COUNSELLING GUIDELINES

ENAIP VENETO AND CARE4CARERS CONSORTIUM

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1. INTRODUCTION

This document is developed in the framework of "Care4Carers", a European project funded by the Key Action 2 "ADU" of the Erasmus+ programme, dedicated to cooperation partnerships in the field of adult education.

Started in February 2022, Care4Carers aims at filling the gap of support provision by strengthening the position of family carers through the development of an innovative support programme designed to address these carers' specific needs: a low threshold, flexible offer, which is a combination of career counselling, qualification, competence development, career orientation & job application training. This is specifically designed to meet the needs of the first target group: persons - in particular women - of working age who give care to family members or relatives free of charge and face two types of challenges: on the one hand, to reconcile everyday care and paid work, and, on the other, to find support in returning to work after a career break due to care.

Particularly, with **the Counselling Guidelines** the European project Care4Carers addresses the needs of a very specific second target group, that consists of counselling staff dealing with family carers. One of the basic project's objectives is to improve job counsellors' qualification to help them in assisting this particular kind of clients in the process of re-integration in the labour market or in search of a better work/care balance.

The project is implemented by an experienced consortium of partners working in adult education, vocational training, counselling and healthcare from seven different European countries. Coordination is done by die Berater (Austria) as lead partner, while the other partners are:

- BUPNET (Germany)
- CATRO (Bulgaria)
- CSI Center for Social Innovation (Cyprus)
- ENAIP Veneto (Italy)
- KMOP (Greece)
- SOSU (Denmark)

2. THE PROJECT AND ITS PURPOSES

While it is widely acknowledged that family carers are in need of comprehensive support systems, the following crucial aspects are neglected in many countries:

- preparation for reintegration into the labour market after the caring period
- support in reconciling everyday care and paid work.

Family carers often interrupt their careers for the care work, and then face difficulties during the reintegration phase into the labour market, as shown in different research studies from several European countries.

Moreover, the work of family carers is both physically and mentally demanding, and often requires a complete lifestyle change and shift in priorities. Due to the nature of their work, family carers often find it difficult to effectively combine care, career and personal life, which may result in a lack of privacy, professional growth and free time. Family carers are also likely to experience exhaustion, stress, and work overload, leading to burnout and mental health problems, such as depression and anxiety. In order to minimise the negative impacts of caregiving, well-designed support structures are needed.

Currently, the provision as well as the quality of support systems differ significantly across Europe. Most countries do provide some help in the form of training or counselling, but only a minority offer these in a well-structured way, even though they can play a crucial role in the overall well-being of family carers and may serve as an effective instrument in reducing social exclusion and isolation.

This is where the project Care4Carers sees an important intervention field for adult education and that is why Care4Carers develops individually tailored counselling offers for family carers to

- support their re-entry into the labour market
- facilitate the reconciliation of caregiving and work life
- strengthen their abilities to develop new career perspectives
- improve their knowledge about the job market and develop job application techniques
- promote their social, personal and professional competences

The empowerment of family carers is achieved through developing, testing and disseminating five Project Results:

1. **Stocktaking Report "Educational and labour market needs of family carers"**: a research that collects the existing support schemes for family carers in the partner countries in order to collect the specific educational and labour market needs of family carers.

2. **Counselling guidelines for counsellors and staff involved in adult education** (present document): a supporting document that aims at equipping the education and counselling staff to work with family carers and deal with their specific needs.

3. **Training modules for family carers:** an important learning resource for the target group of family carers, to be provided in blended learning mode. They cover different topics to better fit with their demanding life situation and to prepare them for the labour market.

4. **Family Carers Online Hub:** a central information and resource brokering point where family carers who want to address labour market and career issues can find support, learning and training materials, and networking tools.

5. **Publication "Employment support for family carers":** it addresses professionals involved in adult education and social institutions who work with family carers, as well as the managers of these institutions and political decision makers. It aims at raising awareness among relevant stakeholders to the themes and the outputs of the project.

All outputs produced in the context of the Care4Carers project are available free of charge[1] to support family carers and professionals in adult education and social institutions in the challenges they face.

Family carers represent the backbone of care provision in Europe, therefore, the long-term impact of Care4Carers does not only aspire to contribute to their overall well-being and employability, but also to create a sustainable and stable informal care system.

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[1] All materials will be available on the Care4Carers Website and the Family Carer Online HUB

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3. CARE4CARERS COUNSELLING GUIDELINES: AIMS AND TARGET GROUP

Since the offer of targeted career and re-entry counselling for family carers is lacking in all participating partner countries, Care4Carers wants to contribute to improve the overall situation of the counselling sector.

The purposes of the present document are:

- providing a concise methodology for educators of adults or counsellors in working with this vulnerable group

- increasing the counsellors' skills in the assessment of informally acquired competences.

Moreover, these guidelines aim at sensitizing adult education professionals for the specific situation of family carers.

Care4Carers counselling guidelines are mainly designed to meet the needs of the target group of professionals consisting of counsellors, trainers, mentors and experts who are associated with the provision of systematic and integrated support of long-term unemployed people towards their re-integration into the labour market.

The planned support provided by counsellors will help them to:

- have their clients reflecting on their current situation

- make their clients focus on their career perspective after the period of care

- help their clients to think about the qualifications and competences they already have for pursuing that objective

- guide their clients in validating informal competences that they have gained during the care period

- foster in their clients the discovery of what additional competences they might need to acquire through training

- help their clients to find a job

Secondly, Care4Carers counselling guidelines can provide professionals with useful tips and tools to help those family carers who already have a job to better reconcile caring and working life.

In a broader sense, the present document has been developed to serve also as a guideline for people interested in career development occupations and/or working with vulnerable groups. It constitutes a significant toolbox for all those professionals

who are associated with the provision of training / counselling/ any other kind of emotional or social support, such as:

- career counsellors and adult trainers who are experienced in working with disadvantaged groups and/or want to expand their qualification
- carers' associations and other NGOs who are supporting family carers
- health care and psychology professionals who might be involved in the counselling process.

All the other related target groups and experts active in the broader field of career development are free to use the manual as a framework for their own training. The present manual provides counsellors, educators, supervisors, and other interested groups with guidelines for the minimum training required for counsellors interested in the career counselling specialty.

THE FAMILY CARERS ONLINE HUB

To support the entire consultancy process, the Counselling Guidelines are linked to the **Family Carers Online Hub** developed by the project, the central information and resource brokering point targeted for family carers and professionals containing trainings, materials, additional information, support and country-specific services.

The online platform is organized into various sections to help users to:
- Return into the labour market
- Reconcile work and personal life
- Find existing financial and social support services
- Share experiences and network with their peers

4. CARE4CARERS COUNSELLING GUIDELINES: THE METHODOLOGY

"Since reality is not objective, but the result of a construction of the subject, the development of personnel competences also corresponds to a process in which reality and knowledge are constructed through systemic work, which primarily takes into account social agreements and shared ways of understanding the real situation and the future plans".

(Boos F. Heitger B.Hummer C., Systemische Beratung in Vergleich, in OrganisationsEntwicklung, 1/2005)

The Care4Carers counselling guidelines follow the approach of **systemic constructivist coaching (or counselling**), that is a specific personal support and development strategy that considers the client as an "expert in his or her own affairs". It is therefore based on acceptance, empathy, suspension of judgement and appreciation of the other.

The starting point is to consider that everyone can develop appropriate solutions and responses when they are able to adequately assess the resources and skills they have at their disposal. The client's wishes and needs are in the foreground. Through dialogue, conditions are sought within which the client can activate their resources to achieve their goals independently.

4.1 SYSTEMIC MODEL: CONCEPTUAL FOUNDATIONS

The theoretical roots of the systemic model refer to social systems theories (Luhman 1990, Willke 1982), radical constructivism (von Glasersfeld 1995), the self poietic model (Maturana 1991, Varela 1987), second generation cybernetics (Foerester), disease communication (Bateson 1997) and systemic family therapy (Selvini--Palazzoli 1989, Boscolo et al. 1975). Systemic counselling grew out of the family therapy approaches of the 1950s, with Virginia Satir and the systemic models of Gregory Bateson, Salvado Minuchin, Paul Watzlawick and Helm Stierlin.

4.2 SYSTEMIC MODEL: APPLICATIONS

The systemic view has been used first and foremost in the **therapeutic field**, but starting from systemic theory, a series of systemic counselling and coaching models have emerged to understand a social or a personal context: that's why systemic approaches are applied in the most diverse professional and personal contexts.

Systemic counselling is often requested in organisations like **business companies** and is aimed at finding new ways of developing employees and continuing education through the promotion of self-organised learning.

It is also applied in **schools**: the school area concerning relations with teachers, pupils, learning difficulties and orientation; and the psycho-socio-personal area concerning school counselling.

But what is of most interest for the perspective of the Care4Carers Counselling Guidelines is that systemic counselling interventions fit into this landscape of studies not only with the intention of helping clients in professional repositioning, in making rewarding decisions about their profession and in resolving emotional conflicts inherent in the work sphere. Systemic counselling method can above all help clients **construct new and more effective professional settings** within real or hypothetic organisations.

If this framework the systemic counselling can be applied by the job counsellor to help the client defining a tailored path to improve the chances of integration and reintegration into the labour market.

As systemic counselling deals with answering questions concerning specific professional contexts and aims to solve a problem through a constructive or constructivist conversation (Tomaschek 2003), it is a process-oriented counselling of resources and solutions: the client is the expert on his problems and the answers to be found. The job counsellor supports him/her in identifying the most suitable solutions without offering pre-packaged answers.

This process takes place through various modes of intervention (generally through techniques based on questioning, metaphors, externalisation, dissolution of thought, etc.) which are goal-oriented and aimed at developing criteria for the achievement of assessable goals together with the client.

The client analyses their "contribution" and potential in the interaction process. They then develop alternatives with respect to the problem behaviour or with respect to his point of view (solution- and resource-oriented model).

5. WHO IS A FAMILY CARER?

Family carers (or informal caregivers) are family members, neighbours or friends who provide mostly unpaid care to older people, persons with disabilities or other people with long term care and support needs. Although family members account for the biggest group, family carers can also be friends, acquaintances, neighbours, and others providing this type of care: anyone that has a close bond of love or friendship with the person they care for.

It is estimated that informal caregivers provide over 80% of all long-term care in Europe, with an especially heavy burden falling on women, who account for about two thirds of this sector of care (Hoffman & Rodrigues, 2010). The role of family carers is pivotal and will grow in importance even more in the future due to the ageing of the population and increase of age-related diseases.

The sector of informal care in the 7 countries taken into consideration in the project Care4Carers (Austria, Bulgaria, Cyprus, Denmark, Germany, Greece, Italy) seems to be quite large, even if in most countries there are no official statistics or direct indications on the number of informal caregivers. This lack of data testifies to the absence of a legal framework for non-professional caregiving, which is one of the core issues this group faces in most countries, as it determines a chronic shortage of

institutional structures as well as of funding. In most of these countries, either due to a lack of sufficient national infrastructure and/or to cultural norms, it is common for people to accept this kind of responsibility out of a sense of duty towards their families. Because of this, informal care by family members is often perceived as a self-evident and private matter.

Even though the share of men among caregivers is gradually increasing, private home care is predominantly provided by women in all of the partner countries – it is usually the daughter, spouse, daughter-in-law or mother of the person in need of care. The most significant group of people requiring care in the partner countries are the elderly. The vast majority of people being cared for are above retirement age, followed by a very large number of children.

The findings show that in most of these countries it is difficult for female family carers to reconcile work with the burden of care for different reasons (unavailability of flexible working conditions, physical exhaustion, emotional burden, sense of shame and/or guilt to bring up their caregiving issue etc.). Often, they are forced to leave their job, as well as the labour market entirely, for an undefined period of time.

5.1 FAMILY CARERS' CHALLENGES

The challenges faced by family carers are many and, sometimes, decidedly tough. As mentioned, the lack of legislative recognition at national level in some partner countries implies a chronic absence of adequate and specific support services and funding. In addition to legal recognition, there is also a strong need for recognition of the social relevance of the family carer figure, without which the welfare system of those same countries would be in serious difficulty. And yet, these problems represent only the surface-level issues that can be seen at a first glance.

The heavy burden of care is also often accompanied by many aspects that a career counsellor must take into consideration:

1 - **Health risks**: caregivers are often physically and emotionally overwhelmed; family carers show significant increases in the possibility of developing serious illnesses compared to non-carers.

Physical burden arises from the physical efforts associated with caring e.g.:

- bending
- lifting
- one-sided movements requiring a considerable amount of strength
- frequently disturbed sleep.

In this situation, caregivers often pay little attention to their own health or well-being, symptoms/bodily warning signals are ignored, doctor's appointments are postponed, etc.

The somatisation of psychological distress is also to be included in this list.

2 - **Psychological and emotional issues:** some of the main issues that can be listed here are the difficulty of understanding the condition of their recipient of care, frustration, loneliness, lack of awareness of the importance of the tasks they perform, shame, a negative persuasion of not providing sufficient care, low self-esteem and self-confidence.

There are also complicated and multifaceted issues linked with the overwhelming sense of responsibility and concern about what the future will bring, being under constant time pressure and an excessive number of tasks.

These result from insecurity and feelings of guilt (How can I manage? How am I going to continue? Will the condition get worse? Am I doing everything right? Do I miss out other people/tasks/life areas getting a raw deal? What about my own future?) but also from the changing relationships and roles in the family structure: caregivers have to confront with constantly changing balances in the family's dynamics, stemming from the strong co-dependency arising between carer and assisted, who could become the object of the caregiver's frustration and lashing out.

Considering how incredibly harsh the picture is, it comes with no surprise that carers often report feeling alone and overwhelmed.

3 - **Social exclusion and isolation**: lack of personal time is one of the core challenges faced by the caregiver. It is often accompanied by a sense of isolation, as having to leave their job and dedicate fully to the care of a sick relative for sometimes unknown periods of time, can often leave caregivers feeling isolated from the outside world, neglecting their own personal goals, dreams and relationships.

Being most of the time at home, they often feel like they don't have much to say when engaged in a conversation - caring is, unfortunately, often not seen as a particularly attractive topic of conversation and holds little social prestige.

For their part, other relatives and friends often avoid contact, whether out of a guilty conscience, declining common interests, communication issues or simply because they perceive the carer as absent.

4 - **Reduced employability chances**: caregivers who leave their job tend to disconnect from the labour market completely, in the difficulty of being competitive at an age considered too advanced to seek for employment and in having to explain the "gap" on their CV.

To this, it is often added a "weak" education at the start, and the fear of not meeting enough flexibility on their manager's side to be able to reconcile their care responsibilities. In terms of hard skills, family carers often lack basic skills required by employers like IT skills, foreign language proficiency, or technological aptitudes in general.

5 - **Financial difficulties**: in some cases, the lack or the insufficiency of financial support for family carers who are forced to reduce or give up their professional activity because of caregiving poses a great challenge.

As a consequence, their income will become lower due to missed professional opportunities, as well as their retirement income, affected by missing or lower contribution payments.

On top of that, care-related expenses such as home adaptations are extremely high and may impose an additional financial burden on the informal carers.

6 - **Other challenges:** given the difficulty in understanding the needs of their assisted, the absence of proper training to identify and meet their needs, the hardships in finding the necessary services and professional help, the lack of information or bureaucratic obstacles in submitting applications for support services, family carers may have very little energy and motivation to search for a new job. Also, even a greater challenge is posed when it comes to re-entering the job market while providing care at the same time. Therefore, it can be noted that time pressure can be harsh when balancing family, work and caring for a relative.

5.2 CASE STUDIES

The following are, given as an example and not exhaustive, the stories of two family carers that can be considered as significant to a better identification of the target users of the Care4Carers Counselling Guidelines.

These are specific national cases, emerged during the preliminary research stage from the interviews conducted in all of the partner countries. These examples shouldn't be read as a way to confirm possible prejudices or stereotypes; they should only be considered as likely models of situations which could be encountered during the counselling activity.

CASE 1: WOMAN, AGED 48, WITH A HIGH-LEVEL DIPLOMA, UNEMPLOYED

Her father is gravely disabled and completely non-self-sufficient. Her mother needs help with her IADL (Instrumental Activities Daily Living) as she has limited motor skills and is unable to perform them.

Before her father's health worsened, she was a saleswoman/visual in a clothing store, planning to start her own business. She had to give up the project to take care of her family and, unable to reconcile business hours with family needs, she decided to leave her job.

To benefit from her caregiving experience and try to find at least a part-time job, she enrolled in a course to become an assistant health care operator.
She lives with her partner in a house very close to that of her parents and wakes up every day at 5.30 to carry out her domestic activities. She then spends most of the day at her parents' house to look after them. In addition, depending on their health, she also stays with them for the night 2-3 times a week. She has established a routine to deal with all of the tasks at her best: she wakes her father up and then performs all procedures related to his personal hygiene, meals, and medications, and keeps under control parameters such as blood pressure and blood glucose. She is also responsible for scheduling chores and medical appointments.

During the afternoon hours, she dedicates herself to studying or takes classes, while her father watches the television and calls her only when necessary.
She does not have time for herself and for her relational life, which is currently experiencing a profound crisis. Despite her age, she took it upon herself to adapt her life to the needs of her family and to learn a new profession.
Her hopes regarding her career path and her professional ambitions consist of serenity and economic security for her family. She signalled a strong need for help with the caring activity of her parents, as she cannot always be present. She would also need to gain back some time off for herself, to get some relief and to care for her social relations.

She claims that she received no assistance with respect to the existing support offers, including from the family doctor. In preparation for applying for a job, she will need to understand who can support her in the assistance practices but does not have enough financial resources to hire a professional at home.

CASE 2: WOMAN, AGED 42, WITH A HIGH-LEVEL DIPLOMA. SHE HAS A PERMANENT PART-TIME JOB

For four years she has been taking care of her 63-year-old mother who is 100% disabled. The mother's incapacity began 15 years ago, but until 2018 her father was caring for her 24/7. Then, four years ago, three months after the diagnosis, he passed away due to cancer. She was contacted by the disability office of the local health agency because someone reported her case: a woman with a 3-year-old daughter and a full-time job that had to help a person with a complete disability picture. That was the moment when she realized she had become a family carer.

At first, she moved her mother to an institution because she felt unable to deal with the situation. It was for a short period of time, because her mother was in her full mental faculties, and she felt guilty to leave her at the hospice. She therefore took her mother home trying to find support through professional home care, but for months she was unable to find the right person.

Now she has found a trusted assistant who takes care of her mother. However, she had to ask for a part-time arrangement at her workplace to keep up managing house chores and bills.

The challenges she faces in balancing work and care relate in particular to moving her mother to health facilities, as she doesn't have any autonomy whatsoever. She often has to turn to private associations and their services, which have to be booked many days in advance (for instance, in the case of a neurological exam scheduled a day ahead of time, she had to call the Red Cross who requested 120 euros for a 20 km transfer).

She points out that a free social transport service is being promoted, but that it is difficult to contact those who manage it.

She also noted that since the emergency of COVID it has been very difficult to get support from the family physician.

To cope with her work/care balance, she asked and obtained the status of carer deriving from Italian Law 104/1992, providing some form of rights and protections only for some very specific aspects of the assistance practice.

Furthermore, she engaged in raising awareness in her company on the subject of family caregiving and has obtained the creation of a "time bank" for caregivers: all the employees over 50 can use a working day per year (8 hours) for their care practices.

Through the informal experience of care, she learned a few valuable skills, such as how to manage a patient's mobilization. She has also developed good empathy skills that she now uses as a facilitator in caregiver support groups.

She highlights the necessity to learn to take time for herself, to work on her own issues and limits, and to refrain from the sense of being necessarily always available and in charge of everything.

6. WHO SHOULD BE THE CAREER COUNSELLOR?

Career counselling is generally defined as the support service to the person in the design and development of their own professional project, starting from the measures and active policies available locally, combining them with the services that need to be activated and the objectives of the individual guidance intervention.

Supporting the development of a professional project with a systemic constructivist approach means to build with the client an orientation pathway, composed both by accompanying activities and by engaging the subject in taking an active role. Supporting someone in the development of a professional project means conveying not only know-how, but stimulating discussion and reflection processes for a resource- and solution-oriented activity, thus having clients recognise their strengths in all spheres of life, setting their personal solutions and goals and building their own career path.

This general definition, with some due adjustments, also applies to the specific target group of family carers.

A professional counselling model includes the following general objectives:

- identification, definition and assessment of personal skills
- professional exploration and selection of professional areas
- professional training, placement and monitoring

Obviously, in terms of objectives, standard career counselling programmes can work for family carers. However, some steps often need to be modified in order to fit the characteristics and the particular requests of this group.

The overall goal of the counsellor dealing with family carers is to help them, as first thing, to accept themselves and their current situation as it is and then prepare the field for further educational and professional choices. This is an evolutionary long-term process that, due to the particular characteristics of these individuals (reduced employability, psychological and emotional issues, weakness at the decision-making level, low self-esteem, social exclusion, etc.), it is better to start as soon as the person is capable to take it on.

It is important to realise that there is a high variety of care situations when it comes to time demands and physical/emotional/cognitive burden with different effects on the attitudes towards the labour market of family carers. The world of caregivers is a very heterogeneous one, and each situation is very specific, so it is difficult to come up with a universal strategy that fits every situation, as all other areas of the carer's life have to be taken into account.

That's why the career counsellor who deals with this particular kind of clients should adopt an individual approach and own some important soft skills, competences and knowledge, such as:

- tolerance

- being open-minded

- being self-aware and self-reflective about their own behaviour

- empathy

- flexible attitude (effective change management)

- being self-motivated and able to motivate others

- pro-activity – focus on the issues that can be changed (circle of influence)

- being self-disciplined in terms of drawing the line between professional and personal relationships

- willing to learn and constantly develop themselves

- being able to handle cultural differences (if needed)

- knowledge about the labour market, its dynamics, possibilities and requirements

- communication skills - being able to grasp concepts and sum them up to simple, comprehensible messages

- digital competences – being able to combine face to face meetings with e-learning

6.1 CAREER COUNSELLORS' CHALLENGES

Every profession is faced with difficulties, and so career counsellors for family carers have their own fair share of barriers to overcome from time to time.

Personal v/s Professional Conduct

Counsellors are humans before professionals. Every individual has the basic tendency to form and develop core beliefs and value systems of their own as they experience growth through the years. As a counsellor, however, it is important to remember to leave personal views and biases behind before choosing to help somebody. Maintaining a neutral perspective is always easier said than done, and as much as many may wish to claim that they are open to accepting all kinds of diversity, it can be quite demanding to really behave that way.

Knowing the Boundaries

At times, it is likely for a counsellor to face situations where they may feel the desire to go out of their way and provide their clients with concrete solutions to their problems out of empathy or compassion. However, as a professional, their Counsellor's Code of Conduct would disallow them from actually doing so. A counsellor's job is to facilitate effective thinking and help a person to make their own decisions and come up with ideas on their own, and not to give them ready-made solutions, since they can be very subjective in nature: i.e., while a solution may work wonders for one, it may not be of any benefit whatsoever to another.

Being empathetic and objective despite little to no similar experience

A counsellor is a person who is able to efficiently empathise, to walk in someone else's shoes in order to understand their concerns to the best of their abilities. At times, depending upon the nature of the concern, it may become difficult for them to simultaneously be empathetic as well as objective: it is all about striking a conscious balance between the two.

Similarly, another challenge comes into the picture with clients questioning the counsellor's ability to understand what they are going through despite not having experienced the same thing for themselves. There is no concrete proof to this, which turns this into an obstacle that may hinder the counselling process.

Counsellors are assumed to be efficient at overcoming their own Stressors

Counsellors are known also as people who are professionals in the areas of emotional wellness and psychological well-being. This can prove to be challenging for professionals when they are assumed to be skilled at solving their own problems. While undergoing stress, counsellors view their issues as an individual and not as a professional, which is why, while they may be doing great at their work front, dealing with their personal problems might be a big struggle for some and overcoming one's worries could be extremely taxing and overwhelming at times.

7. THE COUNSELLING PROCESS

The duration of the counselling process depends very much on the time resources each family carer might have at their disposal. The methodology must be very flexible in this regard and provide guidance based on shorter and longer counselling processes.

The counsellor should also consider the possibility of adopting a blended approach: depending on the situation, the different steps of the process can be managed **in person or online**, adopting one or several different **individual or group methodologies**.

Adopting systemic constructivist coaching techniques can make it more difficult to delineate a standardised approach. Instead, a flexible application of tools and techniques is recommended in line with the need of the family carers and the goal of the counselling practice: the aim is to help the family carers achieve positive and lasting change.

The intention is for bilateral control of the whole process, so that the techniques used provide the client with opportunity and stimulus for reflection to help the client consider alternatives and engender emancipatory practice.

7.1 SUGGESTED METHODS AND TOOLS

Although some of the techniques suggested below involve writing or drawing, much of any shared reflection will be verbal in nature so the counsellor faces the challenge of both nurturing that contemplative process and capturing its essence for further discussion.

THE MOST SUITABLE TECHNIQUE: THE NARRATIVE APPROACH

A narrative, and the particular form of narrative called "**story**", deals not just with facts or ideas or theories - or even dreams, fears, and hopes -, but with facts, theories, and dreams from the perspective of someone's life and in the context of someone's emotions. It is helpful to remember that all the knowledge people have has been gained in the context of someone's life, as a product of someone's hopes, fears, and dreams.

The struggle to articulate meaning combined with the need to preserve the output is best facilitated by audio-recording the spoken discussion, so that there is an opportunity for the counsellor and the client to check back on what was said and how, with a simple playback facility adequate as a reminder during ongoing discussions. Of course, in most counselling situations, recording is impractical or inappropriate, so the counsellor has to take notes during the coaching conversation that capture the words, discourse markers and non-verbal expressions used by the client. The counsellor should explain to the client the necessity to making notes or recording the session to help guide the conversation, that these will not be shared with anyone else, and gain their permission to do so.

Here can be seen a non-exhaustive list of examples of some of the main tools that can be used during the counselling process:

Diaries and journals

Diaries/journals can be useful tools to surface constructs that are enabling/dis- abling the person's progress in any given domain of their life. They can be used before the first counselling session as a means of informing the initial conversation, between sessions as a means of exploring specific events, or throughout the whole process as a means of visibly tracking change. The choice of these will be aided by combining the perceived skill and interest in the technique shown by the client, the degree of trust already established and judicious selection of the degree of self-revelation required of the client.

The diary-in-group method developed by the Nordic constructivist coach, Jitka Linden (1990), combines individual diary writing and group discussions. The method facilitates an opportunity for similarity and variation of professional experience to be noted, and allows for constructs to be shared, contrasted, contested and developed in a supportive atmosphere. The development of such an atmosphere is aided by confidentiality agreements as well as recognition that many factors, some much less obvious than others, will have influenced professional decisions taken at the time, in "the heat of the moment".

Representative objects or artefacts

The counsellor asks the client to bring to the first session an object that means something to them and that says something about them. This encourages personal disclosure that is uncommon in professional situations and provides both parties with unusual constructs to explore further.

Metaphors

Lakoff and Johnson (1980, p. 156) suggested "metaphors have entailments through which they highlight and make coherent certain aspects of our experience".

A given metaphor may be the only way to highlight and coherently organise exactly those aspects of the life experience. Metaphors help create realities, especially social realities. A metaphor may thus be a useful guide for future action.

This has considerable relevance to the counselling process making the identification of pervasive metaphors within the client's speech and writing important.

Lego

The focus of interest in using LEGO is in what the clients choose to build, how they explain what they are building, and their reasons for building it in the way they do. The idea of the game will resonate with some people and not with others, therefore it is

advised to check their opening to try before breaking the bricks. LEGO is a really flexible tool that can be used in both individual and group contexts.

Role drawings

Another method for surfacing constructs through drawing involves asking the client to draw themselves in some of the roles they occupy, each one annotated with what they expect of themselves in that role. The discussion following the drawing can include, for instance what others expect of them, whether they meet each kind of expectation, how well the role allows them to express their identity as they see themselves.

Using pictures or pre-prepared photographs

Constructivist conversations can be facilitated by using images such as picture postcards or photographs that are in some way related to the focus of the discourse. These can be prepared by the counsellor in advance or, indeed, a large set of pictures or photographs can be collected for use as an occasion arises.

FUNDAMENTAL PRINCIPLES BEHIND THE USE OF EACH TOOL AND METHOD

- Co-operation between the counsellor and the client
- Conversations as foundations of understanding life stories and experiences
- The client decides which information to send
- Privacy and confidentiality
- All notes taken by the counsellor must be accessible to the client

In addition, as anticipated, the project Care4Carers developed the **Family Care Online Hub[2]** to support the entire counselling process: a freely accessible web area where family carers can access learning materials and resources for further learning, general information on family care, legal aspects, labour market integration, funding and support as well as a networking area to share experiences with other caregivers.

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[2] https://care4carers.dieberater.com/

CARE4CARERS TRAINING MODULES

The client, on the basis of the specific situation, the needs that arise and the objectives that are set, has at their disposal a series of free training courses provided as a blended learning offer.

The training modules aim to promote the following skills and competences among the learners (family carers):

- strengthen their abilities to develop perspectives and to assess themselves
- development of personal and social and digital competences
- knowledge on the job market and skills in job application techniques

The five training modules cover the following topics:

1. PERSONAL AND SOCIAL COMPETENCES/RESILIENCE
2. COMPETENCE ANALYSIS
3. DIGITAL COMPETENCES
4. JOB ORIENTATION
5. JOB APPLICATION

As time flexibility (care obligations) and mobility (persons living in rural areas) are a critical factor for the family cares, the scope and extent of face-to face training offers is oriented towards the needs of the participants:

- flexible - designed as blended learning
- concise and short to limit the time investment necessary
- modular, so participants can pick the elements which are relevant
- multi-sensual - responding to the diversity of the target group

The training activities can be carried out in the classroom, in outdoor mode, from remote or through training placements or placement/ reintegration work.

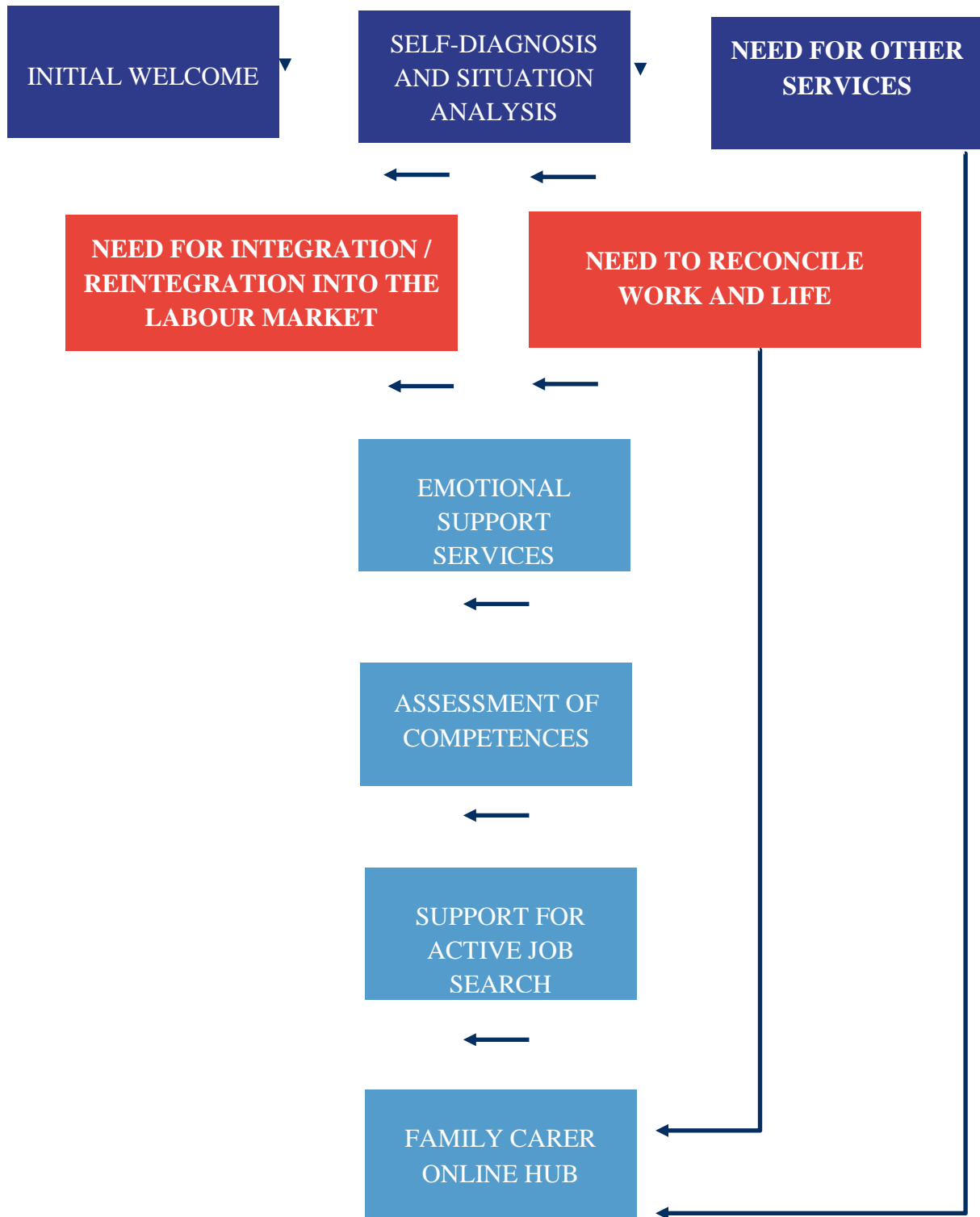## 7.2 TRANSFERABILITY OF THE COUNSELLING PROCESS

This counselling strategy can be transferred to other target groups who have been forced to exit the labour market for a longer time due to other reasons (e.g., childcare responsibilities, a medical condition).

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Moreover, by adopting the systemic-constructivist approach, these guidelines can also be used for counselling in various fields, not only that of work placement:

- In private life (e.g. "how can I improve my relationships?")
- In the organizational field (e.g. "which strategy is most effective?")
- Halfway between private and professional life (e.g. "how could I optimize my private life with my professional one?")
- Halfway between professional life and the organizational field (e.g. "how could I use my professional resources for organizational purposes?")
- Halfway between private life and the organizational field (e.g. "which type of organization would best meet my private needs?")
- Between the three different fields (e.g. "how can I best coordinate my private life and professional career with the needs of the organization?")

7.3 INDIVIDUAL STEPS OF THE COUNSELLING PROCESS

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┌─────────────────┐      ┌─────────────────┐      ┌─────────────────┐
│ INITIAL WELCOME │  ▼   │ SELF-DIAGNOSIS  │  ▼   │ NEED FOR OTHER  │
│                 │      │ AND SITUATION   │      │ SERVICES        │
│                 │      │ ANALYSIS        │      │                 │
└─────────────────┘      └─────────────────┘      └─────────────────┘

        ←                        ←

┌───────────────────────────┐   ┌─────────────────────────┐
│ NEED FOR INTEGRATION /     │   │ NEED TO RECONCILE       │
│ REINTEGRATION INTO THE     │   │ WORK AND LIFE           │
│ LABOUR MARKET              │   │                         │
└───────────────────────────┘   └─────────────────────────┘

        ←                   ←

        ┌─────────────────┐
        │ EMOTIONAL       │
        │ SUPPORT         │
        │ SERVICES        │
        └─────────────────┘

                ←

        ┌─────────────────┐
        │ ASSESSMENT OF   │
        │ COMPETENCES     │
        └─────────────────┘

                ←

        ┌─────────────────┐
        │ SUPPORT FOR     │
        │ ACTIVE JOB      │
        │ SEARCH          │
        └─────────────────┘

                ←

        ┌─────────────────┐
        │ FAMILY CARER    │
        │ ONLINE HUB      │
        └─────────────────┘
```

7.3.1 INITIAL WELCOME AND ACCESS TO THE LABOUR SERVICES SYSTEM

At this stage, the counsellor guarantees the caregiver relevant and complete information about the main characteristics of the labour market and the services available to support their entry – or re-entry - to the labour market.

The professional also provides information on additional structures and/or counselling centres in the area to support them.

The counsellor also has the chance to present the **Family Carers Online Hub**.

A first contact between caregiver and counsellor is established, during which the caregiver is made aware of the presence of a targeted and comprehensive support system.

7.3.2 SELF-DIAGNOSIS AND SITUATION ANALYSIS

In this phase the counsellor collects the entry-level data and information about the caregiver's present life situation and career perspective in order to start planning for an appropriate and tailored intervention based on their particular situation.

It is the moment to investigate some aspects, such as the stage of caregiving, how the client is coping with the care situation, if the care obligations can be reconciled with paid work, how the caregiver relates to career and/or educational background, to better understand their situation.

The task of the counsellor in this phase is helping the family carer to start to identify the **personal goals**.

The ambition is to offer a **tailored path** to improve the chances of integration and reintegration into the labour market of the caregiver, mobilizing services, tools and economic resources appropriate to their professional and personal conditions.

It is important invest time in this introductory session and that it is also held face-to-face so that the counsellor is fully able to identify non-verbal, as well as verbal, cues and responses and can start the process of developing a relationship of equals with the client.

At the end of this session, the counsellor should has achieved enough initial understanding to have an idea of the broad topic/s to work on and how to map out the next few sessions, which may be shorter and can be held virtually if needed.

It can be helpful to open the conversation by asking the client to talk about the answers on the **"Preliminary questionnaire"** regarding their reasons for seeking support and the most important things they would like to get out of the counselling process, which themselves act as tentative initial goals.

However, it is essential to recognise the fluidity of goal setting and let the client decide where to start, since it is their journey and the role of the counsellor is one of companion, or co-voyager, and not of leader.

At the end of the introductory session the counsellor will have agreed with the client the number and length of additional sessions that, dependent upon the topic/s of focus, should either take the counsellor to an initial process review, or conclude the process.

The complexity of the issues identified in the first meeting will also help to determine whether physical contact is critical for subsequent sessions or whether they can be conducted virtually (it is entirely possible to run subsequent sessions through Skype, Zoom or other visually based means, since all the counsellor need is a way of sharing the tools before and during each session).

It could be possible that, at the end of this phase, the counsellor finds that the caregiver does not need to undertake a pathway of integration/reintegration into work or doesn't need support in the reconciliation of life and work time. In this case,

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the counsellor will **address the user directly to the [Family Carers Online Hub](#)**, where a dedicated area with country-specific information about other support services is available.

To be implemented with more specific information about the available lists once created.

ANNEXES
PRELIMINARY QUESTIONNAIRE *(Annex 1)*

Range: transversal / non-national specific
For whom: the counsellor
Where to find it: on the [C4C Website](#) and in the [Family Carers Online Hub](#)
When: at the first interview with the client
Objective: know the client and gather insights (personal data, duration of care, employment situation, possibility of reconciliation, training and work path, period spent outside the labour market, initial objectives…).

7.3.3 EMOTIONAL SUPPORT

This step is useful to help caregivers meet their expectations, seek help, develop resilience strategies, find a sense of empowerment, and increase their motivation.

Emotional support services could be activated in all cases where situations of stress, decision-blocking, anxiety, sadness, discomfort, suffering, despair, mourning, depression, self-devaluation are detected at various levels.

To manage this phase, the counsellor must be aware that most family carers perceive **significant barriers** to getting back into employment or reconciling care activities with work.

For some, even contemplating an interaction with a potential employer causes a great deal of anxiety because of the pressure they feel to explain their caregiving duties and their long-term absence from the workplace. In fact, there is a strong reluctance to even let employers know that they are or were engaged in the care activity.

Obstacles to employment may, for example, fall within the following categories:

Issues of self-worth

- gaps in the cv
- no longer holding relevant qualifications/need for upskilling
- inadequate technical skills
- wouldn't fit in contemporary workplace culture

Practical or logistical issues

- no previous job seeking experience
- no access to support
- no access to up-to-date job searching tools and equipment
- handling the practical and financial demands of their caring role while working
- employment and skills support is not tailored and not flexible enough for carers

Issues related to what carers projected onto employers

- perceive that employers want flexibility
- concern that they, as carers, might place demands upon employer
- believe that employers would prefer a younger employee who costs less to employ and does not have caring duties
- not wanting to let employers down
- fear of disappointing colleagues
- being reluctant to ask for help
- not wanting to disclose caring responsibilities as they don't want to appear dependent or in need of help; fear that they will be labelled as lazy or unwilling to work; fear of stigmatisation

With that in mind, support for caregivers in general and employment support in particular require a counsellor who is equipped to operate outside the traditional employability paradigm.

It highlights some specific skills and attitudes that the counsellor is expected to bring to bear in managing this particular phase:

- informality (for some carers this is their primary social contact outside the home)
- managing engagement and disengagement from coaching relationships
- warmth, integrity and authenticity
- sophisticated, non-transactional communication skills
- providing friendship, common bonds

It is important to consider that the counsellor mostly acts during a period when the **physical and emotional impact of unpaid caring is high**, when the vocational aspirations of carers are not well articulated, and carers' expectations about their employment potential are low. The qualities and skills that the counsellor brings into the process are therefore crucial to its success.

To manage this phase, the counsellor must be aware of their limits in supporting the clients from a psychological point of view. It is important, for instance, to be able to recognize when it is necessary to involve experts such as clinical psychologists and psychotherapists.

What the counsellor can definitely do, to put the client at ease and reduce their anxiety, is to adopt less formal or structured consulting techniques such as the **Walk & Talk session**.

A COUNSELLING TECHNIQUE SUGGESTED TO BREAK THE ICE AND REDUCE CLIENT ANXIETY

Walk & Talk is a mindfulness-based body-oriented therapy that can make it easier for clients to relax, stop ruminating, release physical tension, breathe deep and receive mind-body insight while processing experiences in a different way. As the name describes, the client talks with the counsellor while walking outdoors rather than sitting or lying down in a therapy office. Walking side by side rather than sitting face to face enables some clients to feel more comfortable when sharing in the therapy process.

Walk & talk therapy offers an opportunity to reduce stress, relieve body tension, improve circulation, breathe deep and clear the body-mind of intrusive, negative and ruminative thoughts and sensations.

ANNEXES

LIST OF SPECIFIC CONSULTANCY/ PSYCHOLOGICAL SUPPORT SERVICES AVAILABLE
(Annex 3)
Range: national specific
Where to find it: on the <u>C4C Website</u> and in the <u>Family Carers Online Hub</u>
For whom: the counsellor and the client
When: need for specialized psychological support
Objective: consult an up-to-date list of specific national services to which the client can turn for emotional/ psychological support

PR3 - CARE4CARERS TRAINING - MODULES 1. PERSONAL AND SOCIAL COMPETENCES / RESILIENCE
Range: national specific
For whom: the client
Where to find it: on the <u>C4C Website</u> and in the <u>Family Carers Online Hub</u>
When: need for training in the motivational / emotional area
Objective: develop knowledge and skills to improve self-awareness, build resilience, make connections and find motivation.

7.3.4 IDENTIFICATION OF THE PERSONAL PLAN AND ASSESSMENT OF COMPETENCES

Competence is the ability to do something successfully or efficiently. Therefore, competence mapping is simply a process of matching competences with the job role and/or organization. Additionally, it is also about matching people to the job role and hence used even in selection, training, and appraisals.

The objective of this phase is the analysis of the personal and professional skills acquired by the candidate during previous study and job experiences as well as,

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informally, learnt during the care experience, identifying strengths and weaknesses in the perspective of job placement.

A **tailored, ad hoc, professional project is developed** on the basis of the information gathered.

During this phase:

- the caregiver acquires a greater awareness of self, of the acquired skills, of possessed strengths and weaknesses, of services and resources at disposal, and defines more clearly their professional objectives and the activities to be carried out in order to achieve them;
- the counsellor, through the implementation of strategies of analysis of both the caregiver situation and skills, defines the most appropriate path to facilitate the integration/ reintegration into the labour market.

The competencies analysis is needed to have a complete picture of the knowledge and abilities of the caregivers and to support them in creating a professional project that takes into account:

- the skills, developed in both formal and informal contexts
- the received training
- the previous job experiences
- the aspirations

The methodology involves giving the person the responsibility of government for its process of growth and/ or insertion/ reintegration into work, playing a necessarily active role in the process of building and developing its skills.

The competence assessment process shall include the following steps:

- identification, definition and self-assessment of personal skills
- elaboration of a "realistic" professional development project
- definition of an action plan to implement it
- individual activation and taking charge of the "task".

It is important to note that skills analysis is not just necessary to understand what the individual can do, but to understand who the individual is.

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Therefore, when assessing this target group of users, the advisor must also take into account a number of aspects that are generally less considered: attitude, communication skills, adaptability, time & energy management, work ethic, problem solving & analytical thinking and leadership developed also as a result of the healthcare experience. Sensitivity and values that have been built over time must be also evaluated.

The skills analysis is carried out using **a series of tools, evaluation tests, and interviews** that will support the counsellor in bringing out:

- knowledge and abilities

- strengths and weaknesses to be worked on in order to achieve improvements

- aptitudes

- interests

- the degree of motivation for acting or making certain choices areas of learning on which action is needed to fill deficits

Some useful tools and suggested tests can be found among the annexes for assessing competences.

THE IMPORTANCE OF SKILLS ACQUIRED IN INFORMAL CONTEXTS

Informal learning is learning resulting from daily activities related to different areas of life such as work, family or leisure. It is not organised or structured (in terms of objectives, time or learning support) and takes place outside of traditional formal learning settings. Informal learning in most cases is unintentional from the learner's perspective. It typically does not lead to certification. (*Source: Terminology of European education and training policy – CEDEFOP 2008*)

Skills acquired in informal contexts are more and more valued. Informal learning is playing an increasingly important role in the development of skills (for example through experience, deepening and broadening skills). Competences are evaluated in this way because they contribute to the ability to react to changes (new social needs) and therefore play an important role in lifelong learning. At the same time, they take part in problem solving, the development of innovative strategies and changes. Moreover, knowledge gained in informal or non-formal contexts is more important for beginners and newcomers, while those who already have experience fall back on experiences made in the workplace (*in-depth: Blings, Spöttl 2011*). This leads us to an important issue and a good opportunity for action, namely, to **move informal learning processes from an unconscious level to a conscious leve**l.

Based on this assessment, the possible "delta" between the skills required by the labour market and those actually belonging to an individual emerges. Starting from the awareness of a potential skills deficit, it can therefore undertake training to overcome it. In this sense, skill balance serves to facilitate job search and to plan the steps required for the individual career project.

At the end of the competence assessment process the following outputs can be produced:

- COMPETENCE SHEET - a summary and formalization of what has been developed with the counsellor

- PROFESSIONAL PROJECT - professional development assumptions and objectives and the action plan.

In conclusion, it may be said that the competence assessment process thus presents the following three aspects:

- **Orientation value**, because it tends to the definition of a professional project
- **Formative value**, as an action of change and development of the individual (from "implicit" competence to recognized, expendable and transferable competence)
- **Personal and social recognition value**, with consequent strengthening of the personal and professional identity of the individual.

It is a path of flexible and procedural advice (match between perceived needs and paths of reflection understandable and consistent with the image of themselves and their situation) that also includes:

- by the client, a self-assessment or diagnosis with respect to situations perceived as critical, difficult to solve, requiring support
- by the counsellor, providing support to solve concrete problems and/or driving the development of the "human resource" adopting a methodological role and a non-judgmental support.

To this end, counselling should not be understood as a rigid sequence of phases of work, but as **a dynamic and creative relationship** with the aim of addressing the contents that emerge as "analysis focus" of experience.

ANNEXES

TOOL/TOOLS FOR ASSESSING COMPETENCES *(Annex 2)*
Range: transversal / non-national specific
Where to find it: on the C4C Website and in the Family Carers Online Hub
For whom: the counsellor
When: during the skills and knowledge analysis phase
Objective: identify and analyse knowledge and skills acquired in formal, non-formal and informal contexts

PR3 - CARE4CARERS TRAINING - MODULES 2. COMPETENCE ANALYSIS
Range: transversal / non-national specific
For whom: the client
Where to find it: in the Family Carers Online Hub
When: need for training in analysing skills and knowledge
Objective: develop knowledge and skills about what is a competence, the competences of carers, the validation of skills and the competence analysis.

7.3.5 SUPPORT FOR ACTIVE JOB SEARCH

This intervention aims at defining an active job search plan and at making the caregiver prepared and independent in the search for job opportunities, in the management of contacts with companies, in the preparation and dissemination of the curriculum vitae, in the management of selection interviews.

Individual interviews will be programmed in order to define a personalized accompanying path to work integration.

At this stage:

- The caregiver is supported in the preparation and dissemination of the resume and in the research for vacancies consistent with their professional profile and aspirations.

  It is the opportunity to learn how to act on developing a career plan, identifying learning/qualifications needs, manage the process of job application;

- The counsellor supports the caregiver in the search with tools that improve the self-promotion capacities and the effectiveness of the application.

The goal is to make the caregiver independent in managing the entire job-seeking process.

MAP OF THE MAIN CHANNELS/SERVICES FOR JOB SEARCH AND SUBMISSION OF APPLICATIONS *(Annex 4))*
Range: national specific
Where to find it: on the C4C Website and in the Family Carers Online Hub
For whom: the counsellor and the client
When: need to research and apply on the labour market
Objective: consult an up-to-date list of specific local services to which the client can turn to seek job opportunities and be supported in the application process.

EMOTIONAL AND MENTAL PREPARATION FOR THE JOB-SEEKING PROCESS
(Annex 5)
Range: national specific
Where to find it: on the C4C Website in the Family Carers Online Hub
For whom: the counsellor and the client
When: need to work on physical and mental well-being to face the process of returning to work
Objective: have available an up-to-date list of specific national services to which the client can turn to improve himself (e.g. to boost physical fitness, the way of presenting oneself, self-control and the management of emotions

PR3 - CARE4CARERS TRAINING MODULES – **3. DIGITAL COMPETENCE**
Range: transversal / non-national specific
For whom: the client
Where to find it: on the C4C Website and in the Family Carers Online Hub
When: need for training in the digital area
Objective: develop knowledge and skills about handling information and data, the job application process online, digital communication and digital content, data security, problem solving and identifying further learning needs

PR3 - CARE4CARERS TRAINING MODULES – 4. JOB ORIENTATION
Range: transversal / non-national specific
For whom: the client
Where to find it: on the C4C Website and in the Family Carers Online Hub
When: need for training to navigate the labour market
Objective: develop knowledge and skills about self-acceptance & self-reflection, goal setting, labour market knowledge, job searching

PR3 - CARE4CARERS TRAINING MODULES – 5.JOB APPLICATION
Range: transversal / non-national specific
For whom: the client
Where to find it: on the C4C Website and in the Family Carers Online Hub
When: need for training in managing the work application process
Objective: develop knowledge and skills about the creation of the CV and the cover letter, the management of the application, the management of social profiles and web reputation, the management of the job interview

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7.3.6 MONITORING AND EVALUATION OF SERVICES

The monitoring system uses quantitative and qualitative indicators, collecting data and information on both the quality of service and the results achieved.

It is planned to collect reports, highlights and complaints in order to carry out a comparative analysis of the evaluations.

The counsellor periodically draws up a report to document the activities carried out, the results achieved, any critical findings and proposals with the aim of improving the support services put in place to deal with the particular target of family carers.

ANNEXES

FOLLOW UP QUESTIONNAIRE, TO BE ADMINISTERED TWICE AFTER THE END OF THE COUNSELLING PATH *(Annex 6)*

Range: transversal / non-national specific

For whom: the client

Where to find it: on the C4C Website in the Family Carers Online Hub

When: first time after 3 months, second time after 6 months

Objective: highlight the course's relevant outcomes from a personal and professional point of view

QUALITY QUESTIONNAIRE, TO BE ADMINISTERED TWICE AFTER THE END OF THE COUNSELLING PATH *(Annex 7)*

Range: transversal / non-national specific

For whom: the client

Where to find it: on the C4C Website and in the Family Carers Online Hub

When: first time after 3 months, second time after 6 months

Objective: measure the quality level of the service offered

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