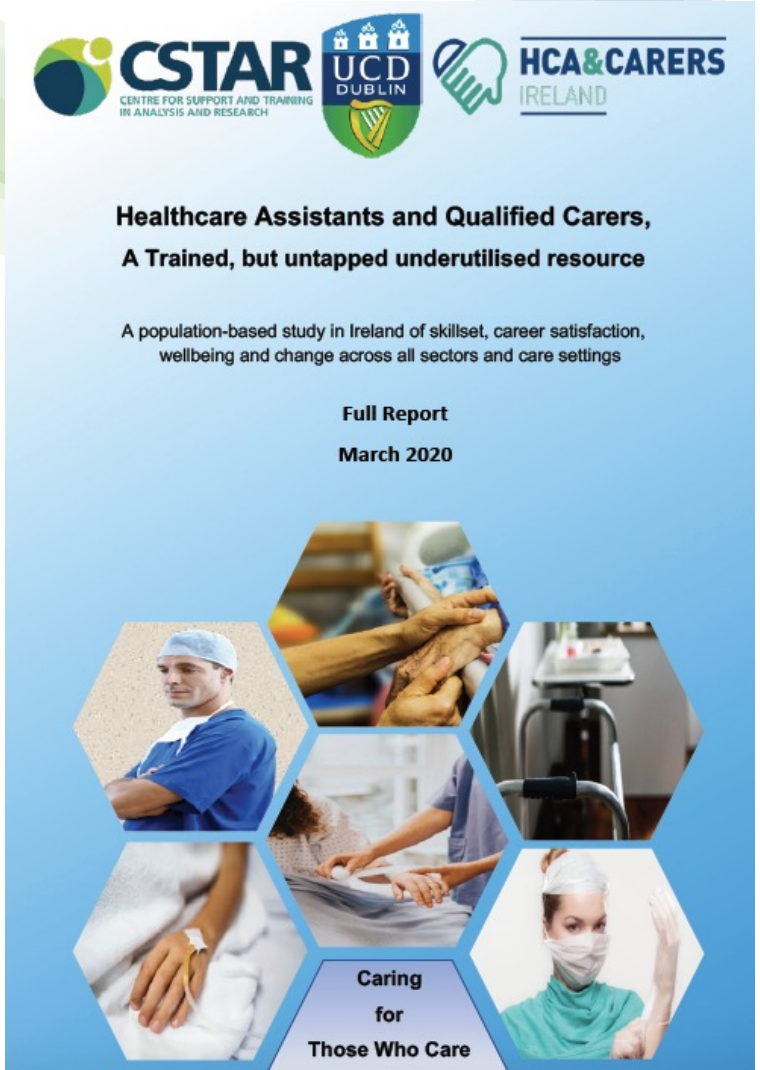
Mr. Karl F. Conyard - Principal Investigator
HCA; BSc. BHS; MPH & FRSPH
Public Health Scientist – Epidemiology & Biostatistics
Operations Lead – UCD-HSE Contact Tracing Centre

Prof. Mary Codd – Supervisor
MD, MPH, D.Stats, FFPHMI, PhD (Epi & Bios)
Associate Dean of Public Health, UCD SPHPSS
Director of UCD CSTAR
Director of UCD-HSE Contact Tracing Centre

The Study

Introduction

- First study of its Kind in Ireland
- Born from Necessity
- Complete lack of National Knowledge



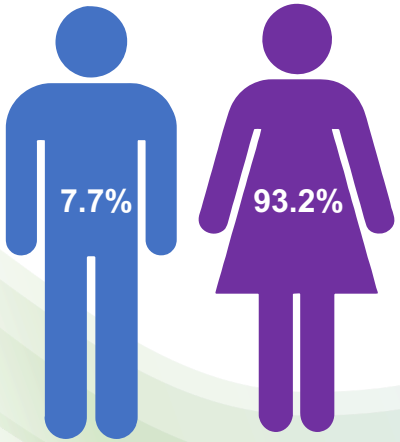
Methods

- Collaboration between UCD CSTAR + HCA & Carers Ireland
- A Quantitative, Cross-Sectional Population-Based Study
- Multidisciplinary Approach with HCAs at the Table
- International Literature Review
- Sample Size: 2000 respondents Approx..
- Results applicable to a pop. of 70,000 HCA's
- Study attained a 99.99 % confidence level.

Goal

- To observe skillset, career satisfaction, wellbeing and change in all sectors and settings of care
- To provide a useful resource for policy makers to improve outcomes for all.
- To elicit the views of carers about their background, training, skillset, work environments and conditions, career satisfaction and aspirations.

Results

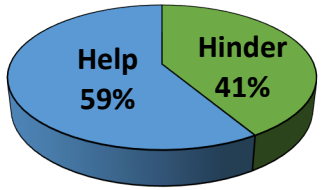


Care Setting

- Hospital 14%
- Nursing Home 29%
- Home Care 34.5%
- Day Care Centre 3.2%
- Charity Organisations 3%
- Hospice 3.2%
- Clinic 1%
- Intellectual Disability 12%
- Mental Health 3%
- Addiction Services 0.3%

98% Agree with a License/Registration System Sig* by All

Employer Helping Employees?

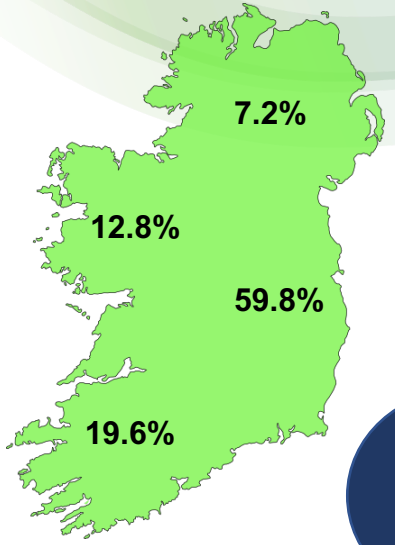


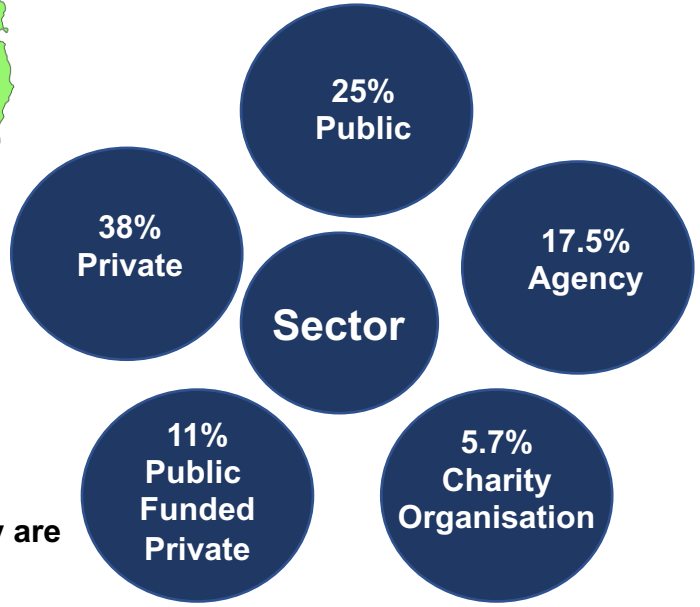
90% Believe Work Effects Their Health and Wellbeing

86% Believe that those with a 'Full Qualification' should be paid more than those working without

Age Category

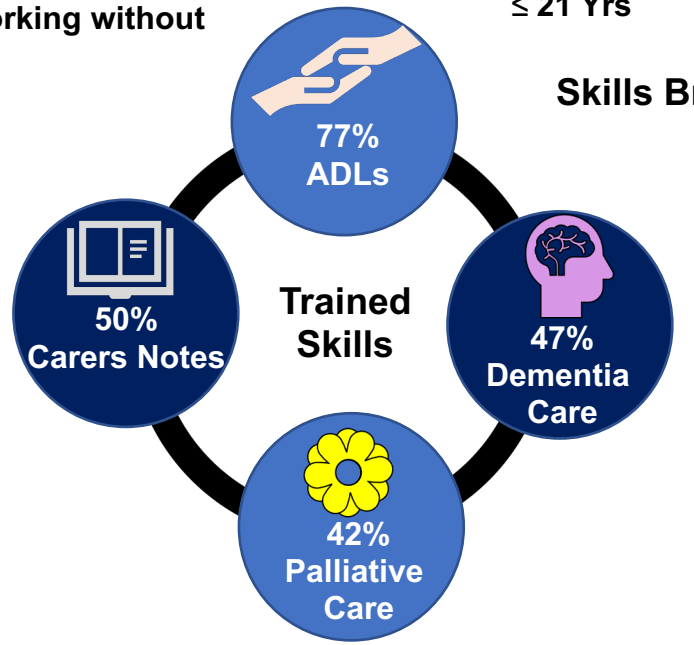
61 – 70 Yrs	3%
46 – 60 Yrs	42%
31 – 45 Yrs	39%
22 – 30 Yrs	14%
≤ 21 Yrs	2%

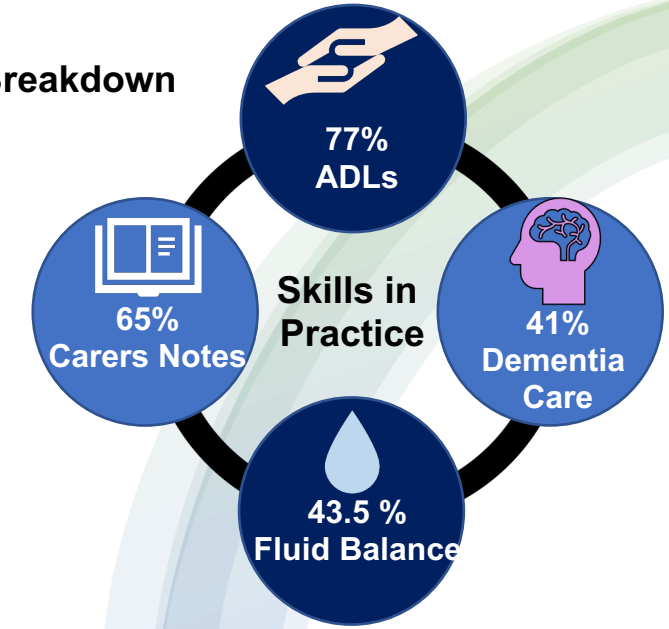




51.4% Believe that they are not listened to by management

Skills Breakdown





Results

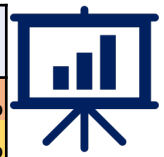
General Well-being
(Entire Study Population)

Positive Well-being	40.8%
Low Positive	13.4%
Marginal Well-being	13.2%
Stress Problem	25.3%
Distress Issues	6.0%
Serious Issues	1.4%

Hospice Care, Addiction Care and Mental Health Services (public & private) were found to have the largest proportions of positive well-being among the study sample

Career Satisfaction
(Entire Study Population)

	General Satisfaction	Intrinsic Satisfaction	Extrinsic Satisfaction
Least Degree	1.8%	2.7%	3.9%
Average Degree	87.4%	91.4%	43.0%
High Degree	10.8%	5.9%	53.1%



27 cases of 'Can't Decide,' over the three satisfaction groupings was observed. This inflates the average degree of satisfaction. The addiction services care setting group noted an inability to decide if they were satisfied for not on all satisfaction scales

Some Key Findings

- Range of Issues with the Current Education model
  - Non-Generalisation of modules - to breaches in academic standards.
- **Discrepancy** found between practice and Training (Meds and IV)– Red Flags
- HCAs trained via QQI* means are trained in a plethora of skills unused in practice.
- No Competencies based education model for the largest working HCW Group
- CPD is not a standard well kept – Approx.. 40% of Study Population

  noted that employers did not allow HCAs to Upskill

Statistically Significant Findings

- HCAs feeling downhearted or feeling blue is strongly correlated with anxiety
- HCAs feeling burnout, exhaustion, and feeling worn out to low levels of vitality
- 50% of HCAs feel they do not have adequate well-being
- Private NH; Homecare & ID HCAs note higher proportion of stress problem, distress issues and serious issues
- Highest proportion of Serious issues regarding GWB found in Private NH

Recommendations

43 Recommendations made

Based on Results and International Best Practice

5 Categories of Recommendations

- General Recommendations for all sectors and Settings
- Policy / Legislation
- Education
- Recommendations specific to setting
- Improve Well-being

6. The **role of the HCA / Qualified Carer needs urgent regulation** throughout all sectors and settings this is required to ensure a sense of Occupational Progression for HCAs & qualified carers.

7. **Professionalisation of the occupation is required**; It takes **many hours study and practice to become a fully qualified HCA/carer.** Improvements in T&Cs for non educated carers have been seen .

8. **Regulation is required in all areas of care**

9. **Formal mandatory registration / Licence System is Urgently Required** across all sectors and setting, to ensure consistency of public health provision - a **one-stop-view of a candidate's entire formal education, experiences, continuous professional development, issues and salary scale.** Reassurance to clients, patients, residents and service users about who cares for them (Public Reassurance and Safety) **– Stops Poor Practice Too**

16. **A national body is required**, (Could be a part of a national registry – similar to NMBI) **to ascertain professional core competences**, to unify and generalise training of all carers and HCAs **in line with European standards** as is the general standard within Nursing, Medicine and the Allied Health Professions.

21. **Staff ratio needs to be Urgently Reviewed**, there is no national staffing ratio regulation placed on nursing homes or in Homecare

24. **Training of staff:** training plans and **ongoing CPD** (safe guarding, dementia awareness, **infection control,** people moving and handling, pressure sore awareness, assisted feeding, catheter and stoma care) **should be in place always not only when an inspection is immanent**

Pandemic Correlations

HCAs and Qualified Carers are **critical** to the provision of care to 32,000 residents of 580 Nursing Homes (NH) and other Longterm Residential Care (LTRC) facilities throughout Ireland

The Covid-19 pandemic **shone an important light** on this largely-ignored, inconsistently-regulated sector of care in our society. Its impact was swift and tragic for vulnerable residents who lost their lives and for families bereaved and grieving for loved ones who died alone. ***Could more have been done to alleviate the tragedy?***

Nursing Homes in Ireland are predominantly privately owned (80% beds). There is no clinical governance by the HSE. *(HIQA Report to NPHET, 09/04/20)*

Less than 25% of NHs are fully compliant with ALL HIQA regulations *(HIQA Report to NPHET, 09/04/20)*

ALL Homecare; NH and LTRC facilities should be subjected to regulation, oversight and accountability in all matters relevant to the care of residents. This includes governance, infrastructure, policies, practices and staffing issues.

Staffing issues identified repeatedly:

- Staff compliments unable to respond to need;
- Pressure to be at/return to work despite guidelines;
- Inadequate provision of PPE early in the pandemic;
- Language/comprehension issues for some staff;
- Need for staff training, accreditation, registration;
- Terms/conditions of employment in need of attention;

In the context of the Covid-19 pandemic, at a time when a competent and cared-for workforce of HCAs is critical to the care of the most vulnerable in society, the findings of this report take on even greater significance. Deficiencies highlighted in the report have had their greatest impact at this time of acute need.

Ms. Aoife Smith

Ms. Helen Lowry

Ms. Linda Keitasha

"The Great Care Co-op"

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Alternative Models of employment and care provision

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Questions and comments from the Minister

Acknowledgements

Thank you to all Parties present this Morning. Between Policy Development, Teaching, Contact Tracing and most importantly Caring for our vulnerable Society.

Many thanks for taking time out of your busy Morning for this small session

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Publications

https://www.lenus.ie/handle/10147/627406

https://researchrepository.ucd.ie/handle/10197/11457

Let's Remember to Care for our Carers…..
Through Policy Change, Representation and Regulation