

English summary

Introduction

The theme of this report is the recruitment and training of apprentice healthcare assistants.¹ The study was commissioned by KS (the Norwegian Association of Local and Regional Authorities) an employers' association and interest organization for Norwegian municipalities, counties and local public enterprises. The report is based on 126 interviews conducted in schools, nursing institutions and hospitals, in six municipalities in three counties.

The role and profile of healthcare assistants

Training programmes for healthcare assistants replaced two former vocational education programmes in nursing, and were introduced as a part of the Knowledge Promotion reform of 2006. Those trained as healthcare assistants are initially qualified for employment in a wide range of settings, including hospitals, mental healthcare and services for the care and treatment of the elderly.

As well as offering a programme of vocational education, healthcare assistant training can provide one way of qualifying for higher education (in colleges or universities). Those completing the programme can apply to take supplementary courses that qualify them to enter higher education. In this way, it functions more like a general educational programme than a specific route into a profession. Among those in the second year of the healthcare assistant course (Vg2) 45 percent of students from the 2007 cohort took a supplementary course for higher education, while only 33 percent went into healthcare apprenticeships. The rest either went on to another Vg2 course, began a new Vg1 course or quit upper secondary school altogether (13 percent of the cohort "dropped out"). This suggests that the most common outcome for those taking healthcare assistant courses is qualifying for higher education. It is also likely that many of those among the 33 percent that go into apprenticeships will then continue into higher education, not into the vocation that they are qualifying for. A previous study has shown that 27 percent of healthcare assistant apprentices planned to go directly into supplementary courses and 13.5 percent planned to go straight into higher education after their examinations. Only 47 percent planned to continue in the profession.

One can qualify as a healthcare assistant in two main ways. The standard route is through two years of school and two years as an apprentice. Alternatively, those with relevant work experience can take

¹ The report addresses those training to be 'Helsefagarbeider', translated as healthcare assistants: those employed as healthcare assistants in Norway provide care and support services in hospitals, at-home care and in residential homes or other services for elderly people.

the examinations as a so-called 'practice candidate' (Praksiskandidat). This practice candidate option is offered to unqualified workers who have at least five years of relevant practice from the health or care field. In all, 2,149 examinations were taken in the healthcare assistant discipline, in the 2010-2011 school year. Of these, 45 percent were taken by practice candidates and 47 percent by those from vocational training programmes.

Traditionally, older candidates have dominated recruitment to healthcare assistant (or equivalent) positions (not young people coming directly from school). This pattern seems to be set to continue in the future. About 60 percent of those who qualified in the 2010-2011 school year were over 25 years old. However, in this study the focus was on those trained in the "standard way", specifically those taking apprenticeships after two years of study in upper secondary school. In this group, there is a predominance of young people. According to the white paper, 'Coping, opportunities and opinion', there needs to be a gross annual increase of around 4,500 new health professionals to meet the increased need for healthcare assistant work that is expected. Today's numbers of newly qualified apprentices only provide for about twenty percent of this increase (assuming all of them get a job in the sector).

The role of healthcare assistants in the municipalities

Healthcare assistants are typically employed by the municipalities. In 2001 there were 76,039 people working in health and social services who had either healthcare assistant training, vocational nursing education or care worker education. Of these, 61,124 (80 percent) were employed by the municipalities. While a large share of those with some education in health and social services in the municipalities had upper secondary health education (41 percent) those employed by central government (primarily in state hospitals) were much less likely to have education at only the upper secondary level were only eight percent.

The first qualified "healthcare assistants" graduated in 2009. By the end of 2011, there were 2,149 registered healthcare assistants in the municipal sector, up from 739 in 2010. In comparison, the number of healthcare assistants in hospitals increased from just 22 to 79. This confirms that the healthcare assistant role has not yet become popular in the hospitals. The overall number of workers in hospitals with education at the upper secondary level also declined from 2010 to 2011.

Transitions

The study has examined the factors that influence students' and apprentices' choices in the transition from school to training, and the transition from training to work. The patterns in which students and apprentices move through the education system are very well documented by previous research, although this is primarily quantitative. In this study, the aim was to study students' and apprentices' reasons for, and experiences of, the choices they make.

The analysis sought to answer the following central question: what conditions and considerations influence the outcome of transition processes between Vg2 and apprenticeships, and from apprenticeships into work, for young people starting out in healthcare assistant education?

Reasons for going on to higher education

There were several reasons given by those trainees choosing to take a supplementary year to qualify for higher education. These were:

- They were unsure what they wanted to be; a supplementary year offered more time to decide
- Qualifications for higher education opened up possibilities; apprenticeships were perceived as a dead end by some
- That had been the plan all along
 - Some had decided they would take college education early on, preferably nursing
- Some choose not to continue as apprentices because they had heard it is difficult to get a job afterwards

Going on from Vg2 healthcare assistant training to take a supplementary year was considered the norm by students. The healthcare assistant students who choose to go on to higher education after Vg2 were not particularly dissatisfied with the education they had received, and did not think they had been wrong to take that vocational programme. On the contrary, most of those who intended to go on to higher education said their course was a good preparation for taking higher education in nursing. Their years in vocational upper secondary school were deemed to be a safer option, and to have offered better education, than general upper secondary school, for those planning to take higher education in nursing. These students saw healthcare assistant work as a part of the nursing profession and so thought it would be easier to go into nursing education as a healthcare assistant than by studying for general academic qualifications at upper secondary school. The students planning to go on to higher education were also generally satisfied with the fact that most of their teachers were trained nurses.

Reasons for going on to an apprenticeship

There were also a number of different reasons given for choosing to continue on to an apprenticeship.

- Those who were tired of school viewed apprenticeships as a good alternative to get an education while they worked
 - Many wanted to start working and start getting paid
- Some planned to take supplementary education after finishing their apprenticeships, but wanted to work for a while first, before continuing to higher education
 - these students stressed that it is important that they are able to take supplementary education after their apprenticeship
- In general these students wanted to be secure – by completing their apprenticeships they ensured they had the qualification as a ‘fallback’ if they fail in higher education

Some counties have guaranteed supplementary education for students who go into apprenticeships. It appears that this guarantee is important for a number of those who chose to take apprenticeships. As in other vocational courses, several students emphasized that they wanted to work and wanted to do something other than be in school. They appreciate that the apprenticeship means they can combine work with getting an education. Some pupils felt that those who are good at studying are encouraged to move on to the supplementary year by their teachers, while those who are less academically orientated were encouraged to take apprenticeships.

What do the teachers think?

The vast majority of those who teach vocational subjects in Vg2 to healthcare assistants are nurses. They focus on the fact that they teach a vocational subject, and that they are primarily aiming at training future workers for their field. However, the majority of the teachers also feel that the education they provide can be a good way into higher education in health care subjects, for those students who are more academically oriented. The teachers recognise that they have a diverse group of students, with some who plan to go on to higher education and others without any clear ideas about what to do after upper secondary. Importantly, the teachers think that few of those coming into the programme

have a clear desire to work in that specific professional role. The teachers also suggested many different reasons why so many students choose to continue on to the supplementary year, instead of taking apprenticeships. Partly this is thought to be because students want to postpone important life choices, partly it is seen as due to many having planned to go into higher education in the first place. The perceived working conditions for healthcare assistants are also important: teachers find it difficult to motivate students to take apprenticeships when they can see that former students are struggling to get a permanent job after finishing their apprenticeships,

The transition from apprenticeship to work

Apprentices generally saw their apprentice period as a positive experience. While most were happy with their work environment, many were frustrated that they felt they would not be able to get (full time) jobs after finishing their apprenticeship. Several said that they were surprised to find it is so difficult to get permanent employment as they had heard that there was a great need for more healthcare workers before they had gone into their apprenticeships.

For some this was a reason to continue into higher education after their apprenticeships. For others, it led them out of the healthcare profession into other jobs. While the perceived lack of jobs was the most important reason for many to continue to higher education, the division of labour they had experienced in their apprenticeships was also a factor for some. Some students pointed out that a nurse can perform a greater variety of work and is given more responsibility than healthcare assistants. Nonetheless, the overall impression from students was that many of them thrived in the role of healthcare assistant, and they often wanted to continue in the profession if possible.

Employers' views on apprenticeships

The leaders of the various municipal institutions that took on apprentices were generally satisfied with their experience. They thought that apprentices made themselves useful, and that it was useful for the other employees to train apprentices.

It is important that the municipality can determine the number of apprentices it recruits. In several municipalities, the institutions providing places seemed to play a minor role in the recruitment of apprentices. All the institutions wanted to provide more jobs for apprentices than they are able to today. A variety of factors are thought to hinder this. Some of the more frequently cited factors are:

- Existing staff are seeking larger positions (more hours)
- Unskilled recruits may (in some cases) take precedence if they have worked for a long time in temporary positions
- The organisation of these positions (shift-based) makes it difficult to employ new apprentices in full time positions

Those who work in the institutions that host apprentices have the impression that apprentices often get jobs after completing their exams, but typically in part-time, temporary or reserve roles.

Conclusions

This study suggests that dissatisfaction with the education provided to healthcare assistants is not in itself the main reason why so many choose to continue into higher education instead of into apprenticeships and work. Both the education provided in schools and through apprenticeship was perceived as being relevant and of a good quality.

The main reasons so many students choose to continue into higher education are related to their expectations and knowledge about future career opportunities. There are three main points the pupils and apprentices emphasize about these future roles and opportunities:

1. *Which* tasks pupils and apprentices experience healthcare assistants having responsibility for
2. *Where* students and apprentices find they can get a job as a healthcare assistant
3. *How large* the positions available for healthcare assistants are expected to be

Since these are not aspects of the educational offer in itself, this suggests that there are not any major initiatives that school owners can take to address these patterns. The thing that most teachers and pupils see as a good measure, without major adverse consequences, would be to provide an opportunity to take supplementary courses after an apprenticeship. This was an important factor for many of those taking apprenticeships in the counties where this approach has already been introduced. Institutions that have apprentices are sceptical that this could lead to them investing considerable resources in training apprentices which immediately leaks out of the profession if many apprentices don't continue into work. This could also undermine the status of the apprenticeship system in the institutions. Some counties have instead tried to reduce the number of supplementary classes available after the first two years of upper secondary vocational education. While this may increase the proportion progressing to apprenticeships in the short term, it may also mean that the numbers starting upper secondary vocational education fall over time, since many students coming into these courses plan to go on to higher education afterwards. One important aspect highlighted in this study is the large proportion of teachers who are qualified nurses in Vg2 healthcare assistant courses. The impact of teachers as role models may be especially important in vocational education, and as most of the professional role models in schools are nurses this may influence the proportion of students progressing to higher education to study nursing. In other vocational programmes, where far lower percentages of students go on to supplementary courses, it is more common to have teachers with a background as skilled workers.

The municipalities may have several opportunities to make apprenticeships more attractive. One initiative would be to link the intake of apprentices more strongly to recruitment than appears to be the case today. Based on this study, and on other research, it appears that healthcare apprentices are less central to the recruitment of new labour than in many other sectors. Within a context of very low unemployment it may be that those training as healthcare assistants will expect substantial (or even full-time) positions to be available after their apprenticeships. One way to link recruitment and the intake of apprentices more closely would be to give the local institutions the responsibility for recruiting and accepting apprentices. Today the intake of apprentices is often handled by the central administration in the municipalities. Apprentices are therefore often not employed by any one particular institution, and often rotate across several local institutions.

Finally, it will continue to be important to ensure that any changes made to attract more young apprentices do not undermine the recruitment of low or unskilled adults into the sector, as they will probably continue to be the main source of new workers in the years to come. As long as apprentices generally do not go on to get full-time positions after their exams, apprenticeships will continue to play a small role in the overall recruitment of skilled workers to the sector.