



STRIVING FOR QUALITY IN SOCIAL SERVICES AND SOCIAL CARE

PROPOSAL FOR QUALITY ASSURANCE PRINCIPLES IN EUROPE



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ABOUT THE EUROPEAN SOCIAL NETWORK (ESN)

The European Social Network (ESN) is the independent network for local public social services in Europe. It brings together the organisations that plan, deliver, finance, manage, research, and regulate local public social services, including health, social welfare, employment, education and housing. We support the development of effective social policy and social care practice through the exchange of knowledge and expertise.

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ABOUT THIS PUBLICATION

This publication highlights key issues in quality of social services and social care across Europe, requests the European Commission to review its proposal for a quality framework in social services, and makes proposals for the implementation of this review.

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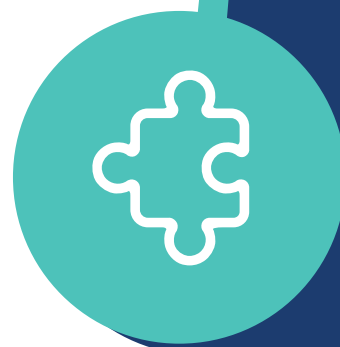
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INTRODUCTION

The quality of social services and social care matters because when a high standard of support is provided, it improves people's wellbeing by fostering greater independence. In fact, quality services can be transformative for individual users while also contributing positively to the economy by allowing families of people in care and support to be in employment. In addition, the social services and social care sectors contribute millions of jobs to the economies of countries in Europe.

Financial constraints have overshadowed social services policy and practice across much of Europe for the past 10 years. More importantly, it has been over 10 years since the EU member states agreed with the European Commission a voluntary framework for social services quality. During this time, focus switched to services availability for those people most in need of care and support. However, evidence over the years in services like early childcare, disability or long-term care tells us that quality is equally as important as availability.

Throughout 2019, the European Social Network (ESN) has been assessing quality in social services across several of its activities. In June, delegates from 35 countries met at our annual conference -the 27th European Social Services Conference (ESSC)- to debate what quality means for social services in practice. Attendees at the conference discussed how we might advance quality of care in the community so that the aim of care and social services is to improve people's quality of life.

In November, delegates at the annual seminar addressed the participation of people using services in planning, delivery and evaluation as an essential component of ensuring quality in care and social services. In December, ESN gathered social services leaders from across Europe who had submitted their contributions for the first ever European Social Services Awards that in 2019 focussed on quality. This publication refers to many of the comments from speakers and participants at these events.

There are a variety of approaches used by organisations to judge and improve the quality of the social interventions that they deliver. These may range from organisational assessments, quality certifications provided by independent agencies, care inspectorates quality inspections or care guidelines.

With this document, rather than attempting to rate such approaches, ESN requests that the European Commission starts a review of the current voluntary framework for social services quality. To do so, ESN makes proposals for core principles at European level for an effective system of quality assurance that provides a basis for continuing improvement in the field of quality in social services and care.



WHAT IS QUALITY IN SOCIAL SERVICES AND SOCIAL CARE?

High quality in social services and social care is an essential goal of public authorities. It is clear that achieving quality services begins with what matters most to the people who use them. However, a quality service also pays close attention to areas which may be invisible to people using services, yet are vital to a high standard of provision, such as the management of care interventions or workforce development. Quality of care and support has a number of dimensions and may mean different things depending on whether you are a person using social services, a service provider, a policy-maker, a director, or an inspector.

For people using social services, quality means ‘autonomy’. For example, Eva Liz Moen, a self-advocate from Norway, explained at the 27th ESSC that quality means the control that enables her to choose the personal assistance she needs to live and work as a citizen who happens to have a disability. Tara Flood, Strategic Lead for Coproduction at London Borough of Hammersmith and Fulham, explained at our 2019 seminar that “in order to ensure quality in social services, people using services had to be at the start and at the heart of planning, delivering and evaluating services”.



“What is important for me in terms of quality of care is that I decide who, what, where and when provides the personal assistance that I need”

Eva Liz Moen, self-advocate, Norway

For service providers, quality means putting in place the necessary elements to ensure that people using services continue ‘living their life like any other citizen who may not use services’. Eloy Van Hal, founder of the Hogeweyk concept of support for people with advanced dementia in the Netherlands, explained at our 2019 conference that quality involves organising services in a different way than in the past. This is a key leadership point in relation to quality since providers and directors alike are central to envisaging and implementing new approaches to service provision and be able to drive improvement.



“For us, quality means “organising care in small groups in a community setting, with person-centred services provided by a known small team, and not being confined to a nursing home”

Eloy van Hal, founder, Hogeweyk services for people with dementia, The Netherlands

For policy-makers, quality is linked to ensuring access to social services for people across their territory. Ana Lima, secretary of state of social services in Spain, explained at our conference that equality of access to social services remains an essential first step to guarantee quality.



“My ambition is to secure equality of access in a new national framework for social services across Spain”

Ana Lima, Secretary of State of Social Services, Spain

For social services directors, as with service users, quality is also seen in terms of improving individual autonomy. This means services should be interventions only for as long as needed, helping people to move from dependency to enabling them to live autonomous, fulfilled and happy lives. This does not need to be incompatible with cost containment, as it has been demonstrated from work in the UK that shorter and more focused interventions have promoted people's independence and autonomy while achieving an average 10% reduction in cost.



John Bolton, former social services director in the UK, stressed at the 27th European Social Services Conference that

“quality should not be about maintenance of people at a given level of dependency, but about working with them to move from dependency to rehabilitation, recovery and reablement”

Representatives from care inspectorates held a round table at ESN's 2019 conference, where they agreed that quality is not guaranteed just by simply complying with standards, that's to say ticking the right boxes. Instead, good regulation underpinned by personal outcomes-based standards should encourage continuing quality improvement.



According to Peter Macleod, chief executive of Scotland's Care Inspectorate, the individual should be able to say:

“I am experiencing high-quality care that is right for me”

To some up, a working definition of quality should balance three core components:



The individual experience of people receiving care and support, that is to say, their needs as well as their personal expectations and outcomes;



Services that implement recognised individual safety standards and regulations, ensuring that people are supported and kept safe;



Recognised processes that ensure the effectiveness of services including their value for money and the fulfilment of the outcomes for which they were designed.

WHO ARE QUALITY ASSURANCE PRINCIPLES FOR?

The primary responsibility for the quality of care, social and support services rests with the formal planners, regulators, providers and inspectors of such services. Therefore, Quality Assurance (QA) principles are primarily aimed at those professionals and organisations who are responsible for financing and regulating, commissioning, delivering or evaluating/inspecting care and social services.

However, traditional services are being increasingly replaced or complemented by more personalised service arrangements whereby individuals become 'commissioners' of their own social services. For instance, individuals assessed as being in need of support provided by public social services are increasingly securing their own personal budgets. These personal budgets allow them to purchase and organise their own service packages from the providers that they choose. This could potentially extend also to assessing the outcomes and satisfaction with the services they purchase.

In these increasingly diverse social services and care markets, financiers, providers, commissioners and regulators will need to identify how they assess the quality of such personal arrangements. There will be the need to come up with a framework that ensures high quality services for these individuals.

Therefore, establishing and continuously monitoring principles of quality assurance is desirable not only for formal regulators, commissioners and providers, but also for those individuals who are choosing their own care and social support services to help ensure they have a better understanding of what they need to look for in a quality service.



AREAS FOR IMPROVEMENT IN SOCIAL SERVICES QUALITY ACROSS EUROPE

Thanks to our work in the framework of ESN activities such as the European Semester Reference Group, we have identified a series of areas for improvement in the assessment of quality in social services and social care across Europe.

These include:

Significant regional differences

Regional differences within countries impact social services and social care quality. These may include variations between regions regarding services accessibility, coverage, services take-up, services coordination, levels of staffing, and funding.

For example, in Spain regions have exclusive powers in social services, hence they have their own legislations to regulate the resources, benefits, activities, programmes, objectives and facilities aimed at improving people's care. However, there is no national framework or coordination body and, as a result, people may effectively have different access to services depending on where they reside.

The situation is similar in Italy, where there are regional differences and difficulties in implementing adequate levels of social support. This may be due to the lack of a national framework defining minimum levels of social support throughout the whole country. In Germany, regional differences are in line with differences in living conditions in the regions.

In several countries, regional differences linked to socio-economic differences are an expression of the urban-rural divide. For instance, in Croatia, municipalities in rural areas have difficulty covering the real needs of the population and in many cases it is difficult to reach people in need living in rural or island communities. In Estonia, local authorities in remote areas face challenges in ensuring social services access, efficiency and quality due to a mismatch between budgetary resources and responsibilities at different levels of government.





Lack of adequate funding

Regional differences in social services and social care quality are closely connected to funding and resources. In Austria, there are remarkable differences in relation to the contributions made by the various agencies, depending on legal considerations across the nine federal states. In Spain, there is an agreement between national government, regions and municipalities for the financing of community social services (under the responsibility of municipalities). However, funding provided by the national government has been reduced by 60% since 2011.

In Croatia, there are major financing disparities between regions. For example, the City of Zagreb spends €80 per resident while other regions such as Krapina-Zagorje spend far less. Services also rely on unsustainable funding with unclear protocols in terms of announcing calls for local projects.

Workforce shortfalls

A central issue in improving the quality of social services and social care is the shortage of staff. It is difficult to recruit professionals in the social services and care sectors as data across Europe suggest. In some countries, for example Spain, a ratio of one social worker per 10,000 people makes it difficult to address needs beyond social emergencies. A further issue related to the workforce is that salary for social services professionals is usually low. For instance, in Slovakia the average worker's wage in 2017 was €1,035 per month compared to an average of €732 for social services professionals, and only €670 for social carers.

Other countries in Europe may have a well-trained workforce with adequate levels of pay overall. However, due to population ageing, they are facing recruitment problems. For instance, in Denmark, the latest 2019 analysis from the labour agency highlighted unsuccessful recruitment rates for the following social services related occupations, such as social and health service assistants (27%), nurses (21%), doctors (17%), and social workers (16%).

In Sweden, the trade union Vision highlighted in a recent report that over 50% of directors of social services point to difficulties in recruiting staff, with the most difficult area being team leaders in child protection services. Seventy-five per cent of directors point to a continued need to use agency staff, mainly in child protection and care assessments for older people and people with disabilities. All this leads to problems of continuity and development of competence within the organisation.

One of the most critical challenges for social services in the UK is workforce recruitment and retention. As in Sweden, in England, the most urgent area is children's services, with the National Audit Office reporting that 35% of social workers leave children's services within two years. Annual reporting from Skills for Care and Development, organisation responsible for workforce development in the UK, shows that the turnover rate in English adult social care services stands at 30%, and that 25% of staff are on zero-hour contracts. The issues in recruitment are evident in the vacancy rate of 8%, or around 110,000. With 8% of staff coming from the EU, the expected reduction in migration after Brexit is also likely to exacerbate recruitment problems.



Quality monitoring fit for purpose

Across Europe there are varying arrangements for monitoring quality in social services and social care. In most countries, there are agreed and well-known standards that providers need to abide by. In some countries, monitoring arrangements are decentralised while in others it is the responsibility of a specific department within the national government or a separate agency altogether. However, in many European countries, quality monitoring still relies on formal compliance rather than on improving the quality of care provided.

In Spain, the system is fully decentralised and there are no national quality standards. Quality inspection agencies in each region are responsible for the accreditation of service providers and for ensuring that they fulfil quality standards. There are independent companies like AENOR, the Spanish association for standardisation and certification, which certifies quality standards related to facilities, teams, commissioning, user information, human resources and management in integrated care, day and night care facilities, home care and telecare. In addition, regional authorities have also developed catalogues or maps of available social services as well as tools to gather data about people's access to services, such as joint social records tools.



In the Czech Republic, social service providers are subject to inspections from the Ministry of Labour and Social Affairs, making sure they fulfil the legal obligations of the Social Services Act. The National Social Care Providers Association (APSS CR) reported in our 2019 European Semester publication that in practice inspections emphasise formal compliance rather than the actual quality of the work done with clients. Similarly, in Austria professional supervision is limited to compliance with legal standards and minimum professional requirements in human resources management. In Croatia, there are social services guidelines that outline the 17 standards for quality social services as well as measures for determining compliance with them. Service providers need to carry out self-assessments and write improvement plans based on how well they do in comparison to the legal standards.

In Malta, a Social Care Standards Authority was set up by the 2018 Social Care Standards Authority Act. The Authority issues licences and provides improvement recommendations to service providers. It also uses data driven analytics to measure service quality. The data covers elements such as the views of service users, which is used to provide feedback to providers. In the UK, both England and Scotland have centrally agreed standards against which all health and social care providers are inspected. In England by the Care Quality Commission and in Scotland by the Care Inspectorate.

Care Quality Standards – In practice



Care standards in Scotland, which were introduced in 2018, were widely circulated at the 27th European Social Services Conference (ESSC) and prompted much discussion. The standards revolve around five human rights principles: dignity, compassion, inclusion, responsive care and wellbeing. These elements were evident in the numerous examples of good practice showcased at the conference, notably the Hogeweyk model of support for people with dementia, but also programmes including work with vulnerable families in Aalter, Belgium, with young people with complex needs in Haute-Garonne, France, and with older people at the end of life in Vienna, Austria.



WHAT ARE THE BUILDING BLOCKS OF QUALITY ASSURANCE?

The primary challenge for guaranteeing quality assurance is to ascertain whether a service meets the principles of good quality. There are a range of tools by which organisations judge and improve the quality of the social services they deliver. These tools may range from organisational assessments, quality certifications provided by independent agencies, care inspectorates quality inspections or care guidelines.

The overarching ambitions of quality-led social services must be to move beyond ‘think global, act local’ to ‘think local, act personal’. Henrik Eriksson, of the Chalmers University of Technology in Gothenburg, Sweden, told the audience at the 27th ESSC that one of the most high-quality services he had seen in any sector was a local alliance of statutory and voluntary bodies working with refugee children in Gothenburg. Phelim Quinn, chief executive of the care regulator for Ireland (HIQA), said at the conference that his agency was consulting on new guidance on human rights for social services and social care providers.

John Healy, of the Genio project in Ireland, which is working to enable people to leave long-term institutional care, reflected: “The voice that has been ignored for decades is often the most influential in the room.”

PERSON-CENTRED SERVICES

This should be the toolbox in which all other tools sit. Any Quality Assurance (QA) system needs to show how individual needs are addressed, responding to the present needs and the outcomes sought, as well as being sensitive to the cultural, ethnic and personal aspirations of individuals receiving care and support. All valid assessments of quality should include opportunities for co-production with those who have experience of the service or opportunities for their views to be heard.

Wherever possible and appropriate, commissioners and regulators should share with people receiving services information such as how they plan to comply with contractual obligations and any quality assessment conclusions. All parties should be free to express their concerns and aspirations for service improvement, based on their own responsibilities.

TRANSPARENCY

The individual and their carer, advocate or families have a right to know about the various aspects of quality of care and support; e.g. they should be able to see and understand the decision-making process. All assessments of quality based on a valid process should be published and open to scrutiny, e.g. through a complaint mechanism, surveys for people using services, and care inspections.




REGULATION




Regulation needs to progress from risk-based practice to quality improvement. Stelia Vasung, senior inspector with the national care regulator in Croatia, spoke at our 27th ESSC of “visible” improvement in the quality of services since the agency was established in 2004. Delegates were amused to hear how the regulator in England had popularised quality awareness by applying an informal ‘mum test’, encouraging inspectors to ask themselves if they would consider a service good enough for their own mother.

GOVERNANCE




In order to deliver and sustain a good service there must be effective governance. A well-governed service is clear about what it does, how it does it, and is accountable to its stakeholders. In these services, it is obvious who has overall executive accountability for the quality and safety of the service and there are clear lines of accountability at individual, team and service levels. Clear accountability is a fundamental requirement of ensuring a safe service.



Inspectors sometimes report on deficits in care that competent managers may be able to identify and remedy through assurance processes. In order to address these failures all providers can identify a ‘registered provider representative’. The person fulfilling this role would be required to have sufficient seniority and accountability within the service provider organisations. They should be able to provide clarification regarding the arrangements in place to assure compliance with legislation and national standards.


IMPACT OF SERVICE COMMISSIONING




Good commissioning should focus on outcomes that have been agreed with people who are going to use the service and include an assessment of the impact of commissioning on quality. Relationships between providers and commissioners should be collaborative and aim to improve quality, e.g. through understanding the wishes of people who use services, rather than simply purchasing what is currently available.

Commissioning should represent value for money and be proportionate to the services being provided. However, services should never be procured on cost alone, as evidence suggests that quality outcomes, particularly when benefits are also considered, are not achieved at a higher cost.

TECHNOLOGY AND DATA



IT offers huge opportunities to raise quality. Technology has the potential for application at every stage of the care and support system, from planning through delivery to evaluation. Technology may be used to facilitate various forms of services, including counselling, individual support, and case management. Technology may also be used to facilitate communication with clients, obtain information from clients, or provide information to clients. The collection, analysis and use of data can maximise the effectiveness of interventions. The use of digital technology in health and social care can improve quality, efficiency and the experience of people using services as well as supporting more integrated care.



Artificial intelligence (AI) based technologies are already changing the way we manage everyday tasks, including music streaming, smart navigation or personal assistance. Exploring AI-based technologies for its potential use in social services may include robotic process automation, machine learning, computer vision, speech recognition or natural language processing.

These may simplify eligibility verifications, automatise application processes and extend self-service or predict risk. However, there are issues to take into consideration in relation to algorithm reliability, judgements to be made, data and consent. Therefore, professional guidelines and codes of ethics should keep pace with the rate of change in technology and address issues related to consent, confidentiality and privacy.

WORKFORCE

Investment in the workforce is a primary tool and resource to ensure quality of social services. As ESN's 2017 report on investing in workforce concluded: "The essence of all social services is the human relationship between those who need support and those who provide it." This means embedding values and motivation in care workers and social services professionals, training in skills such as social diagnosis and case management, and improving recruitment and retention.

In our 2017 publication on investing in the social services workforce we also highlighted the need for mutual recognition of social work qualifications across the EU to support social workers to work in other member states and help address the recruitment gap that exists in many EU countries. As for social carers, their registration and establishment of a national system to recognise their qualifications and skills, and implement a code of practice for the profession should contribute to improving the quality of care.

Quality assessments should also include the workforce. For instance, leadership and management in developing front-line staff and whether there is active engagement in learning and development (supported by regular supervision and appraisal). It should also be part of the process assessing skills of staff, as well as their capabilities and capacities to facilitate the engagement of people using services throughout quality assurance, commissioning, training, and inspection.



HOW DO WE MEASURE QUALITY?

An effective QA system needs to start with the individual but it should also include a focus on people who use services in general. This is because good overall population outcomes in an area, such as healthy life expectancy, do not guarantee – and indeed might mask – poor quality individual or collective experiences of services. This may be the case, for example, of relatives who care for a person with complex health problems like Alzheimer's or dementia.

CLIENT SATISFACTION

Tadas Leoncikas, senior research manager at Eurofound, presented data at our 27th ESSC suggesting that satisfaction with social services across Europe was significantly lower than satisfaction with some other services, notably health, and had deteriorated since 2011. However, delegates questioned whether customer satisfaction was a good and complete gauge of quality.

Across the world, statisticians continue to wrestle with the puzzle of measuring life outcomes of people using services. But at the conference, presenters highlighted as key quality benchmarks the outcomes of people using services that have been previously agreed with them, or measuring improved progress of the person in gaining autonomy.

MEASURING IMPROVEMENT

In child's development, the 'Heckman curve' - which highlights that the highest rate of economic returns comes from the earliest investment in children - has been used to demonstrate an imperative for early intervention in improving protection of a child's welfare. Child protection reviews have identified the need to prevent 'drift and delay', where children in child protection are not supported early enough resulting in failure to protect them from continued neglect and poor planning in respect of their needs and future care.

In long-term care services, measuring improved progress is based on the expectation that the person will make some progress with the possibility that over time they will need less formal care and support, which in turn may deliver savings for the public purse.

This way of measuring quality challenges people using services to do more for themselves and may be counter-intuitive for many care workers who want to help people for as long as it is needed. Measuring quality progression also implies managing demand e.g. reducing the percentage who require longer term residential care.

Measuring progress in quality is like a journey and it is linked to the progressive models of care: from recovery through rehabilitation to reablement.



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MEASURING IMPROVEMENT

CHILD PROTECTION



Outcomes

- Emotional -build nurturing relationships
- Legal -legally secured permanent home
- Physical -minimum number of placement moves before the child or young person is in a stable and secure home



Services

- Adoption
- Home with parents
- Long-term foster care
- Kinship care



Measurements

- Children who become looked after have a recommendation for permanent home within 26 weeks



MEASURING IMPROVEMENT

OLDER PEOPLE'S CARE AT HOME



Outcomes

- Full or partial recovery: when older people can do more for themselves (less care delivered)
- Not increasing care: people can better manage their long-term conditions with less deterioration
- Preventing move to residential care: people can remain in their own home



Services

- Commissioning domiciliary care with payment-by-results on rehabilitation



Measurements

- Proportion of older people who are being helped to live at home who remain in their home long-term. Expected success figure at: 85%
- Proportion of older people who are discharged from hospital who recover so that they no longer need service or support. Expected success figure at: 70%



CONCLUDING REMARKS

WHERE DO WE GO FROM HERE?

It is almost a decade since EU member states agreed with the European Commission a voluntary framework for social services quality. As the new college of European Commissioners take on their roles, the European Social Network requests that the European Commission starts **a review of this framework**. As Katarina Ivankovic-Knezevic, the European Commission's director for social affairs, observed at the opening of the 27th ESSC, "quality of social services has come to be seen as being of equal importance to their availability and is something that runs through all 20 principles of the European Pillar of Social Rights".

A cross-cutting element across the 20 principles of the Pillar is the provision of support to different vulnerable population groups as suggested by ESN ahead of the adoption of the Pillar. Having a guarantee to care for those who need it is the first step to ensure quality in social services and social care. Including the **Care Guarantee** in **the review** would do that and complement other European initiatives like the Recommendation on Investing in Children, the Youth Guarantee, initiatives on long-term care and the European Disability Strategy.

But this review is about so much more. We are requesting a more proactive approach to improving quality of care that enables more people across Europe to exercise their rights to social care and support.

And the review would do much more:

- It would help update the overarching elements that should be included in any effective quality assurance schemes.
- It would help to agree a set of common current principles that would be useful to the organisations that develop and use quality assurance schemes, and the individuals that commission and purchase their own services, to have a better understanding of the characteristics they should be seeking in a quality service.
- It would provide a point of reference for comparing or developing quality assurance schemes in European countries.
- By focussing on the principles that underpin any robust quality assurance scheme, the review can help regulators across Europe assess the merits of different approaches to assuring quality.

ESN acknowledges that the social services quality framework developed by the European Commission in 2010 already recognises a series of key human rights quality principles.

However, the social services landscape in 2020 is not the same as it was 10 years ago. Therefore, ESN proposes that the review focuses on elements that have evolved or that would be beneficial for overall quality assurance in the current and future social services context.

PROPOSALS

TRANSPARENCY



- Ensuring the transparency of quality assurance schemes. For instance, the review could recommend to regulators that all assessments of quality are made publicly available for individuals, their carers, guardians, advocates or families. This may be done through different methods, which could include complaints mechanisms, surveys of people using services, or inspections.

GOVERNANCE



- Making accountability a fundamental requirement of ensuring a quality service. As public authorities commission services, they should request that service providers identify a 'requested provider representative' with enough seniority and accountability to be able to provide clarification regarding arrangements in place to ensure compliance with legislation and standards.

ASSESSMENT OF SERVICE COMMISSIONING



- Encouraging an assessment of the impact of service commissioning. This should include value for money but also an understanding of the wishes and the outcomes intended to be achieved for the persons who use the service, and that should have been previously agreed with them.

REGULATION



- Addressing gaps in professional accreditation. The Directive 2005/36/EC could be amended to include the social work profession as the academic qualification has already been harmonised through the Bologna Process. This would make it easier for employers and public authorities to recognise qualifications held by EU nationals. This, in turn, could help to address the recruitment gap that exists in many EU countries.



TECHNOLOGY AND DATA

- Suggesting technology standards of practice for social service professionals. The review could request that professional bodies include technology standards that outline the changing role of social services professionals in relation to technological advances. The general codes of ethics should keep pace with the rate of change in technology and ensure that guidelines also address issues related to consent, confidentiality and privacy.
- Exploring the potential of technological innovation to make care work more attractive. This could be done by investing in innovations that lead to improvement in social services or in digitalisation that improves the efficiency of documentation and care coordination between professionals and providers. For this to happen, it is crucial to invest in professional training and support and the development of new competences that help them use new technological solutions. Creating peer support programmes where social service professionals with technological and digital literacy can support their peers to gain that knowledge is also recommended.



WORKFORCE

- Improving staff-to-population ratios. In some countries, professional bodies recommend a specific ratio and having one social service professional, such as a social worker, in every school, health centre, hospital, prison and court, based on an assessment of population needs. In its review, the Commission could encourage member states to adopt a common European indicator of coverage.
- Thinking of new and alternative initiatives to recruit skilled social services workers. A suggestion from ESN national members, which the Commission could propose to national governments, is to create after-school jobs in care facilities to promote the profession to young people.
- Promoting registration of social care workers, which is now being implemented in several EU countries. This could be linked to training and career development opportunities and the recognition of practical skills and experience that are acquired in an informal context. This in turn would improve quality of care and therefore benefit care workers, their employers and service users.



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