

Investing in the social services workforce

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Improving
services quality





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Investing in the social services workforce

A study on how local public social services are planning, managing and training the social services workforce of the future.

*Digital
innovation*



*Multi-agency
working*



About the research project

This research project was managed by the European Social Network (ESN) and carried out in collaboration with Shereen Hussein, Chair at the Social Care Workforce Research Unit at King's College London (United Kingdom). It forms one strand of ESN's work under its Framework Partnership Agreement with the European Commission for the period 2014-2017.

About the European Social Network

The European Social Network (ESN) is the independent network for local public social services in Europe. It brings together the organisations that plan, finance, research, manage, regulate and deliver 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 experience.

Project team

The project team consisted of Alfonso Lara Montero (Policy Director, European Social Network), Dorothea Baltruks (Policy Officer, European Social Network) and Shereen Hussein. Alfonso Lara Montero leads ESN's programme of policy, practice and research, authored publications on children's services, mental health, integrated services and evidence-based social services, and has advised several FP7 and European projects on these topics. Dorothea Baltruks coordinates ESN's policy work on the impact of the refugee crisis on social services and services for older people, and represents the network in the European Partnership on Active and Health Ageing (EIP AHA) and the Joint Programming Initiative More Years, Better Lives. Dr Shereen Hussein is a demographer with expertise in labour migration, sociology and economics. She is Chair at the Social Care Workforce Research Unit at King's College London, founder and author of the Social Care Workforce Periodical, and lead of the Research on Workforce Mobility Research Network (ROWN).

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Country abbreviations

AT	Austria
BE	Belgium
BG	Bulgaria
CY	Cyprus
CZ	Czech Republic
DE	Germany
DK	Denmark
EE	Estonia
ES	Spain
FI	Finland
FR	France
GR	Greece
HR	Croatia
HU	Hungary
IE	Ireland
IT	Italy
LT	Lithuania
LUX	Luxembourg
LV	Latvia
NL	The Netherlands
NO	Norway
PL	Poland
PT	Portugal
RO	Romania
SE	Sweden
SK	Slovakia
SI	Slovenia
UK	United Kingdom

Executive summary

The objective of this report is to analyse key issues concerning the social services workforce in Europe, with a focus on social workers and social care workers. It is based on secondary literature and policy analysis, the results of a questionnaire, and discussion groups that took place during a seminar organised by ESN in Bratislava in November 2016. The report first sets the scene by describing key similarities and differences between the social services workforce and structures of welfare states in Europe. Second, the report covers key developments in policy and practice regarding qualifications and skills, recruitment and retention, workforce mobility across the European Union, and planning and management of the workforce. Finally, the report sets out key recommendations for policy-makers, practitioners and researchers.

The structure and legislative framework of the welfare states in European countries shape the size, composition and regulation of the social services workforce. Whilst the Bologna process has harmonised social work academic qualifications to an extent, social care professions are still very much country-specific with regulation and required qualifications being formalised in some countries but not in others. This has implications for the quality of the services provided as well as the attractiveness and conditions of the jobs available in this area.

Preparing professionals with the knowledge and practical skills required to do their job well is a complex endeavour that is organised very differently in European countries. This complexity is illustrated by an overview of qualifications and regulation of social work and social care professionals in selected European countries. The link between institutions responsible for education and training and organisations that deliver services is crucial, particularly regarding the need to align education and training with changes in practice, such as the increasing importance of technological innovation. An important way to bridge potential gaps between theory and practice is the effective involvement of service users in the planning, delivery and evaluation of education and training.

Most countries in Europe are experiencing challenges in recruiting enough qualified people in the social services sector, particularly in the provision of long-term care. Rising demand for social services and demographic changes are major contributors to these challenges, together with the low status of many professions in the sector, which is also closely linked with high staff turnover. Developing a sustainable recruitment and retention strategy is therefore key, and should address remuneration and working conditions, opportunities for career progression, continuous training, and keeping workloads at sustainable levels. Innovative recruitment approaches targeting long-term unemployed people, former service users, men and migrants can open new opportunities, as some examples in this report show.

The role of foreign workers from within the European Union is an increasingly important one, although its potential long-term impact can be complex. The lack of mutual recognition of social work and social care qualifications in the European Union often makes working in another Member State difficult and requires cumbersome recognition processes. In particular, the social care sector in many countries relies heavily on migrants who are attracted by higher wages and better working conditions than in their home countries, but who are also often in a vulnerable position and may be at risk of exploitation. Moreover, the emigration of care workers can lead to labour shortages in this sector in the countries they leave, which are then often filled with migrants from countries where wages are even lower. These 'care chains' raise concerns about the wellbeing of predominantly female workers and their families, the quality and safety of care provided and the ethics of better-off countries relying on the supply of 'cheaper labour' from worse-off countries.

Many of these issues are shaped to an extent by the people planning and managing the social services workforce. At national level, policy decisions concerning funding, regulation and coordination of social services impact substantially on how well the workforce is supported and remunerated. At local and organisation levels, cyclical social planning should include workforce considerations, for instance when deciding on competing priorities or cooperation with other services and agencies. Adequate supervision and management are crucial enablers for workers to fulfil their roles effectively. Managing change in an organisation well, for instance when moving to a more person-centred approach, introducing new technology or changing quality assurance systems, is critical. This requires an effective dialogue with all staff involved, providing and adjusting training, as well as clearly communicating implications for roles and responsibilities in the team.

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Introduction to the European context

This report is the result of a study conducted throughout 2016, which aimed to explore key issues around social services professionals' recruitment, retention, planning and management. The study focussed on the professionals working in social services provided or financed by national, regional or local authorities in the EU, in particular social workers and social care professionals working in all areas of social services: child protection, services for people with disabilities and mental health issues, social inclusion, and services for older people. The study aimed to map the current structure, regulation, qualifications and skills requirements of this workforce in selected European countries, identify key challenges and solutions, and assess their impact to inform future efforts in this area.

At European level, the European Commission adopted the Social Investment Package (SIP) which stresses the role of high quality, integrated and personalised services in developing people's skills and capabilities, improving their opportunities and helping them to make the most of their potential throughout their lives. The Communication from the Commission: 'Towards Social Investment for Growth and Cohesion' (European Commission, 2013) – mentions in particular shortages in the long-term care workforce that should be addressed by "boosting employment in 'white coat jobs' and improving working conditions in this area."

This ties in with the New Skills Agenda for Europe (European Commission, 2016a), which calls for the modernisation of labour markets, education and training to address skills shortages and recruitment problems. It also outlines EU work strands to make skills and qualifications more comparable. Mobility of workers is of increasing importance in the social services field, for instance in child protection and in the long-term care sector, which requires easy to compare skills and qualifications, as the Commission proposes.

The European Commission's new Blueprint on Digital Innovation in Health and Social Care Transformation provides a fresh vision for health and social care services that seeks to connect the various activities and funding streams in these areas. It describes opportunities for developing the workforce's digital skills to enable them to embrace the support of technological solutions in administration and care (European Commission, 2016b).

Despite these developments and even though free movement of labour is enshrined in EU treaties, only 3.7 per cent of the total EU workforce lives and works in another EU country (European Commission, 2016c). There is a lack of data regarding the number of professionals working in the social services sector. This may be due to the fact that, unlike in the health sector where minimum training requirements have been harmonised and certified practitioners are automatically entitled to practice anywhere in the EU, the European Commission and national governments have not yet addressed the harmonisation of qualifications in the social services sector.

The Directive 2005/36/EC on the recognition of professional qualifications, amended by the Directive 2013/55/EU, has established the mutual recognition of certain medical qualifications in the EU, such as doctors, nurses in general care, dentists or physiotherapists. This means that members of these professions are automatically allowed to work in another Member State. However, neither social work nor social care professions are included in this Directive.

Methodology

The study adopted a mixed-method approach, which consisted of three main strands. The first was a scoping review of policy and practice in social services in Europe combined with desk research on country profiles of the social services workforce in Austria, Denmark, France, Germany, Italy, Spain, Sweden and the United Kingdom (UK). The second strand was a wide-ranging online questionnaire of ESN members and external organisations working in the field. The third element involved group discussions related to themes observed from findings of the review and analysis of the questionnaire responses at ESN's seminar 'Investing in the social services workforce' in Bratislava on 15–16 November 2016.

Scoping review

The scoping review gathered information on the governance and regulatory frameworks and policies related to the social services workforce, planning to address present and future workforce needs, and mobility of the social services workforce in Europe. It considered literature published in academic journals, professional forums and news articles and reports covering the period from 2005 to 2016.

The review was complemented by country-focused desk research conducted by members of ESN's Secretariat, who reviewed national policy documents and information provided by national professional associations, ministries and researchers. This contributed to gaining a better understanding of policy and legislation related to the social services workforce in these countries.

Online questionnaire

The second phase of this research was a comprehensive questionnaire that ESN developed with Shereen Hussein which included specific questions on planning, managing, recruiting and retaining the social services workforce. It was sent to all ESN members and selected external organisations, including public authorities, social work councils, trade unions and professional associations, research organisations and regulatory bodies, for completion between June and September 2016.

We received a total of 97 completed questionnaires from 27 European countries. Among them were several responses from several countries, especially Spain (15); Italy (11); and the UK (11). On the other hand, we received only a single response from some countries such as Austria, Bulgaria and Croatia. Overall, most respondents held managerial or lead officers' positions with specific focus on social services commissioning, delivery and inspection. There was also a large group of staff working in social services such as social workers and psychologists, and some academics in the field of social care and social work. This reflects ESN's membership structure, made up primarily of local and regional public social services, associations of directors of social services, regional and national social affairs departments, and some universities and research organisations.

The findings are presented either at aggregate format to identify common issues, at the individual level of each country to represent variations, or using a grouping of countries to compare the experience across different geographical regions.

The countries are divided geographically:

1. **Western European countries:** Austria, Belgium, France, Germany, Ireland, Luxembourg, Netherlands, Switzerland and the United Kingdom;
2. **Southern European countries:** Italy, Malta, Portugal, Spain;
3. **Nordic countries:** Denmark, Finland, Iceland, Norway, Sweden
4. **Central and Eastern European countries (CEEC):** Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Poland, Romania and Slovenia.

Group discussions

Semi-structured group discussions took place during ESN's seminar on the social services workforce in Bratislava on 15-16 November 2016. The seminar was attended by 100 delegates from 27 European countries. After providing initial findings from the study based on the scoping review and online questionnaire analysis, delegates were divided into 10 groups (with an average of 8 people per group), and discussed issues around the following themes:

- Workforce composition and the evolution of European care models
- Recruitment, retention and job quality
- Governance and workforce planning
- Education and training
- Improving social services performance

These themes resulted from initial analysis of the questionnaire responses and the scoping review of the literature representing key priorities in the field of social services in Europe.

Social services activities in Europe

Building
relationships



Ensuring
quality of care



Social services activities in Europe

The social services workforce, in all roles and activities, has expanded considerably in most European countries. However, this expansion has differed in scale depending on the pace of the population's ageing, public spending, and the country's welfare model. From 2000 to 2009, over 4 million new jobs were created in this sector in the EU (European Commission, 2010). Yet, the share of the social services workforce in total employment varies dramatically between countries, with a relatively small share in Southern European countries. This reflects a welfare model that emphasises cash benefits and family (informal) care over service provision (European Centre for the Development of Vocational Training, 2010).

Key activities and roles in social services

The scoping review of the literature and country profile research highlight five key components where the work of social services is concentrated:

- Providing personal care
- Coordinating services
- Empowering service users
- Helping to create an inclusive community
- Building relationships with informal carers and other agencies including community-based and voluntary organisations.

In general, the roles of social workers and other professionals working in social services revolve around assessment, multi-agency working and liaising with other professionals, reducing and managing social risks for individuals and families, and case management (Moriarty et al, 2015). Similar to the literature, the top five key activities of social services professionals identified by the respondents to the questionnaire were:

- Assessment of service users' needs (95%)
- Working in partnership with other professionals (93%)
- Preventative work (90%)
- Care planning and management (82%)
- Helping disadvantage people of all ages (81%).

It is worth noting that prevention work was the least rated task among respondents from Southern European countries (79%) followed by those from CEEC (89%) compared to 97 per cent and 95 per cent of respondents from Western European and Nordic countries respectively. While welfare states are usually hybrids (Pavolini and Ranci, 2008), observed variances may relate to the differences in the welfare models of these countries. For example, in Southern European countries the family is still the main provider of care with the state providing mainly cash benefits and modest (in-kind) services (Lyon and Glucksmann, 2008). The welfare model of most CEEC is characterised by a focus on poverty reduction, whilst social services, prevention programmes and community care are less developed than in the rest of the EU (Beblavy, 2008).



While social workers, care workers and support workers are considered key professionals working in social services, table 1 shows that fewer respondents from Western Europe perceive family therapists as a key professional group within social services in comparison to all other groups. On the other hand, respondents from Southern European countries were less likely to identify occupational therapists and nurses as part of the social services workforce. Respondents from CEEC tended to identify other professional roles more often (61%) including doctors, debt advisors, youth workers as well as administrative roles such as IT and finance personnel.

Table 1: Main professional roles considered part of the social services workforce by country groupings

Professional roles	Western Europe	Southern Europe	Nordic Countries	CEEC	All
Social workers	97%	97%	100%	83%	95%
Care workers	81%	86%	79%	78%	81%
Support workers	74%	62%	79%	72%	72%
Family therapists	35%	69%	63%	61%	57%
Occupational therapists	45%	21%	53%	61%	45%
Nurses	42%	31%	42%	39%	39%
Other roles	52%	52%	42%	61%	52%
Number of responses	31	29	19	18	97

Social services workforce regulations

The way the social services workforce is monitored and regulated varies across Europe, because it is governed by different laws relating to different groups of workers and at different government levels. Over half of the respondents to the questionnaire indicated their knowledge of national or regional organisations that regulate or monitor the working conditions and quality of care provided by social care workers (57%) and social workers (59%). For social care workers, these included organisations such as inspectorates (e.g. the Care Quality Commission in England), local authorities' administration teams, ministries, and associations of care home workers.

Regulated professions in Europe

Respondents to the questionnaire explained that regulation bodies in their countries were responsible for:

- Ensuring workforce competence (70%)
- Monitoring quality standards in education, training and skills development (70%)
- Monitoring professional qualifications (70%)
- Upholding risk management systems (48%)
- Ensuring training standards are met (47%)
- Providing support to managers (38%).

Participants in the seminar generally agreed with these key roles with an emphasis on ensuring minimum qualifications and regulating services. However, they also highlighted some challenges in the process of regulation especially in light of the increasing role of the private sector and the shifting role of local authorities towards commissioning rather than delivering services. For instance, regulating personal assistants employed directly by service users, who are either self-funders or in receipt of cash-for-care (e.g. personal budgets), was regarded to be most challenging for local authorities and service regulators.

For some CEE countries, laws regulating the social services workforce are not well defined as the development of social work has been interrupted at various stages due to socio-political factors (Raudava, 2013). However, empirical findings also indicate a recent process of change in many Western European countries. For example, in Austria, the first draft of a law (Berufsgesetz) regulating the professional credentials of those working in social work and social pedagogy for the whole country was only published in June 2015. It is expected to come into force in 2017 and it will help to overcome the differences between Austria's federal states regarding regulation of social work with a nationally binding law (Austrian Association of Social Workers, 2015).

Social work reform in France

France has been working on a major reform of social work since 2014 with the Covenant of Social Work (Etats généraux du travail social – EGTS). For two years, politicians, social partners and professional associations have discussed all matters related to social work, including stakeholder coordination, training, the role of service users, social development and collective social work, in five working groups. Five reports were published to inform the 'Inter-ministerial plan for social work and social development' (Ministry for Social Affairs and Health France, 2015). The plan laid out key components of the reform, which will be implemented in the coming years:

- A common set of core learning for all social work professionals with specialisation foreseen later in their career
- The adoption of the Global Definition of the Social Work Profession agreed on by the International Foundation for Social Work in 2014
- Raising the status of social workers
- Adopting a person-centred approach with multidimensional support.

Code of practice

Respondents to the questionnaire were asked if they were aware of any code of practice for the social services workforce. Overall, 84 per cent indicated that there is some code of practice in place in their countries. All respondents from the UK and Ireland indicated their awareness of a code of practice. However, in the Czech Republic, Denmark, Estonia, France, Iceland, Italy, Malta, Poland, Portugal, Romania, Spain and Sweden there was disagreement between respondents in terms of awareness of a code of practice. These variations in responses may relate to the stage of development of such codes in different countries or the (lack of) effectiveness in communicating its role in everyday practice.

Respondents from Croatia and Malta viewed existing laws as the main code of practice, while Estonia, France, Hungary and Spain have a specific professional code of practice in social work. In Norway and Finland, professional trade unions have developed codes of ethics for social workers. In Iceland, Sweden and the UK professional bodies have developed similar codes for the social work profession.

Professionalising the social care workforce

In all EU countries, social workers have national professional associations advocating their interests and establishing codes of practice for the profession.

In social care, workers' representation is inevitably less developed given the diversity of jobs in this area and the lack of regulation in many countries. In particular, home care workers are seldom organised in unions or professional associations, which may imply difficulties in enforcing workers' rights including minimum wage laws that enable them to access training, and to report incidents and complaints (For Quality! 2016).

Registering the social care workforce is an effective first step in professionalising social care, including home care, and gives public authorities and/or regulators contact with an often 'hidden' workforce. Registration can be connected to advice on workers' rights and available training courses. In the long run, this can improve working conditions with the potential to reduce turnover, and improve the quality of care provided.

As the Director of the Northern Ireland Social Care Council (NISCC) explained at ESN's seminar in Bratislava in November 2016, all social care workers in Northern Ireland are currently being registered in an effort to professionalise the workforce. This will bind social care workers to the NISCC's standard of practice and will in return protect the profession of social care workers legally and regulate the training, which must be acquired by, anyone being employed in this profession.

Qualifications and skills

Addressing
skills gaps



Involving
service users



Qualifications and skills

There is a clear distinction between social workers' training, qualifications, roles and activities and those of social care workers. These two broad categories of staff refer to:

- a. Professional workers who in general require accredited qualifications in areas, such as social work or comparable formal programmes.
- b. Less-qualified workers who provide personal assistance and care in different settings for which they may be required to undertake vocational training, short training courses or only on-the-job training.

Further details on specific qualifications requirements for each group in different European countries were researched for selected EU countries and are summarised in tables 3 and 4.

The next two sub-sections provide an overview of the variability of training and education of social workers and social care workers in different European countries based on findings from the literature and the responses to the questionnaire. Furthermore, new developments in training and education are explored, for instance service user involvement or digital literacy.

Qualifications and training for social workers

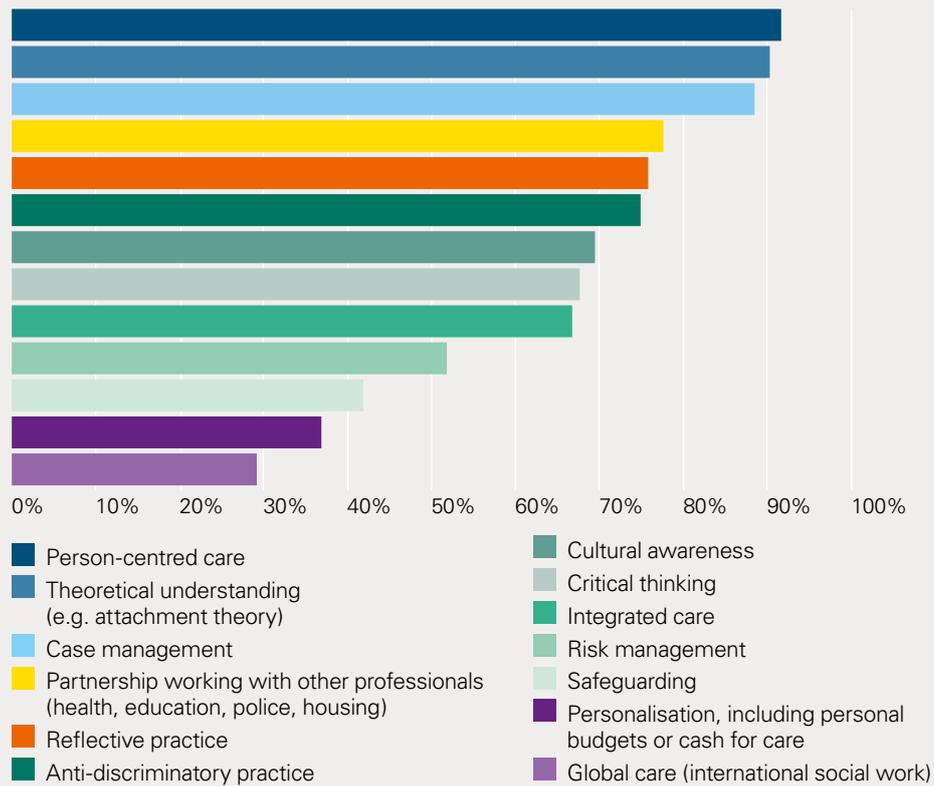
There is a large body of literature that addresses the education, training and qualifications of social workers as they form a significant proportion of the professional workforce in social services (Moriarty et al, 2015). Social workers generally require university training since the Bologna Reform harmonised university qualifications in Europe. However, the exact activities, training requirements and settings for delivering this work vary significantly across Europe (Hussein, 2011).

The literature highlights that in some European countries, such as Austria and France, university graduates with degrees that cover required 'components' of training are considered to be suitable candidates for social work roles. This was confirmed by responses from ESN members who provided supplementary information on qualifications requirements for social workers in their countries (see table 3). In other countries, for example in the UK, Ireland, Spain and Italy there are specific social work degrees that social workers are expected to hold before they can practice as a social work professional (Hussein, 2011). In many countries, for instance Denmark, several further qualifications are available for qualified social workers, such as postgraduate studies in family therapy or psychotherapy. Some specific tasks, particularly those related to safeguarding children, are reserved to social workers with specific qualifications (e.g. in Sweden).

Almost all the respondents to the questionnaire indicated that their countries had recognised and regulated social work training programmes. In relation to compulsory training for social work, 45 per cent of respondents indicated this to be undergraduate qualifications; 19 per cent as postgraduate qualifications; 11 per cent as vocational training and 9 per cent as a higher degree diploma. With regards to the content of the studies, social work qualifications are usually generic or a mixture of specialist and generic modules (63%) with only 9 per cent indicating social work education to be specialist.

Some participants in the seminar group discussions felt the need to update social workers' training contents to acknowledge social changes as well as developments in other areas including the role of technology. Another important theme that emerged from the discussion related to the need to establish effective communication and knowledge exchange mechanisms between different universities offering social work training, and between social work students in general and other related disciplines. There were several examples of post-qualifying training opportunities that are currently in place in different countries, but these usually occur after recruitment rather than at initial training stages. The potential for technology to enhance communication with other sectors and professions was highlighted, as was its capacity to improve user involvement in social work training, and to facilitate the learning experience of social work students more generally.

Graph I: Key components of social work training in EU countries



Capacity building in local social services

Poland

As part of the Human Capital Operational Programme for 2007-2013, Poland used resources from the European Social Fund to provide training and counselling for more than 50,000 people employed in social services and employment support. The programme aimed to improve qualifications and competencies as well as ‘soft skills’ of the social services workforce, and to increase cohesion between regions. There were specific training offers for social work graduates and postgraduates including study visits, coaching and supervision. In addition, the programme invested resources in the preparation of standards for social services, including setting up supervision. The training was organised by the national Centre for Human Resources Development and regional centres of social policy and was open to both employees of public and private social services.

Latvia

The American Association on Intellectual and Developmental Disabilities (AAIDD) and the Latvian Ministry of Welfare are training 40 social workers in Riga on using the ‘Support Intensity Scale’ (SIS). This is an assessment tool that evaluates the practical support requirements of a person with an intellectual disability through an interview assessment guide covering 87 life activities, behavioural and health areas. SIS will be used to assess the needs of people in residential services, in long-term care, with mental health problems, and children with disabilities. This capacity-building programme receives financial support from European Structural Funds.

Bulgaria

In Bulgaria, deinstitutionalisation of children in care has been a key effort since 2010. Now the focus of reform is to increase the number of trained foster families, especially for babies and children with disabilities, and on inter-disciplinary teams to support vulnerable families and young mothers at hospitals to prevent child abandonment. Additional support from the Agency for Social Assistance has been granted to local foster care teams. However, the fostering and adoption system is fragmented between applicant assessment, training (no common/specific methodology across providers), keeping different registers and post-placement/adoption support. A key need is to invest in staffing, joint training and supporting social workers in child protection departments because of the acute shortage of well-trained and experienced social workers (570 at the end of 2015) and the high volume of cases per social worker (284 at the end of 2015).

Service user involvement in social work education

The Bologna process provided an opportunity for the rapid academisation of social work education, which had the positive effect of professionalising social work, but arguably led to a gap between theory and practice (Laging, 2016). Involving service users systematically in the educational structures and processes of social work degrees is a way to address this issue. This approach promotes the participation of service users in developing, delivering and evaluating social work education and brings together academic knowledge and experience as equally valid sources of knowledge. Service users can assume different roles, for instance as a co-teacher or as an external student. Formats commonly used include workshops, seminars, role-playing, or working groups with service users and social work students.

Chiapparini and her colleagues (2016) concluded from their initiatives in various European countries involving service users in social work training and education – not just during placements but also in the classroom – that students learned how to meet service users on equal terms. Driessen et al (2016) describe a successful project in the Netherlands where young people from a homeless shelter worked together with social work students as peer-researchers, and a project in Belgium where service users living in poverty and lecturers delivered a social work university module in tandem.

Whilst service user involvement in social work education has gained ground in several European countries, its potential remains largely untapped in Central and Eastern Europe and in Southern Europe. However, its development and expansion could provide a model for the training and education of other professions in the social services field. This was the feeling among participants at the seminar group discussions, who stressed the need for more meaningful and effective involvement of service users in the design and delivery of social work training in most European countries. Participants explained that while there is guidance in place that emphasises the role of service users, this was not always applied in practice, particularly for service users with communication difficulties, dementia or severe mental health problems.

In fact, only 21 per cent of respondents to the questionnaire indicated that service users are involved in the provision, recruitment or assessment of social work training in a formal way. Most of them were from the UK, which suggests that service user involvement is more developed there. That is supported by the literature where the UK is regarded to have 'championed' the involvement of service users in social work training in Europe.

Peer workers in Scottish mental health services (Scottish Recovery Network, 2011)

As well as being involved in the training, planning and evaluation of services, service users can also become part of the workforce, for instance as peer support workers. In Scotland, people with personal experiences of mental health problems can be trained and paid to work in a formalised role as a peer worker. The non-profit initiative Scottish Recovery Network, which promotes and supports recovery from mental health problems and is funded mainly by the Scottish Government, promotes the employment of peer workers. The relationship between peer workers and service users is based on empathy, mutuality and empowerment. The role of peer worker involves:

- Running groups and drop-in sessions
- Working one to one with people
- Developing and working towards recovery goals
- Supporting people to use their individualised care plans
- Supporting people through major changes in their lives
- Participating in team meetings and raising staff awareness.

Qualifications and training of social care workers

Social care workers are defined here as those providing direct care for service users in residential or community-based services. For this group, the literature reveals a set of essential skills requirements. Many of these requirements are considered 'soft skills' (Green et al, 2014) or personal attributes such as trustworthiness, sociability and a positive attitude, and are assessed at the interview stage. Social care roles reflect key associated skills including negotiating suitable services per individual users' needs, assessment and planning, and the ability to communicate within an increasingly diverse environment (European Centre for the Development of Vocational Training, 2010).

An overview of a range of qualifications and skills for social care workers in selected countries can be found in table 3. In some countries, such as Austria and Denmark, there are specific training routes for social care workers including specialised training courses or apprenticeships. The content of such training depends on the service user group and is usually defined at the local authority level. In other countries, such as the UK, such training is provided after recruitment and includes various components that are delivered 'in house' as well as in supervised placements.

Around 85 per cent of respondents to the questionnaire indicated that there are minimum sets of training and qualifications required for social care workers in their countries. These qualifications ranged from basic skills (such as the General Certificate of Secondary Education), through foundation training to specialist training as shown in table 2.

Table 2: Minimum level of training required for social care workers prior to recruitment

Country Group	Other	Basic skills	Foundation training	Higher than basic skills	Specialist training	Total
Western Europe	8	1	4	2	2	17
	47%	6%	24%	12%	12%	100%
Southern Europe	4	4	5	4	6	23
	17%	17%	22%	17%	26%	100%
Nordic Countries	4	1	2	7	2	16
	25%	6%	12%	44%	13%	100%
CEEC	5	3	3	1	4	16
	31%	19%	19%	6%	25%	100%
Total	21	9	14	14	14	72
	29%	13%	19%	20%	19%	100%

Respondents to the questionnaire identified the essential components of social care workers compulsory training as:

- Person-centred care (81%)
- Health and safety (70%)
- Communication skills/counselling (70%)
- First aid (56%)
- Child development (53%).

Similarly, 63 per cent of respondents indicated a minimum set of training or induction programmes required for personal and home care workers, i.e. those providing direct care for service users in their own home.

Participants in the seminar highlighted the need to raise the profile of social care workers among the general public and in the media while simultaneously raising the standards related to their training and qualifications routes. Figures vary across countries but it is estimated that more than 50 per cent of social care workers do not have a relevant qualification.

Registration and improving regulation of the care workforce could ease access to initial and continuous training and development. This was regarded as a priority to address the increasing complexities of service user needs and the demand on the sector to attract more workers who are competent in delivering care and who have knowledge of specific conditions such as dementia. These demands for specialised knowledge are often not matched by the skills that applicants offer, which may require additional training to overcome these skills gaps.

Implementing integrated care for older people in Catalonia

SUMAR, a consortium of local public authorities funding, managing and delivering social services in Catalonia, presented the SAIAR services centres for older people in rural areas at ESN's seminar in Bratislava. SAIAR provides integrated services and uses an innovative workforce model in local services for older people focussed on recruitment, developing skills and talent, and sustainable retention. Its recruitment strategy puts professional competencies on a par with user-oriented competencies such as teamwork, integrity, empathy and flexibility. As SAIAR centres provide person-centred support to older people, this approach is a key element of the recruitment, training and development of staff. Training is organised in two ways: A 'promoter group' of social care workers organises training that is participatory and interactive and aims to empower the workforce. The other part of the training develops competencies in quality, teamwork, communication skills, emotional and relational competencies. With this model, the SAIAR centres have created a place where older people feel 'at home' and the workforce feels valued and confident in their work.

Multi-disciplinary working

The importance of multi-disciplinary working was widely recognised in the questionnaire and at the seminar, but developing these skills can be as difficult as it is necessary. An example is the area of children in residential care who have mental health issues, which requires residential care workers and mental health professionals to work together. Analysing six different European countries, Smith and Carroll (2014) describe the different and often unrealistic expectations on the other profession, which is often tied to the different status they hold in society. Care workers and mental health professionals often hold 'different world views' regarding not just their profession but also child development, the nature and source of the children's problems and how they should be supported. Whilst joint training can be of benefit, it is crucial to establish a continuous dialogue between the professionals, and to develop the skills and knowledge necessary to feel confident in their work with the children.

Table 3: Overview of social work qualifications in selected EU countries

Country	Profession	Education/training	Regulation	
Austria	Social worker (<i>SozialarbeiterIn</i>)	Undergraduate degree Specialisation options through postgraduate studies	No national legislation currently regulates or defines education and training of social workers. This competence is devolved to the nine federal states. However, a national law (<i>Berufsgesetz</i>) has been drafted and is expected to be approved in 2017.	
Denmark	Social educator (<i>pædagog</i>)	Undergraduate degree	Regulated by a profession-specific Education Act (<i>Bekendtgørelse om uddannelsen til professionsbachelor som pædagog</i>) from the Ministry of Education.	
	Social worker (<i>socialrådgiver</i> , literally social advisor)	4-year undergraduate degree in social work (including five months compulsory work-based training)	Regulated by a profession-specific Education Act (<i>Bekendtgørelse om uddannelse til professionsbachelor som socialrådgiver</i>) from the Ministry of Education.	
France	Family mediator (<i>médiateur familial</i>)	Undergraduate degree - Level II State Diploma	<p>The French qualifications system is organised around levels, where VI (6) is the lowest and I (1) is the highest. It is used to relate diplomas to professions/ levels of responsibility.</p> <p>Social work and social care professions range from level V to I. V – CAP/BEP: technical diploma obtained two years after the General Certificate of Secondary Education IV – Technical baccalaureate (secondary school qualification that enables students to enrol in selected university courses) III – Baccalaureate +2 years II – Undergraduate degree I – Postgraduate degree</p> <p>All professional qualifications, including those for social workers, are enshrined in the Law, specifically at the national register for professional qualifications (<i>Répertoire national des certifications professionnelles</i>). The register was introduced by the Education code (Articles 335-12 to 22).</p> <p>The whole system is undergoing a major reform at the time of this publication, following the ‘Social Work Covenant’ (<i>Etats Généraux du Travail Social</i>).</p>	
	Social and family counsellor (<i>conseiller en économie sociale familiale</i>)	Diploma III: 2-year study after Baccalaureate and 1 year work-based training		
	Early childhood educator (<i>éducateur de jeunes enfants</i>)	Re-evaluation of Diploma III is at the very centre of the current reform of social work, following the ‘Social Work Covenant’ (<i>Etats Généraux du Travail Social</i>). The future reform will consider the year spent in work-based training as a year of study and therefore have these professions recognised as level II.		
	Social service assistant (<i>assistant de service social</i>)			
	Specialised educator (<i>éducateur spécialisé</i>) – works with children with disabilities and social difficulties			
	Specialised technical educator (<i>d’éducateur technique spécialisé</i>) – vocational training teacher for people with special needs			
	Educator for young children 0-7 (<i>éducateur de jeunes enfants</i>)			
	Social and family intervention worker (<i>technicien de l’intervention sociale et familiale</i>)			Level III Social service assistance diploma (<i>diplôme d’État d’assistant de service social</i>)
	Monitor-educator (<i>moniteur-éducateur</i>) – works in residential care with children and adults with disabilities)			Diploma IV – technical Baccalaureate required
	Family assistant (<i>assistant familial</i>)	Diploma V – technical diploma (before Baccalaureate)		
Home support worker (<i>auxiliaire de vie sociale</i>)				
Childcare assistant (<i>auxiliaire de puériculture</i>)				

Country	Profession	Education/training	Regulation
Germany	Social worker (<i>SozialarbeiterIn/ Sozialpädagogeln</i>)	Undergraduate degree (mostly at universities of applied sciences (<i>Fachhochschulen</i>))	Social work is regulated at federal state level. Depending on the area of social work (e.g. youth support, child education, social workers in the health sector or in the justice system), different sectors are responsible for regulating the rights and responsibilities of the profession.
Italy	Social worker (<i>assistente sociale</i>)	Undergraduate degree with a state examination at the end	The profession is regulated by the National Council of Social Workers in accordance with the profession's Code of Ethics as described in the Bill on the regulation of the profession of social work (2013). Social workers must register with the National Register for Social Workers in order to be able to work.
	Specialised social worker in management position (<i>assistente sociale specialista</i>)	Postgraduate degree in social services and social policies	
	Cultural and intercultural mediator (<i>mediatore culturale</i>)	Undergraduate degree or specific post-diploma courses	Not nationally regulated.
	Professional educator (<i>educatore professionale</i>)	Undergraduate degree	Nationally regulated through the 1998 Act No. 520 by the Ministry of Health. A new law to reorganise the profession is currently being discussed in Parliament.
	Family mediator (<i>mediatore familiar</i>)	Regional training courses	The profession is not nationally regulated but some regions have regulated it.
Spain	Social worker (<i>trabajador social</i>)	Undergraduate degree	The profession of social worker is regulated by the Law 10/1982, which created the official colleges of social work. The Ministry of Health, Social Services and Equality is the body responsible for regulating the profession. The General Council for Social Work is the professional body responsible for ensuring that social workers exercise the profession according to the official code of ethics. After qualification, social workers are required to register with the regional council responsible for the region they work in.
	Social educator (<i>educador social</i>)	Undergraduate degree	The academic and training requirements for social educators were nationally regulated through the decree 1420/1991, which established the core subjects that must be completed to obtain the bachelor's degree of social educator. Unlike social workers, social educators do not need to register to be able to work.
	Family mediator (<i>mediador familiar</i>)	Undergraduate degree or higher vocational training and specific training to practice mediation, which is acquired through a specific course provided by an accredited organisation	The family mediator was initially introduced by the Catalan Law of Family Mediation in 2001, which was followed by other regional regulations. At national level, a modification of the civil code was introduced in July 2005 and this was modified by a 2013 decree.

Table 3: Overview of social work qualifications in selected EU countries

Country	Profession	Education/training	Regulation
Sweden	Social worker (<i>Socionom</i>)	Undergraduate degree	Social workers must register with the Board for Social Work Authorisation (<i>Socionomauktorisering</i>).
UK	Social worker	Undergraduate degree	Social work regulation is devolved to the four countries of the UK. A memorandum of understanding has been agreed between Health and Social Care Professions Council (England), the Care Council for Wales, the Northern Ireland Social Care Council and the Scottish Social Services Council (SSSC), which sets out a framework related to the regulation of social workers and the approval of social work education across the UK. After qualification, social workers are required to register with the Council responsible for the country they work in.

Table 4: Overview of social care qualifications in selected EU countries

Country	Profession	Education/training	Regulation
Austria	Home care worker (<i>Heimhilfe</i>)	Specific (short) course at school for social professions	National legislation only defines the name of the professions and the minimum age to start training (19 for professional social care workers; 20 for graduate social care workers). The content of the training, length, etc. is decentralised at federal (regional) level.
	Professional social care worker in elderly care (<i>Fach-Sozialbetreuung Altenarbeit</i>)	Apprenticeship at a school for social professions	
	Graduate social care worker in elderly care (<i>Diplom-Sozialbetreuung Altenarbeit</i>)		
	Professional social care worker in disability work (<i>Fach-Sozialbetreuung Behindertenarbeit</i>)		
	Graduate social care worker in disability work (<i>Diplom-Sozialbetreuung Behindertenarbeit</i>)		
	Professional social care worker accompanying people with disabilities (<i>Fach-Sozialbetreuung Behindertenbegleitung</i>)		
	Graduate social care worker accompanying people with disabilities (<i>Diplom-Sozialbetreuung Behindertenbegleitung</i>)		
	Graduate social care worker in family work (<i>Diplom-Sozialbetreuung Familienarbeit</i>)		
	Personal assistant (<i>PersonenbetreuerIn – 24-Stunden-BetreuerIn</i>)		
Care assistant (<i>PflegehelferIn</i>)			
Denmark	Pedagogical assistant (<i>pædagogisk assistent</i>)	Course lasting 3 years, 1 month and 2 weeks combining school-based education and work placements (<i>Pædagogisk Basis Kursus</i>)	Regulated by a profession-specific Education Act (<i>Bekendtgørelse om den pædagogiske assistentuddannelse</i>) from the Ministry of Education. It includes a national curriculum that was negotiated between the Ministry of Education, Local Government Denmark (KL), the Danish Confederation of Trade Unions and the Danish Union of Public Employees.
	Social and health care helper (<i>social- og sundhedshjælper – SOSU-hjælper</i>)	Course lasting 20-26 months (depending on education level) combining school-based education and 9 months of work placements.	Certificate awarded by the Committee for Pedagogical Assistance, Social and Health Education (<i>Fagligt udvalg for den pædagogiske assistentuddannelse og social- og sundhedsuddannelsen – PASS</i>).
	Social and health care assistant (<i>social- og sundhedsassistent – SOSU-assistent</i>)	Course lasting for 3-3.5 years combining at least 48 weeks school-based education with 22 months of work placements.	Regulated by the Social and Health Care Act (<i>Bekendtgørelse om erhvervsuddannelsen til social- og sundhedsassistent</i>). After qualification, health and social care assistants have to register with the Danish Patient Safety Authority.

Table 4: Overview of social care qualifications in selected EU countries

Country	Profession	Education/training	Regulation
France	Social and family work assistant (<i>technician de l'intervention sociale et familiale</i>)	Diploma V – BEP/CAP (technical qualification before the end of secondary school) is required	<p>The French qualification system is organised by levels, where VI (6) is the lowest and I (1) is the highest. The system is used to establish matching qualifications with positions on the labour market.</p> <p>V – BEP/CAP (technical diploma - before the end of secondary education)</p> <p>IV – 'technical' Baccalaureate</p> <p>III – 2-year study after Baccalaureate</p> <p>II – Undergraduate degree</p> <p>I – Postgraduate degree</p> <p>All professional qualifications, including those for social workers, are enshrined in the Law, specifically at the national register for professional qualifications.</p>
	Foster carer for young people aged 18-21 (<i>assistant familial</i>)	Diploma V in family assistance (<i>diplôme d'État d'assistant familial (AF)</i>).	
	Home care assistant (<i>assistant de soins</i>)	Diploma V in social life assistance (<i>diplôme d'État d'auxiliaire de vie sociale (AVS)</i>).	
	Psycho-medical support worker (<i>aide médico-psychologique</i>)	Diploma V in psychological and medical support (<i>diplôme d'État d'aide médico-psychologique (AMP)</i>).	
	Childminders (<i>assistants maternels</i>)	No State diploma. Training provided by the local council.	
Germany	Care worker for older people (<i>AltenpflegerIn</i>)	3-year apprenticeship at vocational college.	There is a national law (<i>Gesetz über die Berufe in der Altenpflege</i>) regulating the education of care workers for older people. Regional regulation may further define regional characteristics for the education of care professionals in addition to national specifications.
	Professional care worker (<i>Pflegefachkraft</i>)		<p>There is a national law (<i>Krankenpflegegesetz</i>) regulating the education of care workers. Federal regulation may further define regional characteristics for the education of care workers in addition to national specifications.</p> <p>At the time of writing, care professions are in a period of regulatory transition. In 2016, a new national law was presented (<i>Pflegeberufsgesetz</i>). This law will enter into force in 2018 and will introduce a common curriculum for care workers for children, older people and medical care.</p>
	Health and care assistant (<i>Gesundheits- und Pflegeassistent</i>)	2-year apprenticeship at vocational college.	Regional laws define the qualifications of health and care assistants.

Country	Profession	Education/training	Regulation
Italy	Social assistant worker (<i>operatore socio assistenziale – OSA</i>)	Regional certificate awarded after vocational training course combining school-based education and an internship.	Regulated at regional level.
	Social health worker (<i>operatore socio-sanitario – OSS</i>)	Vocational training course provided at regional level combining school-based education and work placements	The profession has been formally recognised at national level through an agreement between the regions and the State in 2001.
	Early childhood educator (<i>educatore di prima infanzia</i>)	Different levels of education are needed according to the age of children: 0-3: Degree on child education or high school diploma and extensive work experience in children’s services 3-6: Degree on child education or high school diploma in education and teaching (3-5 years). From 2019, all educators will be required to have a degree in Children Education or Teaching.	The profession is recognised at state level but regulated at regional level.
	Family assistant (<i>assistente familiare</i>)	No specific education	The regions are responsible for regulating this profession and have created a register for their guidelines and regulation.
Spain	Social care worker Other job titles in this field include: – Professional/formal care worker (<i>cuidador</i>) – Geriatric nurse (<i>gerocultor</i>) – Domiciliary care assistant (<i>auxiliar de ayuda a domicilio</i>) – Personal assistant (<i>asistente personal</i>)	Compulsory education. Some regions require specific training courses and basic qualifications. Across the country, there are remunerated training workshops lasting 1,500-1,800 hours. However, there are very few of these workshops and limited places available (just 15 per workshop).	In November 2015, the Secretariat for Social Services and Equality of the Spanish Ministry of Health, Social Policies and Equality published a resolution requesting the registration of all care workers to assess their professional qualifications and progress in the professionalisation of the sector. The competence for registration is decentralised to the regions, which throughout 2016 have created regional registers of domiciliary care workers, geriatric nurses and formal care workers. The figure of ‘personal assistant’ has not been regulated. However, it is becoming increasingly common that the position ‘adult care’ in newspapers or by private service providers.
Sweden	Personal assistant (<i>Personlig assistent</i>)	1-year vocational training course	The municipality is often the provider of vocational education programmes.
	Nursing assistant (<i>Undersköterska</i>)	1.5-year vocational training course	

Table 4: Overview of social care qualifications in selected EU countries

Country	Profession	Education/training	Regulation
UK	<p>Social care worker</p> <p>Other job titles in this field include:</p> <ul style="list-style-type: none"> - Care assistant - Childminder - Community development worker - Drug and alcohol worker - Education welfare officer - Family support worker - Nursery worker - Occupational therapy support worker - Residential support worker - Social work assistant - Substance misuse outreach worker - Victim care officer - Youth and community worker 	<p>Five levels of qualifications are available under the Qualifications and Credit Framework (QCF):</p> <p>Level 1 (pre-entry) qualifications for people not yet working in social care, but interested in starting a career in the sector.</p> <p>Level 2 and Level 3 Diplomas in Health and Social Care have options to take a generic pathway or a specialist dementia or learning disability pathway.</p> <p>Level 4 Diploma in Adult Care enables experienced staff to develop their skills and specialisms.</p> <p>Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services has six pathways, three for adult services and three for children and young people's services.</p>	<p>Social care regulation is devolved to the four nations of the UK.</p> <p>In Northern Ireland, all social care workers are required to be registered with the Northern Ireland Social Care Council (NISCC) by 31 March 2017.</p> <p>In Scotland, all managers and supervisors in social care services, practitioners and support workers in care home services for adults and day care of children's services, residential childcare workers, and workers in school hostels or residential special schools must be registered with the Scottish Social Services Council (SSSC). SSSC is in the process of phasing in registration for workers in care home services, supervisors and workers in housing support services.</p> <p>In Wales, adult domiciliary and adult residential care home workers do not need to register. Residential childcare workers and managers need to register with the Care Council for Wales.</p> <p>In England, a voluntary register of adult social care workers was established in 2013.</p>

Recruitment and retention

*Managing
workloads*



*Empowering
workers*

Recruitment and retention

Against a backdrop of ageing societies and the associated increase in long-term conditions such as dementia, the importance of long-term care is growing in all European countries. In addition, there are other factors likely to affect future demand on social services provision such as the recent refugee crisis. Moreover, socio demographic changes including family formation patterns, the geographical location of family members and changes in employment patterns are challenging the sustainability of informal unpaid care and increasing the demand on formal care services. At the same time, there are increased expectations for more responsive and high quality, tailored, social services.

Recruiting enough people with the right qualifications and skills and keeping them in the workforce is therefore crucial for the sector, but there are several challenges, which often pose a risk to the quality and sustainability of services. This section will first outline challenges in recruitment and present examples of innovative recruitment initiatives. Next, it will outline major factors that impact on retention and describe the components of successful retention strategies.

Recruiting the social services workforce

In the context of a shift from residential to more community-based services, demand for professionals working in this field has increased significantly, but it varies substantially between countries. For example, whilst employment in the non-residential adult social services sector made up 5.3 per cent of the share in total employment in Finland in 2014, it accounted for only 0.6 per cent in the Czech Republic (For Quality! 2016). This shift leads to new requirements for professionals working in adults and children social services. At the launch of ESN's report 'Investing in children's services, improving outcomes' (Lara Montero, 2016), contributors highlighted the need to raise the motivation of professionals accustomed to delivering care and support in residential settings when they change to community-based support services (Brindle and Lara Montero, 2016).

The social services sector is a labour-intensive sector, thus an increased demand in services is likely to require an almost equal demand for a higher number of social services employees (Fujisawa and Colombo, 2009). The latter has been mitigated to a small extent by the increasing role of assistive technology in social services provision (Gibson et al, 2016). However, the situation of the social services workforce is described in the literature as facing 'acute' staffing shortages in the majority of European countries (Jacobs et al, 2013).

Gender imbalance in the workforce

Challenges in recruiting and retaining qualified staff extend to children's social services. A key challenge reported extensively in literature and practice is gender disparity within the workforce. For instance, in France 90 per cent of childcare workers are women and there is a pressing need to attract more men into the profession, so that boys in care might have male as well as female role models and to help children not to fall into gender stereotyping (Brindle and Lara Montero, 2016).

Overall, in 2014 more than 80 per cent of those employed in the residential care and social work sectors in the EU were female. The gender pay gap, i.e. the difference in hourly earnings between men and women working in health and social work was higher than in the whole economy in most countries, especially Italy, Cyprus, Bulgaria, Poland and Portugal. Only in Sweden and Denmark was the gap smaller in this sector than in the rest of the economy (European Commission, 2014).

Recruitment challenges and the impact of the financial crisis

Nearly all respondents to the questionnaire felt the level of remuneration of workers is one of the most important aspects in attracting competent and reliable staff into social services. However, current evidence reveals that across Europe the social services workforce is characterised by low wages, faced by increased demands in terms of skills and training, but has weak employment protection and conditions (Eurofound, 2014a, 2014b). All these represent major challenges in recruiting qualified workers in social services. Unsurprisingly, 73 per cent of respondents to the questionnaire also identified poor wages as a major challenge in recruiting staff. Participants in the seminar further highlighted the impact of the financial crisis and fiscal cuts in the ability of local authorities to recruit and retain social services workers.



This is also in line with the literature, which emphasises how European governments and societies currently face considerable challenges in meeting commitments to welfare provision due to fiscal challenges and demographic changes (Begg et al, 2015). This includes several dimensions, specifically the ability of the state to finance the increasing cost of care and the requirement for a suitably qualified and sustainable supply of labour (Cameron, 2010), which has direct implications on the quality of care (For Quality! 2015).

Around 80 per cent of respondents to the questionnaire felt that the financial crisis and associated public budget cuts had impacted on the working conditions and job quality of the social services workforce because of:

- Higher stress levels among staff (94%)
- Lower levels of job satisfaction (90%)
- Higher turnover rates (79%)
- Unmanageable work-life balance (74%)
- Poor working conditions (72%).

Participants in the seminar shared similar concerns reporting that public social services organisations in Europe have been dramatically affected by the crisis. They reported that the crisis had impacted on the ability of the workforce to provide much needed follow-up work with vulnerable groups, and on how to cope with the high level of administrative work and high caseloads. The capacity to provide appropriate support for the higher number of refugees and unaccompanied children was also an issue. It was felt too that social work activities were impacted more negatively than social care.

Just under half of respondents indicated that they were aware of schemes addressing stress and coping strategies among social services staff. These included safety training, counselling and coping mechanisms as part of regular in-house training as well as supervision activities. For example, in Denmark and Iceland, supervision and improving work culture were regarded as key factors in empowering workers. Municipalities in Iceland provide specific training and mindfulness workshops to cope with stress. In other countries, such as Ireland and Malta, work-life balance and flexible working are recognised within existing national employment legislation while in Sweden these are addressed at the local level. However, most respondents from CEEC (including Poland, Hungary, Czech Republic, Latvia and Croatia) indicated that they were not aware of similar strategies or schemes.

Improving recruitment processes and opportunities

Acknowledging these circumstances, respondents to the questionnaire emphasised key drivers for recruiting staff, including having clear team and management structures (97%); providing role clarity (97%); ensuring support mechanisms (94%) and offering high job security (90%). Training programmes and clear career pathways are regarded as important tools in recruitment and retention as well as allowing upward mobility that can improve the poor image of many social care jobs (Fujisawa and Colombo, 2009).

In children's social services, the need to reinforce training and raise motivation amongst professionals has been identified as a key element in addressing recruitment and retention in child protection. For example, in France, basic child protection skills were being introduced into the initial training of all French professionals in the health, social, education and legal sectors. This common training is being adopted by all county councils in their local child protection plans (Brindle and Lara Montero, 2016).

The literature suggests other ways of addressing recruitment and retention challenges. Reducing the threshold of skills and initial training requirements while providing tailored training schemes after recruitment is one way to attract people into the workforce, particularly the social care sector (European Centre for the Development of Vocational Training, 2010). Another strategy concentrates on valuing the role of current workers, for instance by appointing them to become 'care ambassadors' to attract new workers (Skills for Care, 2015). Other examples identified in the literature include increasing the contribution of migrant labour through formal 'managed-migration' schemes or through the reliance on free labour mobility within the EU (van Hooren, 2012).

In the field of social work, one policy direction has been introducing 'fast track' post-graduate social work training programmes to attract graduates from other disciplines into social work and address potential staff shortages. These programmes usually offer financial assistance and reduced or waived fees to suitable candidates. For example, the UK has established two fast-track schemes for graduates that are employer-led: The Step-Up to Social Work programme aimed at attracting graduates to children's social work (Baginsky and Manthorpe, 2016) and the ThinkAhead programme aimed at fast-tracking graduates into mental health social work (Institute for Public Policy Research, 2014). Sweden has introduced a programme aimed at attracting newly arrived migrants and refugees to special courses that equip them with relevant qualifications in social work and language skills. This is part of a larger 'fast tracking' scheme that aims to recruit migrants into professions with labour shortages, including social work (Government Offices of Sweden).

The general perception, particularly of long-term care work with older people as being unattractive, does not necessarily reflect the perception of those working in the profession. Many enjoy working with people and value the challenges and variety of tasks as well as the long-term job security a career in this field brings with it. This does not deny the concerns about working conditions and remuneration already mentioned, but it shows that care work under good conditions can indeed be an attractive career choice for many people (Sozialverband Deutschland, 2015).

Services are increasingly involving service users in the recruitment process, either by having a service user on the interview panel or by arranging a face-to-face meeting between the applicants and the service users. This recognises the expertise that service users acquire, and acknowledges the importance of communication and relationship skills in social services work. Services for people with disabilities are increasingly adopting this method as a key driver for person-centred support (EASPD, 2013).

There are also examples of multi-professional teams, where service users become part of the team of professionals working with adults with mental health problems or with learning disabilities (Lara Montero et al, 2016). This reflects a recognition that service users are experts by experience and therefore can play a key role in providing support to their peers and contributing to improving monitoring and evaluation. For example, the 'Smart Enterprise' initiative in Surrey in the UK promotes the recruitment of people with disabilities to various sectors, including social care, where training is developed and delivered in collaboration with people with disabilities attending social services.

'I Care... Ambassadors' in adult social care in the UK (Skills for Care, 2015)

'I Care... Ambassadors' is an initiative facilitated by Skills for Care, a national organisation that provides tools and support to help adult social care organisations to recruit, develop and lead their workforce. 'I Care... Ambassadors' are a national team of enthusiastic frontline care workers who visit schools, colleges, job centres and other employment agencies to inspire others to work in adult social care. Using their first-hand experience, they support teachers and employment advisors to refresh their knowledge about work in the social care sector. The initiative aims to showcase social care work and to attract people into the social care workforce by strengthening the link between care providers, the local community, schools, colleges and employment agencies.

Attracting long-term unemployed people to adult social care in Sweden

A member of ESN's Working Group on Ageing and Care, the head of the health and care administration in the Swedish city of Östersund, provided an example of a local initiative to recruit under-represented and inactive groups of people into the adult social care sector. The 'New in Care' initiative has now become a permanent programme in the municipality to address staff shortages and reintegrate people into the labour market. Long-term unemployed people are given the opportunity to undertake a work placement of two to six weeks, full-time or part-time, in a social care organisation. It was initially developed by the local health and social care administration, which then started cooperating with the employment services and subsequently with managers of social care institutions and trade union representatives. The individual support has paid off with about half of the participants who applied for the programme now working in the social care sector.

The role of agency workers

Finally, reliance on agency workers has become an extended practice to address staff shortages in social care. The advantages and disadvantages of this approach have been discussed in the literature (Cornes et al, 2013). On the one hand, agency workers are perceived to act as a relatively 'fast' solution in addressing recruitment challenges but are costlier and retention can be challenging, which raises concerns about continuity of care. The importance of agency workers was highlighted by respondents to the questionnaire, where over half of them (59%) identified agency workers as either somewhat important or very important to maintain adequate social services.

However, they also indicated that the use of agency workers could have some undesirable impact on the workforce, most notably lack of continuity of work with service users (90%) and quality of service provision (72%). Similar views were shared by participants in the seminar, who emphasised that agency workers are often required to fill gaps to meet the increasing demand, and that the continuity and quality of care provision might be compromised.

Retaining the social services workforce

It is not only the recruitment of professionals that is an issue. The social services sector also has difficulty holding on to staff. With poor rates of retention and high rates of staff turnover, it is important to look at the reasons behind these and ways to improve them. Respondents to the questionnaire identified the most important challenges that might hinder the ability of qualified social workers to perform their roles effectively and act as barriers to retain them in the profession as:

- Increased complexity of service user/carer groups (84%)
- Lack of funding (80%)
- High level of bureaucracy (77%)
- Staff to service user ratio (73%)
- Qualifications programmes in need of modernisation (62%).

In their answers to the questionnaire, respondents from the Nordic countries perceived the need to modernise qualifications programmes to be of less significance (33%) while more respondents from Southern Europe (86%) indicated that high levels of bureaucracy were a more significant factor hindering effective working. Overall, the challenges identified are consistent with findings from the literature and are associated with low job satisfaction and high turnover rate (Hussein et al, 2014).

An additional challenge in delivering high quality care identified by participants at the seminar was the fragmentation of service delivery. For example, participants from Malta and Switzerland felt that having several agencies providing services to similar user groups but with different roles may duplicate work and make service delivery more cumbersome. The situation might worsen with structural challenges such as fiscal cuts, increased complexity of service users' needs, and administrative demands on the workforce related to legislative requirements.

In terms of retaining the workforce, wage increases are the most obvious way to increase the attractiveness of the job. Other options include training opportunities including specialisation, reimbursement for transportation, bonuses, subsidised childcare, improvements in safety standards, and changes to the content of the work (Fujisawa and Colombo, 2009).

Technological innovations in the workplace

Technological innovations also have the potential to make care work more attractive. On the one hand, innovations such as 'intelligent toilets' with automated washing and drying can reduce some unpleasant aspects of bodily care. On the other hand, digitalisation can improve the efficiency of documentation and care coordination between different professionals and providers, thereby reducing time spent on bureaucratic tasks. Perhaps the highest level of IT acceptance in social services is in the area of information management. An increasing number of social services organisations, especially larger ones, have been turning to special software designed to help providers organise client data, measure provider performance, and determine clients' eligibility for services.

Many technology companies are taking notice of this trend. A primary reason why social services agencies approach technology companies is that they are seeking increased efficiency and productivity, because of requirements to use fewer resources to help more people. This is particularly relevant for agencies responsible for providing an integrated set of services, such as foster care, adoption, parental counselling and other programmes for children and families. In these situations, agencies may want to develop software to help with licensing foster parents or to organise and store data on the children and families they work with, including demographic information, needs assessment, and outcome data. This software can help to keep consistent case records and ensure the continuity of care in a sector that has a significant turnover (Diputación de Huelva, 2017).

The internet and videoconferencing can be invaluable tools to improve social services; for instance, for social workers working with people in remote, rural areas. Technological innovations in social services also include the development of special pens, which have a camera inside that takes pictures of the caseworker's notes so that they can download the information stored in the pen directly onto a computer for editing. This may save time for care workers in terms of completing documentation, whilst investing more time in meeting face to face with service users (Anoto).

Social services agencies should also consider the potential ethical pitfalls of relying too much on technology, specifically with regards to internet applications that often lack quality assurance. For instance, it is vital that social workers are sure that service users using an online application are who they say they are. Equally, it is important that the online assessment is combined with a face to face one where the person's nonverbal communication can be assessed, and more broadly that confidentiality and privacy legislation is fully observed.

Despite these ethical considerations, technology is likely to become even more prevalent in social work practice and social services in general in the future. The economic crisis is likely to speed up the trend because it will require social services organisations to find ways to become even more productive and efficient in light of the increasing number of people using services. The rising demand for services may also convince funders to put more money into organisations' IT. Therefore, social work organisations that want to ensure funding will probably have to become more comfortable with technology and how to use it to develop effective programmes.

However, as the Nordic Thinktank for Welfare Technology (2014) emphasises, it is important to recognise that working with new technological solutions may also be demanding for care professionals. They highlight that it requires a willingness to adapt to changes that affect both daily work environments and the service users being supported. Moreover, it often introduces advanced technology to professional groups not accustomed to such tools. Therefore, it is crucial to support these groups in developing new competences to be able to use technological solutions. For example, it is desirable to include this in the curriculum for health and social care professional education and training. In addition, further training courses and workshops for those already working in the sector should be made available where concrete plans to introduce technological solutions are made.

Empowering care workers

Job satisfaction can be increased by involving care workers in decision-making, teamwork and mentoring. As Webb and Carpenter (2012) emphasise, an organisation's retention strategy should be built on regular staff feedback on job satisfaction, workload levels, and how well they feel supported by colleagues, managers and supervisors. Providing adequate support to employees so they can better manage the demands of their work can play a key role in keeping them in the organisation. Whilst supervision is commonly used in social work, social pedagogy and psychology, there is potential to expand it in the social care area. Group supervision can be a useful tool in this field. It provides a framework for care workers to regularly exchange experiences and concerns, and discuss cases and issues.

Mutual psycho-social support can be very helpful, for instance for residential care workers having to deal with older service users' deaths, or for home care workers who usually work by themselves and have few opportunities to talk to colleagues about their work. The supervisor, who can be a social worker, a senior care worker or a manager, highlights solutions, good examples and opportunities, fosters team building, and ensures that complaints or potential risks to safety and quality are reported (Burack-Weiss and Brennan, 2008).

Keeping workload at sustainable levels

ESN member the German Association for Private and Public Welfare (Pamme and Merchel, 2014) emphasises continuously monitoring the workload in the service and to check routinely where organisational and individual opportunities for relief exist. Even though managers are often responsible for hundreds or even thousands of employees, it is important to explore leadership structures that enable managers to detect where individuals or teams are at risk of being overburdened. Organisational culture plays a crucial role in determining what form and extent of workload is acceptable and how employees are expected to voice this in order to get a certain response. In an organisational culture that – explicitly or implicitly – expects employees to have a high workload and where work-related stress is accepted as 'part of the job', managers should be aware of and reevaluate the positive and negative implications on workforce development.

Table 5: Professional direction, workforce management and workload (German Association for Public and Private Welfare, 2014)

Negative impact on workload ☹️	Positive impact on workload 😊
Lack of compulsory quality standards	Clearly communicated and established quality standards
Lack of concepts addressing structural planning within the team	Comprehensive structural planning concepts
Lack of interlinking between budgetary management and professional practice	Budget management and professional practice are closely interlinked
Barriers to (re)filling of vacancies	Active management of vacancies
Non-efficient staff allocation	Time-based staff allocation
Lack of workforce development	Established workforce development
Persistently high time pressure	Consideration of individual experiences of workload
Overburdening	Availability of stress management and prevention measures
Unclear roles and conflicts around roles and responsibilities	Managers promoting workers' personal strengths and resources
Overly dense regulation	Continuous review of further training opportunities between managers and employees
Job insecurity	Established resource-driven induction for new recruits
Organisational inequalities and unfair treatment	Performance reviews always include consideration of relief strategies and development opportunities

Labour mobility across EU countries



Protecting
migrant
workers

Recognising
foreign
qualifications



Labour mobility across EU countries

The share of migrant workers in European care systems has increased steadily over the last decade. Studies from Ireland and the UK indicate that foreign qualified social workers constitute up to 20 per cent of that workforce (Hussein, 2017; Walsh et al, 2010). For instance, children and family social work is identified in the UK as an occupation of labour shortage, where EU free movement of labour can be a good tool to recruit qualified social workers to fill in the existing recruitment gap.

Migrant care workers

The role of migrant care is complicated. On the one hand, many countries find they are unable to fill vacancies with current wages and working conditions. Therefore, migrant workers who often accept lower wages and difficult working conditions have become increasingly important to fill these vacancies. As these migrant workers tend to come from poorer countries, the wage differential provides a strong incentive for them to work in the receiving country in order to send money back home or improve the quality of life of their family in the country they have left (Stone, 2016). In some large European cities like London, over 50 per cent of formal care workers are foreign nationals (Hussein and Christensen, 2016).

On the other hand, 'global care chains' have emerged where countries sending migrant care workers find themselves with vacancies in the sector that they cannot fill, and in turn become increasingly reliant on migrant care workers from other – usually poorer – countries. This system may lead to exploiting the vulnerable position of migrant care workers to keep wages and working conditions at levels that not enough people in the domestic workforce would accept. In the home care sector in particular migrant care workers may be at risk of exploitation but often do not know where to seek help. Moreover, the threat of losing their job or being sent back to their country of origin can prevent migrant care workers from reporting abuse (Stone, 2016).

For public authorities as well as private employers in social services, this translates into a dilemma whereby financial constraints do not allow them to raise wages, improve working conditions and development opportunities (Cangiano and Shutes, 2010). Yet, where migrant care workers' training or language skills are insufficient, the quality and safety of the care provided can be at risk (Stone, 2016). This was echoed by respondents to our questionnaire and participants at the seminar when asked about major challenges in recruiting EU and non-EU migrants to the professional workforce in social services. The key challenges they identified were related to language proficiency, ability to understand users and carers' needs, and retrieving references from previous employers in their home countries. These are consistent with findings identified in previous research on migrant workers in the social care sector in different European countries (Hanna and Lyons, 2014).

The group discussions at ESN's seminar in November 2016 confirmed this dilemma. Participants discussed the impact of mobility and migration for receiving and sending countries. Slovakia, the host country of the seminar, is an interesting example. Emigration to neighbouring Austria and other better-off EU Member States has drained the domestic workforce in a care sector that finds itself unable to compete with wages in Western European countries due to budget constraints and a less developed care system. According to the Institute of Economic Research of the Slovak Academy of Science, in 2009 there were 23,000 people employed in social care and social work in Slovakia, whilst it is estimated that between 30,000 and 50,000 Slovak nationals worked in these sectors in Austria and Germany alone. Moreover, we should not lose sight of the gender dimension, since the vast majority of these workers were women from poorer regions of Slovakia who were commuting on a weekly basis to neighbouring Austria.

A 2013 peer review on long-term professional care and the role of migration policy also highlighted these issues (European Commission, 2013). The Romanian contribution emphasised the personal impact on the migrants and their families and children who often stay behind in Romania. Both the migrant care workers who might be isolated and socially excluded in the destination country, and the children who are often raised by grandparents separated from their parents, can develop mental health conditions. Moreover, the cost to the country of losing a large number of young, competitive and often well-trained people, leaves Romania with a shrinking, older population and a loss in potential development and tax revenues (Rusandu and Predescu, 2013).

To combat this kind of 'brain drain' especially in the healthcare sector, the Hungarian government adopted legislation that obliges students in state-funded higher education to sign a declaration stating that they will work in Hungary after graduating (Csicsely, 2013). However, such measures are not enforceable for the largely unskilled or low-skilled social care sector. Moreover, attracting and keeping people in the social services workforce long-term necessitates making these jobs attractive enough.

Concerns about policies dealing with working conditions and recruitment are more difficult to address in countries that do not have a fully developed formal long-term care system. This is the case in Italy where most of the long-term care of older people is provided informally at home. Cangiano (2014) estimates that 90 per cent of home care workers employed directly by Italian households are migrants. Migrant workers are also more likely to live with the person they care for than native carers in the so-called 'migrant in the family' model. In both, home care and residential care settings, migrants are more likely to work night shifts, longer hours and accept poorer working conditions than their native peers (van Hooren, 2012).

Recognition of foreign qualifications

The review of the situation in different countries provided some overall information on the process of recognising foreign qualifications in social work. Generally speaking, in order for foreign nationals to be able to join the social work profession in Europe, their qualifications need to be officially recognised as being of equivalent value to corresponding national qualifications. In Austria, one-stop recognition procedures are available for country-specific professions for people from Germany, Belgium, the Czech Republic, Denmark, Finland, France, Hungary, Ireland, Italy, the Netherlands, Poland, Romania, Slovenia, Switzerland and the UK. These are used by 50 per cent of applicants and are decided within 30 minutes.

Overall, the share of migrant workers and the kind of work they do depends on the degree of formalisation of care in the respective country, whether the labour market structures allow natives, especially women, to access jobs with better pay and working conditions, and the number of vacancies available in relation to the supply of workers. Estimates on the share of the workforce that is foreign ranges from 10 per cent in Austria to over 50 per cent in Italy. However, given the importance of informal work arrangements, it is very difficult to find reliable data, particularly in the CEEC.

Only 13 per cent of respondents to the questionnaire were aware of any local or national programmes focusing on harmonising social work and social care qualifications obtained within the EU. As EC Directive 2005/36/EC on the recognition of professional qualifications does not include social work or social care professions, there is no EU regulation on the mutual recognition of professional qualifications in these areas. This has meant that, for instance, the Spanish government did not recognise the profession of social worker when it transposed the Directive into national legislation. As a result, social workers from other EU countries hoping to work in Spain have had problems getting their qualification recognised by the Spanish authorities, preventing some from joining the workforce, according to the Spanish General Council of Social Work.

Table 6: Overview of recognition of foreign qualifications of social work professions

Country	Profession	Recognition of foreign qualifications
Austria	Social worker	The Austrian Professional Association of Social Workers (OBDS) advises social workers seeking to work in Austria to obtain official recognition of their education/training, since this documentation needs to be provided to any future employer in Austria. Foreign social workers are required to undertake training in Austrian law, and – if necessary – language training. If the foreign social worker has a non-Austrian university degree, they can have this recognised by the Austrian Ministry of Science.
Denmark	Social educator	In both cases, a person who is interested in having their qualification recognised must apply to the Danish Agency for Higher Education, which provides an assessment of the qualification and whether it corresponds to the Danish qualification. The assessment of foreign qualifications can serve the purpose of obtaining admission to vocational training, upper secondary education and to higher education.
	Social worker	
France	Family mediator	<p>The requirements for non-nationals to have their qualifications recognised by French law are outlined in the Code de l'action sociale et des familles (CASF):</p> <ul style="list-style-type: none"> – Have a post-secondary diploma in the field, delivered by an accredited national body in the home country; – Obtain an authorisation from the French state. <p>Both EU and non-EU nationals (except those from Quebec, who have a special agreement) must fill in the same application form to request the authorisation. Within four months, a decision should be made. Either the applicant can become a social service assistant, or they must engage in compensatory measures (either a competence test or a traineeship combining a 12-week professional traineeship and 250 hours of theory).</p>
	Social and family counsellor	
	Early childhood educator	
	Social service assistant	
	Specialised educator	
	Specialised technical educator	
	Educator for young children 0-7	
	Social and family intervention worker	
Germany	Social worker	The German Professional Qualifications Assessment Act (<i>Berufsqualifikationsfeststellungsgesetz – BQFG</i>) regulates the formal recognition of degrees awarded by foreign institutions. Due to the regional differences of what social work entails, the federal states implement the assessments demanded by the BQFG in different ways.
Italy	Social worker	The Ministry of Justice is the authority responsible for recognising degrees awarded in other EU countries. The Ministry acts through a special Commission (<i>Conferenza dei Servizi</i>), which assesses the requests.
	Specialised social worker in management position	
	Professional educator	The Ministry of Health is responsible for recognising the qualifications awarded for these two professions in other EU countries.
	Family counsellor	

Country	Profession	Recognition of foreign qualifications
Spain	Social worker	The recognition of social work qualifications in Spain is regulated by Law 10/1982 through which the official colleges of social work were set up. To work as a social worker, one has to hold a university degree in social work and register with the college of social work of the province or region where the social worker intends to work. For degrees obtained in the EU, the social worker will need to request the official recognition of the professional qualification of social work issued by a Member State of the EU. The Ministry of Health, Social Services and Equality is responsible for processing and resolving the request according to the Annex X of the Royal Decree 1837/2008, by which the European Commission's Directive EC/2005/36 was transposed onto Spanish legislation. The request has to be submitted to the General Directorate for Family and Childhood of the Ministry. The Directorate also requests the Council for Social Work to issue a report related to the recognition request and the fulfilment of academic and professional qualifications.
Sweden	Social worker	Foreign social workers must register with the National Agency for Employment (<i>Arbetsförmedlingen</i>), which is responsible for assessing their qualifications and experience.
UK	Social worker	Foreign nationals must register with the professional council responsible for the UK nation they intend to work in. They must fulfil the Standards of Proficiency for social workers that describe what a social worker should know, understand and can do when they have completed their social work training. Citizens of the European Economic Area (EEA) have European mutual recognition rights and must complete a separate form. The professional council's advisor will check this and confirm whether the applicant has provided sufficient evidence of mutual recognition status or has to undertake further training or education.

Table 7: Overview of recognition of foreign qualifications of social care professions

Country	Profession	Recognition of foreign qualifications
Austria	Home care worker	<p>All health professional qualifications awarded abroad need to be recognised by an official Austrian authority before the person can start working. As of 2016, applicants need written confirmation from their country's responsible authority that their professional practice has not been temporarily or permanently forbidden.</p> <p>Shorter procedure for professional recognition (One-Stop): used by 50% of applicants who then receive recognition within 30 minutes. One-stop recognition procedures are available for country-specific professions for professionals from DE, BE, DK, FI, FR, IR, IT, NL, PL, RU, CH, SK, SL, CZ, UK and HU. Regulations are specific for each qualification.</p>
	Professional social care worker in elderly care	
	Graduate social care worker in elderly care	
	Professional social care worker in disability work	
	Graduate social care worker in disability work	
	Professional social care worker in accompanying people with disabilities	
	Graduate social care worker in accompanying people with disabilities	
	Graduate social care worker in family work	
	Personal assistant	
	Care assistant	
Denmark	Pedagogical assistants	<p>In both cases, the assessment of qualifications and skills lies with the employer.</p> <p>EEA nationals wanting to work as health and social care assistants require a work authorisation issued by the Danish Patient Safety Authority, which checks the application and confirms whether the applicant has provided sufficient evidence for recognition or has to undertake further training or education.</p>
	Social and health care helper	
	Social and health care assistants	
France	Social and family work assistant	<p>The recognition of qualifications and competences for these non-regulated professions lies with the employer.</p>
	Foster carer for young people aged 18-21	
	Home care assistant	
	Psycho-medical support worker	
	Childminders	
Germany	Care workers for older people	<p>See relevance of BQFG as described in table 6.</p> <p>Applicants may be requested to take an "aptitude test", which assesses the professional knowledge, skills and competences of the applicant, is carried out by vocational colleges and regulated by regional public administrations. The aim is to assess the ability of the</p>
	Professional care worker	
	Health and care assistant	

Country	Profession	Recognition of foreign qualifications
Italy	Social assistant worker	The application for recognition must be presented to the regions.
	Social health worker	The Ministry of Health is responsible for evaluating the application and the education certificates obtained outside Italy.
	Early childhood educator	The Ministry of Education is responsible for evaluating the request for recognition of the foreign degree.
	Family assistant	Any training and education certificates awarded in a foreign country must be translated and presented to the region, where the applicant intends to practice.
Spain	Social care worker	The recognition of qualifications lies with the employer, but all regions are creating registers, where all social care workers must be registered.
Sweden	Personal assistant	EU workers must register with the National Agency for Employment (<i>Arbetsförmedlingen</i>) which is responsible for assessing the qualifications and experience of migrant workers.
	Nursing assistant	
UK	Social care worker	Before recruitment, EU workers must provide Criminal Records Bureau (CRB) and police checks as well as references from previous employers. Adequacy of training, work experience and language skills are at the discretion of the employer.

Workforce planning

*Data
evaluation*



*Review
and improve*



Workforce planning

Workforce planning is a key element of social planning, which ESN defined in its 2015 report on ‘social planning at local level’ as a cyclical process that enhances the efficiency and effectiveness of social services. Regular evaluation should be built into the planning process in order to enable social services improvement. This section will address key aspects of workforce planning, potential barriers, and planning at national level taking into account how future policy scenarios could impact on social services workforce planning.

Phases of an annual planning process (ESN, 2015):

Data collection and monitoring

Data management and evaluation

Data analysis

Synthesis report, plan and concept

Discussion, negotiation and adoption

Presentation

Decision-making or implementation

Key aspects of workforce planning

Social services managers should ensure that they have the right number of people with the right skills and qualifications in their teams or their organisations. Many issues impact on workforce planning, including changes in the organisation’s objectives, values, funding structures and regulatory frameworks. On a broader scale, societal developments and policy changes, such as immigration and residence laws that determine the terms and conditions under which foreign nationals can be recruited and employed, also impact on workforce planning.

Workforce planning relies on managers understanding the condition of their organisation. A good system for capturing data on sickness and turnover rates, staff information, including their remuneration and training, is essential. It is also important to keep an up-to-date record of remuneration as well as qualifications and training plans that allow for comparisons thereby ensuring that workers have equal opportunities to develop within the organisation. Discrimination often happens unintentionally and without managers realising that someone is being disadvantaged, hence tracking staff development against established criteria and procedures is crucial to ensure meritocratic principles within the organisation.

A helpful step-by-step guide is provided in ESN member Skills for Care and Development’s *Practical approaches to workforce planning*. This guideline provides a set of questions that managers can ask themselves for each step of the workforce planning process.

Step-by-step guide to workforce planning



1. Analyse

Understand the national vision for your area of work, employment initiatives and legislation, as well as local and organisational policies and priorities. What are the implications for your organisation or your team?



2. Plan

Identify financially viable, manageable steps to achieving your organisation's goals in a certain timeframe, taking into account workforce needs, new ways of working, costs, risks, resources and organisational culture.



4. Review and evaluate

Review outcomes for the people supported by your service. Share your findings with staff, leaders, managers, service users, carers and commissioners. Learn from mistakes and rethink where the process where necessary and celebrate successes.



3. Implement

Develop and manage the implementation plan. Communicate and engage with all those involved in implementing it. Monitor and review your plans and adjust where necessary.

Around 62 per cent of respondents to the questionnaire indicated that employers use workforce planning tools either at the local or national level. Such tools focus mostly on projections of supply and demand. One example is the Estonian Qualifications Authority's OSKA programme, which analyses the needs for labour and skills over the next ten years, including key professionals in social services such as social workers. However, 48 per cent of the respondents to the questionnaire were not sure about these tools or had never used them.

Electronic welfare report: Support for local strategic management in Finland

The electronic welfare report is a digital tool that has been developed for local authorities to support inter-sectoral welfare management and political decision-making. The report lays the foundation for strategic local work on social policy and practice, namely for operational and financial planning, practice implementation, and evaluation of services and management. It integrates data from the welfare sector, population wellbeing, the local economy and local service infrastructure. The tool provides information by population group on the different dimensions of welfare: quality of life, mental wellbeing, work ability and functional capacity, social participation, social security, education and employment, equality and justice, as well as housing.

This information allows local authorities to improve the collection and sharing of relevant welfare data, undertake transparent planning based on local data, and increase the efficiency in the planning and implementation of services.

According to ESN member the Association of Finnish Local and Regional Authorities, the electronic welfare report is used across the country by more than 250 local authorities. The tool enables evidence-based, transparent planning of services, improved evaluation of management and services, and better targeting of services.

The complete practice example can be found in ESN's online practice library.

Barriers to workforce planning

We asked in the questionnaire how important various potential barriers were for workforce planning. Key barriers to workforce planning identified in the answers to the questionnaire related to funding (76%), high workload (75%), competing priorities (75%), policy direction (70%) and lack of agreed national models for projecting supply and demand (70%). Despite this, over half of the respondents (58%) felt that the communication between employers in social services and professional training bodies in relation to workforce demand and planning were either well established or good, but with some improvement needed.

Funding constraints, competing priorities and high workload to meet current needs were identified as the biggest barriers with 76 per cent, 75 per cent and 74 per cent, respectively. Therefore, the pressure on current resources clearly impacts on the (perceived) ability of social services to establish robust workforce planning systems.

The lack of an agreed national model for projecting supply and demand was rated by 70 per cent of respondents as a significant or major barrier, particularly by respondents who are working at the local or regional levels in France, Spain, Italy, Belgium, the UK, Iceland, Finland, Estonia, Latvia, Ireland, Sweden, Slovenia, and the Netherlands. There was a noticeable discrepancy between national and local organisations in a few countries, where national organisations did not identify this as a barrier. This suggests that perhaps such national models exist but are not necessarily known well enough by local and regional organisations.

Planning at national level

Workforce planning is not just a local or an organisational task, but it is also the responsibility of national government. National policies can impact hugely both on the demand and supply of care and support mechanisms. Developments towards more community and individualised care, part-time and flexible work, improvements in quality and safety of care, or the changing nature of skills have had a crucial impact in the world of work and welfare. This should encourage a discussion on the changing nature of work patterns and its social consequences in the social services sector of the future.

Just under half of the respondents to our questionnaire expect the number of trained social workers in their country to remain the same over the next five years while 34 per cent indicated this number might increase. Only 7 per cent felt that it will decrease over the same period. The German Federal Ministry for Health (2016) found that the total number of health and social care workers increased by 70 per cent between 1999 and 2013 while the number of people in need of care rose by 30 per cent over the same time. Clearly, improvements in access and quality were important drivers of this increase in workforce demand. But will this increase continue and how can social services manage it?

Imagining the future of social services in Scotland

The Scottish non-profit organisation IRISS presented their 'Imagining the future' project at ESN's seminar on the social services workforce in 2016. They explored four different scenarios of the social services landscape in 2025. This kind of exercise can help to think through how workforce demand, roles, working environments and tasks could change depending on how services operate. The four scenarios IRISS were (Musselbrook, 2013):

- **Post welfare:** Driven by the collapse of overstretched services, high levels of relationship breakdown and poor mental health, much of the support given and received is informal, unstructured and ad hoc. The role of social workers is largely reduced to crisis management and citizens are incentivised to use services only in emergencies unless they are prepared to pay for private services. The voluntary sector covers other services but relies on private grants, donations and local volunteers.
- **The new normal:** People with disabilities and many people with mental health issues are fully integrated into society and most do not require formal support as they earn, contribute and participate in society. They buy support services as they need them. Community Improvement Coalitions bringing together individuals from the community, the voluntary sector, social enterprise, business, health and social care, are the shapers and makers of local services. Prevention and support of key target groups has been extended. Personal budgets and service user involvement in training have become the norm and health and social care are fully integrated.
- **Yesterday is another world:** Health and social care services are on the brink of collapse because of necessary reforms to cope with population ageing, meet rising demands, reform of working culture, and extend community-based care have not been implemented. The majority of social workers are in their 50s, after years in the profession, many are worn down by bureaucracy, budget cuts, rising workload and their low public status. Social workers decide on budgets and care management mainly based on what people cannot do but lack time to properly consider individual preferences and resources.
- **The fully integrated world:** The new National Health and Social Service offers a one-stop-shop to users and maximises the use of technology to increase productivity and keep staff costs to a minimum. Video consultation for non-acute matters is the norm and self-care is financially incentivised to keep costs down. More than 80 per cent of care is provided in people's homes but isolation and loneliness have become the biggest issue.

What these possible scenarios highlight is the importance of policy-makers addressing long-term issues in the welfare system. They also highlight the risks of letting budgetary constraints drive these changes at the expense of empowering users and communities, investing in prevention and ensuring quality of care, and the motivation and wellbeing of those who are delivering services.

Workforce management

*Authentic
leadership*



*Cross-sector
coordination*



Workforce management

Management is the continuous process that allows an organisation to achieve its goals to a consistent level and quality (ESN, 2014).

Management has a crucial impact on many of the aspects already described in this report, including recruitment, retention and workforce planning. As many of ESN's members are managers of local public social services, this section on management will be central to the analysis and recommendations on the social services workforce that this report puts forward. This section starts by giving an overview of key issues in social services workforce management in Europe. Then, it goes on to describing ways of managing change at organisational and local levels, coordination between training, commissioning and service provision, and managing risk.

Overview of key issues in workforce management in social services

Sixty-six per cent of the respondents to the questionnaire said adequate supervision and management were among the most important factors that enable qualified social workers to fulfil their roles effectively. Conversely, more than half of the respondents identified inadequate supervision or management and lack of leadership as somewhat or significantly hindering the ability of qualified social workers to fulfil their roles effectively. The proportion was even higher for the social care sector.

Table 8 shows that respondents from the Nordic countries were more likely to judge challenges related to integrating innovation, research and evidence-based practice to be managed effectively or very effectively. Meanwhile, respondents from Southern Europe were least likely to judge that partnership and multi-agency working as well as enabling and enhancing leadership and management were effectively or very effectively managed. Some examples of innovative practice to reduce staff burnout were provided. For instance, an initiative developed in Romania where staff training is organised in conjunction with family leave. The training programme takes place near the Black Sea in holiday resorts and professionals can come with families. In Malta, specialised training programmes addressing work with target groups (e.g. children in protection measures) are given to improve professionals' case management skills.

Table 8: Percentage of respondents judging different workforce challenges as being managed effectively

Workforce challenge	Western Europe	Southern Europe	Nordic Countries	CEEC	All
Responding to the economic crisis and austerity measures	46%	44%	47%	47%	46%
Integrating innovation, research & evidence-based practice	38%	33%	56%	31%	40%
Partnership and multi-agency working	50%	39%	47%	40%	44%
Enabling and enhancing leadership management	60%	35%	61%	44%	50%

ESN's former Working Group on Leadership, Performance and Innovation¹ emphasised the importance of 'authenticity' in leadership, meaning that staff and service users see a leader as having a consistent and transparent approach. The group emphasised the important role managers play in supporting staff and implementing processes to improve the efficiency and effectiveness of ways of working (ESN, 2014). Research suggests that managers are often too occupied with day-to-day tasks and crisis management to plan for the future, innovate and reflect. Shanks et al (2015) found in their interviews with middle-level managers in Swedish social services that the managers wanted to be more engaged in strategic thinking and development of their services but instead 'get trapped by administrative details'.

The economic crisis – among other things – has placed additional pressure on leaders and managers. If social services are to work well, there need to be well-trained leaders and managers at all levels in order to ensure that they inspire and empower their staff, address the needs of service users, facilitate cooperation between sectors, and use resources efficiently and effectively. Investing in a continuous learning and development culture where leaders and managers feel supported and take time to reflect on the question of what makes a good leader in the social sector are essential to ensure that social services deliver better outcomes, even in a challenging political and economic environment (ESN, 2014).

Table 9: Key factors enabling social workers to perform their roles effectively

Factors enabling social workers to perform their roles effectively	Western Europe	Southern Europe	Nordic Countries	CEEC	All
Adequate qualifications	87%	79%	90%	89%	86%
Supervision	81%	62%	47%	67%	64%
Partnership strategies	67%	62%	73%	61%	66%
Regular training	65%	52%	26%	61%	51%
Adequate funding	48%	48%	47%	44%	47%
Number of respondents	31	29	19	18	97

Managing change

Whilst there is a general consensus in most European countries that a move towards a more integrated, person-centred system of social welfare and support is desirable, putting this vision into practice poses a number of challenges. Through their behaviour and actions, organisational leaders largely determine the values and assumptions of staff. It can be challenging for leaders having to justify continuously why disruptions to routines and assumptions are necessary, but commitment at both operational and managerial levels is key to enabling change throughout the organisation (Brannon et al, 2011).

Enablers of change management (Brannon et al, 2011):

- Staff engagement at all levels
- Supportive organisational culture and policies
- Top management training – designed to foster upper management buy-in and support for staff to undertake these interventions
- Supervisor training to improve the quality of supervision for care workers
- Team building to improve relationships and communication among staff
- Peer mentoring to improve the quality of care workers' jobs by increasing the potential for advancement
- One-to-one peer support for new employees
- Caregiving skills development, including interventions to enhance clinical skills through curriculum-based programmes, formal and informal training
- Provider-specific projects focussed on diversity, staff wellbeing and other workplace issues
- Adequate financial and human resources
- Low staff turnover rates
- Cooperation rather than competition in the labour market and between providers

¹ESN's working group on 'Leadership, Performance and Innovation' brought together senior managers of public social services at local and regional level to evaluate both the impact and the responses to the economic crisis in Europe. In 2014, ESN published a series of papers on this work entitled 'Contemporary issues in the public management of social services in Europe'.

Improving residential services for adults with intellectual disabilities in Ireland

A representative of the Health Service Executive (HSE) Ireland and member of ESN's Working Group on Disability, provided an example of a national initiative of quality improvement of residential services for children and adults with intellectual disabilities that puts staff at centre stage. To tackle the challenges many disability services had in meeting standards and regulations, the HSE developed a support programme and a toolbox to enable staff to improve the support they provide. In collaboration with service users and staff, an HSE quality improvement team visited and reviewed existing practice and supported residential staff to:

- Strengthen leadership and governance
- Improve relevant person-centred documentation
- Progress action plans agreed with the regulator
- Identify areas of good practice and innovation
- Implement quality improvement programmes to enhance the quality and person-centeredness of services

The team is also developing a bespoke quality improvement course to equip local disability managers with the skills and expertise needed to implement and monitor quality improvement in their local service.

The complete practice example can be found in ESN's online practice library.

Coordination between training, commissioning and service provision

Cross-sectoral and multidisciplinary working is an essential part of services coordination and integration (Lara Montero et al, 2016). Multidisciplinary teams working with children and families provide a preventive mechanism in the fields of children's health and child protection (Lara Montero, 2016). Schulmann et al (2016) heard in their interviews of professionals working in long-term care for older people, how important they thought it was to have multi-disciplinary teams and scheduled time for team work and team meetings is to providing high quality care.

Ninety-two per cent of the respondents to the questionnaire said that working in partnership with other professionals (e.g. from health and the police) to meet service users' needs is a key role of social workers in their country. However, 43 per cent said that partnership and multi-agency working with education, health and employment is not managed very effectively in their country. Seven per cent even said that it was not managed effectively at all. Respondents from Southern, Central and Eastern Europe in particular viewed this as an issue with only 40 per cent indicating that multi-agency and partnership working was managed well in their countries. Respondents from Western Europe and the Nordic countries were slightly more positive, however only about half thought this form of cooperation was managed well in their experience.

For example, a respondent to ESN's questionnaire from Finland commented that the administrative integration of health and social care has led to situations where social care workers may be managed by healthcare professionals, which may cause conflicts because of lack of understanding of professionals' needs. Finland is reforming its health and social care system by transferring and integrating the responsibility for providing health and social care services to larger administrative entities at regional level. The aim is to make access and the quality of services more equitable as well as achieving complete vertical and horizontal integration of health and social care (National Institute for Health and Welfare).

Over half of the respondents to our questionnaire (52%) were aware of national or local programmes that facilitate and promote partnership working between social services staff and other professionals. The majority (89%) felt that social services professionals could communicate and deal effectively with other professionals either to some extent or very well. Additionally, 86% were aware of examples of effective partnership working either locally or nationally, including: integrated child protection planning between social services and schools, partnerships between social services and private employers, cooperation with local hospitals, and working closely with non-public care providers.

Participants in the seminar stressed the importance of partnership working between agencies while highlighting issues of culture, data sharing, and lack of partnership strategies as potential challenges to the effectiveness of partnership working. They also provided examples of innovative practice facilitating partnership working. For example, in Rome two municipalities have merged recently and had to find a common way of working. Health, police, social workers and others meet once a week and discuss two case studies each month. In addition, they collaborate in formal and informal ways, for instance in workshops. Participants from Sweden emphasised that in addition to multidisciplinary working, professionals were being trained together to emphasise prevention.

Various structural and relational components are necessary to achieve successful coordination. Management and leadership play a key role in implementing these components. Structural components can include joint assessments, joint care plans, joint case management, an interorganisational steering committee or working in the same location – also known as ‘co-location’ (Lara Montero et al, 2016). Managers need to work on overcoming cultural differences between professions and preventing role ambiguity to avoid conflicts within multidisciplinary teams (Germundsson and Danermark, 2012).

Examples of cooperation and interdisciplinary working

National System for Early Intervention in Portugal

In **Portugal**, the National System for Early Childhood Intervention (SNIPI) is coordinated between the Ministries of Labour and Social Solidarity, Education and Health and involves families and communities. The programme targets children aged 0 to 6 with, or at risk of, suffering from developmental problems. It seeks to enable better social participation of children with disabilities and developmental delay in early childhood as well as later in school and as adolescents. Local Intervention Teams, consisting of doctors, nurses, therapists, psychologists, childhood educators, teachers and social workers from local authorities, identify children and families to be supported by SNIPI. The teams develop and implement an Individual Plan of Early Intervention together, involving resources in the community and informal networks as well as formal care support, kindergartens and schools.

An Open Dialogue for people with schizophrenia in Denmark

The National Board of Social Services in **Denmark** (Socialstyrelsen), an ESN member, has established the ‘Open Dialogue’ initiative, a network-oriented, holistic approach involving professionals and personal networks. It is aimed at adults who have been diagnosed with schizophrenia who require support from local authorities. The initiative involves five Danish municipalities and facilitates multi-disciplinary network meetings for health professionals, social workers and employment support workers. It also involves service users and carers since the programme is based on equality between all participants. A joint reflection of professionals and users enables both to gain a better understanding of the needs of those participating in the programme and potential support options.

A one-stop shop for health and social care in Finland

Another local example of co-location is Eksote, the health and social care district of South Karelia in the Southeast of **Finland**. This initiative provides healthcare, dental care, mental and substance misuse services, laboratory and imaging services, rehabilitation, in-patient care, adult social services and services for older people and people with disabilities in one place for about 132,000 inhabitants from nine municipalities. It aims to ensure equal access to social and healthcare to all citizens in the region and to provide services more effectively through better cooperation between organisations and professionals from the above-mentioned services. Moreover, it emphasises the importance of prevention and citizens’ empowerment to take more responsibility for their wellbeing.

The complete practice example can be found in ESN’s online practice library.

Managing risk

Risk management refers to a 'systematic approach, which allows for the planning of risk-taking strategies and for monitoring and reviewing accountability, clarity and support for staff' (Titterton, 2005). Risk management systems vary in their nature and development across Europe. National laws and supervisory bodies often provide the impetus and guidelines for risk management.

For example, in Finland, the National Supervisory Authority for Welfare and Health (Valvira) coordinates with regional state agencies to regulate and monitor risk management systems. The Social Welfare Act provides guidance, stating for example, that staff must communicate any signs of risk or bad care quality. Similarly, in Malta the Ministerial Department for Social Welfare Standards is drawing up national standards of care and codes of conduct, which will apply to social workers and employers. In the Czech Republic, the Social Services Act requires that social service providers have a risk management system.

Another example is the Health and Social Care Inspectorate (IVO) in Sweden. The IVO is responsible for responding to concerns raised in care and the regulation of management systems. In addition to this, all Swedish municipalities have a risk management system, which they must adhere to. This illustrates that local social services often bear responsibility for abiding by, and implementing risk management systems. This is the case in the UK where county councils must maintain their own risk management strategies and ensure compliance with safeguarding protocols.

A good example of local risk management systems is Vitoria City Council in Spain. The council has a dedicated service for addressing risks, which intervenes in risk planning and provides guidance on staff responsibilities. Furthermore, there is a safety plan for the municipality, which includes consideration of risks and is implemented by the municipality's health and safety committee.

However, there tends to be less clear legislation and bodies responsible for risk management in CEEC. In Hungary, no risk management systems were identified. In Latvia and Poland, national regulations do not exist and it is up to the social service provider and municipalities to set up risk management systems.

However, respondents to the questionnaire stressed that risk management systems facilitate the processing of complaints and comments on the service provided. This is an important step in identifying the potential difficulties within the service. As a report by the German Red Cross (2007) highlights, it is important to develop low threshold complaint systems that are accessible both for service users and all the professionals working with them. Where external support or internal systems have not been established or are not known, users and staff can be deterred from reporting incidents out of fear of 'false accusations' or of being bullied. A way to prevent this from happening is by conducting regular anonymous review surveys, where service users and staff are asked about safety or their concerns.

Risk management in child protection

Supporting the staff to ensure that their behaviour towards children and young people in care is adequate is a reality that every organisation in the field needs to address to take precautions against any potential inappropriate behaviour.

In the German city of Bremen (Bremer Bündnis Kinderschutz & Prävention, 2010), risk management in child protection is based on these key elements:

- A reflective culture of cooperation that is open to critical dialogue about mistakes and weak points in the support system
- Openness to learn lessons from individual and organisational factors that contributed to failures in child protection
- A culture of attentiveness where employees are encouraged to spot mistakes and correct them before the situation escalates
- Respect and acknowledgement of professional and specialist knowledge and skills
- Learning from success
- Effective communication and implementation of the risk management system with clearly assigned tasks and responsibilities
- Managing change effectively – both where change comes from outside, for instance due to legislative changes, or from the inside due to internal restructuring processes
- Reliable documentation and evaluation of quality assurance and risk management
- Clear structure of responsibilities in management to ensure the smooth implementation of risk management processes

A cross-sectoral response to risk for community reintegration of sex offenders in Ireland

Sex Offender Risk Assessment and Management (SORAM) consists of representatives from the Irish Police, the Probation Service, the Child and Family Agency, the Health Service Executive, the local authority, and the Irish Prison Service. A model for reintegration into the community was adopted involving a national (lead/oversight) committee and a national co-located office, coupled with local area teams, where case management is undertaken.

The National SORAM Steering Group oversees the National SORAM office to provide guidance, training and support on best practice to the local SORAM teams. Local SORAM teams convene on a regular basis to review risk and protection factors and develop case management plans for individuals convicted of sexual offences who reside in the community.

In each local SORAM team area, a list of qualifying sex offenders is drawn up and, using the risk assessment instruments and additional information known to each agency, a joint risk management plan is prepared. This plan is then reviewed on a regular basis, based on the reported information from each agency relating to the offender concerned. For cases where a child protection issue is identified, the Principal Social Worker from Tusla (Child and Family Agency) is actively involved. The risk factors are then reviewed on a regular basis and appropriate adaptations are made to the risk management plan when necessary.

The approach has enhanced working relationships between the staff of different agencies and established a structured approach to risk management. With that, a more accurate risk assessment has been developed, which has resulted in improvement in public safety in the city of Dublin.

The complete practice example can be found in ESN's online practice library.

Conclusion: challenges and opportunities for the social services workforce

The essence of all social services is the human relationship between those who need support and those who provide it. Whilst this report has shown the complexity involved in organising and managing these human relationships, it has also provided tangible recommendations and practical examples of doing this in a forward-looking, effective way.

The balance between the flexibility, time and freedom to allow these relationships to develop, and regulation and assurance of quality, documentation and targets, is inevitably difficult to strike and has to be revisited regularly. Clearly, enforcing professional standards raises the profile of the profession and improves quality. This is particularly important within the social care sector as many European countries have yet to implement this kind of regulation to advance the quality and safety of care.

In addition to the professional skills essential for social work and social care activities respectively, 'soft skills' are also crucial, especially as interdisciplinary working is becoming ever more important and services are increasingly supporting people in a more person-centred way. As examples in this report have shown, involving service users in training and recruiting professionals as well as in the planning, design, implementation and evaluation of services, is the way forward.

As ESN's questionnaire revealed, recruitment challenges are complex and impact services across Europe. Recruiting more men, long-term unemployed people, former service users and those wishing to change their careers can help to increase the supply of workers. At the same time, retaining the existing workforce requires supporting people in their jobs; for example, by introducing technological improvements that help case workers to save time with administrative tasks or support care workers with difficult aspects of bodily care. This may also be done by training social workers on the use of new technology, including its advantages and risks, to help them feel more comfortable with its use. Giving workers development opportunities, preventing work-related stress and illnesses, and ensuring adequate remuneration can also have a positive impact on retaining staff.

Recruiting migrant workers can help to reduce vacancies. It can also be an opportunity for workers from countries where salaries are lower to improve their lives if remuneration, working conditions and life opportunities are better than in their home country. However, these care chains may also lead to concerns about the workforce and their families, the quality and safety of care, and whether it is fair that better off countries rely on the supply of cheaper labour from worse off countries. Therefore, in the long-term it is important to consider questions about the sustainability of care systems that rely on migrant workers accepting wages and conditions that not enough native workers would accept. Ease of recognition of foreign qualifications can contribute to preventing migrant workers having to accept employment they are overqualified for.

In this analysis, we have identified the following key opportunities and challenges for the social services workforce in Europe:

Recognition of foreign qualifications and protection of migrant workers

The European Commission and national governments have not addressed the harmonisation of qualifications in the social services sector. This leads to differences between qualifications and roles, which makes it cumbersome for employers and regulators to recognise foreign qualifications, in addition to practical considerations, such as overcoming language barriers that can take time. Progressing towards mutual recognition of professional qualifications in social work and social care across the EU, as it is already in place for many health professions, would be desirable and would lead towards addressing this situation.

Professionalising the social care workforce

Whilst informal care arrangements will always play an important role in supporting people in their own homes, different steps can be taken to professionalise the workforce. Professionalisation can start by providing informal carers with the possibility of paying social insurance contributions so that they can build up towards their pension as well as providing them with training or peer support groups. Another step could include registering all social care workers and supporting them to improve professional standards to raise the quality of the care they provide. It would also be desirable to establish formal training and qualifications that recognise practical skills and experience that are acquired in an informal context.

Cooperation and interdisciplinary working

The potential benefits of multi-disciplinary working, especially for vulnerable children such as children in care or children with disabilities, people with chronic conditions, or mental and physical health problems, is clear. Yet, this report and ESN's report on integrated social services have illustrated the importance of managing this process by facilitating a dialogue between professionals from different sectors to learn about each other's roles and skills. Within this process, it is important to acknowledge changes to the role of each professional that can be brought about by an integrated way of working and managing expectations of each team member's work.

Sustainable workloads

Budget constraints and rising demands on the social services workforce can often lead to very high caseloads that can impact on professionals' ability to do their job properly, on their wellbeing and the quality of care they provide. This also has an effect on how long people stay in the workforce. Proper supervision and reviews of workloads and support systems are therefore crucial to improving the retention of the workforce and continuity of care. The commitment and hard work of those working at all levels of social services in Europe should be cherished and rewarded in a way that recognises its importance for the wellbeing of societies.

Recommendations

Policy-makers

Establish the mutual recognition of social work qualifications across the EU to enable support social workers to work in other member states.

The Directive 2005/36/EC could be amended to include the social work profession since 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, would help to address the recruitment gap that exists in many EU countries.

Register social care workers and establish a national system to recognise their qualifications and skills, and implement a code of practice for the profession.

Such a registration process, which is now being implemented in several EU countries as shown in this report, can be linked to training and career development opportunities and recognise practical skills and experience that were acquired in an informal context. This in turn would improve quality of care and therefore benefit care workers, their employers and the service users.

Work with regional and local authorities on projections of workforce demand and supply and how social policies may impact on the regional and local level.

This can be done through regular consultation of consortia made up of regional and local authorities, commissioners and providers of social services, researchers, service users and representatives of professional workers in the sector.

Enforce migrant care workers' employment rights.

At EU level, it would be possible to advance towards this by harmonising qualifications as explained above and by establishing minimum protection floors for professionals in such harmonisation process. At national level, this can be done through campaigns aimed at raising awareness of existing laws among migrant care workers and employers, and by establishing robust processes through which workers can raise concerns anonymously.

Create technology standards of practice for social workers.

National associations/colleges of social work should include technology standards that outline the changing role of social workers in relation to technological advances in society. The general codes of ethics should keep pace with the rate of change in technology and ensure that guidelines also address issues related to confidentiality and privacy in relation to the internet.

Managers and practitioners

Include interdisciplinary modules in training sessions and encourage exchange and understanding of roles and responsibilities in interdisciplinary teams.

This can be done through joint team-building sessions that enable members of different professions to better understand each other's skills and professional identities. It can also be done through joint assessments, joint care plans, joint case management, an inter-organisational steering committee, or through co-location where different professionals work in the same location.

Involve service users and carers in the recruitment and training of social services professionals.

This could be achieved by including a service user or carer in recruitment panels and by co-designing training modules with service users.

Raise awareness and make use of existing planning tools.

This can be done by sharing and consulting best practice examples of effective organisational workforce planning tools that focus on sustainability and integrate recruitment, retention, training and professional development, as well as having a dialogue with the workforce on the direction the team/organisation is taking.

Explore the potential of technological innovation to make care work more attractive.

This could be done by investing in innovations that may lead to improvement in social services working with people or in digitalisation to improve the efficiency of documentation and care coordination between different professionals and providers. For this to happen, it is crucial to train and support professionals in developing new competences that help them use new technological solutions. Creating peer support programmes where social workers with technological and digital literacy can support their peers to gain that knowledge is also recommended.

Acknowledge and communicate clearly how changes in the organisation's way of working affect professionals' roles and what the potential benefits to the service users are expected to be.

This is particularly relevant when reforms integrating various services are implemented. This process requires a communication process that allows professionals to raise their concerns in their teams as well as in the wider organisation. There should also be time to assess why the change was brought about, and a cooperatively developed plan that lays out how the whole team can contribute to achieving the best outcome.

Academics and researchers

Involve service users systematically in the educational structures and processes of social work degrees.

This could be done by promoting the participation of service users in developing, delivering and evaluating social work education to bring together academic knowledge and experience as equally valid sources of knowledge. Service users can assume different roles, for instance as a co-teacher or as an external student. Formats commonly used include workshops, seminars, role plays, or working groups with service users and social work students.

Research into the impact of workforce mobility on sending and receiving countries across Europe.

This kind of research could involve not only aggregating economic data on costs and benefits of mobility but also qualitative research including the perspective of migrant care workers and local services.

Ensure that social work education is adapted to current technological progress.

This could be done by addressing in the curriculum how innovations may lead to improvement in social services working with people or how digitalisation can improve the efficiency of documentation and care coordination between different professionals and providers. For this to happen, social workers with digital and technological literacy could educate peers and students on the integration of technology into future practice.

Collect evidence on the potential opportunities and risks of different forms of technology in the social services context.

This could include gathering evidence on how professionals, carers and service users need to be trained to use technological applications effectively, how the workforce needs to be involved in the process of social services' digitalisation, and how to address data protection concerns in the sector.

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Glossary

Baccalaureate

Secondary school qualification that enables access to undergraduate studies at university.

Bologna process

The process of harmonising the European systems of university education with the aim to facilitate the recognition of qualifications and periods of study at university across Europe.²

Code of practice

Set of standards agreed on by a group of people (often professional associations or an official body), which are required of a particular profession as they implement their daily work.³

Community care

Care services and support for vulnerable children and children with disadvantages, older people, people with disabilities, mental health issues or chronic conditions provided within the community rather than in hospitals or institutions. It supports people to live independently in their own homes and to avoid social isolation.

Informal carer

Non-professionals who have no contract regarding care responsibilities but provide care to family members, close relatives, friends or neighbours.⁴

Postgraduate degree

Higher academic degree awarded after postgraduate studies for which an undergraduate degree (bachelor's degree) is a prerequisite. Includes master's degrees, doctoral degrees and higher diplomas.

Risk management system

Formal process of identifying hazards and the probabilities of their occurrence and potential consequences, assessment of risk control options, and decision-making on implementation.⁵

Service user involvement

Process by which people who are using or have used a service become involved in the planning, development and/or delivery of that service.⁶

Social care

Range of services supporting children or adults with daily living and personal care.

Social work

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.⁷

Undergraduate degree

Academic degree awarded by colleges or universities upon completion of a first course of study lasting at least three years (also called bachelor's degree).

² Università di Bologna, Bologna Process. Available at: <http://www.unibo.it/en/international/agreements-and-networks/bologna-process> (last accessed 13 February 2017)

³ Scottish Social Services Council, Code of Practice Social Services Workers and Code of Practice for Employers of Social Service Workers. Available at: <http://arcuk.org.uk/scotland-training/files/2011/03/sssc-codes-of-practice.pdf> (last accessed 13 February 2017)

⁴ Triantafyllou, J. et al (2010) Informal care in the long-term care system – European Overview Paper. Interlinks.

⁵ National Patient Safety Agency (2008) A risk matrix for risk managers. Available at: <http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=60149> (last accessed 13 February 2017)

⁶ NHS England, Service user involvement. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/10/ohc-paper-06.pdf> (last accessed 13 February 2017)

⁷ International Federation of Social Worker, Global definition of social work. Available at: <http://ifsw.org/get-involved/global-definition-of-social-work/> (last accessed 14 February 2017)

The social services workforce is diverse and employed in a range of different settings and conditions. Enhancing regulation could help ensure that all professionals in the sector have access to training and development.

Across Europe, the sector is facing a recruitment crisis. Hence, it is becoming increasingly important to attract more people into the profession and to retain the existing workforce. The use of technology, the promotion of mobility, harmonisation of qualifications, and working with service users, are important factors in these developments.