Social care systems are in urgent need of reform, due to social trends such as an ageing population, more women entering the labour force, and a move towards deinstitutionalisation and person-centred care.

A panel discussion will present the state of play for the social services workforce. It will explore person-centred approaches, integrated care and technology, new models of equipment and the issue of staff shortages. The discussion will share innovative practices of training, recruitment and retention. The panel will comprise different stakeholders including representatives of employers, workers and service users.

Social partners working together to make the sector and jobs in social care more attractive

1) Need to develop new professions and professional profiles

- Changing needs (e.g. due to the transition from institutional to community-based care and the use of integrated care models) or demands (e.g. in relation to digitalisation, robotisation and the use of artificial intelligence) create this need
- In the context of staff shortages, cross-border recruitment and a high turnover of the social care workforce there is the challenge of the replacement of higher qualified by lower qualified work
- Mushrooming initiatives for a better cross-border comparability or even “harmonisation” of competences, skills and tasks and the focus of EU-level initiatives on competences and skills as well as the fact that they often exclude or side-line social partners and their role in defining and regularly updating qualifications => reluctance by TU to take this line
- (Regulated) Professions and professional identities are the backbone/reference point for the definition of pay scales, responsibilities and roles (incl. tasks allowed) and career pathways
- Role of TU to support systems for the validation of informally acquired qualifications in the countries where they fit into the VET systems and are supported by social partners

2) Making the case for investment in continuing professional development and need to develop career pathways

Aim of any CPD activity => Maintaining and improving the quality of care, user rights and delivering services which are safe, user-centred and efficient, i.e. clear case for investment

Why is it essential to provide access to CPD and LLL for the social care workforce?
- Maintain and even improve quality and safety of patient care and social care outcomes
- Improve organisational performance that contributes to delivery of the best possible quality of support, care, training, empowerment of the users of social care
- Ensure staff has the knowledge, skills and competences required, remains fit for practice and is encouraged to work in multi-disciplinary teams
• Create attractive career pathways which also value the workforce and the qualifications
• By offering social care staff the opportunity to enrich their working lives, experience greater job satisfaction and career progression if appropriate, CPD and LLL can contribute to creating a sustainable base for an increasingly ageing workforce.

Employers and trade unions should work together to create opportunities for professional development and to eliminate barriers to access to CPD and LLL. This has to include measures to protect working time for CPD, within working time where relevant and required, and to create safe and adequate staffing levels so that staff can be replaced to participate in training activities. It should also cover how to finance CPD/LLL activities.

These measures have to be backed by public regulation and by systems of sustainable funding of CPD via taxes, social contribution or ear-marked funds that can be used exclusively for CPD.

3) Triple win strategy of provisions to promote and safeguard ethical recruitment and employment conditions for migrant workers

Cross-border migration of social care professions and of nearly exclusively women who provide household services as well as care support in private households plays a indispensable role to keep going/running our elderly care systems in Western and Northern European countries.

In a European perspective we can only achieve inclusive and cohesive growth of employment and support gender equality if possibilities for social dumping and discriminatory treatment of migrant workers in institutional and non-residential social care are made much more difficult.

The provisions e.g. of the revised EU Posted Workers Directive (2018) can help here if they are properly enforced.

In addition to EU institutions and national governments, social partners within the EU MS, but also at EU-level have their joint responsibilities and an important role to play => EPSU-HOSPEEM Code of Conduct on Ethical Recruitment and Retention (2008)

=> Key principles
• 6. Fair and transparent contracting
• 7. (...) Recognition of professional qualifications
• 8. Sound and comprehensive induction policy at the workplace (…)
• 9. Non-discrimination and equal rights, including the same employment and working conditions, employment protections, professional obligations as nationals of similar professional status and similar positions and benefits of the social protection systems. This implies an equal application of national legislation, collective agreements, health and safety standards and the principles as stated in the EU antidiscrimination directives (2000/43 EC 2000/78 EC) and the EU-Treaty like the right to equal pay.
• 4. Equal access to training and career development

4) Need to regulate online platform offering services for elderly, disability and child care

Digitalisation
• Massive adoption of digital technologies to generate, process and share information and implement specific tasks via digital devices.
Incorporation of digital technologies in everyday social services provision, introduction of robotics (e.g. lifting aids, household and care robots) and use of artificial intelligence

The emergence of digital ways of organising work through online platforms providing for a range of care services, raises new questions for quality standards, for the proof and checking of professional qualifications, for possibilities to access to CPD as well as for the organisation and regulation of work (including on the enforcement of OSH rules). Online platforms imply an increase in the use of non-standard forms of employment and work, such as casual work, on-call work, temporary agency work, informal work and dependent self-contractual employment (other terms: bogus/fake self-employment). The spreading of such atypical work arrangements puts at stake workers’ coverage by social security schemes, impacts on the financial basis of the schemes and facilitates the crowding out of collective agreements and disloyal competition.

Digital transformations should be implemented safely and responsibly with the information and consultation of workers in driving and shaping such a transition. By the very logic of the organising conditions this key trade union demand is/cannot be not fulfilled for online platforms. First experiences indicate problems in view of working time organisation (on-call availability and real-time assignment, reassignment and cancellation of visits), the transfer of timesheets and other documents from paper to mobile applications, data protection rights (due to GPS tracking options) and the use of ratings systems by the users of social services.

=> Issues covered in Social Employers & EPSU Position Paper Digitalisation in Social Services

Effective social dialogue, collective bargaining and collective agreements as key solution

Inclusive growth for EPSU requires a development of our European societies and economies that promotes and respects the needs and rights of the users of social services, but also the needs and rights of the social services/social care workforce. There are clear benefits for our economies and societies that stem from decent pay and working conditions, provisions to promote the well-being and health and safety of the social care workforce at the workplace, access to continuing professional development over the course of the professional career and adequate and safe staffing levels. All these aspects are preconditions for inclusive growth.

All these issues and the four aspects mentioned in my short interventions are well if not best deal with in the context of effective social dialogue, collective bargaining at national, sectoral and work-place level. There is ample evidence from all across Europe that solutions which are negotiated between management and workforce representatives/trade unions in the form of collective agreements and backed by strong labour legislation contribute to inclusive growth. This is even more true for collective agreements which apply to the whole for the sector or a subsector of social services – such as elderly care, care for persons with disabilities, childcare – and then there to the public, the not-for-profit and to the commercial providers in the same way.

As we have been moving partly into trans-national labour markets in particular in elderly care and as there is a growing number of EU-level policy initiatives and financial instruments available for the social care workforce, these national structures of social dialogue have to be supported and framed by an EU-level social dialogue that covers all fields of social services. Together with the Federation of European Social Employers EPSU is working towards making this objective a reality in the 1 to 2 years.
Annex

Trade union take on requirements for a successful transition to community-based care

The perspectives, experiences and demands of the various guest speakers were complemented by contributions of two trade union colleagues from Belgium – Jan-Piet Bauwens, SETCa-BBT and Fatiha Dahmani, LBC-NVK – who are represented in the Board of the Flemish Agency for People with a Disability (VAPH). In their inputs they focused on how care workers, their representatives in the institutions and services for people with a disability and trade unions react to the setting up of de-institutionalised care models. In the question and answer session that followed a few colleagues from EPSU affiliates added their observations and views.

Main points raised by trade unions are

- the need to address the challenges for the organisation of social dialogue and for the representation and defense of the workers as well as the negotiation of collective agreements that stem from the shift to de-centralised structures, a community-based delivery of services for persons with a disability, elderly care and child care (which means a shift from collectively organised care to individually organised care), other financing models (e.g. personal budgets) and increased options for choice of the provider by the persons needing the support, care, education etc. as well as their empowerment. For the trade unions this meant e.g. in Belgium (or more precisely in Flanders) that they had to adapt to local structures of service provision, discussions and decisions on a regional and local level on staffing levels, qualifications of the care workforce (regarding both the individual workers as well as the appropriate skill mixes of teams). It also meant that the users, providers, but also the workers and trade unions are often struggling with insufficient budgets to make the transition to community-based care effectively work, to have the appropriate social and psychological support and guidance in particular for persons with a disability, to be able to provide quality services, to take account of special needs of individual users;

- the need for EU MS and the competent public authorities there to develop community-based care by encouraging and promoting home-based living and the provision of high-quality support services that help empowering the users, supporting choices about the care arrangement they prefer and realising their right to the best treatment possible as well as the rights enshrined in the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD);

- the demand not to “demonise” institutional care settings in general, as they will be still needed for social service users with complex care and support needs and/or for users who prefer – for whatever reason – not staying in their household/family; EPSU colleagues from a number of affiliates underlined that with a shift from institutional to community-based care one consequence is that persons with complex and comprehensive care needs of people with severe disabilities would concentrate even more than before in institutional care. The change of "user profile" and a concentration of difficult cases poses a number of challenges, not least for the workforce in these institutions, e.g. with regard to the qualifications needed, but also additional psychologically and physically demands as the number of "easy" cases dramatically reduces;

- the need to engage more with workers and trade unions and giving them a voice and say will make a difference in view of the need to secure the necessary investments in infrastructure, technology and human resources to make this shift a success, in particular in view of adequate staffing levels and the adequately qualified workforce, to advance decent working and pay conditions and to have more clarity and security for the care professionals and workers that are part of such a transition. In this regard collective bargaining and social dialogue are two important tools to make sure that workforce can influence the design of quality-driven de-institutionalisation processes in elderly care, disability care and child care and child and youth welfare.

- the call on all relevant levels and institutions of policy making to systematically involve the care workers and their representatives and the trade unions organising them in the further work within the different countries as well as at EU-level. As the persons needing support and care, as the service providers and as the public authorities their voice and concerns also need to be taken into account on an equal basis.
Background information on the topic "transition from institutional care to community-based care"

One key reference document for the policy work at EU-level are the EPSCO Council Conclusions on “Enhancing Community-based Support and Care for Independent Living”, adopted on 7 December 2017.

- It reflects the “EU commitment to protect the rights of vulnerable people and to enhance independent living and community involvement, including by ratifying the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) that recognises the equal right of all persons with disabilities to live independently and be included in the community.”
- Reference to workforce issues and needs is made in paragraphs 22 and 24. The documents spells out that EU MS should “continue to support the establishment and availability of the necessary regulatory framework, infrastructure, qualified personnel and services that enable independent living. Investments into training, safe working environments and appropriate working conditions are of crucial importance for caregivers providing community-based support and care as well as working in residential institutions.” (p.7)
- It also highlights that “appropriate retraining and up-skilling for specialists working in residential care institutions as well as appropriate training for caregivers providing support and care outside institutions are needed to smooth the transition to new forms of work in the context of community-based care.” (p. 7)

Another important source of information and policy driver is the European Expert Group on the Transition from Institutional to Community-based Care which has issued two reference documents in 2012:

- "Common European Guidelines on the Transition from Institutional to Community-based Care" (in EN, FR, DE and 10 other EU languages)
- "Toolkit on the Use of European Union Funds for the Transition from Institutional to Community-based Care"