

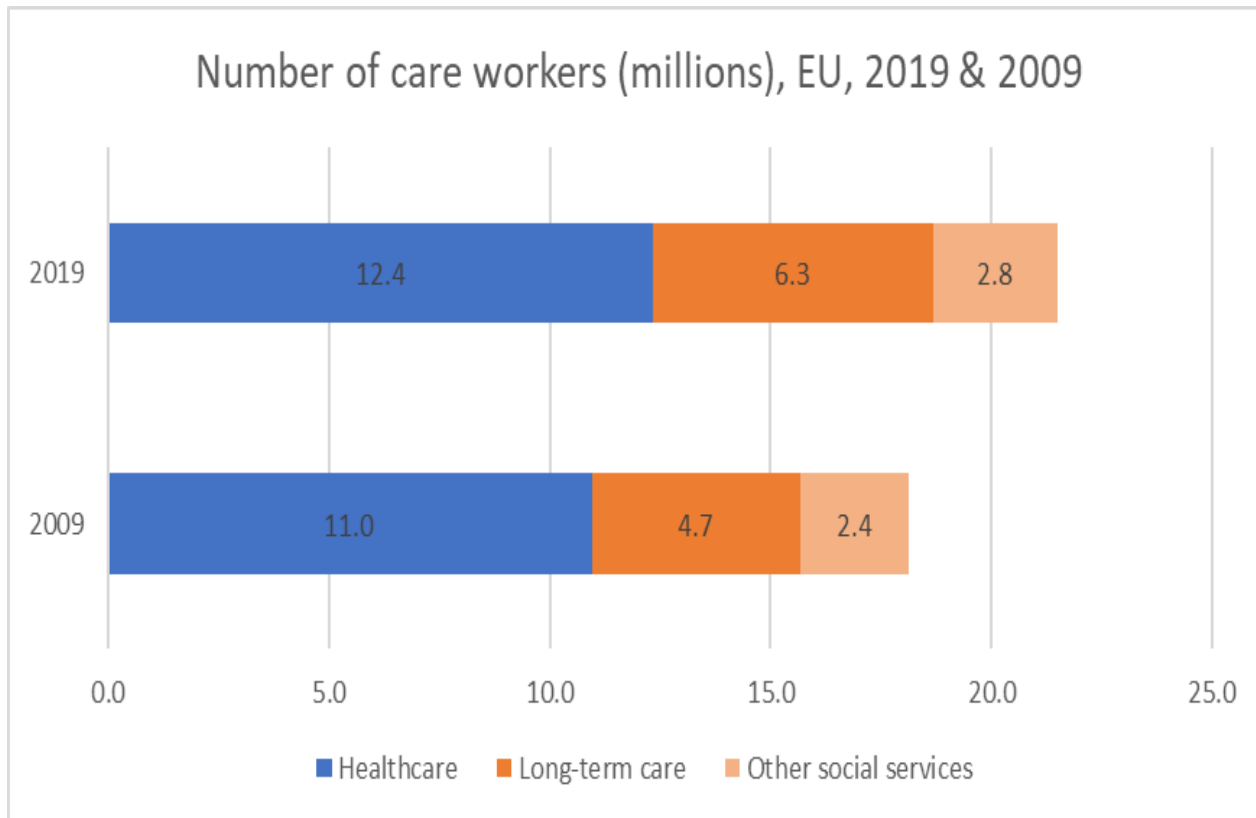
The present and the future of the long-term care workforce

Panel discussion: How do we attract and retain carers with the right skills?
High-Level meeting on active and autonomous ageing – Sweden2023.eu

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Care workforce



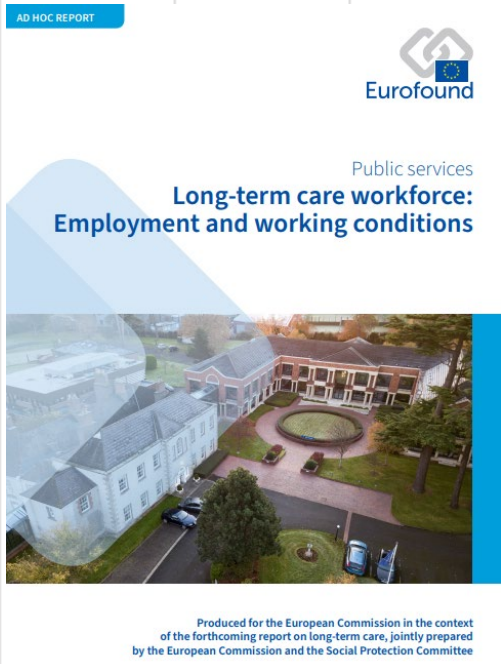
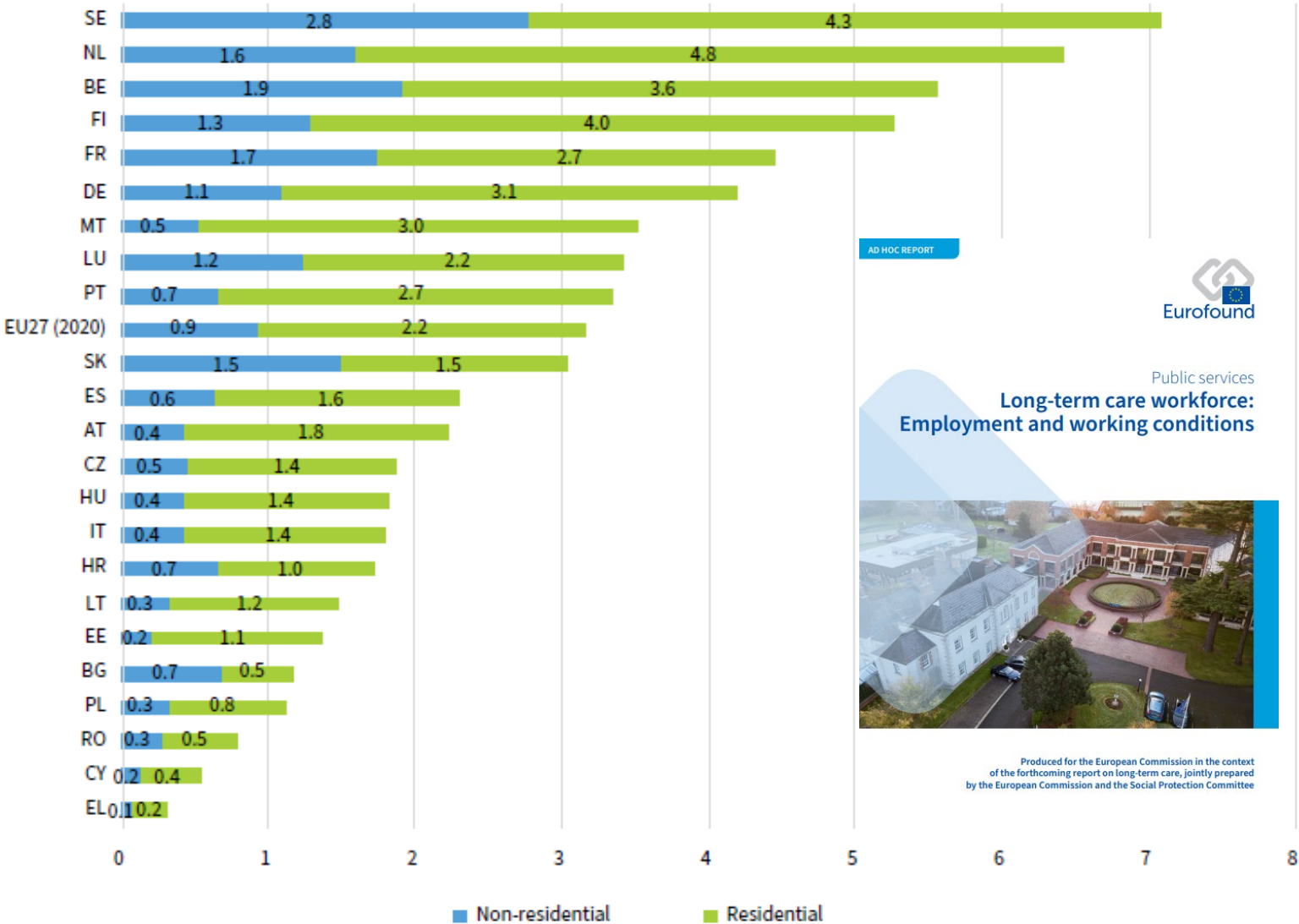
- Large and growing
 - **By 18% in a decade** (from 13% in healthcare to **33% LTC**)
- Largely female (stable)
 - 75% healthcare, **81% LTC**, 84% childcare*
- Older and ageing workforce**
 - 36.7% (healthcare) and **37.9% (LTC) aged 50+** (33.2% all workers)
 - **Up by 7.4 (healthcare) and 9.8%-points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



Specific features of care sector:

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

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

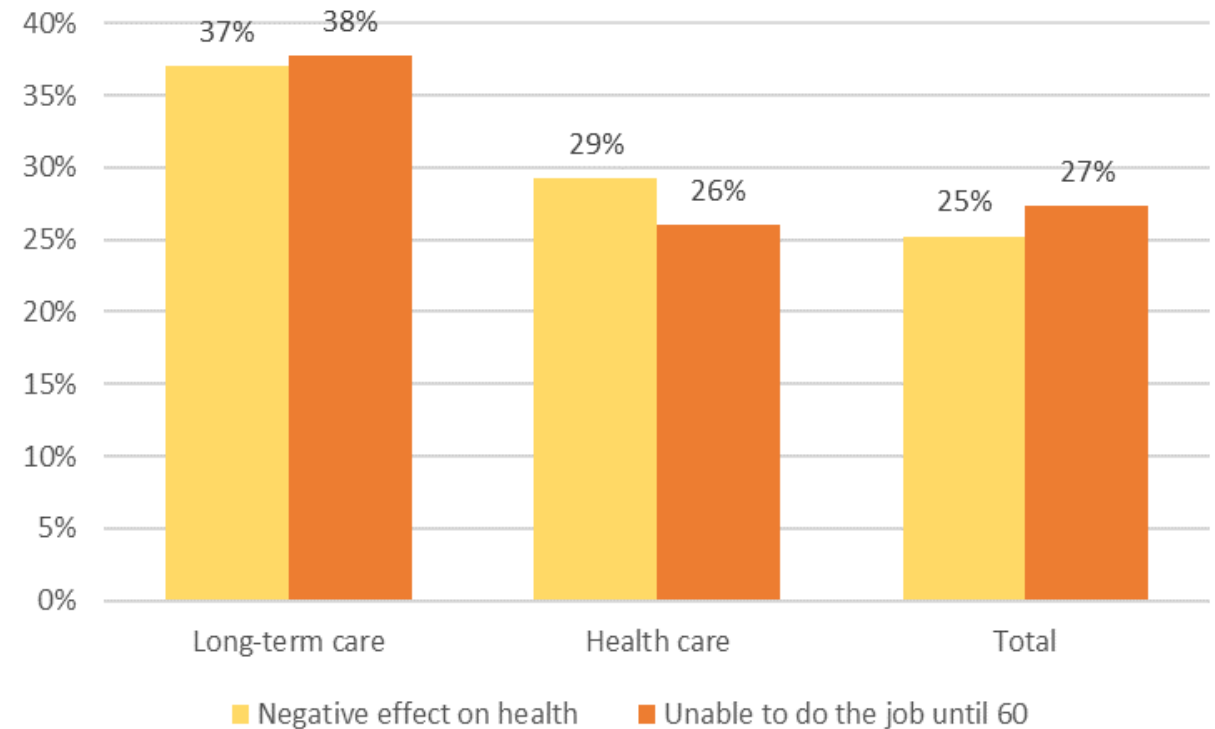
Eurofound (2020), *Long-term care workforce: employment and working conditions*, <https://www.eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions>; Figures based on 2019 Labour Force Survey (LFS) & 2016 European Quality of Life Survey (EQLS)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

Working conditions: pay and beyond

- **Pay: In the EU, social service workers earn 21% below average (but less than 10% in LU, AT & NL)**
 - (Social) carers, assistant nurses & domestic carers (better: specialised nurses, social workers, therapists)
 - Pay often near minimum wage, and sensitive to it.
 - 8 Member States: 100% covered by collective agreements (LU & NL: LTC-specific); domestic LTC workers often outside data/agreements
- **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)
 - 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



Home care

- **Policy emphasis on enabling longer lives at home.** European Pillar of Social Rights: ‘in particular home-care and community-based services’. Pandemic: accelerate move to home care
 - Pockets of more precarious forms of self-employment (low in LTC overall)/platform work.
 - **Work environment hard to regulate/control.** Training, technology & better staffing.
- **Domestic care: concentration of undeclared work; working conditions & care quality issues**
 - ILO 2011 ‘Domestic Workers Convention’ ratification (& implementation!)
- **Live-in care: large working conditions challenges.**
 - **Increasing in lower-income Member States** with ageing population and growing incomes, and risk Ukrainian refugees end up in unregulated live-in care work
 - **Regularise** (AT, IT collective agreement & pandemic support measure*, CY/MT residence permit procedure),
 - **but rarely necessary if access to flexible, high-quality LTC, with public support restricted to declared care.**

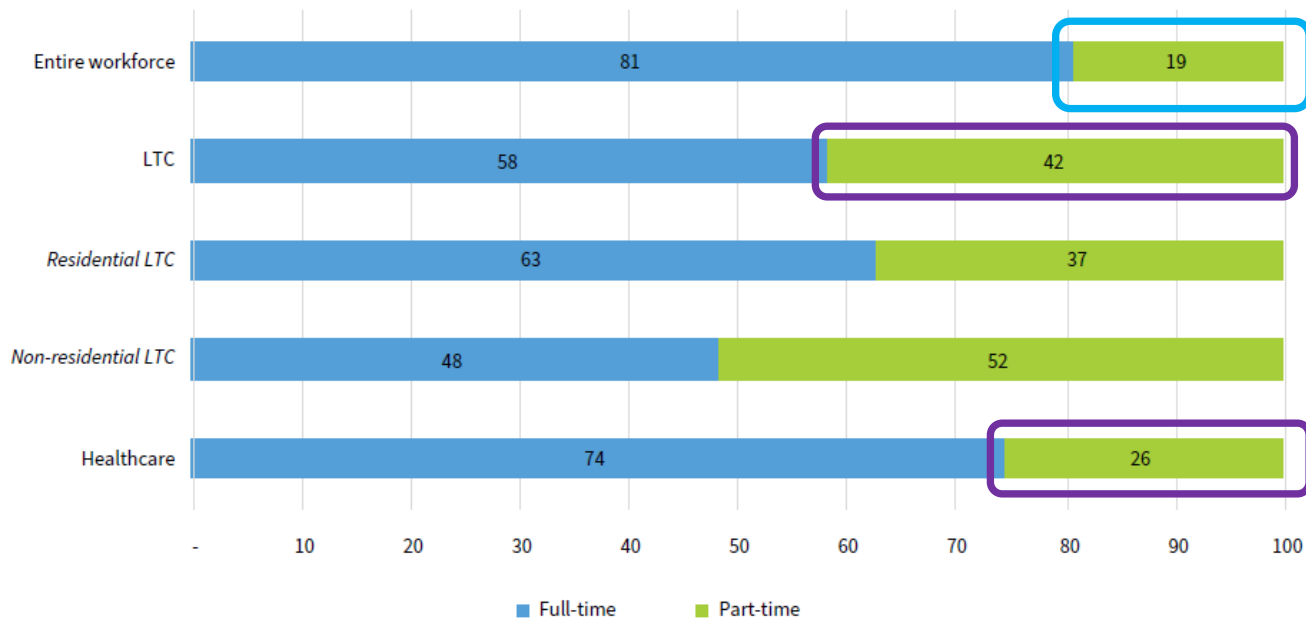
RESEARCH REPORT



Living conditions and quality of life
COVID-19 and older people:
Impact on their lives, support and care



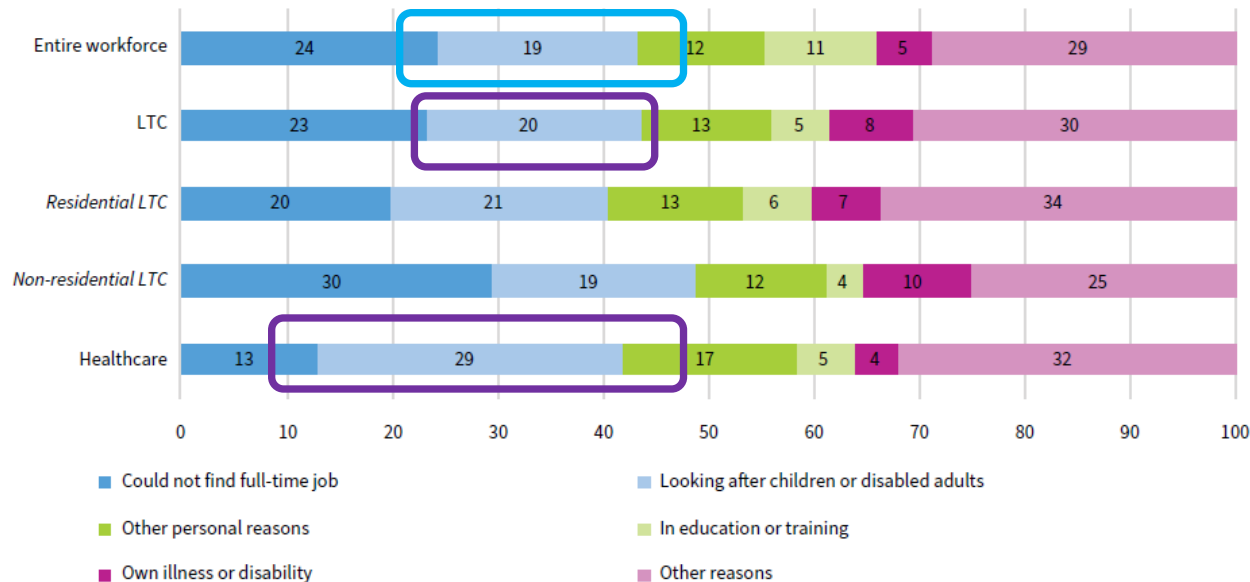
Figure 7: Full-time and part-time workers: LTC, healthcare and the entire workforce, EU27, 2019 (%)



- Addressing labour shortages is related to interlinkages between care sectors*:

- LTC can alleviate healthcare: e.g. people can move from hospital to home setting if good home care available
- Access to quality child and long-term care enables informal carers to work (work more hours)
- ‘Competition’ for staff (mainly nurses)

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



Attracting and retaining workforce

- **Improve working conditions**
 - **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
 - **In a sector with large public funding, but much privately provided: use public leverage effectively to improve working conditions (through requirements in public procurement & care allowance use)**
 - Malta included conditions in its tenders for private providers (and subcontractors) of government services (including LTC): obligation to specify minimum hourly worker costs, ban using bogus self-employed workers, providing workers with detailed payslips, paying wages to employees' bank accounts, excluding companies from tendering for 5 years if found guilty of precarious employment and mandating hourly rates for private contractors to apply.
- **Policies to improve education and training** (Increasing capacity of existing programmes, establishing new programmes, mentorships/traineeships, vocational training) – with professionalisation contributing to improving standing of the sector & quality of care
- Other measures are also being taken, such as
 - **Initiatives to reduce barriers for employment** (Proactive recruitment, reducing language barriers)
 - E.g. work-to-work arrangements for flight attendant and food/beverage sector workers who were made redundant during the pandemic (NL)
 - **Information campaigns** (LTC promotion and information campaigns & Addressing stereotypes about LTC users and LTC work)
 - E.g. some countries have launched campaigns to promote and inform about care (Belgium, Denmark, the Netherlands) and nursing (Malta) professions.

Skills context

No harmonised approach across the EU

- **Personal care workers** : no requirements to dedicated training course
- **Nurses in the LTC sector** : technical degree, intermediate vocational training, bachelors degree

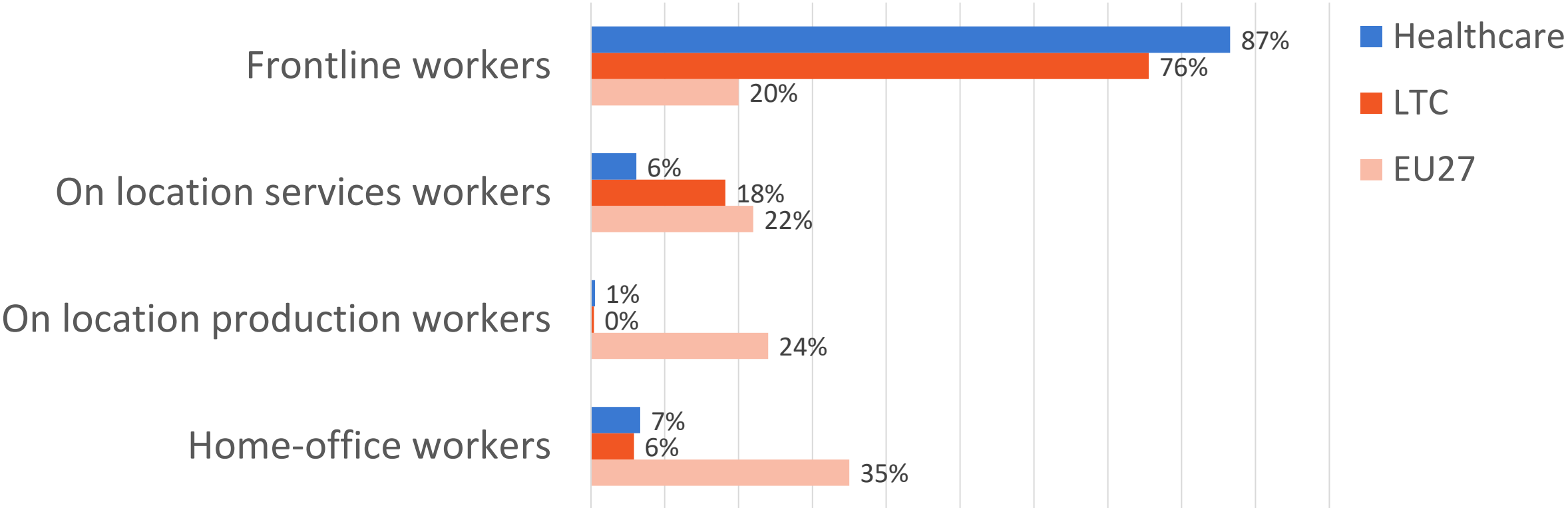
Lower skilled workers delivering complex tasks beyond washing, lifting and feeding - health condition monitoring, implementation of care plans, maintaining records of health status and response to treatment. Communication in often difficult situations. Increased use of IT

Need a better match between skills, tasks and job roles.

Skills context

- Almost three-fifths (**58%**) of **LTC workers received training paid for or provided by their employer**, equal to the proportion in healthcare, and well above the EU average (38%).
- Nonetheless, 24% of LTC workers felt that they '**need further training to cope well with duties**' (22% in healthcare, 15% overall). Younger people were overrepresented in this category, as were those who mostly provide direct care (compared with those in support professions).
- Again, using public leverage:
 - Austria: a live-in carer needs to have completed – as a minimum – a home help course in order for the user to be entitled to a subsidy.
 - Denmark: In the elderly care procured and provided publicly (122,000 people above the age of 65 receive practical assistance and personal care in private homes), personal carers are required to have at least a 2.5-year degree in social and health care assistance (Mailand and Larsen, 2020).
 - Sweden: 'elderly care take-off' facilitating reduced working hours for upskilling
- One of the reflections in healthcare after COVID: even when it was possible to deploy certain numbers of extra workers to help in crisis, it was too challenging to have time and arrangements for training them so they could take on the functions in need

Technology – the potential and the limitations



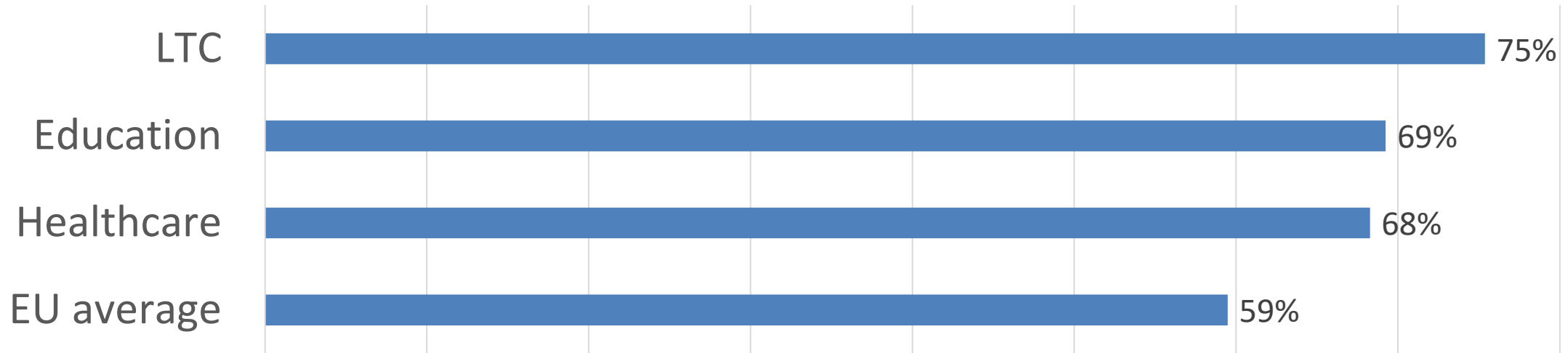
Source: EWCTs 2021

Technology – the potential and the limitations

- Practices in the sector:
 - Distance-spanning solutions (e.g. camera oversight at night SE – with ethical dilemmas), and tools to help lift people
 - Self-medication/monitoring: seem particularly useful, as in the case for LTC users with diabetes (in practice home care workers were helping).
 - Shift to e-healthcare – important to both health and care recipients (beyond prescriptions!)
 - Phone follow-up: Homecare visits for people with lower needs were replaced by phone calls during the pandemic, but quality can be questioned. NB contact with care-users but also with informal carers
- Pandemic: increased funding for e-long-term care.
 - the Netherlands: in 2020, added €23 million to its Incentive Scheme for E-health at Home (Stimuleringsregeling E-health Thuis) to finance digital technologies for providing care from a distance, targeting local care teams, psychological support professionals and hospitals. Later, €77 million was added (€53.7 million for district nursing and €23.3 million for primary care, mental health organisations and Social Support Act care providers).
 - Swedish Association of Local Authorities and Regions to strengthen digitalisation and e-care in elderly care. This agreement was extended in 2020 for another three years. 2021: SEK 200 million (€20 million) allocated to digitalisation initiatives
 - Spain also allocated funds to increase the provision of home e-care devices
- Impact: more time with users or staff/hour reductions?

Staff that have the feeling of doing useful work

(% saying 'Always', EU27, EWCS 2021)



- Support the dedication for quality care, for instance by reducing administrative burdens.
- Finally, think beyond LTC sector alone, asking: how to reduce LTC needs?
 - Healthy working conditions along the life course for all workers
 - Healthy living environments along the life course for all, including good quality homes & neighbourhoods so less support is needed

References

On quality of /access to LTC:

- [Access to care services: Early childhood education and care, \(europa.eu\)](#)
- [Quality of health and care services in the EU | Eurofound \(europa.eu\)](#) (page 36 onward especially)
- [European Quality of Life Survey 2016 | Eurofound \(europa.eu\)](#) (page 56 onward)
- [Challenges and prospects in the EU: Quality of life and public \(europa.eu\)](#) (concise chapter on LTC)

Working conditions:

- [Long-term care workforce: Employment and working conditions | \(europa.eu\)*](#)
- [Wages in long-term care and other social services 21% below average | \(europa.eu\)](#)

Other recent relevant work:

- [Forthcoming European Care Strategy must look towards the future | \(europa.eu\)](#)
- [COVID-19 and older people: Impact on their lives, support and care | \(europa.eu\)](#)
- [Policy interventions to tackle labour shortages \(forthcoming\)](#)

Thank you

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