

# Common challenges, common solutions for our social services workforce?

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**European Pillar of Social Rights (2017):** ‘Everyone has the right to’...

- affordable long-term care services of good quality, in particular home-care and community-based services
- timely access to affordable, preventive and curative health care of good quality
- affordable early childhood education and care of good quality

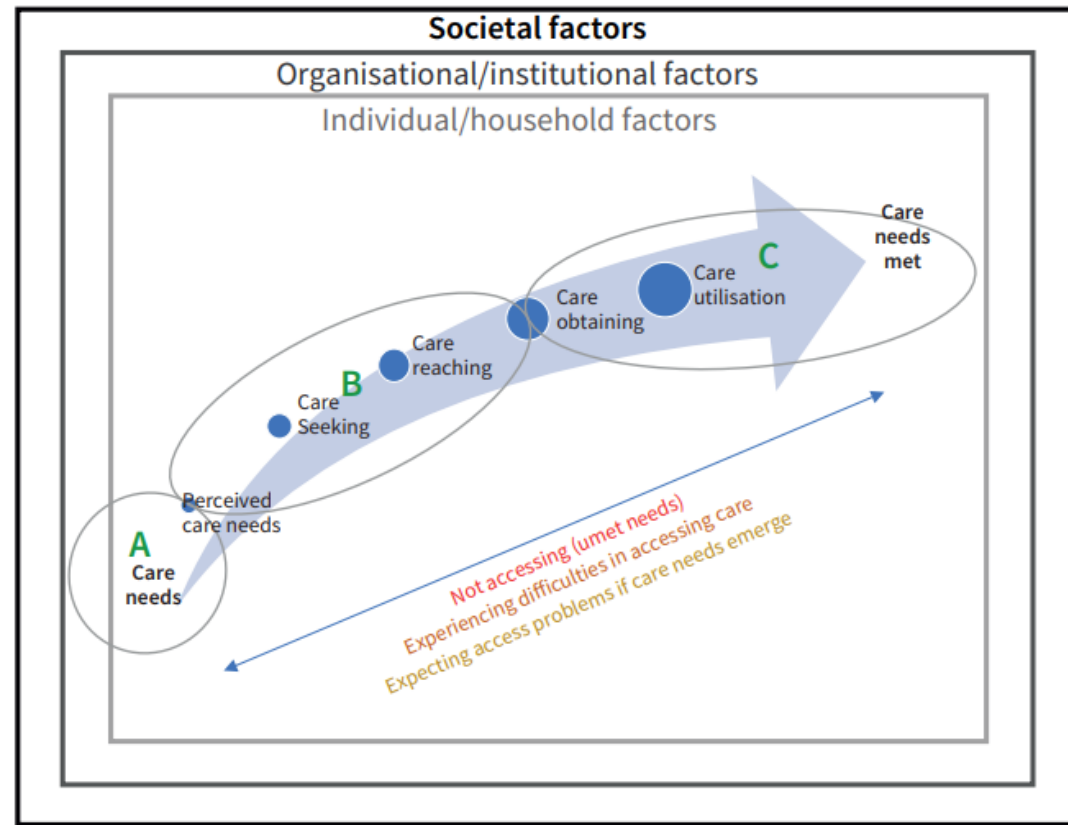
**European Care Strategy (2022):** ensure quality, affordable and accessible care services, and improve the situation for both care receivers and the people caring for them, professionally or informally; including recommendations to improve working conditions and attract more people.

RESEARCH REPORT



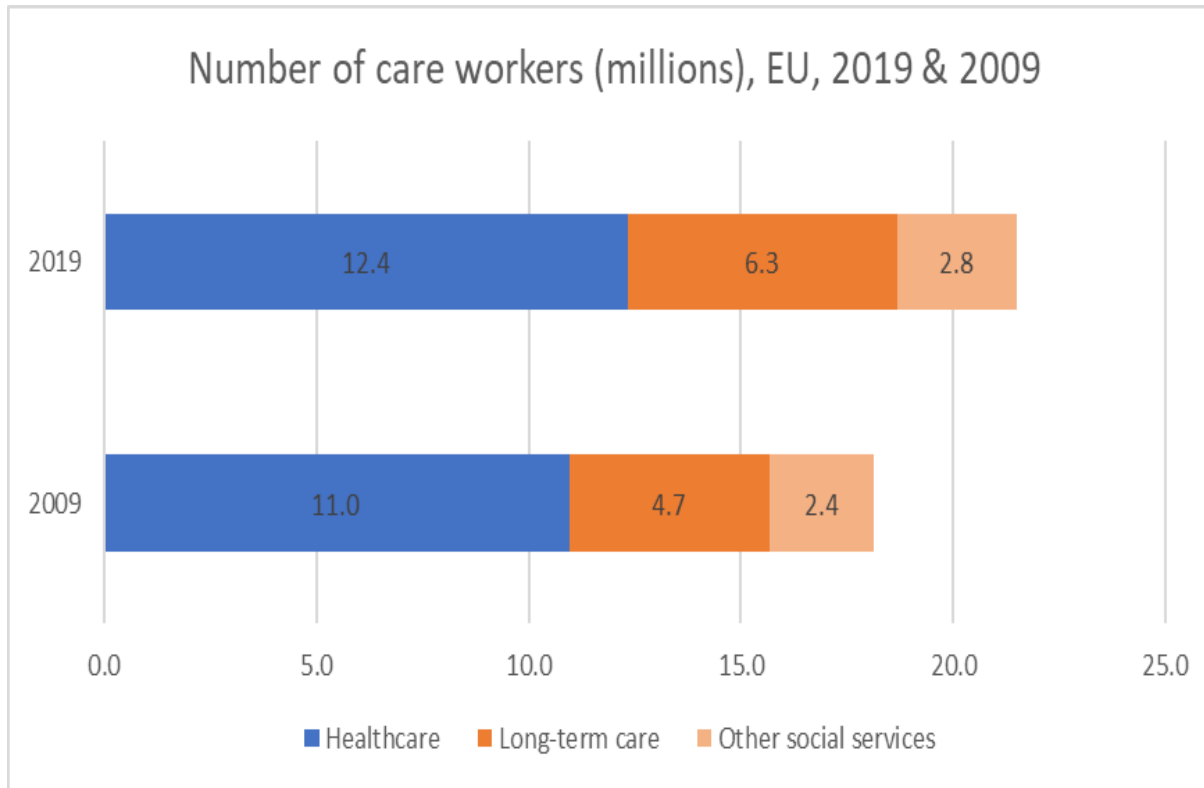
Public services

Access to care services:  
Early childhood education and care,  
healthcare and long-term care



- Comprehensive perspective on access
- Workforce: key for access to good quality care.
- LTC: quality of life (not cure) is usually the goal, large importance of human interaction

# Care workforce: need for a broad perspective



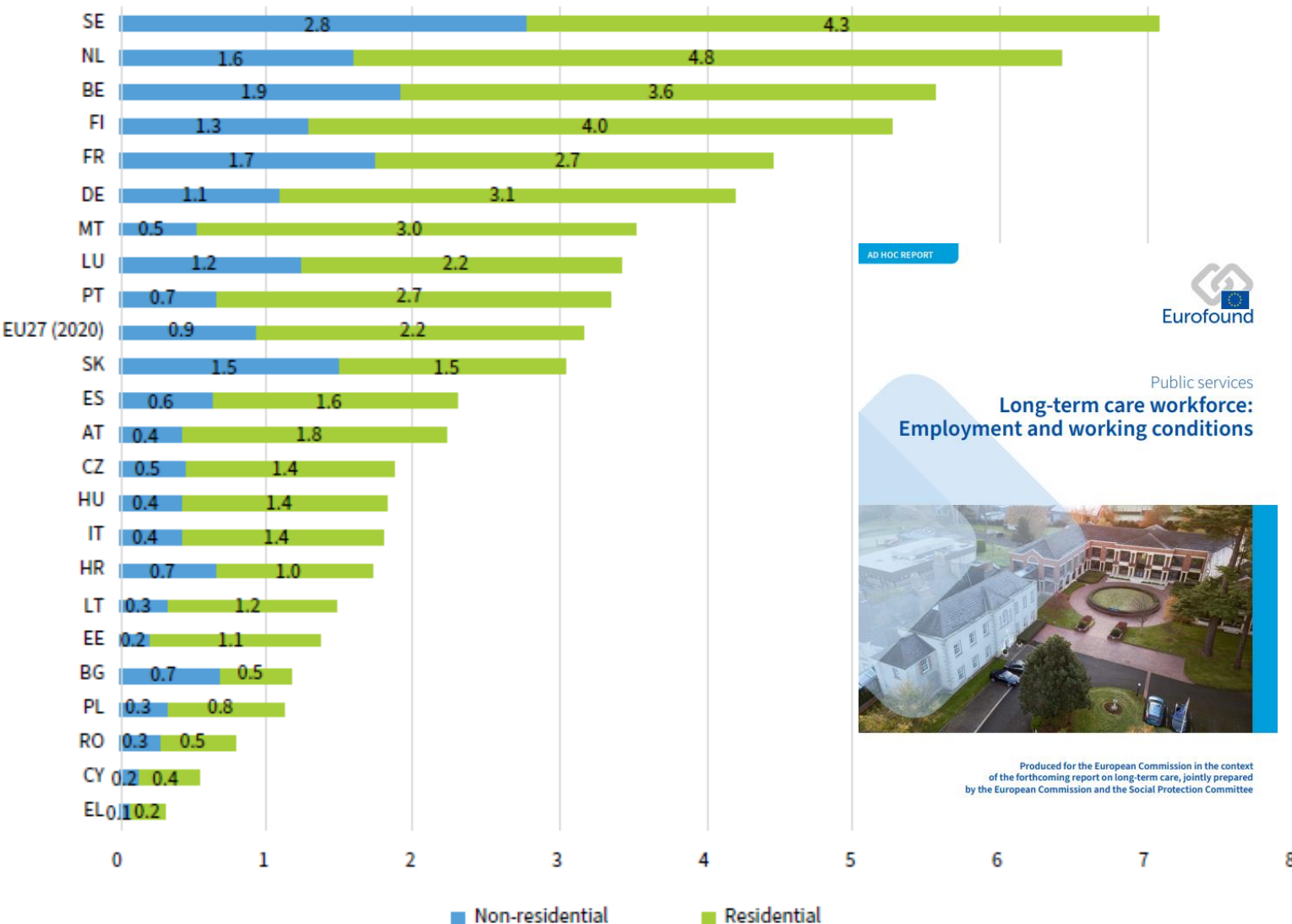
- Large and growing
  - By 18% in a decade (from 13% in healthcare to 33% LTC)
- Largely female (stable)
  - 75% healthcare, 81% LTC, 84% childcare\*
- Older and ageing workforce\*\*
  - 36.7% (healthcare) and 37.9% (LTC) aged 50+ (33.2% all workers)
  - Up by 7.4 and 9.8%-points (7.3%-points all) in a decade

Adjusted from Eurofound (2020), Long-term care workforce: employment and working conditions, <https://www.eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions> (LFS analysis)

\*Eurofound (2021), Wages in long-term care and other social services 21% below average, <https://www.eurofound.europa.eu/publications/article/2021/wages-in-long-term-care-and-other-social-services-21-below-average>

\*\*Eurofound (2022), COVID-19 and older people: impact on their lives, support and care, <https://www.eurofound.europa.eu/publications/report/2022/covid-19-and-older-people-impact-on-their-lives-support-and-care>

# LTC workers, % of total workforce, 2019



With ageing societies, retiring workforce & large gaps in access to LTC, especially in lowest income countries\*: increasing shortages

**44 million frequent informal carers** to older or disabled relatives/friends (EQLS)

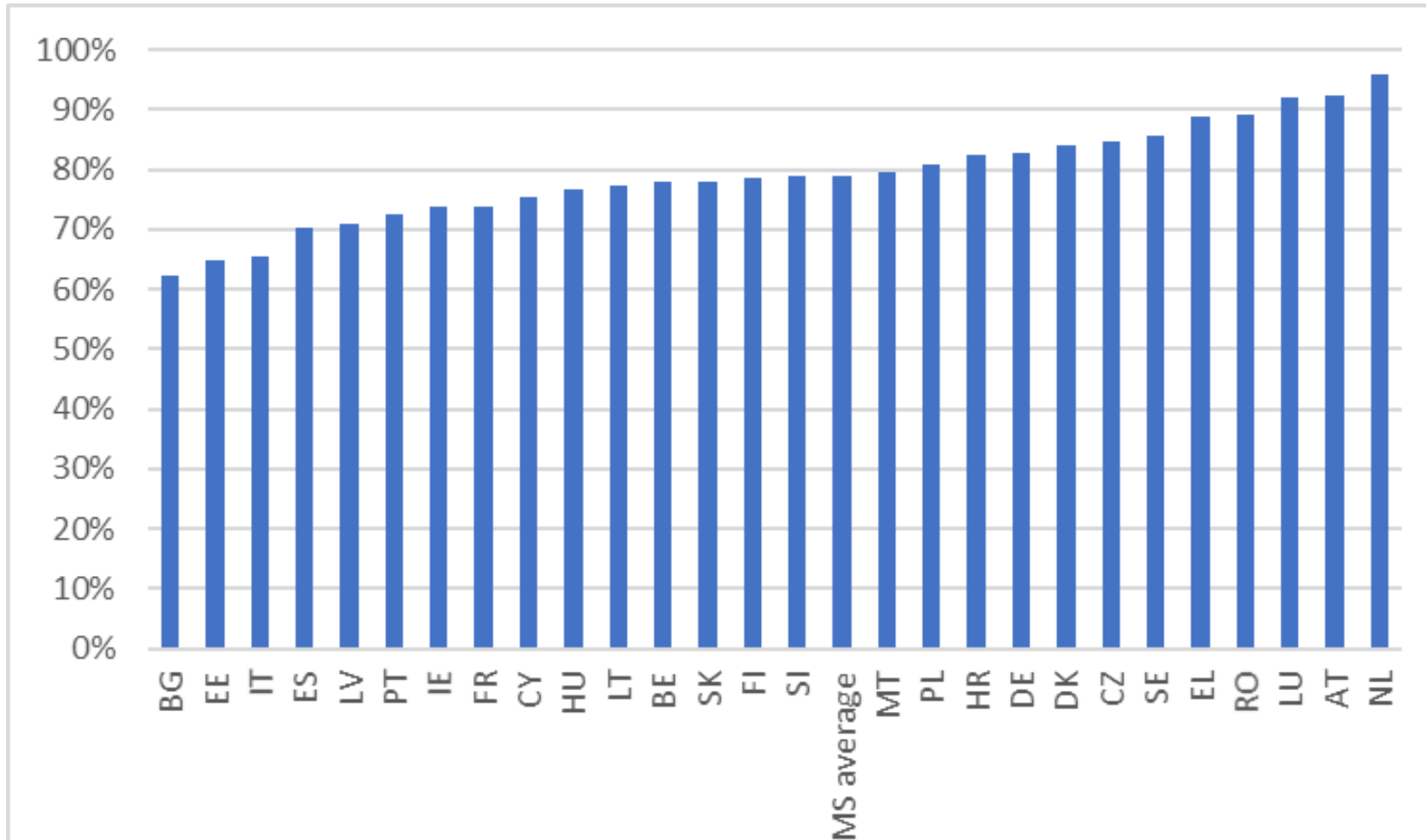
**Female workers, carers, users:** highly relevant for EU's gender strategy

**More foreign workers than healthcare, especially non-EU (fewer formal requirements);** country differences in share & composition (high non-EU: IE&MT, EU: AT&LU)

Eurofound (2020), *Long-term care workforce: employment and working conditions*, <https://www.eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions>; Figures based on 2019 Labour Force Survey (LFS) & 2016 European Quality of Life Survey (EQLS) data analysis for this report.

\*Eurofound (2020), *Access to care services: Early childhood education and care, healthcare and long-term care*, <https://www.eurofound.europa.eu/publications/report/2020/access-to-care-services-early-childhood-education-and-care-healthcare-and-long-term-care>

# Pay: social services (% of national average), 2018



**Source:** \*Eurofound (2021), Pay in long-term care and other social services 21% below average, <https://www.eurofound.europa.eu/publications/article/2021/wages-in-long-term-care-and-other-social-services-21-below-average> ; Eurofound analysis of Structure of Earnings (SES) data for this news-item.

**In all Member States, pay in social services is below average\***

Pay often near minimum wage, and sensitive to it.\*\*

**Lowest paid:** (social) carers & assistant nurses\*\*

**Better paid:** specialised nurses, social workers & therapists\*\*

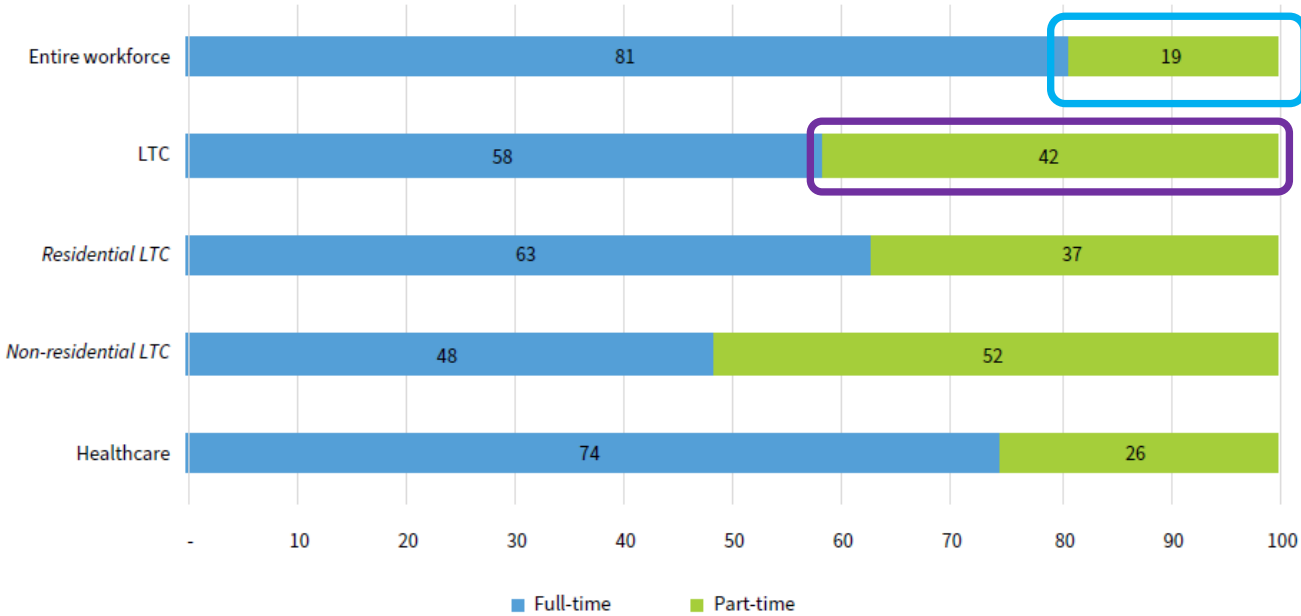
8 Member States (incl. LU, AT, NL): 100% covered by collective agreements; LU & NL: LTC-specific\*\*

Often outside data & agreements:

- domestic LTC workers\*\*

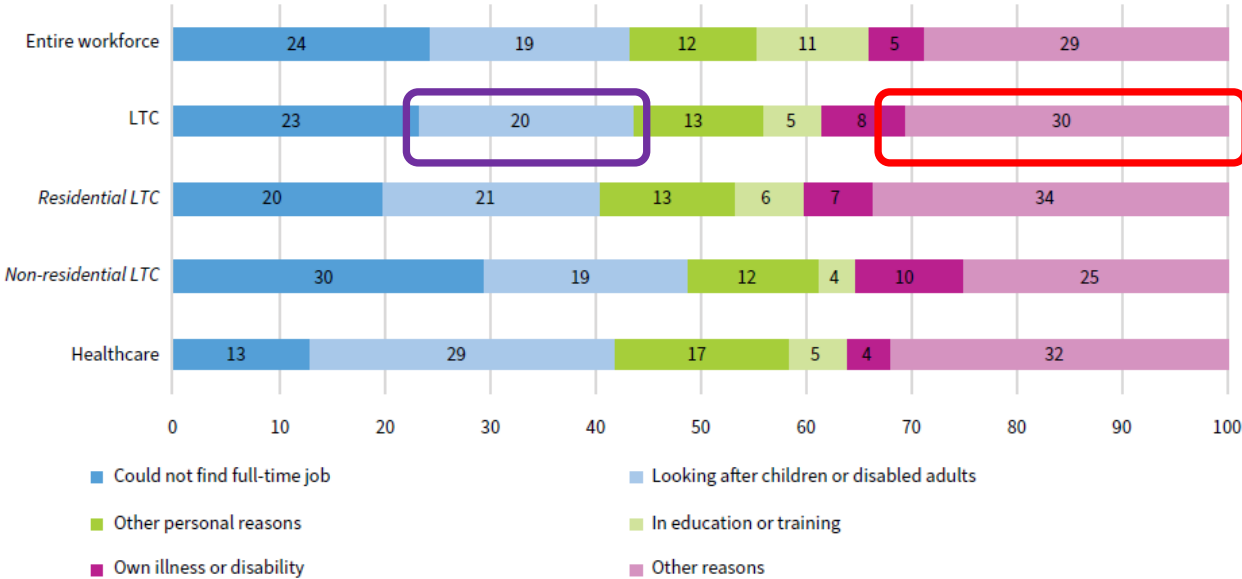
\*\*Eurofound (2020), *Long-term care workforce: employment and working conditions*, <https://www.eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions>

Figure 7: Full-time and part-time workers: LTC, healthcare and the entire workforce, EU27, 2019 (%)



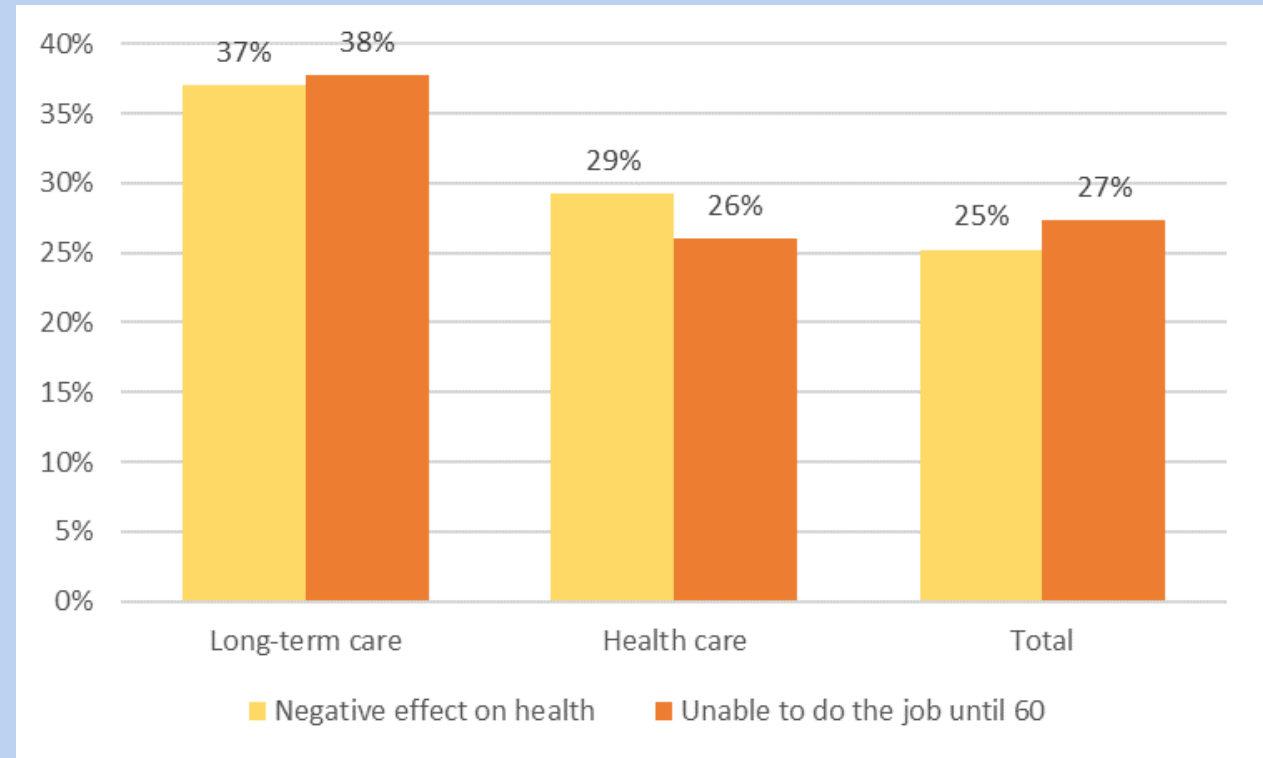
- Increasing working hours of part-time LTC workers
  - 42% works part-time, and 18-23% wants to work more hours
- But also:
  - 20%: Access to quality child and long-term care\*, enables informal carers to work (/work more hours)\*\*
  - However, 30% cannot because they expect work to be incompatible with their illness or disability
- Overall: ALL these measures have limited potential if...

Figure 9: Reasons for working part time: LTC, healthcare and the entire workforce, EU27, 2019 (%)



# Look beyond pay alone

- **Specific working conditions challenges:**
  - Little influence on working time, alternating shifts, short notice work
  - Emotional strain, exposure to adverse social behaviour at work (mental health challenges, in growing sector)
  - Lifting or moving people
  - Working with infectious materials, but less informed about health and safety
  - Pandemic: more workers indicate they want to leave the sector due to increases in these challenges\*
- **If not improving working conditions, limited potential of measures tapping into labour reservoirs, such as:**
  - Work beyond pension age (e.g. DE, during pandemic)\*
  - Increased hours
  - Informal carers whose caring activities cease





# Understaffing: a large problem that needs to be tackled

- Understaffing in the EU
  - Ageing societies: increased need (and relatively fewer people of working age)
    - E.g. IT: People who need help with at least one IADL: men 34% (0.4 million) women 21% (0.6 million); at least one ADL: men 37% (0.15 million), women 23% (0.25 million) (Buratta, 2018)\*
  - Long-term care (LTC) coverage gaps in many countries and areas\*\*
    - 7 Member States: 1.5% or less of workforce works in LTC\*
    - E.g. it has been argued that Spain needs 125,000 more nurses to provide LTC to the same standard as that in Member States with similar economies (COEH, 2019).\*
  - Ageing workforce
    - 38% of LTC workers is 50+, up from 28% a decade ago\*\*\*
- Better staffing is important for
  - access to, and quality of care, and thus quality of life for the population
  - addressing important working condition problems, preventing downward spiral

Sources: \*Eurofound (2020), *Long-term care workforce: employment and working conditions*, <https://www.eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions>

\*\*Eurofound (2020), *Access to care services: early childhood education and care, healthcare and long-term care*, <https://www.eurofound.europa.eu/publications/report/2020/access-to-care-services-early-childhood-education-and-care-healthcare-and-long-term-care>

\*\*\*Eurofound (2022), *COVID-19 and older people: impact on their lives, support and care*, <https://www.eurofound.europa.eu/publications/report/2022/covid-19-and-older-people-impact-on-their-lives-support-and-care>



# Where to look for LTC workers? (and examples of measures)

- Care workers who have retired or who will soon retire
  - DE: amount pensioners could earn without pension deductions raised from €6,300 to €46,600 in 2021\*
- Inactive or unemployed informal carers whose caring commitments have reduced or ceased
  - PL: programme to recruit 'ex-carers' by accrediting acquired skills
- Unemployed and economically inactive people or workers who face redundancy
  - NL: airline personnel during the pandemic (offered job guarantee, nursing training, and similar salary)
- New students
  - FR: a national communication campaign to change the perspectives on older people and LTC professions
- Migrant and mobile workers
  - DE: agency for skilled health and care professionals (help with visa, recognition of training)
- Men
  - campaigns aiming to tackle gender stereotypes of care work

# What needs to be improved?

## Essential to listen to workers, but some areas where action could be taken:

- Little influence on working time, alternating shifts, short notice work
- Emotional strain, exposure to adverse social behaviour at work (mental health challenges, in growing sector) (good that there is a separate session on this!)
- Lifting or moving people
- Working with infectious materials, but less informed about health and safety
- Pay in all Member States below national average pay
  - on average 21% lower
  - only in three Member States the difference is smaller than 10% (AT, NL, LU)
  - lowest paid: assistant nurses, carers & social carers

# Other issues...

- Migrants and mobile workers:
  - language issues limiting person-centred care
  - often no training requirements, explaining partly why migrants from outside the EU are over-represented among LTC workers (as e.g. compared to healthcare), and especially so in undeclared domestic care
- ‘Competition for staff’ challenges
  - with healthcare (mainly specialist nurses)
  - between countries (mostly post-communist and southern European countries vs others)
  - between areas (regions; rural – urban)
- Men: campaigns do not seem to work massively (% of women equals that of 10 years ago). Rather: stimulate gender equality more generally in society.\*
- Informal carers: may desire other career paths, and skills may not be suited

# How?

- Can be sought in enhancing public leverage of public funding spent (in procurement, and care allowances),
- but also for instance in raising the profile, for instance:
  - ‘elderly care take-off’ in Sweden could address several issues around staff shortages (including raising the profile of care workers).
  - New or existing staff can work part-time while studying to become care assistants or assistant nurses. They maintain their full salary (paid by the government) and have full-time job security on finishing the programme. While planned before the pandemic, the initiative received additional funding because of the pandemic and was implemented in early 2020.
  - Challenges:
    - some municipalities (85% signed up) did not meet the 2020 deadline, mainly failing to establish collaborations with training providers (schools).
    - the need to show quick results further stimulated municipalities to push for the quicker ‘care assistant’ route, resulting in shortages of assistant nurses.

# Concluding remark

- There is a vicious circle around large turn-over, with unfavourable working conditions leading to large turnover rates among care workers, leading in turn to lower worker representation and a lack of pressure to improve working conditions (Milos and Bergfeld, 2022\*)
- Other interlinked vicious circle around staffing levels (related to funding):
  - *‘Better staffing levels can reduce the need for short-notice work and, together with increased professionalisation, training and improved processes, can reduce the physical and mental health challenges of LTC. More time with service users, fewer administrative tasks, greater autonomy and increase professionalism can also contribute to better services.’\**
  - so high turn-over, shorter working lives, unattractiveness, so harder to fill gaps, reinforcing working condition challenges

# Thank you

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