

EU Blueprint: The visioning of the to-be elderly care providers

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Abstract: *In regards with the ageing population throughout Europe and the impacts of the Covid-19 pandemic on the caregiving sector, as part of the Eldicare 2.0, WP3, research was conducted to do a Post-Covid Impact Assessment to the older adult care sector's skills needs as well as an assessment of skill mismatches and upskilling and reskilling needs of the workforce in the older adult care sector. By replying to these two objectives, the aim of this Blueprint is to present the visioning of the to-be elderly care providers in terms of necessary skills to develop (with an emphasis on digital, soft, environmental and entrepreneurial skills), as well as the recommendations concerning upskilling and reskilling Training to meet evolving demands and necessary adaptations to the sector, and the gaps between the implementing countries of the project. To do so, this Blueprint will be based on the transnational research findings, where a social sciences mixed research methodology was conducted, with the use of individual interviews, group interviews and surveys. A thematic analysis was used to analyse the interviews and a descriptive statistical analysis were conducted for the surveys. The results indicate the existing skills gaps amongst the countries and on a European level as well as the needs in terms of upskilling and reskilling needs. It ends with recommendations on multiple levels, for the VET provider, the international and national level health authorities and governments, the older adult care facilities and the carers.*

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Glossary

AT	Austria
BG	Bulgaria
CZ	Czech Republic
EU	European Union level
EU1 and EU2	Two EU level group interviews were conducted, named EU1 and EU2. The 1 st EU-level group interview, named EU1, was conducted by Eurocarers, EAN and ESN. The 2 nd EU-level group interview, named EU2, was conducted by EVTA and EVBB.
ES	Spain
GR	Greece
Informal carers	A person who provides – usually – unpaid care to someone with a chronic illness, disability or other long-lasting health or care need, outside a professional or formal framework ¹
LTC	Long-term care includes a broad range of personal, social, and medical services and support that ensure people with, or at risk of, a significant loss of intrinsic capacity (due to mental or physical illness and disability) can maintain a level of functional ability consistent with their basic rights and human dignity. It is provided over extended periods of time by family members, friends or other community members (also called informal carers) or by care professionals (also called formal carers) ²
Nurses	Healthcare professionals who provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their families. Nurses play a vital role in the healthcare system.
Telemedicine	Telemedicine encompasses all health care, education, information and administrative services that can be transmitted over distances by telecommunications technologies ³
VET	Vocational education and training, abbreviated as VET, sometimes simply called vocational training, is the training in skills and teaching of knowledge related to a specific trade, occupation or vocation in which the student or employee wishes to participate ⁴

¹ Definition from Eurocarers (<https://eurocarers.org/about-carers/>)

² Definition from the World Health Organisation (<https://www.who.int/europe/news-room/questions-and-answers/item/long-term-care>)

³ Lipson L, Henderson T. State Initiatives to Promote Telemedicine. Washington, D.C: Intergovernmental Health Policy Project; 1995.

⁴ [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Vocational_education_and_training_\(VET\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Vocational_education_and_training_(VET))



EU Blueprint: The visioning of the to-be elderly care providers


1. INTRODUCTION

The project "Eldicare 2.0: Re-defining skills in a post-COVID European Silver Economy" spanning from 2023 to 2027 and funded by Erasmus+, aims to address these challenges by redefining the skills required in the older adult care sector. This project, led by AKMI SA, builds on the success of the initial "Eldicare: Matching Skills in a growing European Silver Economy" project, which ran from 2018 to 2021. The initial project made a considerable impact on the older adult care sector, but its implementation during the COVID-19 pandemic revealed vulnerabilities and gaps in the system that the new project seeks to address.

The Eldicare 2.0 project is designed to respond to the post-pandemic realities by aligning with the European Council's goals of digitalisation, green transition, and enhancing the entrepreneurial and soft skills of caregivers. The overarching aim is to establish a comprehensive and affordable long-term care system that ensures a decent standard of living for the older adult, increases the availability and variety of professional care services, addresses territorial gaps in access to care, and integrates digital and green solutions into care services.

The project's specific objectives include developing a skills ecosystem for the older adult care workforce, upskilling and reskilling professionals to meet the growing needs of an ageing population, and updating occupational profiles with essential skills for a digital and green economy. Additionally, it aims to bridge skills gaps identified in the post-COVID era, establish a methodology for anticipating future skills needs, and provide innovative teaching and learning approaches. By bringing together education actors, market representatives, and umbrella organisations, the project seeks to achieve systemic and structural impacts across Europe.

Given the varying impacts of the pandemic across Europe, a transnational study was suitable for understanding and addressing the diverse needs and challenges in older adult care. The Eldicare 2.0 project's emphasis on cross-sectoral cooperation and comprehensive analysis aims to provide adaptable insights and solutions across different European contexts. This report, a product of the first



year of diagnostic research by the project partners, offers detailed country-specific analyses and a transnational analysis.

Different key questions that guided our research were:

1. How has the COVID-19 pandemic impacted the skills required in the older adult care sector, particularly in terms of digital and soft skills?
2. What are the current skill mismatches in the older adult care sector, and what upskilling and reskilling needs have emerged in the post-COVID era, especially regarding green and entrepreneurial skills?

By replying to these questions, the objective of this Blueprint is to present the profile of the to-be older adult carer in terms of necessary skills to develop, as well as the recommendations concerning upskilling and reskilling training to meet evolving demands and necessary adaptations to the sector.

2. METHODOLOGY

❖ Methodological outline of the research

As previously evoked, Eldicare 2.0 dedicated the initial 10 months of the project to empirical research, comprising desk research and field research. To gain a better understanding of the impacts of Covid-19, emerging skills in the post-pandemic period and training needs, a comprehensive and holistic methodological approach was mobilised, collecting both quantitative and qualitative data gathered by the partner organisations between February-May 2024.

The primary objective of the research was to identify and define a forward-looking upskilling and reskilling strategy for the older adult care sector. To achieve this, the following tasks were conducted:

- A post-Covid impact assessment to the older adult care sector's skills needs (with an emphasis on digital and soft skills) via a desk research and consultation workshops (qualitative methodology) (Task 1)
- An assessment of skill mismatches and upskilling and reskilling needs of the workforce in the older adult care sector (with an emphasis on green and entrepreneurial skills) via desk research, surveys and individual interviews (mixed methodology) (Task 2); were conducted.

To carry out the data collection process, social science methodologies were employed. In order to ensure the scientific and ethical integrity of the research, all methodologies were validated by an ethics committee (Appendix 1), which is a body that evaluates research proposals to ensure they are conducted in a manner that respects the rights and dignity of the participants.

With regard to its scientific expertise, Gérontopôle AURA was responsible for coordinating the methodological approach for this study which was implemented in 6 countries⁵. The researchers, trained in qualitative and quantitative scientific methodologies, developed the data collection methodology in line with the objectives of this study. There was a total of 8 research teams, one for each of the 6 implementing countries and two amongst the five European umbrella organisations⁶. A

⁵ Austria, Bulgaria, the Czech Republic, France, Greece, Spain

⁶ "Umbrella organizations are predominantly "member-benefit or member-serving organizations that exist to support, coordinate, and provide services to their member organizations. These entities often function as networks, bringing together multiple organizations to facilitate collaboration, share resources, and work towards common goals. By acting as a central body, umbrella organizations help to streamline efforts and ensure a unified approach to achieving their objectives" (Melville, 2010)

comprehensive methodological guide was developed, and a detailed informative/training session was held to ensure that all participating countries followed the same standardised procedures

❖ A mixed-methodology research

In order to answer to the previously presented questions and objectives, a scientifically valid methodology⁷ was used. The methodologies were created and centralised by Gérontopôle AURA and their implementation by the partners⁸ was coordinated by the latter as well.

Knowing the importance of grounding research in fieldwork, a field-based mixed-methodology was conducted using a social sciences approach, using both qualitative (interviews) and quantitative (surveys) methods (Johnson, Onwuegbuzie & Turner, 2007) to gain a comprehensive and nuanced understanding of phenomena, combining the strengths of both qualitative and quantitative approaches. Quantitative methods, such as surveys, allow for systemic data collection. On the other hand, qualitative data, such as interviews in the case of this study, provide in-depth insights into experiences, perceptions and points of view of the participants (Johnson, Onwuegbuzie & Turner, 2007).

The initial step involved conducting a state-of-the-art through desk research conducted per country and on an EU-level to understand what has already been done and said on a subject and see where the current research can be beneficial to the literature (Jaillet & Mabilon-Bonfils, 2021). In total, 161 articles were included (scientific literature, national reports, ...).

Afterwards, the interviews (qualitative data) and surveys (quantitative data) were conducted on a country and EU-level. The use of multiple methodologies and a mixed-methodology research allowed the use of triangulation, which is *“the process of the researcher referring to other sources of information to add contextual interpretation or cross verification of certain scenarios during or after the qualitative interview”* (Chen & Wei Qun Lou, 2020).

⁷ Validated by an ethics committee ; Saint-Etienne University Hospital Ethics Committee, Terre d’Ethique Research Commission (Institutional Review Board : IORG0007394) gave a favorable opinion to conduct the study. Reference number IRBN352024/CHUSTE

⁸ Austria: ÖJAB, Bulgaria: BLOCKS, DAYANA-X, Czech Republic: APSS, France: FNAQPA and Gérontopôle AURA, Greece: AKMI SA, AKTIOS and Metropolitan College, Spain: LARES, EU-level: EAN, ESN, EVBB, EVTA, Eurocarers

❖ Interviews

Qualitative data, collected through semi-structured individual interviews and group interviews, aimed to explore participants' experiences and perceptions in depth (Dumez, 2011). Specifically, for the individual interviews, the objective was an assessment of skill mismatches and upskilling and reskilling needs of the workforce in the older adult care sector. And for the group interviews, a post-Covid impact assessment to the older adult care sector's skills needs.

For both interviews, an interview guide (Appendix 2) was prepared *a priori*, according to the objectives of the research, categorised by themes and sub-themes (Baggio, 2011) in order to respond to the research objective. The individual interviews consisted of 35 questions and the group interviews of 19.

In particular, for the individual interviews, the interview guide was organised into four sections: themes, sub-themes, additional questions, and the objectives of each question. It comprised a total of 8 themes, including introduction and conclusion, with 8 main questions and 27 supplementary questions. The questions focused on various topics including the skills utilised during the Covid-19 period, knowledge of green and entrepreneurial skills, issues related to skill mismatches, knowledge and perception on upskilling and reskilling practices, and challenges associated with the implementation of these training programmes. Additionally, there was a socio-demographic section featuring 7 questions related to age, gender, country/location, and profession.

As for the group interviews, the interview guide was organised into four sections: themes, sub-themes, additional questions, and the objectives of each question. It comprised a total of 5 themes, including introduction and conclusion, with 5 main questions and 15 supplementary questions. In this instance, the questions examined the impacts of Covid-19 and the resulting challenges, as well as knowledge about digital and soft skills. Additionally, there was a socio-demographic section featuring 8 questions related to age, gender, country/location, and profession.

The interviews were conducted either face-to-face or via videoconferencing platforms. In order to allow their analysis, a voice and video recording were captured during each interview. To address any concerns about anonymity and confidentiality, a detailed explanation was provided to the participants and signed by both parties. The recordings were destroyed after the analysis. Each participant was assigned codes, and all identifying information that could compromise confidentiality was removed.

For the group interviews, the participant codes were given as followed: CountryAbbreviation-CW-NoParticipant. Ex: AKTIOS-CW1 (participant no 1 of the consultation group conducted by the partners in Greece), FNAQPA-CW5 (participant no 5 of the consultation group conducted by the partners in France). For the individual interviews were given as followed: PartnerAbbreviationNumber. Ex:

AKTIOS1 (1st in-depth individual interview conducted by the partners in Greece, AKTIOS), FNAQPA5 (5th in-depth individual interview conducted by the partners in France, FNAQPA).

Each partner transcribed individual's interviews and focus groups, which they conducted. Then they send a pre-analysis to Gérontopôle for their centralisation. Next, the junior researcher, trained in methodologies and supervised by the senior researcher, carried out a thematic content analysis for each country. She then carried out a transnational analysis.

Thematic analysis is an analysis method used in qualitative research and its aim is to study and interpret the textual data. Thematic analysis identifies and describes the main or recurring themes present in a set of textual data. This reveals the concerns, experiences and perspectives of the participants. Its main force is therefore a more deepened understanding of the collected data. It aims to explore in depth the underlying meanings and feelings expressed in the data. This helps to understand the points of view of the individuals or groups studied.

This type of analysis is achieved by "the transposition of a given corpus into a certain number of themes representative of the content analysed, and this, in relation to the research orientation (the problematic)" (Paillé & Mucchielli, 2021). In other words, it's a systematic grouping of data from a corpus. Researchers identify expressions under several themes (Mucchielli, 1996 in Lannoy, 2012). There are different stages in carrying out a thematic analysis: the type of coding, the coding of data by labels and finally the consolidation of themes (Lannoy, 2012).

For both the semi-structured interviews and the group interviews, the analysis took place in four stages by a researcher trained in qualitative methods, supervised by an experienced researcher. Although the stages are presented as a linear progression, it is important to note that, in practice, analysis often requires going back and forth between the different stages for better appropriation of the data and more refined reflection.

- Partial transcription of interviews, accompanied by manual note-taking of points directly related to the themes, if found necessary
- Multiple listening and readings, with notes and annotations
- Coding of all phrases/extracts of all interviews based on what it's about
- Create new code to encapsulate potential themes
- Evaluate and re-evaluate themes and sub-themes

The target public for the interviews consisted of carers and professionals working with older adults. In person interviews were prioritised for both methodologies. However, depending on the availability of

the partners, they could also be conducted through a videoconference platform. Recruitment involved distributing flyers by each partner on the local language and later contacting the communication letters outlining the study's objectives, duration, and confidentiality terms.

❖ **Surveys**

The surveys, aiming to realise the objective was an assessment of skill mismatches and upskilling and reskilling needs of the workforce in the older adult care sector, are a quantitative data collection methodology that refers to numerical information collected and analysed to understand phenomena, patterns, and relationships between items, collected from a sample of individuals. For this study, an online survey, translated to the local languages of the implementing countries and the members of the EU-level partners, was conducted via Lime Survey.

The choice of this platform being mainly being its data privacy. The survey included 33 questions divided into eight parts, covering socio-demographic data, professionals' representations of ageing, skills assessments, and interest in upskilling training.

The target population consisted of older adult carers, both professionals and informal, from the consortium and its member countries.

Descriptive statistical analyses were conducted, with scores and averages cross-tabulated with variables such as occupation and country of origin.

❖ **Population**

The following table outlines the number of participants involved in each methodology, highlighting the breadth of our research approach and the diverse data collected:


Methodology	Number of Participants
Individual Interviews	59
Group Interviews	42 (through 7 group interviews)
Surveys	595 (566 complete and 29 incomplete but usable responses)

 **For the individual interviews:**

- 9 participants from Austria, 10 from Bulgaria, 10 from the Czech Republic, 10 from France, 10 from Greece, 10 from Spain
- Average age: 48,9 years
- The profile of the participants varied: 30 directors/supervisors, 8 social assistants, 5 nurses, 5 (neuro)psychologists, 2 physiotherapists, 2 human resources, 2 trainers, 1 quality officer, 1 kinesitherapist, 1 lecturer in social services, 1 occupational therapist, 1 geriatric doctor

 **For the group interviews:**

- 6 participants from Austria, 5 from the Czech Republic, 7 from France, 3 from Greece, 5 from Spain, 6 in the EU1⁹ and 10 in the EU2
- Average age: 46
- The profile of the participants varied: 20 directors/managers, 9 nurses (some having a second title such as quality representative or nursing assistant), 3 social workers, 3 project managers (in VET and Health Care), 2 methodology specialists, 1 controller, 2 (neuro)psychologists, 1 informal carer student, 1 institutional representative

 **For the surveys:** Amongst the 595 participants:

- 170 participants from Spain, 113 from France, 104 from Bulgaria, 61 from Austria, 54 from the Czech Republic, 44 from Greece, 29 from other EU countries, 9 from Belgium, 5 from Portugal, 3 from Italy, 2 from Germany and 1 from Luxembourg.
- Average years of experience in the field: 13 years
- The profiles of the respondents varied: 171 managers, 106 informal carers, 90 nurses, 42 assistive personnel, 23 physiotherapists, 19 doctors, 16 paramedics, 6 dieticians/nutritionists and 121 people practicing other professions related to gerontology (such as psychologists, health managers, or social workers)

⁹ Two EU level group interviews were conducted, named EU1 and EU2. The 1st EU-level group interview, named EU1, was conducted by Eurocarers, EAN and ESN. The 2nd EU-level group interview, named EU2, was conducted by EVTA and EVBB.

3. CURRENT STATE OF ELDERLY CARE IN EUROPE

❖ Overview and Key Challenges on Ageing Population and Long-Term Care (LTC) Challenges in Europe

The G20 Summit in 2019 highlighted the ageing population as a significant global risk, urging nations to adopt structural policies to address the increasing demands. Eurostat data from 2023 shows that in 2019, 35% of the EU population was over 55 years old, projected to rise to over 40% by 2050. This demographic shift is accompanied by a substantial increase in the number of individuals aged 80 and above, which is expected to grow from 6% to 14.6% between 2021 and 2100.

The European Pillar of Social Rights emphasises the need for timely, affordable, and quality health care. However, the ageing population presents challenges, particularly in managing chronic diseases and long-term care, exacerbated by the COVID-19 pandemic.

The pandemic highlighted significant weaknesses in the LTC sector, including higher death rates among older adults and severe impacts on long-term care facilities. The crisis underscored the urgent need for improved preparedness and systemic changes.



❖ Country-Specific Insights and Projections through desk research, interviews and surveys

Austria

In Austria, the ageing population increases demand for LTC and strains the workforce (Rappold & Juraszovich, 2019). The number of older adults (aged 65 and over) is projected to grow by about 62%, from 1.76 million to 2.85 million by 2070. In 2022, there were 2.55 million pensioners, and demographic forecasts indicate this number will continue rising, reaching 3.1 million by 2070—a 21.6% increase (Economic Policy Committee, 2023).

By 2030, it is expected that Austria needs to recruit around 34,200 new carers due to retirements. The pandemic revealed gaps in LTC resources and prompted a €100 million fund for support. Recent reforms aim to enhance the attractiveness of nursing careers through financial incentives and improved training.

The group interviews revealed that the Covid-19 pandemic had significant challenges to older adult care practices, as well as to the older adults themselves, especially in regard to the social and communal aspects. It affected the team dynamics and caused logistical challenges. However, it also presented positive impacts such as an increased adaptability, dedication, revealing hidden strengths and fostering a sense of unity and resilience within the staff.

According to the carers, digitalisation played a crucial role in streamlining communication and administrative tasks, increasing transparency and efficiency. Nonetheless, issues like constant connectivity, financial constraints in smaller communities and their perceived impact on declined interpersonal relationships limited the full potential of digital tools.

Carers disclosed that the essential soft skills in older adult care include communication, empathy, patience, organisational abilities, and interpersonal interactions, with adaptability being a key component to address the diverse needs and circumstances of patients.

Results of individual interview

Theme	Sub-theme	Citation
Knowledge on Green Skills and Current Implementations	Challenges on the Implementation	<i>"However, the area as such is cumbersome." (ÖJAB2, F, AT, Care Manager)</i>
	and Areas of Improvement	<i>"Sometimes it's not so easy in the care sector because there are a lot of disposable products, but we have seen with our hygiene officers that</i>

		<i>this can be changed from time to time, that canisters can be used instead of small bottles, that it can be used differently in the areas." (ÖJAB3, F, AT, Head of Facility Management)</i>
	Knowledge and awareness	<i>"I've actually already heard about it and read a lot about it. That is, of course, the willingness to engage with sustainable development" (ÖJAB6, F, AT, Manager)</i>
	Example 1: Using regional products for sustainability	<i>"We try to use all kinds of regional products in the kitchen that all come from Austria" (ÖJAB, Female, AT, Head of Facility Management)</i>
	Example 2: Waste Management and Reduction	<i>"We have a rubbish room and we have labelled bins for glass, paper, all sorts of things, and we've implemented this really well." (ÖJAB, Female, AT, Quality Manager)</i>
	Example 3: Sustainability and Resource Efficiency on the day-to-day practices	<i>"We're trying not to waste energy now by tilting windows, by opening windows, by switching off lights in the warehouse." (ÖJAB, female, AT, Quality Officer), the impact of digital transition on sustainability, "We no longer have to buy newspapers, for example, but read everything online" (ÖJAB8, F, AT, Qualified health and nursing professional, assistant to the nursing service manager and hygiene officer)</i>
Importance of the Implementation of Green Skills	Importance Given to Acts on a Personal Level	<i>"I always try to think and act green for myself... I just want to do my bit so that I can live a greener life." (ÖJAB9, F, AT, Nursing, care and psychosocial services), eating less red meat and consuming regional products, "But I think meat has to be taken off the plate. Twice a week, I would suggest, and what I'm in favour of is organic, regional, local shopping and really good produce, good food. " (ÖJAB9, F, AT, Nursing, care and psychosocial services)</i>
	Importance of Green Skills in Caregiving	<i>"I do believe that these skills are also important in geriatric care. For example, waste management, waste separation, but also in relation to the resources of the employees themselves in the context of workplace health promotion, where attention is paid to the resources of the employees." (ÖJAB1, F, AT, director),</i>

		<i>with an emphasis on environmental impacts "For example, in the field of older adults care, green skills could be important to create an environmentally friendly and sustainable care environment, which could include the promotion of environmentally conscious practices in the disposal of waste, the use of resources and the design of care facilities" (ÖJAB7, M, AT, Deputy Head of Nursing)</i>
Knowledge, Current Implementations and Gaps around Entrepreneurial Skills	Knowledge and awareness	<i>"It is of course these abilities to recognise trends and gaps in the market, to keep up with the times, to take an interest in the employee, how to improve something or to perceive and react to changes in the industry... And I believe that every company is also willing or obliged to implement such skills or such measures." (ÖJAB9, F, AT, Nursing, care and psychosocial services)</i>
	Current Implementations	Leadership training , <i>"We also have a huge project going on at the moment: resilience for all managers in public relations" (ÖJAB3, F, AT, Head of Facility Management)</i>
	Areas of Improvement	<i>"Yes, I sometimes have the impression in some areas that we have to deal with a lot of bureaucracy and are overwhelmed by red tape, which certainly makes life difficult for us in that area, be it finance, creativity or business management" (ÖJAB1, F, AT, director)</i>
Importance of the Implementation of Entrepreneurial Skills		<p>On professional satisfaction level: <i>«Yes... very important. Our goal is that we come to work satisfied, go home satisfied and that each of us has a contribution to make." (ÖJAB8, F, AT, Qualified health and nursing professional, assistant to the nursing service manager and hygiene officer)</i></p> <p>On an organisational level: <i>"This is probably even more important at the present time with staff shortages and personnel problems." (ÖJAB1, F, AT, director)</i></p>
Important Entrepreneurial	Creativity	<i>"Creativity is very important on the ward. ... we work with such old people and you have to be creative" (ÖJAB4, F, AT, Quality Manager)</i>

Skills to have in Caregiving	Solution-oriented work	<i>"Solution-oriented work "If I can't find solutions myself, I still have my colleagues who work here with me and then together we can find a solution for every situation" (ÖJAB4, F, AT, Quality Manager)</i>
	Leadership through Collaboration and Motivation	<i>"It's important to work together, to have good support and to achieve our goals." (ÖJAB5, F, AT, Quality Officer), "So the ability to lead and motivate teams is crucial to ensure effective resident care" (ÖJAB7, M, AT, Deputy Head of Nursing)</i>
	Financial Awareness	<i>"You also have to look at the resources or the finances." (ÖJAB5, F, AT, Quality Officer)</i>
	Open to Learning	<i>"I think you should be willing to learn in every profession and simply move with the times" (ÖJAB6, F, AT, Manager)</i>
Training	Upskilling Training for a Change of Roles	<i>"I believe that if you go from nursing to management, you need training in that direction" (ÖJAB2, F, AT, Care Manager)</i>
	Mixed feelings about Online Training	<i>"Online training offers a flexible and accessible way to develop these skills" (ÖJAB7, M, AT, Deputy Head of Nursing), however "but for me personally it's better if you meet in a room, where you can simply exchange ideas with the other colleague." (ÖJAB5, F, AT, Quality Officer)</i>
	Willingness for Continuous Training	<i>"Many of the people I know want to continue their education or come in from time to time and ask what's going on." (ÖJAB3, F, AT, Head of Facility Management)</i>
	Skills Gaps	<i>"Yes, there are inconsistencies, especially when it comes to green competences" (ÖJAB4, F, AT, Quality Manager)</i>
	Interest of upskilling/reskilling Training	<i>"Further training and retraining initiatives naturally close the gaps by providing the necessary skills. Increased self-confidence and greater job satisfaction lead to employees feeling more comfortable, empowered, competent, happy to come to work and making a positive contribution to their day-to-day work." (ÖJAB, Female, AT, Manager)</i>

	Current upskilling/reskilling training offers	<p><i>"So, I believe that there is already a wide range on offer, both in terms of further training and continuing education, higher qualifications, and that there are also a number of funding opportunities here, especially here via AMS, WAF or other funding programmes, especially for women or young people." (ÖJAB1, F, AT, director)</i></p>
	Points of attention for Training	<p>Engagement, <i>"There are challenges. You really have to organise it in such a way that the carers are also reached...You have to organise it (qualification measures) in such a way that it happens on duty, but not in such a way that you really have to do the work and do further training on the side..." (ÖJAB9, F, AT, Nursing, care and psychosocial services),</i></p> <p>language barriers, <i>"we need a lot of colleagues from abroad, who come with different language skills and need time to learn them" (ÖJAB8, F, AT, Qualified health and nursing professional, assistant to the nursing service manager and hygiene officer)</i></p>

Bulgaria

With 23.5% of the population aged 65 or older, Bulgaria faces LTC staff shortages and inadequate systemic support. Deinstitutionalisation has shifted care to community and home-based services. The COVID-19 pandemic stressed the need for better training and improved working conditions for caregivers.

According to the carers, challenges lived during the Covid-19 pandemic included decreased social connections, for both caregivers and older adults; and constant new restrictions and rules. The impacts of the pandemic on caregiving practices were various. Caregivers became more vigilant about best practices and used protective attire, both habits that persist today. Some participants also agreed that no new skills were developed during the pandemic, as they continued to apply the same skills as before, but only more strongly. According to them, the important and necessary soft skills during the pandemic included self-awareness, resilience, adaptation to new situations, patience and interpersonal/communication skills. It was also mentioned that mental and emotional health were prioritised as well as physical health.

The group interviews revealed that digitalisation was primarily used for communication, amongst the staff members as well as for the older adults and their families. The learning curve was more pronounced for some carers than others. A shift towards telemedicine was observed and continues to persist today. Additionally, while some caregivers have retained their digital skills, others have discontinued their use.

Results of individual interview

Theme	Sub-theme	Citation
Challenges during the pandemic	Decreased social connections	<i>Social connections were decreased during the pandemic, "Contact in general was reduced. We did not spend so much time with the residents and their relatives and friends could not visit them. The staff had to adapt to using online means for communication, it took a lot of time to train especially the older carers" (BLOCKS1, F, BG, neuropsychologist)</i>
	New restrictions and rules	<i>Carers have felt high levels of pressure, "There was a lot of pressure on us (the carers) to follow all anti-pandemic rules and to remain hardworking despite the isolation and the worsening conditions. We</i>

		<p>had to be really focused even on the smallest changes in someone's health" (BLOCKS2, F, BG, social assistant/carer).</p>
<p>Impacts of the pandemic on caregiving</p>	<p>Changes in Practice</p>	<p>The pandemic caused many changes in practice. There was a hypervigilance towards the health of the older adults, there was a consensus on the fact that "The overall situation made us more attentive to the health of the residents" (BLOCKS6, F, BG, team leader), "Of course, their health has always been a priority, even before COVID, but we are way more aware and cautious when it comes to any health complaints" (BLOCKS8, F, BG, kinesi therapist). And this hypervigilance still remains, "Even though the most critical COVID period was years ago, I think we all remained somewhat hypervigilant towards health-related issues, keeping an appropriate distance from patients (residents) and even staying away from people who just have a cold" (BLOCKS3, F, BG, Clinical Psychologist).</p> <p>Another change was the use of protection attire, "We had to follow the safety measures, we were wearing a complete protection attire at some point" (BLOCKS3, F, BG, Clinical Psychologist). Even though "After the pandemic was over, the daily practices went back to normal" (BLOCKS4, F, BG, social assistant/carer), some carers still use masks, "A lot of us wear masks, even when it is not necessary. We are just more protective of ourselves and others" (BLOCKS3, F, BG, Clinical Psychologist). The use of these attire is viewed as "a new, improved way of working with the at-risk population" (BLOCKS8, F, BG, kinesi therapist).</p>
	<p>No new skills</p>	<p>There was a consensus that the pandemic did not necessarily help them develop new skills, they agree that they "were tired and overworked at times" (BLOCKS5, F, BG, social assistant/carer) and they "had to adapt to changes" (BLOCKS9, M, BG, social assistant/carer), "but the work itself remained the same" (BLOCKS9, M, BG, social assistant/carer). A carer mentioned that she was "just following the rules" (BLOCKS4, F, BG, social assistant/carer) and they "were applying the same skills" (BLOCKS5, F, BG, social assistant/carer).</p>

Important soft skills during the pandemic	Self-awareness	<p>Self-awareness emerged as a crucial soft skill for understanding one's behaviour to prevent virus spread, "We had to be way more observant and (self-)critical about what was happening and how our own behaviour was impacting the residents. We really tried to follow all hygiene rules and to limit the chances of COVID spreading, although it was inevitable at some point" (BLOCKS1, F, BG, neuropsychologist).</p>
	Resilience	<p>It has also helped develop a sense of resilience, "I think I am more resilient in every aspect of my life after the pandemic, especially when it comes to adapting to new situations quickly. I also notice it in my work - not many situations can cause stress me out now" (BLOCKS2, F, BG, social assistant/carer). It has also helped develop patience as, "They [older adults] needed more support and patience on my end during our sessions. I think this tendency to let people take their time and give clear instructions multiple times can still be seen in my daily work" (BLOCKS8, F, BG, kinesitherapist).</p>
	Interpersonal and communication	<p>Interpersonal and communication skills were also crucial, "The global crisis was experienced by all social assistants and residents which, I believe, made them closer, more connected. They communicate way more and the assistants are way more empathetic" (BLOCKS6, F, BG, team leader). Carers also started prioritising mental and emotional health and "try to make sure that our older adult residents are not just safe from illnesses but also feel supported and connected" (BLOCKS7, F, BG, social assistant/carer).</p>
Digitals Skills during Covid-19	Digitalisation as a means of communication	<p>Technology was mainly used as a means of communication, "The staff had to adapt to using online means for communication" (BLOCKS1, F, BG, neuropsychologist), which was easier for some "At some point everything was happening online. I did not find it difficult but others did" (BLOCKS2, F, BG, social assistant/carer) and harder for others "it took a lot of time to train especially the older carers" (BLOCKS1, F, BG, neuropsychologist).</p>

	Post-Pandemic Digital Skills Retention	<i>When it comes to skills retention, there is no unified stance. While a clinical psychologist mentioned that “The need for digital skills remained even after COVID but now it is less pronounced” (BLOCKS3, F, BG, Clinical Psychologist), a social assistant/carer stated, “I do not think the need for those [digital] skills remained after the pandemic, everything got back to normal, at least for me” (BLOCKS2, F, BG, social assistant/carer).</i>
	Enduring Shift Towards Telemedicine	<i>There has been a shift towards telemedicine which demanded a certain amount of learning from the carers and this shift persists still today, “There is a significant shift to telemedicine, we had to master a lot of digital tools for monitoring and communication which persisted even after COVID” (BLOCKS7, F, BG, social assistant/carer).</i>
Knowledge on Green Skills and Current Implementations	Gaps in knowledge on Green Skills on the Professional level for Caregiving	<i>“I have partly heard of it but in an environmental context, for example, using less plastic, but I do not see how it relates to the skills needed within the older adults care sector, I am also not sure how or if carers can apply them” (BLOCKS1, F, BG, neuropsychologist), but in general a low level of knowledge, “This is the first time I am hearing about green skills” (BLOCKS2, F, BG, social assistant/carer)</i>
	Current Use: on a structure level but not on a professional level	<i>“As a social services structure we do avoid any practices that could damage the environment (...) All of this does not closely relate to the assistance that the carers provide to the older adults” (BLOCKS6, F, BG, team leader)</i>
Knowledge on Entrepreneurial Skills and Current Implementations	Importance of Entrepreneurial Skills for managerial roles	<i>“ I think, they are more important for and widely used by managers and team leaders within the field, not so much for individual carers” (BLOCKS3, F, BG, Clinical Psychologist)</i> <i>“Entrepreneurial skills are extremely important in situations when you are faced with challenges, when you have to manage a large group of people (older residents and colleagues)” (BLOCKS7, F, BG, social assistant/carer)</i>

Skills Mismatches	Perception of the current state	No mismatch because not on the radar , "About green skills, there are no mismatches as it is not a concept within this work sphere. Entrepreneurial skills may be desired by employers but usually you have a group of carers that have a manager, (therefore) carers should be agreeable and conscientious, not entrepreneurial" (BLOCKS1, F, BG, neuropsychologist)
	View for the future: not necessary but open to learn if needed	"I would need clear examples of such skills put into practice within the sphere to say if their lack has or if their future addition would have any consequences on the older adults care" (BLOCKS1, F, BG, neuropsychologist), "but if the employer decides that they are necessary, we can always learn" (BLOCKS4, F, BG, social assistant/carer)
Upskilling and Reskilling Training	Perception of the current state	It is important , "Developing in your own field is important but I do not think there are enough opportunities within the older adults care sector. Sometimes employers provide Training on the job but not always",
	Attitude towards online upskilling programmes	Preference for in-person Training, "Online Training are okay, if necessary, but in-person is way better", but advantages of "online Training is that they give you some flexibility, you can join from everywhere" (BLOCKS1, F, BG, neuropsychologist), might depend on the generation "Young people would enjoy online Training, it is easy for them. For my generation, I think they prefer in-person activities" (BLOCKS3, F, BG, Clinical Psychologist)
Difficulties and Challenges	Motivation as an important component of willingness to get Training	"Motivation is lacking for additional professional qualifications (...) The question is: would such skills make their jobs easier? If not, I doubt people would be interested" (BLOCKS1, F, BG, neuropsychologist), "I think most carers like helping others and want to be good at that, so they will be willing to learn more and improve their professional abilities" (BLOCKS2, F, BG, social assistant/carer)
	Financial benefits	Financial benefits , "The easiest way is to stimulate them with financial benefits" and, financed by the employer , "Additional

		<i>Training should be financed by employers, it could even be a mandatory activity" (BLOCKS2, F, BG, social assistant/carer)</i>
	Understanding the practical benefits	<i>"Also, I think they would want to know how such a training or an additional skill would change their daily work - what would be the benefit (BLOCKS1, F, BG, neuropsychologist), "Giving out certificates feels validating" (BLOCKS2, F, BG, social assistant/carer)</i>
Optimal training programme	Training on a longer span of time	<i>Over the course of a few months, "Spans across 1-2 months. It should also involve many practical components that improve people's theoretical and procedural knowledge. " (BLOCKS1, F, BG, neuropsychologist), "I would enjoy something with a higher intensity and longer duration, having just one 2-hour lecture would not be useful for me (BLOCKS2, F, BG, social assistant/carer)</i>
	Duration of the sessions	<i>"It should include shorter sessions (30 minutes to 1 hour)" (BLOCKS1, F, BG, neuropsychologist)</i>
	During work hours	<i>"Training should happen during the working hours, they will be motivated to participate because they will have some time away from their work" (BLOCKS6, F, BG, team leader)</i>

Czech Republic

The senior population is growing rapidly. For the first time in the history of the Czech Republic the level of two million of senior citizens was exceeded in 2017. Population projections predict that in 2059 there will be 3.205 million of people over 65 years of age living in the Czech Republic (Czech Statistical Office, 2018).

The pandemic accelerated digitalisation in social services. Despite this, there remains a lack of sufficient social service provisions. Social isolation among older adults and the benefits of digital technologies for the latter were significant issues during the pandemic.

The results from the interviews suggest that the pandemic had organisational (increased working hours) and psychological (fear) impacts on carers and older adults. There was also a significant mismatch between state/institution requirements and the real needs of the older adult care facilities.

The interviews validated that the use of technology and digitalisation were a way to keep communication with the families and decreasing feeling of isolation, however, on multiple occasions, the importance and necessity of real human connection was highlighted and that new technologies cannot replace real connections.

When it comes to soft skills, communication and organisational skills were mentioned to be the most essential skills in caregiving.

An unattractiveness of the caregiving professions was also mentioned, with a loss of workforce during and after the pandemic. The importance of systemic changes such as good working conditions, especially when it comes to better wages was highlighted.

Results of individual interview

Theme	Sub-theme	Citation
Current Implementations of Green Skills	Practical Example 1: Waste management and reduction	<i>" We sort waste, it is extremely important for us. We minimise the production of plastic waste. What we struggle a little bit with is the ability to completely replace some of those plastic products" (APSS10, F, CZ, nursing home director)</i>

	Practical Example 2: Changing Practices in the Kitchen	<i>"What can be bought in bulk or what we can make it ourselves in the gastronomy, that's what we do" (APSS1, F, CZ, nursing home director), "I think the big issue is gastro waste " (APSS7, F, CZ, nursing home director)</i>
	Practical Example 3: Energy Saving	<i>" Here we assessed the energy performance of buildings and the potential for energy savings" (APSS2, M, CZ, nursing home director)</i>
	Practical Example 4: Sustainable laundry practices	<i>"We have eco-friendly washing machines and automatic detergent and water softener dispensers" (APSS3, F, CZ, nursing home director)</i>
	Practical Example 5: Greener spaces	<i>"Our houses have always been very green. We've worked a lot on how to adapt the house and the surroundings so that there is no lack of greenery" (APSS4, M, CZ, nursing home director)</i>
	Challenges, Points of consideration and areas of improvement for the implementation of Green Skills	Perception of Environmental Issues
Impact of Funding and Financial Priorities on the Implementation of Green Skills		<i>"This topic will always come up, ecology vs. economics. If I have the money, I can afford it. If I don't have the money for the more expensive green stuff, it's always going to be done as economically as possible" (APSS2, M, CZ, nursing home director)</i>
Importance of the practices of the staff		<i>Constant training of employees, on practical aspects</i> <i>"Green measures go across the organisation. It's constant training of employees on how to handle waste" (APSS8, F, CZ, nursing home director)that "need a certain level of skill and knowledge of the staff who are working with it" (APSS10, F, CZ, nursing home director)</i>

Implemented Entrepreneurial Skills during Covid- 19	Importance of Entrepreneurial Skills	<i>"If everyone had an awareness of how to influence the way we act, behave, how to lead teams, how to have the basics of communication skills, we would all have a third less work to do" (APSS3, F, CZ, nursing home director)</i>
	Organisational Structure	<i>"I put together an organisational structure for the organisation because it wasn't working here and there weren't clearly specified competencies and responsibilities for each staff member, which the staff respects" (APSS1, F, CZ, nursing home director)</i>
	Understanding and Respect of Fundings	<i>"Social services have multi-source funding and not all directors run the social service in an entrepreneurial spirit, i.e. directors do not work properly with the different components that fund the service" (APSS1, F, CZ, nursing home director)</i>
	Crisis management	<i>"When the Covid crisis broke out, it became very clear whether someone was capable of crisis management of the organisation. Suddenly there were a lot of rules that needed to be set which were different before and which changed over that time" (APSS4, M, CZ, nursing home director)</i>
	Communication skills	<i>"I think we have been successful in sharing information with each other and with who wants to do what within the national association as well as within the regional association" (APSS4, M, CZ, nursing home director), "Employees can come up with any idea. No idea is bad, but I have to be able to explain to them what we can do and what we can't do, or where the obstacles are. But to do that, I need to have the tools to help me do that - E-Qalin, for example" (APSS10, F, CZ, nursing home director)</i>
	Leadership skills	<i>"It is important to be able to motivate the employees. To be able to praise, but also to criticise" (APSS5, F, CZ, nursing home director), supporting the team, "I think my employees have those skills. We need to show them that they have the space. It's also closely related to employee motivation" (APSS7, F, CZ, nursing home director)</i>

	Strategic Vision	<p><i>"Every entrepreneur, no matter how much he wants to, has a vision. He wants to take that vision, that business, somewhere. I have that vision, who plans for long- and short-term goals. The girls then see that we are fulfilling the long-term goals with the short-term goals. They then work with that, with that client" (APSS6, F, CZ, nursing home director)</i></p>
	Creativity and Personalised Solutions	<p><i>"I think they are extremely important. So, as you have different needs of clients, whether in the field or in their homes, different individual solutions to those issues layer on top of that. If you're honouring the fact that the person has to maintain some kind of identity and contact with their original environment, then it takes creativity in keeping that person connected to their family or to what they like" (APSS2, M, CZ, nursing home director)</i></p>
Upskilling/reskilling Training	Skills Gaps	<p><i>"I don't think these two skills are sufficiently developed in the Czech Republic because I believe that social services are exactly the area of the economy where it is not expected that a carer should have some minimum professional competencies in green or entrepreneurial skills" (APSS1, F, CZ, nursing home director)</i></p>
	Why is it necessary	<p><i>"The profession of social services worker and the profession of social worker is conditioned by legislation by lifelong learning, currently 24 hours a year (...) and academic equipment" (APSS1, F, CZ, nursing home director)</i></p>
	Current basic training	<p><i>"I think that today the basic training includes these skills. It didn't used to be that way. It's definitely more involved in training, the entrepreneurial ones for sure, the green ones it depends on what school it is and what it's dedicated to" (APSS4, M, CZ, nursing home director)</i></p>
	Training of managers and executives	<p><i>"It is important to increase the prestige of management education by awarding a European-recognised certificate" (APSS1, F, CZ, nursing home director)</i></p>

	Dichotomy in directors' views on online training modalities	<p>Worries on e-learning, "I think that e-learning will never replace personal contact with the instructor" (APSS2, M, CZ, nursing home director), "Participants in e-learning often do not fully focus on what is happening/going on" (APSS5, F, CZ, nursing home director).</p> <p>Advantages, it's a bit "anonymous", you don't have to talk, but you can write in the chat. One can hide one's timidity a little bit. The benefit (in elearning) is definitely there" (APSS6, F, CZ, nursing home director)</p>
	Training methods	<p>Experience, "Once education is linked to an experience that hits the emotions, whether it is a personal experience or the use of virtual reality" (APSS2, M, CZ, nursing home director) or in form of Q&A, "The training must be in the form of a question/answer. Make sure that exercises, demonstrations are incorporated. So that these people can see what it can look like in real life".</p>
	Length of education	<p>"I think with e-learning, it's not good to have long courses. The 8 hours is too much. On the other hand, if it's in sections of 3 hours, that employee will organise his time at work much better during the day" (APSS7, F, CZ, nursing home director)</p>
Challenges in terms of Training	Lack of support from the state	<p>"The state should guarantee a certain level of education for those people, and they should say that working with people is one of the most difficult jobs, for which you need to have certain competency skills" (APSS3, F, CZ, nursing home director)</p>
	Systemic gaps in the quality of the Training	<p>"I don't understand why a direct care worker would have knowledge of the different philosophers if she doesn't have basic communication skills and doesn't know the social services system and doesn't know the difference between a health and social care bed (...) The practical things they need to know are only taught theoretically" (APSS3, F, CZ, nursing home director)</p>
	Point of view of a director	<p>"As a director, I wouldn't send about two-thirds of my staff to this type of training because I know they would only get a certificate for attending" (APSS3, F, CZ, nursing home director)</p>

	Transforming knowledge into practice	<i>"Not all employees are able to transfer new information into practice. This is particularly difficult if direct care workers cannot try out new things on the spot" (APSS3, F, CZ, nursing home director)</i>
	Will to learn/motivation	<i>"Willingness to learn. It's a question of what we consider requalification. Social services require a whole range of specialised training, not just the subject of communication and burnout syndrome" (APSS1, F, CZ, nursing home director)</i>
	Accessibility	<i>Online or material, "One of the challenges can be technology in online computing. Some people don't have a computer, they don't have wifi at home. I see this as a limitation" (APSS8, F, CZ, nursing home director)</i>

France

By 2030, nearly 24% of the French population will be 65 or older, with LTC needs expected to rise substantially. The pandemic exposed harsh working conditions for LTC workers and highlighted the need for new management practices and training reforms. Social innovation and cooperation have become key responses

During the group interviews, the participants mentioned that staff shortages, including managerial posts, especially in rural areas were observed. The pandemic impacted increased working hours and logistical changes. It also had some positive impacts such as team strengthening and team bonding. These added to the Low attractiveness of the sector: a low interest of the professionals and a difficulty in recruitment by the managers. The importance of political will to change these systemic issues was underlined.

Participants also mentioned during the group interviews the mismatch between the international and national level health authorities and the on-field structures was a consensus point for the participants. It was also evoked that, in order to answer to the new needs, new roles emerged such as “neighbourhood referent” carers and “pathway referent nurse”.

Digitalisation was seen in the form of the use of tablets, virtual reality (VR) and videoconferencing. However, they pointed out they these tools did not and cannot replace human relations and that they had concerns over the dehumanisation of the profession.

The participants of the group interviews were interested in upskilling and reskilling Training. They suggested adding more practical/immersive Training, especially to develop soft skills. Main soft skills to develop were autonomy (common sense, courage, sense of commitment, handling unexpected situations) and interpersonal skills (empathy, kindness, listening). The perception of the digital training tools varied according to professions; while management and nursing staff loved using them, professionals on the field would have preferred a short and face-to-face training course with paper tools.

Results of individual interview

THEME	SUB-THEME	CITATION
Green Skills and Current Implementations	Importance of managers in their implementation	<i>“In the first place, the implementation of environmental skills is dependent on management intentionally committing to the approach” (FNAQPA3, F, FR, director)</i>

	Current implementations	<i>"For example, in the care professions, we use cotton gloves instead of single-use gloves. Hospital care assistants use non-toxic products. We work on limiting food waste, we serve food on plates, measure what's thrown away, have a compost bin and recycle our waste. We switched to a local heating network" (FNAQPA5, M, FR, director)</i>
Entrepreneurial Skills and Current Implementations	Implemented skills during the pandemic	<i>"Since Covid, leadership skills have really become essential, not just for managers but also for teams. This involves leading a team, giving them answers even in unclear situations, convincing them of the purpose of an approach or project as being in their professional and personal interest" (FNAQPA3, F, FR, director)</i>
	Interpersonal entrepreneurial skills	<i>Empowering teams, welcoming new staff, supporting residents, "Management needs to listen to its employees' training and skills needs if they are to feel more efficient in their professions" (FNAQPA10, F, FR, trainer)</i>
Skills Mismatches	Green Skills Gaps	<i>"Environmental skills are not currently part of either managers' initial training or field job profiles" (FNAQPA2, M, FR, human resources director), "Unfortunately, we don't have the time" (FNAQPA3, F, FR, director), "These skills are insufficiently developed in France" (FNAQPA5, M, FR, director)</i>
	Entrepreneurial skills gaps	<i>Seen more of a managerial role, "Care professionals and nurses are far removed from this" (FNAQPA5, M, FR, director), not included in initial training, "These skills are not at all addressed in initial training and everything needs to be developed around this issue, both for nurses and care assistants" (FNAQPA6, F, FR, nursing director)</i>
Upskilling and Reskilling Training	An interest in hybrid training	<i>"Training for professionals must both be face-to-face to take place in a work situation but can be combined with a portion of online training on essential theoretical aspects in the form of fun videos" (FNAQPA2, M, FR, human resources director)</i>
	Current Training Examples	<i>"We have courses with practical work with the older adults, particularly using a simulator" (FNAQPA4, M, FR, director)</i>

	Concerns around online courses	<i>"However, when a 100% online course is too long, I generally do some work at the same time, meaning that I'm not fully concentrated on it" (FNAQPA3, F, FR, director)</i>
	Different for staff and management	<i>"For staff, training is on the ground because teams need contact and to talk to someone (...) For management, training is generally online" (FNAQPA3, F, FR, director)</i>
	Training for basic skills	<i>"For staff, it is necessary to develop training for non-qualified employees who make up a large proportion of our teams. This training must include basic essential skills on gerontology, care assistant skills, etc." (FNAQPA2, M, FR, human resources director)</i>
	And a need for more specific Training as well	<i>"Existing training for directors of nursing homes remains quite basic and outdated" (FNAQPA4, M, FR, director)</i>
Difficulties and Challenges	Attractiveness of the sector	<i>Recruitment issues, ""The biggest recruitment problem during the crisis was recruiting qualified nurses: there was no shortage of them, but they preferred to join the self-employed sector" (FNAQPA2, M, FR, human resources director), financial and working conditions aspects "Valuing individuals relates to numerous aspects: The financial dimension, but as we are subject to conventions, this variable is restricted" (FNAQPA4, M, FR, director)</i>
	Turnover and financial constraints	<i>"Today, it's too expensive for our nursing home to send someone on training, and too complicated because we are cruelly short of staff" (FNAQPA2, M, FR, human resources director)</i>
	Insufficiency of the initial training	<i>"The training course has changed and I meet young nurses who don't have the skills for technical care" (FNAQPA6, F, FR, nursing director)</i>
	Apprenticeship a way to fight challenges	<i>"What's preventing residents from receiving a high standard of care? Turnover. The higher the turnover, the less staff know residents (...) Apprenticeships are a way of fighting this" (FNAQPA5, M, FR, director)</i>

Optimal training programme	Practical applications and making training more fun	<i>"For professionals, training must be short, in a work situation, in order to "learn by doing". The French "AFEST model" is very inspiring. It is aimed at field professionals" (FNAQPA2, M, FR, human resources director)</i>
	For the staff	<i>In person, "They [the staff] especially appreciate sitting around a table and sharing experiences, which is not as easy online. These sessions need to be short and more fun" (FNAQPA3, F, FR, director) and practical training "we had a training session on "fire prevention" with virtual reality headsets, with helps everything make sense and stay in people's minds" (FNAQPA3, F, FR, director)</i>

Greece

In 2021, Greece had 22.6% of its population over 65 years old (OECD, 2023). The desk research highlighted that Greece's LTC sector is underdeveloped with limited formal care workforce - estimated at less than one LTC worker per 100 people aged 65 and over - and unrecognised professional status (Eurofund, 2020). The pandemic led to improved infection control measures and highlighted the need for better workforce training and support. Initiatives under the "Greece 2.0" reform plan aim to develop skills and enhance care quality.

It was mentioned during the group interview that older adults were fearful of getting ill during the Covid-19, so they took less part in social activities, which had consequences on their mental health. The pandemic also had consequences on professional's mental health mainly because of the changes in their working conditions.

The pandemic accelerated/forced the adoption of digital devices. In turn, workers indicated to be satisfied, psychologists gained efficiency and social worker a subject to communicate with older adults. But participants of the group interview agree on the fact that they lack training on these topics.

Even though they did not know the term soft skills, workers have confirmed its relevance to caregiving, as well for professionals as for families. However, soft skills are poorly developed amongst carers, which deteriorate the patient treatment and the working conditions.

Results of individual interview

Theme	Sub-theme	Citation
Green skills	Gaps in knowledge	<i>"No, I don't really know the exact definition ... It sounds like knowledge on sustainability and eco-friendly alternatives "</i> (AKTIOS1, M, GR, neuropsychologist), <i>"Yes, I am aware. Green skills are a very hot topic abroad but we still need time in Greece"</i> (AKTIOS7, M, GR, director)
	Environmental importance of green skills	<i>"As in every other field, sustainability should be our main priority"</i> (AKTIOS1, M, GR, neuropsychologist)
	Reluctance professionally	<i>"My job is way too difficult on its own, I don't think I have time or energy to learn more about resource efficiency and sustainability"</i> (AKTIOS3, M, GR, nurse)

	Professional interest	<i>"Of course, I can identify the benefits of green skills on older adults care. We use lots of resources and at the same time we have an enormous amount of requests from families. It's very important to be efficient and to make sure that your business model is sustainable. If you don't do that in Healthcare, you either lower your quality of care or your business will not survive" (AKTIOS7, M, GR, director)</i>
	Current skills	<i>"No, I don't really use such skills but I am trying to not waste resources such as gloves, masks and other consumables" (AKTIOS4, F, BG, carer)</i>
Entrepreneurial Skills	Knowledge	<i>"Yes, it's the set of skills that someone requires for business management mostly" (AKTIOS1, M, GR, neuropsychologist)</i>
	Importance in caregiving	<i>"Entrepreneurship is as important in older adults care as in every other professional field. People who possess these skills are better candidates for manager and supervisor positions, better employees" (AKTIOS7, M, GR, director)</i>
	Training gaps	<i>"I think there is no training programme on entrepreneurial skills combined with the older adults care sector. It would be really useful to train people in these skills." (AKTIOS1, M, GR, neuropsychologist)</i>
Skills mismatches and Upskilling practices	Current state of skills: underdeveloped: a point of consensus	<i>"They are definitely not developed enough because I believe they are not necessary. People will not easily take on 'extra' training if they don't really need it" (AKTIOS2, F, GR, neuropsychologist)</i>
	Perceived necessity and impact on quality care: a point of disagreement	<i>"They are not important to have so I don't know if they really affect our profession" (AKTIOS3, M, GR, nurse)</i> <i>Either way carers did not have green or entrepreneurial skills up until now. However, being trained on them would only benefit the professionals and the sector" (AKTIOS5, F, GR, carer)</i>

	Perception on initial Training	<i>"Basically, caregiving professionals are bound to that specific role because they learn nothing about entrepreneurship on their basic training" (AKTIOS1, M, GR, neuropsychologist)</i>
	Perception of online Training	<i>"An online training course would be nice because people can remotely attend from their own home" (AKTIOS2, F, GR, neuropsychologist), however, "it's not always ideal. I mean some things cannot be trained remotely, no matter how hard you try!" (AKTIOS5, F, GR, carer)</i>
	Knowledge on pre-existing Training	<i>"I'm not aware of any such Training especially focused on Healthcare. Maybe they exist but I have not heard of any" (AKTIOS2, F, GR, neuropsychologist)</i>
Difficulties and Challenges	Lack of receptiveness/low participation rates	<i>" I see that carers are working a lot and it is not easy to convince someone to attend a new training course when their daily routine is already busy enough" (AKTIOS1, M, GR, neuropsychologist)</i>
	Dropout rates	<i>"In such initiatives, I believe that attendance is the biggest issue. People might be interested to join and begin the course but either they lose interest over time or they are not able to attend all days" (AKTIOS5, F, GR, carer)</i>
	Making the Training more attractive and optimal conditions	<i>"the training should not exceed 2 hours/session (...) internal Training are 45-minute sessions" (AKTIOS4, F, BG, carer), <i>"I think that if you inform and explain to them, they will probably identify the benefits of having an extra set of skills. We need to be informed how these skills will make us more competitive in the market. " (AKTIOS5, F, GR, carer), <i>" I believe that asynchronous learning would be a good way to deal with this" (AKTIOS5, F, GR, carer)</i></i></i>
	Accessibility for all professionals	<i>"I think that having several different people with several different professional backgrounds will make the training harder" (AKTIOS4, F, BG, carer)</i>

Spain

The desk research indicates that Spain's ageing population and high dependency rates put significant pressure on long-term care (LTC) services. In 2023, 20.1% of the population (approximately 9.5 million people) are older adults, and 3.8% of the total population is in a situation of dependency (INE, 2023). According to the SAAD (System for Autonomy and Care for Dependency), there are 130,092 people pending assessment and 203,501 people on the waiting list.

The pandemic revealed deficiencies in preparedness and highlighted staff shortages and their impact on quality of care (European Centre for the Development of Vocational Training, 2020; ING Think, 2023).

Training programmes focus on soft skills and telecare to address emerging needs (ING Think, 2023).

According to the participants of the group interview, the pandemic caused a mistrust in nursing homes as there were certain rumours and families who were blaming the structures for maltreatment of older adults. This caused a shift in care preferences, from nursing homes to a preference towards home care.

According to the same participants, some positive outcomes of the pandemic were that the staff were more resilient after the pandemic and were strengthened in terms of internal organisation.

Digital tools were used for communication amongst professionals. They were seen to improve the quality of services. However, according to some group interview participants, implementing these tools is timely and sometimes their structures are resistant. Also, skills gaps are observed amongst different professionals.

As it concerns soft skills, some were developed during the pandemic, such as resilience, empathy and attentiveness and communication. They were deemed necessary for caregiving, even as a criterion during hiring.

Concerning the Training, it was evoked during the group interview that informal carers should also be included in the training public. Also, specialised Training were deemed necessary, as well as including soft skills in Training. Online Training were highlighted as a way to have more accessible Training.

Lastly, the struggle to attract potential carers due to a decline in interest to the sector, stemming from a lack of recognition and unsatisfactory working conditions was revealed.

Theme	Sub-theme	Citation
Knowledge on Green Skills and Current Implementations	Unfamiliarity of the term	"The concept sounds familiar, but I couldn't say exactly" (LARES6, F, ES, Nurse supervisor)
	Current Use in profession	Not present and not relevant , "I think they are not very present in our sector and are not particularly relevant" (LARES1, M, ES, Director), structural use , "We have a laundry room where we use biodegradable ecological products, water saving, recycling, trying out solar energy..." (LARES9, M, ES, social worker), fewer trips , "Online training, online follow-up meetings, fewer trips than before" (LARES4, F, ES, Consultant and Trainer), examples from a private centre , "Now that I know what they are, yes, we have sustainable cleaning products, a sensory garden, natural lighting in the spaces, solar panels, and home automation in all areas" (LARES6, F, ES, Nurse supervisor), digitalisation for environmental purposes "eliminate paper use; for example, now records are done electronically" (LARES8, M, ES, director)
	Perception of their importance and adaption	"The importance is immense; it's the future, especially regarding clean energy, responsible consumption, waste management, and new technologies, which are essential in older adults care today" (LARES7, M, ES, psychologist and manager)
Knowledge on Entrepreneurial Skills and Current Implementations	Different level of familiarity of the term	"These competencies refer to personal skills, the ability to manage problems, teamwork, coordination of people, handling emotions..." (LARES5, M, ES, doctor and CEO), "I haven't heard about it, but I want to think that the word 'entrepreneur' more or less tells you what it means" (LARES9, M, ES, social worker)
	The use depends on the profession and person	"As a care home director, I do use them. I believe many workers use them daily, while others do not" (LARES1, M, ES, Director), for motivation , in my profession as a therapist, we have to be very creative and motivate residents for activities; in that sense, yes" (LARES3, F, ES, occupational therapist)

	Perception of their importance and adaption	<i>"Unlike green skills, I do believe these could be incorporated into professional activities and add value to performance" (LARES1, M, ES, Director), I believe it increases connection with patients, improves our work, and helps make activities more motivating for residents" (LARES3, F, ES, occupational therapist)</i>
Skills Mismatches	Necessity to Develop these skills	<i>"No, they are not developed at all, especially the green ones" (LARES1, M, ES, Director)</i>
	Green Skills	<i>"These skills need to be further strengthened; they have to be a core of our work, and to this day, we're still quite far from it" (LARES9, M, ES, social worker)</i>
	Entrepreneurial Skills	<i>"There are gaps because, with the need for a lot of personnel, some people working do not have these competencies developed, and they need to be taught through training" (LARES7, M, ES, psychologist and manager)</i>
Upskilling and Reskilling Training	Current Training	<i>"Yes, almost all companies in the sector have training" (LARES4, F, ES, Consultant and Trainer), however these skills not included, "They are not included. It's something that is being considered now; we are in a process of change. Greater professionalisation is needed" (LARES2, M, ES, Physiotherapist), a need for specific training plans, "specific training plans are needed" (LARES5, M, ES, doctor and CEO)</i>
	Perception of Online Training	<i>Face-to-face preferred, "Online training is fine, but you need face-to-face contact. In-person training has a greater impact" (LARES2, M, ES, Physiotherapist), "I'm tired of doing online courses where screens are off" (LARES4, F, ES, Consultant and Trainer), but the interest of online Training are understood also, Well, I would think it's good; logically, I prefer in-person training, but online has to be present in these times" (LARES8, M, ES, director)</i>
Challenges and How to Overcome Them	Engagement problems and answering their needs	<i>"In general, carers are very unreceptive to training, and the technical team trains on our own, in other places, professional associations..." (LARES2, M, ES, Physiotherapist), "It's considered that if a training action doesn't reach at least 60% of the staff, changes don't occur" (LARES4, F, ES, Consultant</i>

		<i>and Trainer), motivating with interesting subjects, "focusing more on technical and human aspects, such as grief counselling, laughter therapy..." (LARES6, F, ES, Nurse supervisor)</i>
	Lack of recognition of caregiving professions	<i>"There are imbalances. There is a lack of resources and talent in the sector. We need to give more dignity to people, value the individual. There is a lack of recognition for the sector" (LARES3, F, ES, occupational therapist)</i>
	Accessibility of (Online) Training	<i>"Some have been done, but in the online ones, only those of us on the technical team participate. It's hard for the carers; many don't have internet at home" (LARES2, M, ES, Physiotherapist), "many auxiliaries don't even have a computer" (LARES4, F, ES, Consultant and Trainer)</i>
	Structural difficulties	<i>Structural means for implementation, ""I think they can be very important, especially digital skills, but today I see it as very difficult to implement; we are a very old facility" (LARES3, F, ES, occupational therapist)</i>
	Explaining the Interest of Upskilling	<i>"Mainly, convincing professionals of the importance of reskilling; internal training is useful, through colleagues" (LARES3, F, ES, occupational therapist)</i>
	Need for institutional Support	<i>"Imbalances are not addressed because it is not of interest; it is a sector that does not generate, it doesn't compensate. We need institutional support to provide the necessary quality" (LARES2, M, ES, Physiotherapist)</i>
Optimal training programme	Group size	<i>"Maybe making smaller groups and during work hours" (LARES2, M, ES, Physiotherapist)</i>
	During work hours	<i>"First, training should count as work hours and therefore be part of their working day" (LARES4, F, ES, Consultant and Trainer)</i>
	Duration of the sessions	<i>"Variable, they could range from short face-to-face courses to more extensive online ones" (LARES2, M, ES, Physiotherapist), if face-to-face "sessions should be no more than four hours per session" (LARES4, F, ES, Consultant and Trainer), In-person sessions should be a maximum of three hours, online about 20 hours" (LARES5, M, ES, doctor and CEO)</i>

EU-level Perspective


The EU faces a common challenge in adapting to an ageing population with insufficient social infrastructure. The demand for LTC is rising, while the working-age population to support this care is decreasing. Initiatives like the European Care Strategy aim to improve care availability, quality, and integration of digital and green solutions. The EU must enhance workforce skills and address sectoral gaps to meet the evolving needs of an ageing population.

Table 1. Participants to the online survey.

Austria	61
Bulgaria	104
Czech Republic	54
France	113
Greece	44
Spain	170
Other EU countries	49
Total	595

The survey that was done on an EU-level, with participants mainly working in residential care home with nursing (for dependent elders) revealed that the majority of them felt that they were unfamiliar with the concept of green skills but they judged the skills to be important, relevant and applicable. They felt more familiar with the concept of entrepreneurial skills than green skills. Participants judged entrepreneurial skills to be important, relevant and applicable. The majority were very interested in a possible upskilling and reskilling for carers. Beyond the benefits that upskilling/reskilling can have on their profession, professionals also express a benefit for the older adults. Most of the participants have not seen any successful online upskilling and reskilling training programmes for carers in the older adults' care sector.

Interviews at the EU level revealed a lack of pandemic preparedness, which had several impacts on the caregiving sector. The pandemic significantly affected the health of carers, especially their mental health, as they were on the frontlines and feared a recurrence of the pandemic. The sector's attractiveness declined, leading to emerging staff shortages. Many professionals left their jobs, resulting in fewer individuals interested in the field. Those who did show interest often lacked the necessary qualifications or appropriate motivations for the profession.



The increased workload, safety protocols, and constant fear of contaminating others caused several psychological and emotional impacts on carers. Remote care took the place of in-person care, and although technology was adopted during the pandemic, which improved the quality of care and the safety of older adults, these digital tools required a learning curve and did not replace real human contact.

Digital skills gaps were observed among the staff, but digital skills have become essential with the shift towards digitalisation. To effectively implement digitalisation, the commitment of organisations, along with supportive policies and national strategies, was deemed crucial. Key concerns included the time and budget required for digitalisation, its accessibility and effectiveness, as well as ethical and privacy issues.

Soft skills were identified as necessary for caregiving, especially empathy, communication, and listening. However, the workload sometimes did not enable carers to apply these skills. Self-care, diversity training, intercultural sensibilities, and protection of privacy and data were also deemed necessary soft skills. Participants noted that the necessary soft skills remained unchanged during the pandemic but gained increased importance. Recognising them as fundamental prerequisites for the profession, there was interest in formalising these soft skills to enhance the sector's appeal and establish a European-level professional profile framework.

Formalising soft skills in training, especially self-care skills and resilience, was deemed important. A point of vigilance was to ensure that online training was accessible to the potential public. Including technology in training might make it more accessible for certain carers and also enrich the experience. Informal carers must also be the target audience of these Training. While constructing Training, it is crucial to remember potential differences in terms of professional skills and variabilities across regions.

Group interviews: key results

Impacts of Covid-19 on caregiving

- Challenges:
 - Ever-changing protocols and restrictions that effected social interactions (AT, GR)
 - Mismatches between authorities and the realities of the field (CZ, FR)
 - Loss of workforce: unattractiveness of the sector, carers who left the sector (CZ, FR), potential carers who are no longer interested (FR, ES, EU1), and the lack of qualified staff (FR, EU1)
- Negative impacts of the challenges:
 - Organisational: increased working hours, decreased working conditions (AT, CZ, FR, GR, ES, EU2)
 - Practices: hypervigilance, that is still present today
 - Psychological impacts:
 - On older adults: fear of getting contaminated, isolation
 - On carers: fear of contaminating (still persistent today), hypervigilance, stress and pressure, anxiety, emotional fatigue
- Overcoming these challenges: Systemic changes including wages, working hours and working conditions (CZ, FR, ES)
- Positive impacts:
 - Unity and resilience amongst the team (AT, FR, ES)
 - Emerging roles with digitalisation like (telemedicine and remote services (CZ, FR, GR)

Soft skills in caregiving

- They are fundamental prerequisites of the sector. No new skills but rather a fortification of the pre-existing ones.
- Soft skills used during the pandemic: Patience (AT), adaptability (AT), resilience (AT, ES)
- Key soft skills in caregiving: Communication (AT, CZ, FR, GR, EU2), empathy (AT, FR, ES), organisational skills (AT, CZ)

Soft skills to develop

- Autonomy for on-the-field carers as well as managers
- Diversity training and intercultural sensibilities
- Self-care

Digital skills in caregiving

- Implemented during the pandemic (AT, CZ, FR, GR): Tablets for communication and animation purposes, video conferencing and online chat applications for internal staff communication.
- Helps with communication (AT, BG, CZ, ES), efficiency in administrative tasks, and quality of service (ES, EU2).
- Weaknesses : constant connection for carers, financial and temporal constraints to use them, fear of dehumanisation (AT, FR, EU2)
- Attention: Skills gaps between professionals, ethical considerations and importance of supporting national policies and strategies.

Reskilling and Upskilling Needs

- Including soft skills, self-care, resilience (ES, EU1, EU2)
- More practical/immersive training
- Including informal carers

Points of consideration for the training

- Difference of acceptability and perception of digital tools in training between carers
- Online training can be more accessible, less expensive, reach out to more people
- Depends on the carers, do they have access to a tool and/or internet?

Individual interviews: key results

Green Skills

- Knowledge: The term “*green skills*” seem to be known more in Austria, Czech Republic and France than Bulgaria, Greece and Spain.
- While the perceived professional interest of green skills was unclear on a transnational level, on a structural level, they were deemed important.
- Current use: changing practices in the kitchen (AT, CZ), waste reduction and management (AT, CZ, GR, ES), fewer trips (ES), changes in the laundry room (CZ, ES) were some others.

Entrepreneurial skills

- Knowledge: Known on a transnational level.
- Divergent Views on Its Necessity: Some believe these skills are more suited for managerial roles, while others see them as essential for all, especially during staff shortages. The differences in opinion were more pronounced at the professional level than at the national level.
- Important entrepreneurial skills to have: financial awareness, leadership skills through communication and motivation, creative problem solving for individual solutions

Skills Mismatches

- While there is a recognition of skills gaps in each country, in Bulgaria and Spain, were not even considered as “skills gaps” as these concepts are not even acknowledged or integrated into the work sphere.

Upskilling and Reskilling Training Needs

- There is a transnational interest in potential upskilling and reskilling training, adhering to specific criteria (see below).
- In Austria, further training opportunities are widely available. In Bulgaria, the situation is quite the opposite. Other countries, such as the Czech Republic, are experiencing ongoing developments in this area.
- Increasing the engagement is a common worry, level of motivation is important, explaining the practical benefits, valorising the participation with certificates, and the financial aspects and the role of the employer were also important points.
- Ideal training: during work hours, mixed feelings on online training (professionals and age, not country), practical/close to real life experiences (personal experience, Q&A, ...), long span training with shorter sessions each time, 30 minutes to not longer than 2 hours.

Survey: key results

- **595 participants:** 170 were from Spain, 113 from France, 104 from Bulgaria, 61 from Austria, 54 from the Czech Republic, 44 from Greece, 49 from other EU countries.
- They mainly work in **residential care homes with nursing** (dependant elders).
- They felt they **were unfamiliar with the concept of green skills** but they judged the skills to be important, relevant and applicable.
- They felt **more familiar with the concept of entrepreneurial skills** than green skills.
- They judged the entrepreneurial skills to be important, relevant and applicable.
- They are **very interested in a possible upskilling and reskilling** for carers
- Beyond the **benefits** that **upskilling/reskilling** can have on **their profession**, professionals also express a **benefit for the older adults**.
- **They haven't seen any successful online upskilling and reskilling training programs** for carers in older adults' care sector.
- Even though these professionals encounter a majority of people aged 65 and over in their professional practices (64.5% of their patients are aged 65 and over), during their initial training for the profession they practice, courses on ageing represent only 31.6% of their overall courses

4. A TRANSNATIONAL PERSPECTIVE ON THE IMPACTS OF COVID-19 ON CAREGIVING, ESSENTIAL SKILLS AND TRAINING NEEDS

❖ Impacts of Covid-19 on caregiving

Challenges brought by Covid-19

According to the statements of the healthcare providers, Covid-19 presented various challenges such as the ever-changing protocols and restrictions that affected social interactions, as discussed were evoked during the interviews in Austria, Bulgaria and Greece. Another significant challenge was the mismatches between the requirements and restrictions coming from the international and national level health authorities and governments and the realities in the field, including financial and human resources constraints, noted in the Czech Republic and France. Additionally, there was a significant loss of workforce in many countries. In the Czech Republic and France, carers left the sector. In France, Spain and the EU1 interview, potential future carers lost interest in the field and do not continue their engagement in Training. From the perspective of managers in France and the EU1 interview, there was a shortage of qualified staff to recruit.

There was a main recurring point when it came to overcoming these challenges: systemic changes, including improvements in wages, working hours, and working conditions (as seen in the Czech Republic, France and Spain), are needed to enhance the profession's attractiveness. In order for the turnover to stop and to have younger generations be interested in caregiving to help prevent a staff shortage in the future, amongst other things, it was mentioned during the interviews that improving working conditions is crucial. We can see that the 20 principles of the European Pillar of Social Rights have also underlined the importance of “secure and adaptable employment” (principle 5), “wages” (principle 6) and “work-life balance” (principle 9) (European Commission, 2023).

On the engagement for Training level, it is important to clearly explain the reasons for participating in upskilling and reskilling programmes and how these Training can enhance professional development.

Negative impacts and consequences of the challenges

Linked to these previous ones and other challenges, the pandemic had negative impacts on certain areas.

On an organisational level, the impacts included increased working hours and with that decreased working conditions. There was a transnational consensus on the topic, the issue being raised in the 8 out of the 10 interview locations, being in Austria, the Czech Republic, France, Greece, Spain and EU2.

On a practical level, carers became more hypervigilant in their interactions with older adults, they took precautionary measures when feeling sick, continued using masks and other protective gear even when it wasn't deemed necessary. This hypervigilance that continues to this day, had interpersonal consequences such as decreased in-person relations and increased isolation.

In the same vein, there were significant impacts on the psychological level. This fear that the carers experienced, especially the fear of contaminating older adults and other staff members, resulted in increased levels of stress, pressure, anxiety and fatigue from an already demanding job, as well as isolation and decreased quality of working conditions.


For older adults, the fear of getting contaminated further heightened their fear of getting in contact with others leading to increased isolation. In the Czech Republic, to face this problem, a phone call outreach programme was created to enable older people to speak with students by phone (Office, Rodenstein, Merchant et al, 2020).

Positive impacts of Covid-19

Caregivers also evoked that amongst the negative impacts, the pandemic also brought positive impacts, such as fostering unity and resilience amongst teams in Austria, France, and Spain.

Additionally, it accelerated the emergence of new roles and digitalisation opportunities, including telemedicine and remote services, in Bulgaria, the Czech Republic, France, and Greece.

In France, the emergence of new roles was mentioned during the interviews, such as, "neighbourhood referent" carers, "pathway referent nurse". This information is coherent with a report, written by a French skills operator for the healthcare and medico-social sectors. In the latter, the writers anticipated new professions and roles in relation to the use of big data and AI, such as Clinical Data Officer, positions associated with the management of digital intermediary platforms like e-patient advisor and e-stretcher operator, and roles arising from the use of surgical robotics, such as Surgical Robotics Instrument Technician (OPCO Santé, 2020). This also highlights the need for carers,



particularly those in healthcare professions, to adapt to digitalisation and the evolving digital landscape of the health sector.

❖ Regional Variability in Familiarity and Proficiency of Green Skills: Survey Insights and Practical Applications

The term “green skills” appears to be more familiar in Austria, the Czech Republic, and France compared to Bulgaria, Greece, and Spain. Survey results confirm this regional disparity: participants rated their familiarity with “green skills” at an average of 2.6 on a scale of 1 to 5 (1 = not at all familiar; 5 = very familiar). This lower familiarity is partly explained by the fact that 43% of the survey respondents come from Bulgaria, France, and Greece, where green skills were less recognised in interviews.

Regarding perceived proficiency, carers rated their competence in green skills at 2.7 out of 5, the lowest amongst soft, digital, and entrepreneurial skills. However, they rated the importance of green skills significantly higher, at 4.2 out of 5. This disparity suggests that green skills are often seen as a structural necessity—important for organisational and environmental frameworks—rather than as specific professional competencies. Consequently, while these skills are acknowledged as crucial for sustainability, they may not be deeply embedded in professional training or daily practices.

Interviews reinforce this view, showing that carers often perceive green skills as more critical on a structural level rather than for individual professional development. In countries, for example in Bulgaria, where green skills are not yet widely recognised, this gap in perceived proficiency reflects a broader issue: a skills gap can only be recognised if the concept is first acknowledged and integrated into professional contexts.

Currently, the application of green skills varies across countries. Notable examples include changes in kitchen practices (AT, CZ), waste reduction and management (AT, CZ, GR, ES), fewer trips (ES), and adjustments in laundry room practices (CZ, ES). These practical applications highlight ongoing efforts to incorporate green skills, even as their formal recognition and professional integration continue to evolve.

❖ Divergent Views on Entrepreneurial Skills: Role-Specific Insights and Strategic Importance


As mentioned by the carers, while entrepreneurial skills are recognised transnationally, opinions on their necessity differ. Participants, especially field workers, often view these skills as essential for managerial roles, emphasising the importance of financial awareness, leadership through communication and motivation, and creative problem-solving. However, other professionals, mainly managers, see these skills as crucial for broader organisational effectiveness, especially during staff shortages. This divergence in opinion is more pronounced at the professional level rather than a national level, reflecting the varied expectations and responsibilities across different roles.

Survey data supports these insights. Keeping in mind that managers being the most prominent profession that participated to the survey, participants rated their perceived proficiency in entrepreneurial skills at 3.1 out of 5. Their familiarity with entrepreneurial skills is notably higher than with green skills (3.2 vs. 2.6), and they acknowledge the skills as important (4.1), relevant (3.9), and applicable (3.8). The higher familiarity and importance ratings amongst managers suggest a strategic alignment with their roles, where these skills are integral to leadership and organisational success. This context highlights that while entrepreneurial skills are valued and somewhat familiar amongst managers, ongoing development and integration into professional practice remain essential for optimising their effectiveness and application within the organisational framework.

❖ Digital Evolution in Care: Adapting to Emerging Challenges and New Roles

According to the survey data, the perceived proficiency of digital skills amongst participants is 3.1 out of 5. Interviews across Austria, the Czech Republic, France, and Greece indicate that digital tools like tablets, video conferencing, and online chat applications were implemented primarily to enhance communication and animation. These tools have notably improved communication (AT, BG, CZ, ES), increased efficiency in administrative tasks, and enhanced the quality of service (ES, EU2). However, several weaknesses were also identified, including the need for constant connectivity for carers, financial and time constraints, and fears of dehumanisation (AT, FR, EU2).

Furthermore, the interviews and desk research reveal a more pronounced difference at the professional or role-specific level rather than across countries. The digitalisation surge has spurred the



creation of new roles and opportunities, such as telemedicine and remote services in Bulgaria, the Czech Republic, France, and Greece. In France, for instance, new roles like “neighbourhood referent” carers and “pathway referent nurses” have emerged. These changes align with a report by a French skills operator, anticipating professions related to big data, AI, and surgical robotics, such as Clinical Data Officers, e-patient advisors, e-stretcher operators, and Surgical Robotics Instrument Technicians (OPCO Santé, 2020).

This rapid digitalisation underscores the need for carers, especially in healthcare, to adapt to new digital tools and roles. Attention must be given to bridging the practical digital skills gaps (in terms of learning curve) amongst professionals and addressing ethical considerations, ensuring that the adoption of digital technologies enhances rather than detracts from the quality of care and human connection.

❖ Soft Skills for Caregiving: Proficiency, Gaps, and Essential Skills Post-Pandemic

Survey results reveal the pivotal role and high proficiency within the sector, with survey participants rating their proficiency at 3.4 out of 5, making soft skills the highest-rated amongst soft, digital, and entrepreneurial skills. Interview results confirmed this, participants deeming soft skills as fundamental prerequisites for the sector.

During the pandemic, key soft skills such as patience (AT, BG), adaptability (AT, BG), and resilience (AT, BG, ES) were crucial. Participants underscored that these skills were not new, but they were rather enhanced during the pandemic. Essential soft skills identified for caregiving include communication (AT, BG, CZ, FR, GR, EU2), empathy (AT, FR, ES), and organisational skills (AT, CZ). There are notable gaps to address: the need to develop greater autonomy for both on-the-field carers and managers, enhance diversity training and intercultural sensibilities, and emphasise self-care practices. Addressing these gaps is essential for further strengthening the effectiveness and resilience of the caregiving workforce.

❖ Skills Mismatches & the Perception of Upskilling and Reskilling Training

The results reveal a notable skills gap across all six countries studied and on a transnational level. Interviews indicate that while these gaps are acknowledged in most countries, in Bulgaria and Spain, they are not even recognised or integrated into the work sphere.

Survey results show a strong interest in upskilling and reskilling amongst participants, with an average interest score of 4.5 out of 5. This interest varies slightly by country, with the lowest average of 4.2 in the Czech Republic and the highest at 4.8 in Spain. Profession-wise, dieticians show the highest interest (4.9), while assistive personnel and doctors show the lowest (4.3). Despite these variations, the overall high interest (>4/5) underscores a widespread recognition of the benefits of upskilling and reskilling for carers.

During the interviews, carers mentioned that they believe that such training would not only enhance their professional skills but also benefit older adults. However, the survey highlights a significant gap in the availability of successful online upskilling and reskilling programmes for carers in the older adults' care sector, with 418 respondents indicating a lack of such programmes and only 89 affirming their existence. Spain reports the highest proportion of positive responses (19%), followed by other EU countries (35%), while Bulgaria reports the lowest (5%). These findings suggest a strong demand and perceived need for upskilling and reskilling initiatives, coupled with a recognition of their broader benefits, despite the current scarcity of effective training programmes.

Similarities between countries in terms of Training

In Austria, France and Spain, the desk research highlights that these countries have introduced **specialised training programmes** to address the specific needs of LTC workers, including programmes focused on advanced clinical skills, patient care, and administrative competencies. A similar result, highlighting the importance of specialised training was seen during the Spain group interview.

The **formalisation** of soft skills with their integration in Training was also highlighted in the Bulgaria and Spain desk research, as well as in the Spain group interview. Soft skills seen as crucial for care giving sector, the development of soft skills such as communication, emotional intelligence, and interpersonal skills and they deem to be formalised through Training. In Spain, The State Foundation

for Training in Employment (FUNDAE) highlights the demand for training in interpersonal skills and human resources management.

With the increased workload with staff shortages and the pressure of the sector, **self-care** was another thing to formalise, according to the interviews.

According to the desk research Austria and France offer **financial incentives, scholarships, and stipends** to encourage individuals to enter and stay in the LTC profession. This approach can be found in other countries as well, though the extent and nature of these incentives can vary. In Austria, these incentives include minimum stipends for nursing education and scholarships for career changers.

Digital Advances in Training and their Accessibility

Concerning the digital advances in Training, in the Czech Republic and Spain, digital tools and technologies are slowly incorporated into the training programmes. However, also in Spain, an interview highlights that the accessibility is not equal for everyone, *“We don't have tablets, software, we have nothing, everything is done manually”* (LARES-CW2, F, ES, coordinator of carer team).


The Czech Republic has integrated digital literacy into its training programmes, leveraging online platforms for education and professional development. **Spain** also emphasises remote and digital training. In contrast, **Greece** and **Bulgaria** have less extensive digital training infrastructure, which can affect the availability and quality of remote learning options.

Emphasis on Psychological Support

Austria has developed programmes focusing on the psychological well-being of LTC workers, recognising the stress and mental health challenges exacerbated by the pandemic. This emphasis on mental health support in training is less pronounced in some other countries, such as **Bulgaria**, where the focus remains more on clinical and practical skills.

Recap & Key Considerations for Effective Training

The desk research, interviews and surveys highlight that there is an **interest** in upskilling and reskilling training. While some professionals mentioned their demanding jobs and their **lack of time**, an idea that came multiple times was for Training to be conducted **during work hours**. There were divergent



views on **online Training**, while some said that it would increase accessibility, other reminded that not all carers have access nor the competencies to use them. The importance of real-life, practical and **immersive experiences** was highlighted as well, noting that it makes Training more “fun” and helps learn better. Also, most carers prefer **long-span** training divided into **shorter sessions**, ideally ranging from 30 minutes to 2 hours. The importance of formalising soft skills, like, self-care, and resilience training (as noted by ES, EU1, EU2), as well as certain digital, entrepreneurial and green skills were also evoked. Consider the **inclusion of informal carers** in training programmes. **Engagement** and consistent motivation were points of consideration for multiple participants.

5. SECTORAL SKILLS STRATEGY FOR ELDERLY CARE IN EUROPE

The long-term care (LTC) sector faced unprecedented disruption during the Covid-19 pandemic. Sudden procedural changes, heightened safety requirements, digital transitions, and severe workforce shortages exposed pre-existing gaps and accelerated structural change. Emerging needs, such as increased autonomy in care delivery, multicultural working environments, and growing attention to sustainability, indicate that there is a need for the sector to evolve to remain resilient and deliver high-quality services, especially considering the increasing ageing population in Europe.

A Sectoral Skills Strategy (SSS) is, therefore, essential to ensure that these transformations are systematically embedded into professional practices, training systems, and policy frameworks across Europe.


This SSS is directly grounded in evidence collected through the findings of this Blueprint (WP3). In other words, the strategy translates these results into the next steps of the project such as designing training Curriculum (WP5) and the pilot delivery of training (WP6), ensuring that the project's outcomes are in line with EU initiatives, such as the Pact for Skills and the Blueprint for Sectoral Cooperation on Skills. In this way, Eldicare 2.0 reinforces the link between research, training, and policy at the European level.

Findings from interviews, surveys, and country analysis, in connection with the EU Commission priorities, reveal four priority areas for strengthening skills intelligence:

1. Digital skills

Digital tools, including telehealth platforms, electronic medical records, and digital communication systems, are now integral to daily care provision. However, a generalised transnational gap persists, particularly among frontline carers. Upskilling is required both in technical competencies and in ethical awareness (data protection, confidentiality), with policy support needed to embed digitalisation into standard care practices.

In accordance with the **European Commission's Blueprint for Sectoral Cooperation on Skills** and **Sector Skills Alliance**, digital competence is a horizontal competence that expands to all sectors. **Formal carers**, employed in residential homes, healthcare institutions or private agencies, are expected to navigate electronic health records, telecare systems, and digital communication platforms effectively. Their ability to use technology to coordinate care, monitor health indicators, and manage data responsibly supports digital transformation which is one of the Blueprint priorities and central to



EU skills intelligence policies. These skills not only enhance operational efficiency but also promote evidence-based decision-making, data protection, and inclusive access to care.

Informal carers, such as family members, volunteers or atypical workers (e.g. migrant without certification in health care provision), also play a significant role in the digital transition as this is illustrated in the **Sector Skills Alliance**. While they may acquire digital skills informally, their capacity to use mobile health apps, online support networks, or remote monitoring tools is critical for being able to provide safer care. By engaging with digital platforms to access information, coordinate with professionals, and maintain communication with the elderly people under their care, the informal carers invest, even unconsciously, in lifelong learning and digital inclusion. Blueprint's emphasis on upskilling all members of the care ecosystem, regardless of formal qualifications, embraces the informal care providers in particular.

2. Soft skills

Soft skills remain the fundamental foundation of caregiving. The COVID-19 pandemic intensified needs around:

- Autonomy and decision-making in crisis situations
- Intercultural sensitivity in increasingly multicultural teams
- Emotional resilience, wellbeing, and self-care in demanding conditions
- Collaborative multidisciplinary work, not only among different LTC professions, but also between LTC professionals and informal carers

More specifically, **formal carers** are requested to develop a professional and, at the same time, empathetic style of communication as they have to address with elderly people (often patients) and families, and collaborate or coordinate multidisciplinary teams, especially considering that elderly care services are staffed with migrant workers. Thus, they should demonstrate cultural sensitivity. Also, as elderly care providers, should handle the emotional load with resilience. Their ability to manage relationships, resolve conflicts, and provide compassionate support reflects the Blueprint's focus on human-centred approaches and continuous professional development. By cultivating empathy, active listening, and teamwork, formal carers contribute to the EU's strategic goals of social inclusion and improved care quality across Member States.

Soft skills, one of the most important pillars of Sector Skills Alliance and a key focus of the EU policy documents related to upskilling, are important for **informal carers** too. Informal carers tend to get trained on providing care services « on-the-job», thus they demonstrate patience, and strong emotional intelligence in managing the complex emotional and social dimensions of care. As the

recognition of informal learning, including experiential learning, has gained focus on the EU Commission's upskilling strategies, informal carers' role lies within the scope of the Blueprint. By building trust and positive communication, and showing empathy in everyday interactions, informal carers' vital role in widening the offer of elderly care services within the EU.


3. Entrepreneurial skills

Perceptions differ across roles: carers often associate entrepreneurial skills with management, while managers emphasise the importance of deploying teams which comprise various roles. The entrepreneurial skills respond to a diverse spectrum of skills, such as taking initiative, decision-making, flexibility, and problem-solving, to support effective response to workforce shortages and foster continuous improvement in care delivery.

Entrepreneurial skills are equally important for formal and informal carers. Reflecting the **Sector Skills Alliance** objectives, **formal carers** are expected to manage resources efficiently and make informed decisions that balance business objectives with quality care. Effective decision-making, a core asset for an entrepreneurial mindset, involves risk assessment, efficient budget allocation, and compliance with professional standards and regulations — all while catering to the delivery of person-centered care and respecting the elderly people's dignity.

However, entrepreneurship is not limited to the ability of taking decisions and ensuring that an organization operates efficiently, using the available resources (finances, staff and time) wisely. On the contrary, it is extended to anticipating future challenges and actively performing towards improving the working and living or health conditions for the carers and the elderly people respectively. Thus, the carers with entrepreneurial skills should be able to identify service gaps and introduce innovative practices which will enhance quality of elderly care services and will improve the elderly people's physical and mental health. In this regard, creativity and adaptability, not only to the updated protocols and medical advancements but also to the changing operating standards and requirements of an elderly care organization, are important parameters.

As far as **informal carers** are concerned, it is important to keep in mind that they also demonstrate entrepreneurial qualities, even without even realizing it and often with no or inadequate training. These carers are responsible for the elderly people's daily routines, including their safety and adherence to prescriptions or medical conditions, managing limited financial and time resources, and making quick, practical decisions to meet the elderly people's needs. As a result, they develop similar skills, such as adaptability, problem-solving, and ability to seek out resources or support networks, with the formal carers. Driven by a deep sense of commitment and responsibility towards their relatives or



the people under their care, the informal carers engage in managerial and decision-making processes, displaying entrepreneurial qualities.

4. Green skills

Environmental sustainability is growing in relevance across health and social care settings. However, the familiarity with green skills varies widely and is generally attributed to a structural level rather than to the individual level. Future efforts should explore training on environmental awareness embedded in routine procedures. Building capacity in this area supports not only greener care environments but also healthier living conditions for older adults.


More specifically, within formal care settings, green skills involve managing resources sustainably, reducing energy and material waste, and promoting environmentally responsible care environments. **Formal carers** are now called to ensure a smooth transition toward a greener economy, in line with EU Green Deal requirements, by adopting eco-friendly cleaning products, optimizing energy use in care facilities, and encouraging sustainable procurement practices. By introducing new green protocols in their operation and ethical professional standards, elderly care-related professions contribute to the EU Blueprint through developing skills related to increased environmental awareness and green innovation.

Informal carers also tend, even unconsciously, to develop their green skills, implementing the principles of the Sector Skills Alliance in practice. Within their household or community level, the informal carers engage in minimizing water and energy use (especially considering the financial constraints that households with care-relying elderly people come across) recycling care-related materials, and investing in resource-efficient practices daily. Reflecting the objectives of the Sector Skills Alliance, the Informal carers, in addition to adopting greener protocols in elderly care at home, raise awareness through local networks about the importance of environmental care. Through their actions, they contribute to the EU's broader sustainability objectives.

5. Conclusion

The Sectoral Skills Strategy translates the WP3 research findings into actionable interventions across Eldicare 2.0 activities. WP5 ensures that training curricula address identified skill gaps, while WP6 pilot deliveries test and refine these programs in real-world settings. By embedding these priorities into training modules, the project ensures that LTC professionals and informal carers develop the competencies required to meet emerging sectoral challenges.

By aligning the SSS with EU frameworks such as the Pact for Skills, the European Care Strategy (2022), and the European Pillar of Social Rights (Principle 18), Eldicare 2.0 supports transnational



harmonisation of workforce development. The strategy provides a roadmap for policy-makers, training institutions, and LTC providers to implement evidence-based, future-oriented skills initiatives, enhancing workforce resilience, care quality, and sectoral sustainability across Europe.

The SSS also establishes mechanisms for ongoing monitoring of skill needs and training outcomes. Feedback from pilot activities, combined with workforce data, will inform iterative improvements, ensuring that the strategy remains responsive to evolving demands and contributes to long-term resilience and professionalisation in the LTC sector.

The blueprint findings inform the strategic orientation of the Sectoral Skills Strategy. Each identified skills gap aligns with one or more strategic pillars that guide the design of future actions under WP5 (training curriculum development) and WP6 (pilot delivery of trainings implementation):

Findings from the Blueprint (WP3)	Strategic Pillar of Sectoral Skills Strategy	Policy/Training Actions (WP5 Training Design & WP6 Pilots)	Implications for Stakeholders and EU Policy
Persistent and uneven digital skills gaps and limited awareness of data protection/ethics	Skills intelligence, Digital transformation of care, Training design	<ul style="list-style-type: none"> Integration of basic and advanced digital literacy into curricula Development of digitalisation module in the curricula (WP5) Piloting digital tools in real LTC settings (WP6) Embedding digital ethics and GDPR compliance in training 	<ul style="list-style-type: none"> Supports aims of Pact for Skills, European Care Strategy 2022 (digital transition), DigComp (Digital Competence Framework) ESCO: updated role profiles
Need to strengthen soft skills (such as autonomy, intercultural communication, and wellbeing strategies)	Workforce Retention, Attraction, Wellbeing	<ul style="list-style-type: none"> Soft skills modules on autonomy, decision-making, and diversity (WP5) Wellbeing and resilience training (WP5) Training modules (WP5) focus on establishing stronger collaboration between LTC workforce and informal carers 	<ul style="list-style-type: none"> ESCO: transversal skills descriptors Supports the objectives of the European Care Strategy (quality care & professional attractiveness)
Uneven understanding of entrepreneurial skills; flexibility needed in crisis situations	Leadership, cooperation	<ul style="list-style-type: none"> Training incorporating initiative, problem-solving & innovation mindset across roles (WP5, WP6) Empowering frontline carers in shared-decision structures 	<ul style="list-style-type: none"> Supports aims of EntreComp (entrepreneurial mindset) and Care4Skills Enhances flexibility during staff shortages
Low awareness of green skills (sustainability mostly structural, not individual) and lack of environmental awareness in daily care practice	Green transition and sustainability in care	<ul style="list-style-type: none"> Embedding environmentally sustainable practices into training and care protocols (WP5, WP6) Develop modules on waste management, energy efficiency, and eco-friendly operations (WP5) 	<ul style="list-style-type: none"> Supports aims of GreenComp (sustainability competences), EU Green Deal 2050 and European Care Strategy (healthy environments for older adults) Promotes environmental responsibility in care institutions.

6. RECOMMENDATIONS: VISION FOR FUTURE ELDERLY CARE

Long-term care systems across Europe are facing increasing pressure due to demographic shifts, rising care needs, and workforce challenges. Informal carers provide the majority of care, while professional carers operate in diverse and often resource-constrained settings. Despite their central role, LTC providers and carers frequently encounter insufficient recognition, inadequate remuneration, limited training opportunities, and fragmented policy support. These challenges were further exposed during the Covid-19 pandemic, highlighting gaps in preparedness, workforce capacity, and alignment between policy expectations and on-the-ground realities.

The findings underpinning these recommendations derive from interviews with carers across multiple EU countries conducted within the scope of the Eldicare 2.0 project. These interviews captured carers' professional experiences, operational realities, and priorities, providing evidence to inform actionable policy recommendations.

These recommendations align with the objectives of the EU Care Strategy and the Blueprint Alliance, emphasizing workforce sustainability, professional recognition, integration of informal carers, digital and green skills development, and equitable access to training and resources. They provide actionable guidance for VET providers, national and EU health authorities, care facilities and carers to strengthen LTC systems, enhance the attractiveness of care professions, and support both professional and informal carers in delivering high-quality, person-centred care.

❖ For the VET Providers

Regional Training Landscape

- Understanding the training opportunities and challenges in different countries.
- Considering the cultural context of each country, as it influences practices and care, leading to a more tailored approach.

Training Content

- Incorporate in Training:

- Soft skills: self-care, and resilience training, autonomy (for managers), diversity and inclusivity, basic soft skills (communication, empathy, organisational skills), collaborative partnership in long-term care (LTC) with informal carers
- Digital skills: Basic digital skills to close the gaps between carers, with an emphasis on privacy and ethics
- Entrepreneurial skills: the relevance to both managerial and on-the-field roles, with a focus on financial awareness, leadership skills through communication and motivation, and creative problem solving for individual solutions.
- Green skills: the relevance on a professional level beyond just a structural level.
- Providing practical and immersive learning experiences (through real-life or AI exposition to real life conditions, including Q&A and/or examples from concrete examples).

Training Format

- Training during working hours
- Longer courses, spanning several months divided in shorter and regular sessions
- Shorter sessions (30 minutes to 2 hours)

Key Considerations for Effective Training

- Developing strategies to enhance engagement and motivation.
- Providing Training during work hours with a focus on practical benefits for the carers
- Considering a mix of online and in-person training formats.
- Evaluating the acceptability and the usability of digital training tools in terms of skills and accessibility amongst carers.
- Ensuring that the training sessions are inclusive for informal caregivers, enabling them to access training and enhance their skills.
- Recognising the participation through certificates to support its future valorisation.

❖ For the international and national level health authorities and governments
(policy recommendations)

Recommendation 1: Establish a continuous evidence base on the structure and resources of LTC providers”

Challenge: In several EU countries (France, the Czech Republic, Spain, EU-level interview), there remains an incomplete understanding of the practical conditions, structural realities, and operational limitations faced by long-term care (LTC) providers operating on the field. More specifically, during the Covid-19 period, the demands/requests coming from authorities and decision-makers could not always be implemented by LTC providers, due to a lack of human, time or financial resources. This discrepancy in terms of the realities between the authorities and providers made it impossible for the latter to meet the demands of the changing protocols and additional safety measures. It also left caregiving services to rely mostly on themselves, creating a sense of isolation when facing these challenges. Outdated information on available resources and capacities can lead to policy measures that are misaligned with on-the-ground realities.

Recommendation / Solution: Creating stronger connections to the reality of LTC providers is essential to better understand existing resources, means, and capacities. To achieve this national and European authorities should establish permanent mechanisms for the collection and analysis of field data, ensuring that workforce size, infrastructural capacities, digital readiness, and training needs are regularly updated. Developing a shared European knowledge base would enable evidence-based planning and the cross-country exchange of effective practices. Equally important is the creation of dynamic feedback channels between LTC providers and policymakers, so that policy frameworks, funding mechanisms, and emergency measures can be continuously adapted to reflect real-world constraints and potentials.

This recommendation aligns with the **European Care Strategy (2022)** and supports the implementation of the **European Pillar of Social Rights, Principle 18 (Long-term care)**, which calls for access to affordable, quality long-term care and adequate support for caregivers.

Project specific actions: Eldicare 2.0’s collaborative approach, involving national partners and European organisations, ensures that practical experience from care providers informs project outputs. WP3 research findings and the competence-based Curriculum development in WP5 ground training and policy proposals in real workforce needs. WP8 dissemination activities further support the wide uptake of these results among stakeholders, policymakers, and representative organisations across Europe.

Anticipated Impact: Improved policy coherence and alignment between national authorities and LTC providers will enhance the efficiency of resource allocation, reinforce the resilience of the care ecosystem, and ultimately improve the quality of care services across Europe.

Recommendation 2: Strengthen the Professional Value, Recognition, and Working Conditions of the Care Workforce

Challenge: Across most EU Member States (the Czech Republic, France, Austria), the long-term care (LTC) sector continues to suffer from low professional attractiveness due to limited recognition, inadequate remuneration, difficult working conditions and scarce career progression opportunities. Care workers often lack access to certified training pathways and formal recognition of competences acquired through work experience, particularly in the case of migrant or cross-border workers. These conditions lead to persistent staff shortages, high turnover, and fragmented qualification systems across Europe.

Recommendation / Solution: To valorise caregiving roles, it is essential to implement comprehensive strategies that combine fair remuneration, recognition of qualifications, career development opportunities, and improved working conditions. Aligning with Eurofound's research (Dubois, 2025) and the Eldicare 2.0 emphasis on workforce sustainability, this approach includes establishing fair wage policies, supporting better working hours, and allocating resources to enhance work-life balance and mental health support.

WP3 findings also show that improving image and working conditions is not enough — carers also need recognised qualifications, career paths and fair mobility across Europe. Strengthening elements like EQF alignment and recognition of prior learning (including qualifications obtained abroad, that might require specific agreements among different countries) makes the recommendation more actionable and consistent with Eldicare 2.0's goals.

This recommendation supports the **European Care Strategy (2022)**, the **European Pillar of Social Rights (Principles 5 and 18)** on fair working conditions and long-term care, and the **Pact for Skills**, which promotes upskilling and reskilling in the care and health sectors.

Project specific actions: Building on these findings (WP3) on the need to valorise caregiving roles and address qualification disparities, Eldicare 2.0 integrates these insights into training design (WP5) and pilot delivery (WP6). These activities support professional recognition, improved working conditions, and the enhancement of the care profession's image across Europe. The project also contributes to creating sustainable learning ecosystems and advancing EU-level harmonisation of long-term care competences through the Blueprint Alliance.

Anticipated Impact: Improved working conditions and stronger professional recognition, care roles will enhance workforce stability, attractiveness, and retention. This will foster greater social esteem for carers, promote fair mobility across Europe, and ensure the long-term quality, continuity, and sustainability of care services..

Recommendation 3: Recognise, Support, and Integrate Informal Carers in Long-Term Care Systems

Challenge : Informal carers provide approximately 80% of long-term care across Europe (Hoffmann & Rodrigues, 2010). As WP3 findings confirm that informal carers (EU-level and Spain interviews) often receive insufficient policy support, face financial strain, limited access to training or upskilling, and scarce respite opportunities. Many work in isolation with little integration into formal care systems, despite their crucial role in sustaining European LTC. This gap places significant pressure on both carers and care recipients and limits the overall efficiency and resilience of long-term care services.

Recommendation / Solution: Develop and implement policies at national and EU levels to recognise, support, and integrate informal carers into the broader LTC ecosystem. Measures may include financial allowances, carers' leave, respite services, access to training, and the inclusion of informal carers in policy dialogues.

Project specific actions: WP3 findings reinforce the essential role of informal carers within the long-term care system. Eldicare 2.0 will integrate this perspective into training design (WP5) and pilot delivery (WP6) by promoting collaboration between professional and informal carers, and by embedding their contribution into training and care planning practices. These efforts support the broader policy goal of recognizing and empowering informal carers as full partners in care.

Anticipated Impact: Recognition and integration of informal carers will strengthen the sustainability and resilience of LTC systems, reduce burnout, and enhance the well-being of both carers and care recipients. It will also promote societal and professional recognition of the vital contribution informal carers make daily.

Recommendation 4: Ensure Financial Support and Accessibility for Carer Training and Professional Development

Challenge : In line with Recommendation 2, in several European countries (Bulgaria, France, Greece), financial constraints can act as a barrier for carers, who often face high personal costs for training or low salaries where they cannot prioritize training. This situation discourages participation and limits opportunities for professional development.

Recommendation / Solution: Establish public or employer-based funding schemes to subsidise or fully cover the costs of professional development for carers. Incentives such as training vouchers can support lifelong learning, while integrating training opportunities within working hours and using flexible, blended learning models can help carers balance education with their caregiving responsibilities. Encourage partnerships between training institutions, social services, and funding bodies to ensure equitable access to professional development.

Project specific actions: Through training design (WP5) and pilot delivery (WP6), Eldicare 2.0 supports accessible and flexible learning pathways for all carers, including free or publicly supported training models and shared funding approaches between institutions and employers. By demonstrating scalable solutions, the project contributes to initiatives that can be promoted and replicated across Europe to ensure equitable access to skills development.

Anticipated Impact: Reducing financial barriers will enable carers to participate in professional development, leading to a better-skilled, more confident, and motivated workforce. This, in turn, will improve the quality and continuity of care, promote professional advancement, and contribute to the long-term resilience of European LTC systems.

[Recommendation 5: Strengthen Digital and Green Competencies Among Long-Term Care Professionals and Informal Carers](#)

Challenge : Although the digitalisation of care services is progressing across Europe (according to all partner countries to the research), it is uneven, leaving many LTC workers without the skills needed to fully use emerging digital tools. This digital divide hinders innovation, reduces efficiency, and limits data-driven care management. Financial costs and limited infrastructure, particularly in rural areas, further restrict access to digital tools.

Recommendation / Solution: To support Europe's twin transition (digital & green transition), national and EU-level strategies should promote the development of both digital and green skills among carers. This includes integrating digital literacy, data management, telehealth competencies, and sustainable care practices into training curricula. Accessible e-learning platforms and blended learning approaches should be used to reach both professional and informal carers, ensuring flexibility and broad participation. Investments in digital and green infrastructure across LTC facilities are also essential to support the adoption of innovative tools and eco-friendly practices. Additionally, fostering cross-border collaboration on pilot projects can accelerate the integration of telecare solutions, artificial intelligence tools, and environmentally sustainable care models across Europe.

This recommendation supports the **European Care Strategy (2022)**, the **European Pillar of Social Rights (Principle 18)**, the **Digital Europe Programme**, and the EU's **Green Deal**, reflecting the twin priorities of digital and environmental transition in the care sector.

Project specific actions: The findings (WP3) will directly inform WP5 (training curriculum development) and WP6 (pilot delivery), ensuring that digital and green skill gaps are addressed through practical online and blended-learning modules for both professional and informal carers. These actions will be reinforced by WP8 dissemination activities, which will support the uptake of digital tools and innovative learning solutions across partner countries.

Anticipated Impact: Strengthened digital and green competencies will modernize the European care sector, enhancing efficiency, sustainability, and service coordination. Improved digital literacy and eco-friendly practices among both informal carers and LTC professionals will enable better data management, communication, and adoption of innovative care solutions. These measures will enhance the quality of care, and ensure that all carers, professional and informal alike, are equipped to participate fully in a sustainable and digitally enabled LTC ecosystem, aligned with broader European digital and green transition objectives.

[Recommendation 6: Develop Soft, Transversal, and Entrepreneurial Skills for a Resilient Long-Term Care Workforce](#)

Challenge: In connection with the EU Key Competences for Lifelong Learning, to build a resilient and innovative workforce, Eldicare 2.0 research across multiple EU countries highlights that soft skills, such as communication, empathy, patience, adaptability, and organizational skills, are fundamental to effective caregiving. During the Covid-19 pandemic, these skills proved crucial in maintaining care quality and workforce resilience. However, gaps remain, particularly in fostering autonomy, diversity awareness, intercultural competences, and self-care practices. Entrepreneurial skills, including leadership, financial awareness, creative problem-solving, and team motivation, are recognized as essential, particularly for managerial roles, but their application and integration into professional practice is still limited.

Recommendation/Solution: National and EU-level strategies should support targeted initiatives to develop soft and entrepreneurial skills for all carers. This includes incorporating these skills into national workforce development frameworks, funding training programs for professional and informal carers, and providing incentives for blended learning, mentorship, and leadership development. Policies should promote collaboration between formal and informal carers and integrate these skill-

building initiatives into broader LTC workforce strategies, ensuring alignment with EU care priorities and national implementation plans.

This recommendation supports the **European Care Strategy (2022)**, the **European Pillar of Social Rights (Principle 18)**, and the **Key Competences for Lifelong Learning framework**, which promote transversal, leadership, and entrepreneurial skills for all carers.

Project specific actions: The findings (WP3) on soft and entrepreneurial skill needs will guide WP5 (curriculum development) and WP6 (pilot implementation) to integrate skills such as autonomy, decision-making, intercultural sensitivity, emotional resilience, self-care, collaborative work, flexibility, into targeted training modules. WP8 dissemination activities will further promote these transversal skills, supporting widespread adoption and strengthening workforce development strategies across partner countries.

Anticipated Impact: Targeted development of soft and entrepreneurial skills will strengthen workforce resilience, enhance patient-centred care, and improve coordination between professional and informal carers. Managers will gain the leadership and organizational competencies needed to optimize care delivery and respond effectively to crises. Overall, these measures will contribute to a more skilled, cohesive, and sustainable LTC system across Europe, improving quality, continuity, and resilience of care.

❖ For the older adult care facilities

- **Valorise caregiving professions:** Implement wage improvements, better working hours, and career development opportunities to enhance professional recognition and retention.
- **Address staff shortages:** Develop recruitment strategies, training pathways, and retention incentives to counter both high turnover and a lack of qualified applicants.
- **Reduce financial barriers to training:** Introduce publicly funded or employer-supported training, flexible learning formats, and training vouchers for carers.
- **Foster collaboration between informal and professional carers:** Integrate informal carers into care planning and delivery to improve efficiency, resilience, and continuity of care, anticipating future demand growth.

❖ For the care professionals

- **Develop digital competencies:** Engage in structured training programs to strengthen digital literacy and telehealth skills, ensuring alignment with emerging healthcare technologies and EU digital transition goals. **Enhance professional practice through skills**

acquisition: Apply newly acquired skills to improve care delivery, efficiency, and patient outcomes, while supporting career growth and professional recognition.



7. CONCLUSION

In conclusion, this project responds to post-pandemic challenges by aligning with the EU Care Strategy and the European Skills Agenda, particularly the priorities of digitalisation, green transition and the reinforcement of soft and entrepreneurial skills in the care sector. Its overarching goal is to contribute to a more accessible, sustainable and high-quality long-term care system that ensures a decent standard of living for older adults across Europe.

This Blueprint¹⁰ research aimed to define the skills profile of the future older-adult care professionals and informal carers, and to identify the upskilling and reskilling needs required by a growing and evolving sector. The focus was placed on digital, soft, environmental and entrepreneurial skills, while also addressing gaps between project partner countries.

A total of 696 carers participated in this mixed-methodology research, including 595 survey respondents, 59 participants in individual interviews, and 42 participants across seven group interviews. Respondents represented a diverse range of professional roles, from managerial staff to social assistants, nurses, (neuro)psychologists and trainers. The interviews were analysed through thematic content analysis, while descriptive statistical analysis was applied to the surveys.

The empirical results demonstrate an interest in upskilling and reskilling training. The analysis reveals challenges of the Covid-19 period on the sector and the workforce, the impacts of these challenges, skills gaps, and an interest in upskilling and reskilling training.

Across partner countries, several recurring trends were identified. Common skill gaps include limited digital literacy, insufficient entrepreneurial and green competences, and language barriers. Despite national specificities, all countries reported high demand for accessible, practical, and certified upskilling and reskilling opportunities. Training needs converge around blended and hands-on learning formats, recognition of prior experience, and stronger alignment between training content and real workplace requirements.

These findings directly inform the next stages of Eldicare 2.0. WP5 curriculum design incorporates identified skill gaps into modular, practical, and blended learning approaches. WP6 pilot delivery tests these modules in real-world LTC settings, ensuring alignment with workforce needs. WP8

¹⁰ This Blueprint report is based on a transnational report, written in the context of this same project containing more details on each topic.

dissemination activities further promote uptake and policy awareness. The research thus translates into actionable interventions that connect evidence, training, and policy at the European level.

Based on these findings, recommendations were formulated for VET providers, health authorities, governments, care organizations, care professionals and informal carers . These include strategies to enhance engagement and motivation, assess the acceptability and usability of digital training tools, and recognize participation through certification to support career development.

The conclusions of WP3 are based on transnational findings collected from partner countries across Europe. These results provide the evidence base for the next stages of the Eldicare 2.0 project. The identified skill gaps and training preferences directly inform the design of new curricula and training modules. As it was found during the interviews, training will provide practical and immersive learning experiences.

At the European level, they directly contribute to the objectives of the EU Care Strategy and the Blueprint for Sectoral Cooperation on Skills by highlighting concrete ways to improve skills, working conditions, and the overall sustainability of the long-term care sector. The findings translate into several actionable directions :

- For VET providers: Developing modular, short and flexible formats, in line with the needs of carers, combining online and in-person learning. Providing training that considers other different countries' contexts'. Providing practical and immersive learning experiences.
- For policy makers: Comprehensive understanding of LTC providers on the field and resources, valorising caregiving roles and improving working conditions, supporting informal carers in long-term care systems, reducing the financial burden of training on carers and lastly, strengthening digital skills in the long-term care sector.
- For older adult care facilities : Valorising caregiving roles and improving working conditions, addressing staff shortages, helping reducing the financial burden of training on care professionals and lastly fostering synergies between informal carers and professionals.

Looking ahead, LTC systems must focus on inclusive, lifelong learning for both formal and informal carers, with particular attention to migrant workers' integration, language training, and recognition of prior qualifications. Digital upskilling, sustainable care practices, and dementia-specific competencies remain urgent priorities. Strengthened career pathways, retention strategies, and transnational collaboration will ensure a resilient workforce. Ongoing monitoring of skill development, training effectiveness, and sectoral workforce dynamics is essential to maintain alignment with evolving care needs and EU-level objectives.

❖ Specificities and Limits of the Project

While this report provides a comprehensive overview, it is important to take account of certain limitations.

As the research was conducted in 6 different countries, differences in language, culture, and researcher interpretation could have influenced the comparability of results (Denscombe, 2014). To minimise this, a pre-training session on interview techniques and thematic analysis was implemented for all representative partners of the consortium who were conducting the interviews. Moreover, a structured and standardised interview guide was developed to standardise data collection and analysis practices across the different countries, ensuring a certain level of uniformity in the methods used (Silverman, 2013).

For the centralisation of the transnational findings a thematic content analysis was carried out. In order to minimise researchers' personal perceptions and interpretations that can influence the results of the analysis (Creswell & Poth, 2018), a double-blind analysis procedure strengthened the validity of qualitative results by comparing interpretations from two independent researchers. Nonetheless, heterogeneous participant profiles and unequal national response rates posed challenges for direct comparison. Despite this, data triangulation allowed for robust identification of common patterns and realities.

❖ Feedbacks from the Validation Workshop & Future Perspectives

Below is the feedback from the Validation Workshop, which took place on 5 September 2024. This workshop had the following objectives:

- (i) Review the methodology used for this research by a group of experts in the domain
- (ii) Also, review the insights of the report by exploring the experiences of the experts participating in the workshop
- (iii) Discuss any other point that may enrich future projects on a similar theme.

[Feedback on the Research Methodology](#)

There was no feedback concerning the methodology of the research.

Feedback and Exchanges on the Findings

The discussions during the validation workshop emphasised:

- The urgent need to address staff shortages and low retention - in connection with lack of social recognition/public awareness on caregiving
- The importance of recognising migrant workers' qualifications obtained abroad/in the country of origin - in connection with the necessity of language training
- Persistent digital and green skill gaps on a EU-level
- The emphasis on the training modalities was also similar to the findings : immersive training/assimilation training in smaller settings, a hands-on approach that allows students to get into authentic environments and real-life situations, online and/or in-person training, for both informal and formal carers, shorter sessions (1-2 hours max.) spread out throughout a longer period of time.

Future perspectives


Inclusive Training Ecosystem

- Expand access to lifelong learning for both formal and informal carers, improving awareness of available training and embedding collaboration between them in curricula.
- Ensure all carers, especially those from migrant backgrounds, can access learning in a language they understand.

Support and Recognition of Migrant Workers

- Improve the recognition and portability of skills and qualifications across Europe to reduce entry barriers and facilitate mobility.
- Provide tailored support to help migrant workers navigate legal and administrative requirements, including through trained HR staff and EU-level cooperation mechanisms.
- Provide language training for professional contexts designed for migrant care workers

Strengthened Career Pathways and Retention

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- Develop clear career progression opportunities in older adult care to improve sector attractiveness.
 - Promote in-house and work-based training models, enabling carers to learn during working hours and fostering belonging within organisations.
 - Use training and internships strategically to increase talent attraction and successful onboarding into the sector.

Fair and Sustainable Investment in Training

- Support financial mechanisms that reduce the burden of training costs on workers — such as employer-supported funding or structured loan systems.
- Encourage transnational partnerships, including pre-migration training initiatives, to proactively address skills mismatches where recruitment needs are highest.

The consistency between the research outcomes and the insights gathered during the validation workshop confirms that the findings accurately reflect real sector needs across Europe, strengthening their value for guiding the next steps of the Eldicare 2.0 Blueprint.

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9. APPENDIX

❖ Ethics committee



Comité d'Éthique du CHU de Saint-Etienne
Commission recherche de Terre d'éthique
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Pr Pascale Vassal
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Mme Pauline GOUTTEFARDE
Mme Cansu SEDEN
Pr Thomas CELARIER

CHU de Saint-Etienne
Gérontopôle AURA

Saint-Etienne, le mardi 9 avril 2024

De : Pascale Vassal
Réf : **IRBN352024/CHUSTE**
Objet : **Avis Favorable**
Titre : « Eldicare 2.0 : Re-defining skills in a post-Covid European Silver Economy »

Madame, Monsieur,

Je vous remercie d'avoir soumis votre projet de recherche au Comité d'Éthique du Centre Hospitalier Universitaire de Saint-Etienne.

Cette étude a été examinée lors de la séance plénière du mercredi 6 mars 2024. Un résumé a été présenté par Mme Cansu SEDEN qui a par la suite répondu aux questions des membres du Comité d'Éthique.

Votre projet a été référencé par le numéro IRBN352024/CHUSTE.

Nous vous demandons de faire référence à ces numéros dans tous les documents qui seront produits ainsi que pour toutes correspondances.

Au regard de l'article R1121-2 du code de la Santé Publique modifié par Décret n°2006-477 du 26 avril 2006 - art. 1 JORF 27 avril 2006 définissant dans son alinéa 2 et suivants « les recherches non interventionnelles portant sur des produits mentionnés à l'article L.5311-1 » et du code Pénal article 226-16 et suivants relatifs « aux atteintes aux droits de la personne résultant des fichiers ou des traitements informatiques », le Comité d'Éthique du CHU de Saint-Etienne a examiné les pièces et auditionné le représentant de ce projet de recherche.

Après délibération, le Comité d'Éthique du CHU de Saint-Etienne a donné un **Avis Favorable** à la conduite de cette étude.

Si votre projet change après la date de cet avis sous quelque forme que ce soit, vous devez en informer le Comité d'Éthique.

Très cordialement

Professeur Pascale VASSAL

❖ Guides for individuals interviews and group interviews (English versions)

Individual Interviews

Objective: Assessment of skill mismatches and upskilling and reskilling needs of the workforce in the elderly care sector. Emphasis on green and entrepreneurial skills and their connection with the caregiving sector, including best practices.

Communication text for recruitment: Hello, I am [name of the interviewer] and I work at [name of the structure and a brief presentation if needed]. I am contacting you today as part of Eldicare 2.0, a European project focusing on elderly care professions. For this, we are conducting individual interviews with practitioners and carers in order to have more insight on skill mismatches and upskilling and reskilling needs of the workforce in the elderly care sector, with an emphasis on green and entrepreneurial skills. The point of these workshops is to hear your experiences and expertise on the subject, so there is no specific preparation you need to do beforehand. It will be approximately an hour long. The interview will be recorded for data processing purposes, but it remains completely anonymous and confidential. The data collected will be used as a part of a European level report. The interviews will take place between [months]. If this interests you, here are 3 potential dates of which one will be chosen [a Doodle or any other method seen appropriate, depends on the organisation of the structure]. Thanks in advance for your time, please feel free to contact me for any more questions you might have.

Estimated duration: 1 hour

Interview Guide

Communication contract: Hello, I would like to start by thanking you for your participation. I am [name of the interviewer]. As I have mentioned before, today, we're here as part of Eldicare 2.0, a European project focusing on elderly care professions. The point of this interview is to discuss the questions that will be asked to you. There are no right or wrong answers. The aim is to hear your experiences and expertise on the subject, so feel free to expand on your answers. For data processing purposes, this interview will be recorded, but it remains completely anonymous and confidential. The data collected will be used to complete the project/create MOOCs. You are free not to answer certain questions

THEME	FIRST QUESTION	QUESTIONS	AIM
Introduction	Could you present yourself to me?	<ul style="list-style-type: none"> • What is your background, your experience in the field and your role in the industry today? • Can you talk to me about your profession? 	Free up speech, make the participant feel more comfortable and get into the subject little by little.
New Skills post Covid-19	What changes have you observed in your profession during and after the Covid-19 era?	<ul style="list-style-type: none"> • Could you talk to me more in detail about these changes? What kind of changes are they? • Have you observed any new skills? 	See the impact of Covid-19 on the skills of healthcare professionals.
Green Skills	Have you heard of green skills before? What are they OR what can they be?	<ul style="list-style-type: none"> • Is this already a skill that you use in your professional activity? 	See the participant's knowledge and

	<p><i>Give some examples: According to the United Nations « the knowledge, abilities, values and attitudes needed to live in, develop and support a sustainable and resource-efficient society ».</i></p>	<ul style="list-style-type: none"> • How important do you think green skills are in the elderly care sector? • Do you see any professional benefit in involving these skills in your profession? • Do you have any examples of the usage of green skills in your country? • Do you notice any gaps or opportunities for improvement in integrating these skills in the sector? 	<p>experience on the subject.</p>
<p>Entrepreneurial skills</p>	<p>Have you heard of entrepreneurial skills before? What are they OR what can they be?</p> <p><i>Give some examples:</i></p>	<ul style="list-style-type: none"> • Is this already a skill that you use in your professional activity? • How important do you think entrepreneurial skills are in the elderly care sector? • Do you see any professional benefit in involving these skills in your profession? • Do you have any examples of the usage of entrepreneurial skills in your country? • Do you notice any gaps or opportunities for improvement in integrating these skills in the sector? 	<p>See the participant's knowledge and experience on the subject.</p>
<p>Skills mismatches & upskilling</p>	<p>Do you think that that these two skills are developed enough in [country]?</p>	<ul style="list-style-type: none"> • Which aspects are to be developed? • Do you think there are any mismatches between where we are and where we should be? • What impact might a skills mismatch on these competencies have on the quality of care provided to the elderly? • How can we improve these skills mismatches? 	<p>Have a better idea of the perception of the participant on the level of their country regarding green and entrepreneurial skills.</p>
<p>Upskilling Practices</p>	<p>Does the basic training for these professions already include these skills?</p>	<ul style="list-style-type: none"> • What requalification practices are available to healthcare professionals if they feel the need? • Do you think that it is important to have these upskilling Training? • What do you think about an online training to develop these skills? 	<p>Exploring professionals' receptiveness to an online training course.</p>

		<ul style="list-style-type: none"> • Are there already any other Training? • What initiatives or programmes have you come across that focus on upskilling or reskilling carers in the elderly care sector? 	
Difficulties/challenges	Do you think there might be any challenges in implementing upskilling and specifically green and entrepreneurial practices?	<ul style="list-style-type: none"> • How receptive do you think carers are to participating in upskilling or reskilling programmes? • Are there any best practices you've observed in the implementation of these initiatives? • What should be done in order for them to be receptive? • Have you personally faced any challenges or heard of any? • What is the optimal programme duration? 	Understanding the possible challenges while implementing a training course
Closing	<p><i>Summarise what has been said on each theme.</i></p> <ul style="list-style-type: none"> • We've come to the end of our interview. Do you have anything to add? What have you thought of the subjects discussed? • Thank you very much. I'll stop the recording. 		To resume the interview and hear any additional comments or questions.

Notes

(context of the interview, important information to understand the context, conditions, things said after the voice recording)

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Socio-demographic Questions (Individual Interviews)

Code of the participant (to fill in by the moderator):

1. Your age:
2. You are: male / female / do not want to specify / other:
3. Country/location:
4. What is your current profession?
5. How long have you been working in this industry?
6. How long have you been practicing this specific profession?
7. If different, what was your previous profession?

Consultation Workshops (Group Interviews)

Objective: Collect information from key sector players (experts/professionals) on the post-Covid impact assessment of the elderly care sector's skills needs (with emphasis on digital and soft skills).

Communication text for recruitment: Hello, I am [*name of the interviewer*] and I work at [*name of the structure and a brief presentation if needed*]. I am contacting you today as part of Eldicare 2.0, a European project focusing on elderly care professions. For this, we are conducting consultation workshops with key sector players such as experts and professionals in order to have more insight on the post-Covid impact assessment of the elderly care sector's skills needs. The point of these workshops is to hear your experiences and expertise on the subject, so there is no specific preparation you need to do beforehand. There will be around 6 participants and it will be approximately an hour long. The interview will be recorded for data processing purposes, but it remains completely anonymous and confidential. The data collected will be used as a part of the draw up of a European level report. The interviews will take place between mid-January and early March. If this interests you, here are 3 potential dates of which one will be chosen [*a Doodle or any other method seen appropriate, depends on the organisation of the structure*]. Thanks in advance for your time, please feel free to contact me for any more questions you might have.

Estimated duration: 1 hour to 1 hour 30

Estimated group number: 4-8 participants

Interview Guide

Communication contract: Hello, I would like to start by thanking you all for your participation. I am [*name of the interviewer*]. Today, we're here as part of Eldicare 2.0, a European project focusing on elderly care professions. The point of this group interview is to have more insight on the post-Covid impact of the elderly care sector's skills needs. The moderator is here to ask the questions and guide it according to the research objective, not to participate in the discussion. So, feel free to discuss the topics with each other. There are no right or wrong answers. The aim is to hear your experiences and expertise on the subject, so feel free to expand on your answers. For data processing purposes, this interview will be recorded, but it remains completely anonymous and confidential. The data collected will be used for the project. You are free not to answer certain questions. We can now begin.

THEME	FIRST QUESTION	QUESTIONS	AIM
Introduction	Could you please introduce yourselves to each other (your profession, background, the type of facility you are working at)?	Ice-breaker: <i>read the affirmations to the participants and ask them to agree or disagree, then to share their opinions on their point of view.</i> 1. Covid-19 pandemic did not change a lot in my caregiving practices. 2. Technology has significantly improved the quality of elderly care.	Free up speech, make the participant feel more comfortable and get into the subject little by little.
Impact of Covid-19	What changes/challenges emerged in elderly care during and after the Covid-19 era? Write it on a piece of paper.	<ul style="list-style-type: none"> Share these changes/challenges with the group. Regroup the related ones together and give each small batch a name. 	See the impact of Covid-19 on the skills of carers.

		<ul style="list-style-type: none"> • Have you observed any new skills that you and/or your colleagues/connections/acquaintances? 	
Digital Skills	<p>Have you heard of digital skills before? Brainstorm as a group what they might be and prioritise them from the most important to the least in the field of elderly caregiving.</p> <p><i>Once it's done, read this:</i> <i>« Essential digital skills include being able: to use devices like a computer, tablet or mobile phone for simple, personal and work tasks, to find and use information on the internet, to understand how to be safe and responsible online, to communicate socially and professionally using email, messaging and social media » - according to the UK National Careers Service¹¹</i></p>	<ul style="list-style-type: none"> • What kind of digital skills and tools do you use for caregiving? • What is your experience like with these tools? • How have they impacted your practices? • Do you see any positive value of using these skills in your caregiving? • How important do you think digital skills are in the elderly care sector? And why? • In [country] are these skills developed enough? What may be the reasons? 	See the participant's knowledge and experience on the subject.
Soft Skills	<p>Have you heard of soft skills before? Brainstorm as a group what they might be and prioritise them from the most important to the least in the field of elderly caregiving.</p> <p><i>Give some examples:</i> <i>« interpersonal (people) skills, communication skills, listening skills, time management, problem-solving, leadership, and empathy, decision-making, organisational skills, adaptation/flexibility, leadership, positivity » - according to the UK National Careers Service¹²</i></p>	<ul style="list-style-type: none"> • What kind of soft skills do you use for caregiving? • Are there any common ones with the other participants? • How have they impacted your practices? • Do you see any positive value of using these skills in your caregiving? • How important do you think soft skills are in the elderly care sector? And why? • In [country] are these skills developed enough? What may be the reasons? 	See the participant's knowledge and experience on the subject.
Closing	Summarise what has been said on each theme.		To resume the interview and hear any additional comments or questions.

¹¹ <https://nationalcareers.service.gov.uk/careers-advice/build-foundation-digital-skills-to-help-your-career>

¹² <https://nationalcareers.service.gov.uk/careers-advice/how-to-develop-your-soft-skills>

	<ul style="list-style-type: none">• We've come to the end of our interview. Do you have anything to add? What have you thought of the subjects discussed?• Thank you very much. I'll stop the recording.		
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Notes

(context of the interview, important information to understand the context, conditions, things said after the voice recording)

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Socio-demographic Questions (Group Interviews)

Code of the participant (to fill in by the moderator):

1. Your age:
2. You are: male / female / do not want to specify / other:
3. Country/location:
4. What is your current profession?
5. How long have you been working in this industry?
6. How long have you been practicing this specific profession?
7. If different, what was your previous profession?
8. If you are an informal carer? Since when?

❖ Online survey (English version)

19/07/2024 10:28

LimeSurvey - Eldicare 2.0

Eldicare 2.0

As part of the Eldicare project, the aim of this survey is to assess the current state of skills and skills needs in the elderly care sector in the post-covid 19 era. It will take approximately 10 minutes. The data collected will be anonymous and will be used for the purpose of the project. There are 33 questions in this survey.

Socio-demographic Information

<https://gerontopoleaura.limesurvey.net/admin/printablesurvey/sa/index/surveyid/868843/lang/en>

1/24

19/07/2024 10:28

LimeSurvey - Eldicare 2.0

Country : *

Choose one of the following answers

Please choose **only one** of the following:

- Greece
- Austria
- Belgium
- Bulgaria
- Czech Republic
- France
- Germany
- Italy
- Spain
- Luxembourg
- Portugal
- Other EU country

<https://gerontopoleaura.limesurvey.net/admin/printablesurvey/sa/index/surveyid/868843/lang/en>

2/24

Profession/role : *

Choose one of the following answers
Please choose **only one** of the following:

- Manager
- Doctor
- Nurse
- Assistive personnel
- Paramedic
- Physiotherapist
- Dietician
- Informal caretaker

Other

An **informal carer** is a person who provides – usually – unpaid care to someone with a chronic illness, disability or other long-lasting health or care need, outside a professional or formal framework.

Type of elderly care facility :

*

Choose one of the following answers
Please choose **only one** of the following:

- Residential care home (autonomous elders)
- Residential care home with nursing (dependent elders)
- Daycare center
- Hospices
- Home care

Other

Is it the type of elderly care facility you're working at is situated in a : *

Choose one of the following answers
Please choose **only one** of the following:

- Rural area
- Urban area

Years of experience in the field (in years) : *

Only an integer value may be entered in this field.

Please write your answer here:

Years of experience in the current domain (in years):

*

Only an integer value may be entered in this field.

Please write your answer here:

Previous profession/role : *

Select all that apply

Please choose **all** that apply:

- Manager
- Doctor
- Nurse
- Assistive personnel
- Paramedic
- Physiotherapist
- Dietician
- Informal carer
- Didn't change profession/role
- Other:

An **informal carer** is a person who provides – usually – unpaid care to someone with a chronic illness, disability or other long-lasting health or care need, outside a professional or formal framework.

Free Association

Without thinking and as quickly as possible, what are the first **3 words** that come to mind when you think of a **"young person"** : *

Please write your answer here:

Without thinking and as quickly as possible, what are the first **3 words** that come to mind when you think of an **"older adult"** : *

Please write your answer here:

Without thinking, and as quickly as possible, what are the first **3 words** that come to mind when you think of **a home for the elderly?**

*

Please write your answer here:

General Skills Assessment

Rate the current proficiency of caregiving skills of your **territory/region** :

Soft skills : *

Please choose **only one** of the following:

- 1 not proficient at all
- 2
- 3
- 4
- 5 very proficient

"Interpersonal (people) skills, communication skills, listening skills, time management, problem-solving, leadership, and empathy, decision-making, organizational skills, adaptation/flexibility, leadership, positivity" - according to the UK National Careers Service

Digital skills : *

Please choose **only one** of the following:

- 1 not proficient at all
- 2
- 3
- 4
- 5 very proficient

"Essential digital skills include being able: to use devices like a computer, tablet or mobile phone for simple, personal and work tasks, to find and use information on the internet, to understand how to be safe and responsible online, to communicate socially and professionally using email, messaging and social media" - according to the UK National Careers Service .

Entrepreneurial skills :

*

Please choose **only one** of the following:

- 1 - not proficient at all
- 2
- 3
- 4
- 5 - very proficient

Leadership, problem-solving, financial, creativity, business management, collaboration.

Green skills :

*

Please choose **only one** of the following:

- 1 not proficient at all
- 2
- 3
- 4
- 5 very proficient

According to the United Nations it is « the knowledge, abilities, values and attitudes needed to live in, develop and support a sustainable and resource-efficient society » (UNIDI,2022).

What are some **skills gaps** in elderly care? Please specify : *

Please write your answer here:

Green Skills Assessment

Definition of green skills : According to the United Nations it is « the knowledge, abilities, values and attitudes needed to live in, develop and support a sustainable and resource-efficient society » (UNIDI,2022).

*

Please choose the appropriate response for each item:

	1 - not at all	2	3	4	5 - strongly
How familiar are you with the concept of "green skills" in the context of elderly care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How relevant are these skills in long-term elderly care ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How important is it to have these skills for the future of the world ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How applicable are these skills in elderly care ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Why ? *

Only answer this question if the following conditions are met:

Answer was '3' or '1 - not at all' or '2' or '4' or '5 - strongly' at question ' [Green]' ((How applicable are these skills in elderly care ?))

Please write your answer here:

Entrepreneurial Skills Assessment

Definition of entrepreneurial skills : leadership, problem solving, financial, creativity, business management, collaboration.

*

Please choose the appropriate response for each item:

	1 - not at all	2	3	4	5 - strongly
How familiar are you with the concepts of entrepreneurial skills in the context of elderly care ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How relevant are these skills in the long-term elderly care ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How important is it to have these skills for the future of the world ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How applicable are these skills in elderly care ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Why ?

Only answer this question if the following conditions are met:
 Answer was '4' or '3' or '2' or '1 - not at all' or '5 - strongly' at question ' [Entrepreneurial]' ((How applicable are these skills in elderly care ?))

Please write your answer here:

Upskilling Training for Caregivers

What do you think about a possible upskilling and reskilling training for caregivers ?

*

Choose one of the following answers
Please choose **only one** of the following:

- 1 not interesting at all
- 2
- 3
- 4
- 5 very interesting

Do you believe it will be beneficial for your role/profession? *

Please choose **only one** of the following:

- Yes
- No

In which ways? *

Only answer this question if the following conditions are met:
Answer was 'Yes' at question ' [T2]' (Do you believe it will be beneficial for your role/profession?)

Please write your answer here:

Do you believe this training for the caregivers will be beneficial for the older adults? *

Please choose **only one** of the following:

- Yes
- No

Why ? *

Only answer this question if the following conditions are met:

Answer was 'Yes' or 'No' at question ' [T3]' (Do you believe this training for the caregivers will be beneficial for the older adults?)

Please write your answer here:

Empty text input box for the answer.

Have you seen any successful online upskilling and reskilling training programs for caregivers in the elderly care sector?

*

Please choose **only one** of the following:

- Yes
- No

Please specify : *

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [T4]' (Have you seen any successful online upskilling and reskilling training programs for caregivers in the elderly care sector?)

Please write your answer here:

Empty text input box for the answer.

Percentage

I am : *

Choose one of the following answers

Please choose **only one** of the following:

- an informal carer
- a professionnall

Approximately what percentage of people over 65 do you help/care for/accompany in your professional practice? *

Only answer this question if the following conditions are met:

Answer was 'a professionnal' at question ' [P0]' (I am :)

Only numbers may be entered in this field.

Please write your answer here:

As part of your studies to qualify for your current job, approximately what percentage of your hours of teaching are related to aging? *

Only answer this question if the following conditions are met:

Answer was 'a professionnal' at question ' [P0]' (I am :)

Only an integer value may be entered in this field.

Please write your answer here:

Conclusion

Would you like to take part in a one-hour interview on the same subject? Our team might contact you if you are interested. There's no need to prepare in advance - the aim is to hear your opinion.

*

Please choose **only one** of the following:

Yes

No

Thank you !

Surname :

*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [C1]' (Would you like to take part in a one-hour interview on the same subject? Our team might contact you if you are interested. There's no need to prepare in advance - the aim is to hear your opinion.)

Please write your answer here:

Name :

*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [C1]' (Would you like to take part in a one-hour interview on the same subject? Our team might contact you if you are interested. There's no need to prepare in advance - the aim is to hear your opinion.)

Please write your answer here:

Mail :

*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question ' [C1]' (Would you like to take part in a one-hour interview on the same subject? Our team might contact you if you are interested. There's no need to prepare in advance - the aim is to hear your opinion.)

Please write your answer here:

Thank you for participating in this survey. Your input is crucial for identifying areas of improvement and implementing effective upskilling and reskilling initiatives in the elderly care sector. Your commitment to providing quality care is greatly appreciated.

Cansu SEDEN

cansu.seden@gerontopole-aura.fr

Submit your survey.

Thank you for completing this survey.

❖ Recap and details of all participants – Individual interviews

	Code	Sex	Age	Years Active in the domain	Current Profession	Years active in current profession
Austria	ÖJAB1	F	54	35	Deputy Managing Director for the areas of nursing care and senior citizens	8
	ÖJAB2	F	54	36	Care Manager	8
	ÖJAB3	F	55	21	Head of Facility Management in a care facility	11
	ÖJAB4	F	50	5	Quality manager in a residential care area	2
	ÖJAB5	F	40	12	Quality Officer, Responsible for resident management and supporting a residential area manager in a long-term care facility	1
	ÖJAB6	F	53	20	Manager	12
	ÖJAB7	M	42	19	Deputy Nursing Director	19
	ÖJAB8	F	61	43	Qualified health and nursing professional, assistant to the nursing service manager and hygiene officer	43
	ÖJAB9	F	55	30	Nursing, care and psychosocial services	30
Bulgaria	BLOCKS1	F	46	22	Neuropsychologist (Elderly residential care)	3
	BLOCKS2	F	34	14	Social assistant/Carer	3
	BLOCKS3	F	66	35	Clinical psychologist	4
	BLOCKS4	F	64	40	Social assistant/Carer	14
	BLOCKS5	F	62	20	Social assistant/Carer	4
	BLOCKS6	F	52	20	Senior specialist - Residential care (team leader of all carers and social assistants)	3
	BLOCKS7	F	28	8	Social assistant/Carer	4
	BLOCKS8	F	55	30	Kinesitherapist	4
	BLOCKS9	M	50	30	Social assistant/Carer	3
	BLOCKS10	M	54	34	Social assistant/Carer	2
Czech Republic	APSS1	F	50	24	Nursing home director	3,5
	APSS2	M	56	23	Nursing home director	19
	APSS3	F	49	22	Nursing home director	1
	APSS4	M	53	14	Nursing home director	14
	APSS5	F	60	24	Nursing home director	23
	APSS6	F	60	16	Nursing home director	16
	APSS7	F	46	25	Nursing home director	15
	APSS8	F	49	9	Nursing home director	9
	APSS9	F	66	17	Lecturer in social services	2

	APSS10	F	52	34	Nursing home director	5
France	FNAQPA1	F	52	30	Director	14
	FNAQPA2	M	45	22	Human Resources Director for a non-profit Group of nursing homes	9
	FNAQPA3	F	49	20	Director	10
	FNAQPA4	M	42	15	Director	12
	FNAQPA5	M	60	11	Director	11
	FNAQPA6	F	42	22	Nursing Director	9
	FNAQPA7	F	61	39	Nursing Director	10
	FNAQPA8	F	46	20	Nursing	2
	FNAQPA9	F	40	9	Human Resources Manager for a non-profit Group of nursing homes	9
	FNAQPA10	F	64	10	Trainer	3
Greece	AKTIOS1	M	29	5	Neuropsychologist	5
	AKTIOS2	F	27	3	Neuropsychologist	3
	AKTIOS3	M	45	21	Nurse	21
	AKTIOS4	F	52	30	Carer	15
	AKTIOS5	F	38	20	Carer	12
	AKTIOS6	M	33	10	Physiotherapist	10
	AKTIOS7	M	48	23	Director	23
	AKTIOS8	F	31	8	Nurse	8
	AKTIOS9	M	42	20	Assistant Nurse	5
	AKTIOS10	F	32	5	Psychologist	5
Spain	LARES1	M	53	25	Care home Director	14
	LARES2	M	49	20	Care home Physiotherapist	20
	LARES3	F	27	5	Care home Occupational Therapist	4
	LARES4	F	53	28	Independent Consultant and Trainer in the Socio-Health Sector	6
	LARES5	M	55	30	Geriatric doctor and CEO of Gerotrans Consultants	30
	LARES6	F	42	20	Nurse Supervisor	2
	LARES7	M	44	18	Psychologist and Day Centre Manager	4
	LARES8	M	57	30	President of Lares Castilla y León and care home director	30
	LARES9	M	57	22	Social Worker and Assistant to the Director in a care home	10
	LARES10	F	52	15	Carer supervisor	3

❖ Recap and details of all participants – Group interviews

	Code	Sex	Age	Years Active in the domain	Current Profession	Years active in current profession
Austria	ÖJAB-CW1	F	53	20	Senior Care Management	12
	ÖJAB-CW2	F	40	12	Nurse Quality Representative	12
	ÖJAB-CW3	M	44	13	Nurse	15
	ÖJAB-CW4	F	61	43	Nurse/Care Controlling	43
	ÖJAB-CW5	F	54	35	Nurse	35
	ÖJAB-CW6	F	53	20	Manager	12
Bulgaria	BLOCKS1	F	46	22	Neuropsychologist (Older adult residential care)	3
	BLOCKS2	F	34	14	Social assistant/Caregiver	3
	BLOCKS3	F	66	35	Clinical psychologist	4
	BLOCKS4	F	64	40	Social assistant/Caregiver	14
	BLOCKS5	F	62	20	Social assistant/Caregiver	4
	BLOCKS6	F	52	20	Senior specialist - Residential care (team leader of all caregivers and social assistants)	3
	BLOCKS7	F	28	8	Social assistant/Caregiver	4
	BLOCKS8	F	55	30	Kinesitherapist	4
	BLOCKS9	M	50	30	Social assistant/Caregiver	3
	BLOCKS10	M	54	34	Social assistant/Caregiver	2
Czech Republic	APSS-CW1	M	32	5	Controller	5
	APSS-CW2	F	42	23	Head of health care & nurse	23
	APSS-CW3	F	52	5	Methodology specialist	2
	APSS-CW4	F	48	30	Head of department & nurse	3
	APSS-CW5	F	47	14	Methodology specialist	1,5
France	FNAQPA-CW1	M	47	12	Executive manager	3,5
	FNAQPA-CW2	M	47	27	Manager	20
	FNAQPA-CW3	M	62	42	Manager	23
	FNAQPA-CW4	F	38	17	Health executive	5
	FNAQPA-CW5	F	35	16	Manager	8
	FNAQPA-CW6	F	53	17	Manager	17
	FNAQPA-CW7	F	36	15	Health executive	7
Greece	AKTIOS-CW1	F	26	4	Neuropsychologist	4
	AKTIOS -CW2	F	30	3	Psychologist	2
	AKTIOS -CW3	F	52	26	Social worker	26
Spain	LARES-CW1	F	49	0	Informal caregiver student	0
	LARES -CW2	F	33	4	Coordinator of a caregiver team	1,6
	LARES -CW3	F	61	30	Social worker	30
	LARES -CW4	F	75	30	Active retiree, volunteer and institutional representative of several organisations working on ageing and older adult issues in Spain. Previously Former Manager of the Spanish Institute for the Older adult and Social Services	1

	LARES -CW5	F	46	5	Nursing home director	5
EU-level 1	EU1-CW1	F	45	22	President of an NGO	7
	EU1-CW2	M	56	38	Head of department	8
	EU1-CW3	F	45	14	Institutional Relations Manager	14
	EU1-CW4	M	63	6	Director of strategy	6
	EU1-CW5	F	38	17	Senior manager Policy Employment	10
	EU1-CW6	F	46	25	Education and Training Support Manager	6
EU-level 2	EU2-CW1	F	40	2	International Project Manager in Vocational Education and Training	2
	EU2-CW2	F	24	3	Nurse	3
	EU2-CW3	F	23	3	Nurse	3
	EU2-CW4	F	56	31	Social worker	30
	EU2-CW5	F	43	13	Head of Social Workers Department	13
	EU2-CW6	F	33	13	Nursing assistant	13
	EU2-CW7	M	37	11	Nurse	0
	EU2-CW8	M	36	15	Project Manager in Health Care Projects	0
	EU2-CW9	F	29	3	Nurse	3
	EU2-CW10	F	31	6	Project Manager in Vocational Education and Training Field	4

Partnership



Contact: <https://eldicare2-0.eu/>



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