



Employment in social care in Europe

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Introduction

Faced with the challenge of an ageing population in the European Union, there is growing concern about the supply of suitably qualified care workers. Low pay, low status, and high rates of turnover and burnout make it difficult to attract workers to the care sector and to keep them in their jobs. Meanwhile, given the enormous change in the structure and role of the family, demand for formal care services is on the increase: care work traditionally performed in the home must now be undertaken by the community.

In the light of concern about the supply of care workers to meet current demands and future needs, the European Foundation for the Improvement of Living and Working Conditions launched a project entitled 'Employment in social care in Europe'. The research is particularly pertinent in the context of the ageing population and workforce. The primary focus is on exploring ways to increase the quantity and quality of care workers for people who have health or similar dependency problems.

Examining current and projected labour supply problems in the European Union (EU) is important in a number of inter-related EU policy areas, such as the Lisbon Strategy and the European Employment Strategy; however, the care sector and the ageing society are not always viewed from this standpoint. Another policy area of particular relevance is equal opportunities, given that the social care sector is predominantly female; social protection policies are also of key importance, although such policies usually relate to the perspective of the care receiver rather than the care provider.

The Foundation's research contributes to the debate on Europe's ageing society and its effect on the social care provision system in different Member States. Information on the care workforce has been gathered from a total of 13 countries: six of the EU15 Member States – Finland, France, Germany, Greece, Italy and the UK; five of the new Member States (NMS) – the Czech Republic, Hungary, Lithuania, Poland and Slovenia; and the two acceding countries – Bulgaria and Romania. Phase 1 of the project, coordinated by Newidiam (UK), covered the six EU15 countries; Phase 2, coordinated by the Family, Child, Youth Association (Hungary), covered the five new Member States (NMS) and two acceding countries. Information was gathered in the form of national reports (available on request), The **consolidated report** consists of two main elements: first, a review of the measures introduced to improve labour supply in the care sector; second, case studies which illustrate emerging problems and demonstrate good practice in each country.

The main aims of the research are to:

- examine current and projected labour supply problems in the care sector;
- document measures to improve the quantity and quality of workers in the care sector;
- consider the scale and scope of worker mobility between domestic (home) and residential (nursing home) care, between child and adult care and between countries.

Finally, the research points to a number of policy strategies that should be developed to address the issue, such as improving the public image of care work, raising the qualification profile of care workers, increasing salary levels, attracting more migrants to the profession, achieving a better age and gender balance, and improving overall working conditions for care workers. By documenting good practice, it offers a range of practical responses to one of Europe's most pressing dilemmas.

Care in a European context

One problematic aspect of investigating the European care sector is its definition. The diversities and complexities of care are reflected in its range of providers, organisational settings, location and sources of funding. For the purposes of the research, care has been defined as ‘help that is provided for any person of any age with a dependent social care need, which hampers the person in some of his/her daily activities’. The term ‘carer’ refers to a person involved in the everyday delivery of services to the users, regardless of professional or educational qualifications. The focus of the research is on paid employment in a formal service provision setting, whether provided by public, private or voluntary sectors – this may include self-employment.

Although the social care sector has relatively low visibility in society, the ageing of Europe’s population is expected to have a major impact on demand for social care services, and it is predicted that nearly every household will eventually be using social care services of some kind. At the same time, the ageing of the working population will gradually lead to a contraction of the workforce. By 2030, the population of working age could be reduced to 280 million in the EU25 compared with the present 303 million. This has implications for the growth potential and sustainability of not only pensions and benefits, but even more so for that of social services for the elderly (European Commission, 2005).

Demographic changes go hand in hand with changing family structures. Moreover, the accelerating speed of the actual female employment rate may lead to a decreased ability among families to care for their dependent family members. These factors contribute to a growing demand for more formal care workers.

An initial examination of the European care sector from a supply perspective suggests a number of weaknesses, including relatively few young labour market entrants and the intensifying levels of staff turnover, often due to the lack of career prospects and poor working conditions. These problems are exacerbated by the poor perception and image of the sector as an employer that typically offers low rates of pay in part-time or short-term employment contracts.

Main findings of the research

Notwithstanding significant differences between the countries, especially between the 15 ‘old’ Member States (EU15) and the new Member States (NMS), some of the main findings arising from the case studies in the report show that:

- The care sector is economically very significant, offering job opportunities for a high proportion of the workforce.
- As the provision of care is both formal and informal, policy must address this dual approach.
- Many caring activities are undeclared, which jeopardises both the quality of care and the working conditions of many informal carers.
- The care sector workforce is ageing, creating a specific need for improved working conditions and new recruits. In terms of ageing, the NMS will, in time, experience the same problems as the old Member States.
- The care workforce is overwhelmingly female, often with low pay and underdeveloped career structures.
- Many initiatives in the public, private and voluntary sectors have been undertaken to promote labour supply in the care sector. The NMS and acceding countries have experienced huge policy and organisational change, with a push towards decentralisation.
- Quality assurance is one of the major stepping stones to improve the financial viability of care.

- In most EU15 Member States, demand for social care services exceeds the supply of resources available, particularly in terms of the labour supply. In some of the NMS and acceding countries, labour supply may exceed demand, but only in the short term. In the longer term, a pattern similar to that in the old Member States will emerge.
- Policies aimed at reducing the need for care are developed in many countries and are important for reducing pressure on the labour force.

Situation in the NMS and acceding countries

Although challenges related to labour supply in social care in the EU15 are comparable to those in the NMS and acceding countries, there are certain characteristics in the latter countries that reflect the particular socio-political changes experienced over the past 15 years. Such changes have led to the emergence of new provisions in the NMS and acceding countries, which are having a significant effect on labour supply in the social care sector. Tackling issues related to labour supply in these countries will involve enlarging of the social care services network and increasing training and qualifications levels in order to provide and enhance relevant services.

Some characteristics of the situation in the NMS and acceding countries are:

- the family has a stronger role;
- the population is ageing more slowly;
- the working conditions in the care sector are worse than in the EU15;
- the care sector has undergone considerable decentralisation;
- there are bigger regional differences and specific care problems in rural areas.

Deinstitutionalisation

The dominant 'medical' approach towards social policy during the communist era in these countries relied heavily on the institutionalisation of care receivers. Increasingly, many of the NMS and acceding countries are now facing the pressing challenges of deinstitutionalisation. Large-scale residential settings, which dominated the field of social care, are now being closed down, with a greater emphasis being placed on the personal needs of their inhabitants, notwithstanding some opposition to these changes. Deinstitutionalisation efforts are helping to raise the significance of social work and change its character in terms of having a more contemporary, community-based approach.

Decentralisation

The abolition of care institutions has led to the decentralisation of services and a greater focus on community-based care. Largely due to economic reasons, care services are increasingly being provided by NGOs delivering services on the basis of contracts with local councils. Examples of good practice outlined in the case studies include projects aimed at building the capacity of NGOs to deliver social services, by placing them at the centre of the service provision scheme and by training them to organise, manage and monitor the provision process. Nonetheless, the sustainability of NGOs is a serious problem in many of these countries, posing a serious threat to the continuity of service provision, both in terms of gaining customers' trust and developing human resources. However, initiatives such as the development of social enterprises are helping to ensure some degree of financial self-reliance among NGOs, which will allow them to pilot innovative social services to meet pressing community needs.

Networking and knowledge transfer

Since the fall of communism, international caring organisations have expanded eastwards, establishing branches or separate organisations, while religious organisations have regained their former importance, and private for-profit services have also become active in the field of social care. Being a member of an international organisation helps to spread the benefits of initiatives and transfer know-how to other countries. Good practice initiatives include a national network of home care centers, providing services to elderly, sick and disabled people, which has strong links with German and western European centres, and which aims to reach European standards in equipment, training of care staff, and delivery of services.

Strategic planning

Planning of social services is critical to securing accessibility. Since deinstitutionalisation, social services in some of the NMS and acceding countries have in recent years developed in an uneven way, with little guidance or planning. In response, there has been a greater move towards the strategic planning of social care services, involving the mapping of available resources and the balancing of supply with demand. Demands for new types of services are also beginning to emerge in many countries; organising assistance for individuals in these new user groups constitutes a new field of social services, which also requires greater strategic planning.

Lessons of good practice and policy implications

For each of the countries examined in the study, the researchers selected a number of case study examples, which together describe a wide variety of innovative initiatives aimed at improving labour supply in the social care sector. In this way, the researchers were able to draw common lines, similarities and emerging trends in relation to how different countries deal with problems of labour supply in the care sector.

While care provision has been steadily growing in western Europe in the last 20 to 30 years, attention has not been fully paid to the employment opportunities of this sector. Almost one fifth of jobs created across the EU between 1995 and 2001 occurred in the health and social services sectors, which today amounts to almost 10% of the total workforce (European Commission, 2004; Cameron, 2002). However, care provision has remained an almost hidden feature of European, national and regional labour markets. Despite strong figures in terms of job creation, the care sector has weaknesses relating to both labour supply and demand. The research group has found that demand for social care services exceeds the supply of resources available to provide them, particularly in terms of the supply of labour and financial supports afforded to the sector in different countries. The following SWOT (strengths, weaknesses, opportunities, threats) analysis provides an overview of major issues affecting labour supply and demand in the care sector.

SWOT analysis of labour supply in care services

Strengths	Opportunities
<ul style="list-style-type: none"> ▪ multiple service providers, constant innovation in level and types of services offered; ▪ new types of provision constantly developed in response to new needs; ▪ increasing development of user organisations for demand-driven services; ▪ national monitoring of quality of services developing in many Member States; ▪ care sector well regulated across the EU; ▪ social and health rights increasingly important in every Member State; ▪ steady development of home-based and community services requiring less financial resources. 	<ul style="list-style-type: none"> ▪ rich potential for employment development; ▪ immigrants could balance out labour shortages; ▪ transforming undeclared work into regular employment and equal opportunities for men and women, and better working conditions, could increase labour supply; ▪ broadening participation in, and supply of, education and training; ▪ safeguarding equality and social justice in access to care services; ▪ encouraging competition and promoting economic viability of care services; ▪ respite care a growth area in the EU care industry; ▪ building comprehensive active ageing strategies could help the sector; ▪ EU and national governments could encourage NGOs to develop services and individuals to volunteer in care-giving; ▪ developing more effective mutual learning strategies by building up reform partnerships.
Weaknesses	Threats
<ul style="list-style-type: none"> ▪ low profile of the sector within national and EU labour policies; low public image; ▪ lack of career opportunities; ▪ high levels of undeclared work undermining quality of care; ▪ existing shortage of care workers; ▪ lack of sustainable financial support for new services and initiatives; ▪ wide variation in services offered across the EU; ▪ urban–rural divide in accessibility to services; ▪ lack of protection from abuse for service users; ▪ sectoral research inadequate; lack of comparable statistical data, in-depth information and evaluation. 	<ul style="list-style-type: none"> ▪ ageing society resulting in extensive increase in labour supply; ▪ flow of skilled labour could jeopardise care services in immigrants’ country of origin; ▪ social dumping could reduce advanced levels of care provision; ▪ lack of resources, state financial support and private means for good quality services; ▪ large geographical and income differences in personal care insurance measures; ▪ increasing female labour market participation impacting negatively on care-giving within families; ▪ higher professional care standards may put off volunteers and hinder informal care provision; ▪ lack of financial support may hinder new initiatives.

In an attempt to address opportunities and anticipate threats in the sector, the report outlines a number of key recommendations for consideration, aimed at increasing labour supply and formal employment in the care sector. Measures to improve labour supply can be divided into two main categories: factors that directly affect labour supply and factors regarding the needs of users. Factors directly affecting labour supply can be driven by economic or social changes and include the field of job creation, retention of the workforce, formalising and/or supporting informal care activities, as well as introducing new kinds of provisions. Labour supply in social care is also affected by the needs of the users. Assuring quality of care and empowering users can strengthen trust in services and personalise them, as well as helping to create jobs for new, better qualified people in the care sector.

Expanding job opportunities

Job creation initiatives aimed at the care sector are an essential part of meeting the increasing demand for care services and workers, in a sector that is seen as a key area for employment growth over the next twenty years. Potential labour pools for the care sector can be found among people with different demographical and socio-economical backgrounds. The case studies outlined several initiatives to attract new employees to the sector from a variety of backgrounds, e.g. young graduates, disadvantaged groups, older workers, migrants and male workers.

Raising the profile and professional status of the sector is particularly important in attracting new graduates to the sector and in encouraging young people to consider the caring profession as a career option. In national and EU employment strategies, specific targeting of those with poor job prospects, such as the unemployed, young job seekers and those returning to the labour market, may encourage them to work in the social care sector. Training and retraining initiatives, and incentives such as free childcare and transport, could supplement such efforts.

There is also a need to create a more age-balanced workforce by attracting young people into the sector, while at the same time enabling experienced older workers to remain in employment for longer. Moreover, increasing geographical and occupational mobility between countries offers the potential to alleviate imbalances between demand for and supply of care services. Standardising qualifications across countries, reducing cultural differences and introducing efforts to improve the image of migrant workers are all examples of good practice in this respect. Moving towards a more gender-balanced division of caring and the care workforce, by attracting more men into the sector, could enhance the status of caring both in the family and in employment. EU-wide equal opportunities policies could consider the social care sector as an important field of action.

Better working conditions

More favourable working conditions and pay will contribute to the attractiveness of the sector. As well as improving pay levels, policymakers need to address other aspects of social care employment that can put off potential recruits, such as:

- physical and emotional stress;
- irregular working hours;
- the heavy reliance on part-time and short-term contracts;
- geographical and professional isolation;
- the lack of a clearly defined career path.

Involving care workers in the organisation and design of their work routines could help to identify problems and reduce the high staff turnover. Vocational training is also needed to address the issue of dealing with physically demanding working conditions.

Training and skills

Increasing professional levels and training could contribute to making the sector a more attractive place to work, while improving the quality of services; however, policymakers should be careful not to set the professional requirements too high, as this could put potential workers off from entering the sector. Developing lifelong learning and on-the-job training should be another priority area. The EU could assist the development of human resource management strategies for workers through support for practical education, establishment of career paths, and by enabling supervision and monitoring of workers. Closely linked to investment in human capital and training is the issue of accreditation. National qualification programmes and accreditation for care workers could be implemented in the Member States. An inclusive approach to accreditation should aim to improve confidence in qualifications for care workers and to encourage those at all levels of the sector to be involved.

Support for informal carers

Care work carried out by family members, non-kin carers or volunteers needs to be better appreciated. Establishing formal services for informal carers – in particular, respite services – could be one way of assisting their work, as well as boosting formal employment. Without the continuing work of informal carers, many care receivers would face institutionalisation, increasing the burden on the EU care sector and further compounding labour supply shortages. Policymakers and social partners could support informal carers by developing more family-friendly employment policies, allowing employees to take time off to care for their relatives.

EU employment policies could also encourage further formalisation of the undeclared work sector, through supporting state initiatives such as tax breaks, and through recognising and approving the importance of new services. Adopting financial reforms and securing equality of treatment for various client groups (the elderly, children, people at risk, etc), forms of service provision (home and residential care) and service providers (public and non-governmental) could help to decrease the level of undeclared work in the sector. Recognising relevant qualifications held by migrants from other countries could help to reduce the degree to which many migrant workers are driven towards undeclared work. So, too, could minimising cultural clashes between immigrant care providers and care receivers.

Services at regional level

Over the past 20 years, there have been considerable changes in the way social care services are organised, regulated and delivered. The ability to effectively meet the needs of the community has led to a general shift, by governments in most EU countries, away from the role of 'care provider' to the role of 'care purchaser'. This has created an internal market where local authorities have become responsible for setting up and monitoring 'care packages'. Delivering care services at local level is an important aspect of identifying and developing demand for labour and providing the services required, specifically tailored to the care needs of the community. An expanded role for the 'third sector', i.e. all non-profit organisations as well as socially driven cooperatives, is also viewed as a promising source of new jobs in the coming years.

Government subsidies and financial support are important ingredients for the further development of social services. One of the main barriers to accessing quality social care arises from regional imbalances. Thus, regional and locally-targeted initiatives are crucial for identifying and meeting demand. Social provision in rural areas, according to the case studies, is less developed than in urban areas. EU and national governments could therefore focus their resources on support for developing and maintaining services in rural areas. The European Regional Development Fund and national regional development funds could provide further support in this respect. Collection of care provision statistics at European level could be broken down to regional level statistics.

Supporting healthy competition among providers may lead to better services and increased consumer focus. The reverse side of this, however, is that as care receivers become service buyers, those without the necessary income will be further isolated by their inability to pay for care. Thus, state regulation needs to balance social inclusion with policies aimed at stimulating entrepreneurship and the involvement of the private sector. Entrepreneurship may be encouraged through the promotion of partnerships between the public, private and third sector and the introduction of incentives to encourage the further externalisation of services.

The case studies highlight the importance of knowledge transfers in the European care sector. However, knowledge transfer requires adaptation to local circumstances and not just replication of certain innovative methods. There is a need for continuous facilitation and support of exchange of experiences and practices at the EU level. For example, an exchange programme for social care workers in the EU could help dissemination of new initiatives and personalised knowledge transfer.

Enhanced public image

Improving the public image of the care sector is crucial if it is to develop better services and attract new entrants to the workforce. Often, the media and other opinion-forming channels portray the sector as one that imposes a financial burden on societies. Moreover, employment in the sector is often presented as poorly paid, menial and monotonous. Another problem relates to the perceived lack of good quality services, which can deter people from seeking professional help.

The image of the social profession could be improved, for example, through public campaigns, by encouraging young university graduates to enter into the sector and by dispelling the perception of social care work as being an inherently female function involving the provision of care for passive and helpless individuals. The portrayal of workers as flexible

and multi-skilled employees could also contribute to public confidence in the services they provide. Promoting equal opportunities for men and women in the care sector – which is at the core of EU strategies in many fields – could also boost its public image and employment interest in the sector.

Delivering quality care

Withdrawal of direct service provision by the state has raised some concerns about the quality of care. How to achieve a desired standard of care across many different service providers, who are increasingly managed by independent agencies rather than local authorities, is one of the most pertinent questions at present in the care sector. The introduction of quality measurement systems in the care sector can have many positive effects. An independent classification system helps to guide users, increasing their confidence in using the social provision system. From the provider's perspective, quality measurements create an atmosphere of competition, challenging old-fashioned, routine services and encouraging improvement and innovation.

The EU 'open method of coordination' applied in the field of long-term care has 'high quality of care' as one of its three main objectives. It is important that this objective should be supported at all levels of administration, from EU to municipal level. The EU could support national strategies for high-quality social care through better utilising its policy measure of open coordination. Governments could set quality assurance standards and monitor their implementation and delivery. Public administration at local level and providers of effective social care could be better acquainted with quality issues through the support of national and EU policy administration.

User-oriented approach

Empowerment of care receivers enables them to purchase their own care and can potentially influence the quality of care, as low standard care services would simply not be 'bought'. Ultimately, there is a need to transform the supply-driven organisation of services to demand-driven approaches. Member States could promote this transformation by supporting direct payment/personal budget schemes and other forms of user empowerment. EU programmes in the fields of employment and social policy could incorporate 'customer empowerment' as a policy statement and as an indicator for success in policy evaluation.

Personal assistance initiatives for disabled people, based on the principles and values of independent living, are a relatively new form of intervention. The service represents an important paradigm shift, as it is the environment and not the person that becomes the target of the intervention. The challenge for EU Member States is to find viable ways of supporting this development. As well as improving users' quality of life, such schemes also appear to have a marked positive effect on labour supply in care services, by creating new employment possibilities and attracting employees from groups that are otherwise excluded from the labour market and in particular from the care labour market.

New technology

Technological advancement in care and the substitution of human resources using modern information and communication technologies can help maintain the equilibrium between demand versus supply. An alternative to institutionalisation, for example, is made possible by providing care receivers with a home alert mechanism, which uses voice and electronic communication.

Technological advancement is a core value of the revised Lisbon Strategy. Wider European Commission (methodological, promotional, financial) support for quicker and smoother emergency care development, in partnership with global telecommunication operators, would offer one possible solution to help tackle the ageing issue. Individual Member States could also look increasingly at new technologies and initiatives that encourage further independent living among the elderly and that reduce the physical workload of social care workers.

Conclusion

Europe's ageing population and workforce makes the European social model vulnerable. Increasingly, the viability of social care services depends on Member States and EU policymakers responding swiftly to the challenges of ageing.

The growth of the ageing population will mean that a growing share of the population will need social care services in the future. The proliferation of social services and demand for more personalised care services are also adding to the growing demand for care workers. Moreover, the changing role of the family means that communities will increasingly have to help families fulfil their caring responsibilities and intervene in cases of family breakdown. Provision of care not only involves labour supply issues, it also places a heavy financial burden on families and on local and national budgets. In a harsher economic environment, the financial sustainability of such services is also at stake.

Based on the innovative practices outlined in the report, a number of conclusions can be made in relation to the care sector in the EU. First, improving the supply of care workers in the sector will be one of the major challenges in the near future. There is a growing need to attract new university graduates and for this purpose, the profile of care work qualifications should be raised. At lower labour levels, access by disadvantaged groups, the unemployed, mid-career females returning to the labour market, and the elderly should be enhanced. The sector is projected to attract high levels of migrant workers, both within and from outside the EU. Specific measures to credit existing skills, e.g. EU-wide qualifications and accreditations as well as language training could enhance this objective. The social care sector could be an important area for active labour market policies.

Targeting high turnover and early burnout of care workers will be another major challenge, not only to help attract new entrants to the labour force, but also to ensure higher work satisfaction throughout the entire career path. In response, vocational on-the-job training and lifelong learning should be introduced. Effective supervision and good human resource management could alleviate career abandonment. Acquiring up-to-date competencies, in line with the changing care culture and requirements, could have a major bearing on the quality of care work.

National policymakers need to develop strategies to reduce the financial burden on their social provision systems. In line with the overall need for more personalised services, the move to more informal care provision seems inevitable. Thus, supporting informal care either through financial incentives or through support services will be one of the major challenges in the coming years.

Bibliography

Byford, S. and Sefton, T., 'Economic evaluation of complex health and social care interventions', *National Institute Economic Review*, no. 186, 2003.

Cameron, C., Mooney, A. and Moss, P., 'The childcare workforce: Current conditions and future directions', *Critical Social Policy*, Vol. 22, No. 4, 2002, pp. 572–95.

European Commission, Report from the High Level Group chaired by Wim Kok, *Facing the challenge: The Lisbon strategy for growth and employment*, Luxembourg, Office for Official Publications of the European Commission, November 2004.

European Commission, Directorate-General for Employment and Social Affairs, Green Paper, *Confronting demographic change – a new solidarity between the generations*, Luxembourg, Office for Official Publications of the European Communities, 2005.

EF/06/50/EN