Evolving jobs, skills and training needs in the social services sector and the role of social partners in managing changes

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Abbreviation list

AGE	Age Platform Europe
ANED	The Academic Network of Disability Experts
CEDEFOP	European Centre for the Development of the Vocational training
CFDT	French Democratic Confederation of Labour
CNE	National Central Employees Belgium
CPNEF	National Joint Employment and Training Commission
DGCS	Directorate-General for Social Cohesion
EASPD	European Association of Service providers for Persons with Disabilities
EDF	European Disability Forum
ELISFA	Employer Union for Social and Family Ties
EPSU	European Federation of Public Service Unions
ESN	European Social Network
ETUC	European Trade Union Confederation
ETUI	European Trade Union Institute
EU	European Union
EU-OSHA	European Union Information Agency for Occupational Safety and Health
FNV	The Federation of Dutch Trade Unions
FONSS	Federation of Non-Governmental Organizations for Social Services
FRA	European Union Agency for Fundamental Rights
FTE	Full time equivalent
GWU	General Workers Union
LTC	Long Term Care
MCAST	Malta College of Art, Science and Technology
MDPH	Departmental House of People with Disabilities
OECD	Organisation for Economic Co-operation and Development
SUPER	Finish Union of Practical nurses
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WHO	World Health Organisation

Country abbreviations in alphabetical order

AT	Austria
BE	Belgium
DE	Germany
DK	Denmark
FI	Finland
FR	France
MT	Malta
NL	Netherlands
RO	Romania

Executive summary

This report examines the effects of changing social care models, evolving user needs, and the increased use of digital tools and technologies on the skills and training needs of workers in social care services. As care models and user needs evolve, so must the skills and training of the workforce. This is especially important to ensure safe and healthy working conditions for carers in the full range of settings where care is provided. However, there is a lack of knowledge about the specific skills and training needed for staff to provide more person-centred, community-based social services. Furthermore, across Europe, staff shortages are a pressing issue in the social care sector, with low wages and poor working conditions making it hard to recruit and retain the necessary workforce. Skills and training can help to improve the attractiveness of the sector when linked to professional development, new job profiles, and matched with salary increases. The report emphasizes the importance of social partners and collective bargaining in ensuring safe and healthy working conditions and managing the changing job profiles.

This report takes a multi-stakeholder perspective by gathering data on these issues from representatives of service providers (employers) and staff in social services (workers) from eight EU Member States. The data were collected through interviews with organizations representing employers and national trade unions in the sector. To a limited extent, the perspective of service users (beneficiaries) is also covered through input from European organizations representing persons with disabilities, children, and older people.

The shift towards new social care models varies among the surveyed countries. However, there is a clear trend towards more home-based and community-based services. This transition, in the context of demographic changes, increasing demand for social care services, and growing staff shortages, underlines the importance of assessing skills and training needs and improving opportunities for professional development. Home care especially gives rise to new risks for care workers who often provide this type of care alone or in pairs. In that regard, workers need training in self-defence in addition to human rights-based approaches, detailed knowledge of users' behaviours and mental health support needs. Improving recognition of qualifications gained in foreign countries can also help address skills gaps.

The use of technology and digital solutions in social care service delivery is also becoming more prevalent, impacting the workload and work processes of new care models, and necessitating further training for care workers to manage these digital solutions. The Covid-19 pandemic has further accelerated the reliance on digital technologies, such as tablets, smartphones, robotics, and online software, to manage and share users' data and improve communication. Despite the opportunities that technology offers to improve social care services, interviewees have highlighted various challenges associated with its use, such as skill disparities, reduced face-to-face contact, and increased workload. There is also concern that technology could compromise the quality of care provided. However, the implementation of technological tools could be beneficial in the home care sector if approached carefully with consideration for the needs and rights of all stakeholders involved. The new models of care require a range of skills from workforce of social services, including:

- project management skills

- intercultural communication skills

- interprofessional collaboration skills

- group-specific skills

- digital literacy and communication skills.

The interview results all confirm the view that social dialogue plays a significant role in addressing the training and skill requirements of care workers. Effective sectoral representation is necessary to incorporate all types of services for various target groups. However, the culture and level of social dialogue varies among different EU Member States, which highlights the importance of capacity building and the sharing of best practices to promote communication between representatives of workers and employers in those countries where it is less well developed.

To summarize, the report highlights the challenges and opportunities related to skills and training in the care sector. The key to addressing these challenges and leveraging the opportunities is to prioritize the continuous professional development of care workers through ongoing education and training, and to implement technology in ways that enhance services. By doing this, social services can provide high-quality services to users while also supporting the professional growth and well-being of care workers.

1 Introduction

In recent years, there has been a shift towards more person-centred social services in the community and at home. This was largely stimulated by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, or the Convention), which recognises the right of persons with disabilities to live in the community and access a wide range of support services, along with improved access to mainstream health and social services. The UNCRPD gave impetus to shift from the medical to the human rights model of disability, which implies that persons with disabilities should be considered as active rights holders, instead of being perceived as passive care recipients. Social services should, therefore, support and enable persons to participate fully in society. This paradigm shift calls for new types of services and new approaches in the provision of social care, namely, to ensure person-centredness in service delivery, promote autonomy, and empower persons with disabilities for independent living, among others. This new approach has also influenced social services provided to other vulnerable groups, including long-term care services for older people with support needs, or children without adequate parental care.

As a result of the growing ageing population, we will encounter further increase in care and support needs. In this study, social services are understood in a broader sense as services for older persons, persons with disabilities, children and other excluded or disadvantaged persons (NACE codes 87 and 88). This scope has also been used for the Eurofound representativeness study covering social services (Eurofound, 2022b). While person-centred care has become a key demand on services for people with disabilities in the context of the implementation of the UNCRPD and efforts for transitioning from institutional to community-based care, the long-term care (LTC) sector has also shifted to person-centred care as requirement for quality LTC services. Taking up a development in LTC that goes back to Tom Kitwood's concept of person-centred care for people with dementia (Fazio et al., 2018), person-centred care has become a cornerstone of integrated care (Lewis & Ehrenberg, 2020). A recent systematic review found increased "attention on the service delivery design of integrated care, with a recent shift toward the notion of person-centredness as a way of shaping any aspect of processes and interaction with patients and their caregivers" (González-Ortiz et al., 2018, p.10). The concept of integrated care is broader than person-centredness and aims to counter the fragmentation of health and social care services on a variety of levels, including governance, financing, evaluation of quality of care, development of the workforce, self-care and informal care (Lewis & Ehrenberg, 2020).

As a general trend, the social care sector is facing staff shortages across all of Europe and providers are struggling with attracting and retaining workforce. While there are clear links to low wages and poor working conditions, it is important to understand additional factors for staff shortages and limited retainment, also from the perspective of workers. The role of social partners and collective bargaining in ensuring decent, safe and healthy working conditions as well as managing the changing job profiles is an important, yet under-researched aspect. This study will reflect on this issue by bringing in the voice of both workers' and employers' representatives.

Delivering these alternative care models often requires new skills and training. One major factor is the increasing role of technology and digital solutions in service delivery, their impact on the work

and workload in these new models of care and the necessary skills to manage these digital solutions. The Covid-19 pandemic has brought about additional changes in the organisation of work in the social services sector, for example by further accelerating the use and reliance on digital technologies (Marin-Garcia et al., 2021).

In this report, home care is understood as care and support provided by a care worker for the overall well-being (hygiene, safety, social) of a person in need, in their own home. Community-based care encompasses a wide range of services, which aim to foster the social inclusion of people with care and support needs, as opposed to segregating forms of institutional care. It may include personal assistance, day care or home care. Existing, more traditional forms of services, such as residential care, should also incorporate the values and principles outlined in the UNCRPD throughout service delivery.

The European Association of Service providers for Persons with Disabilities (EASPD) highlights the importance of service providers' active engagement in the implementation of the Convention and drive this profound systemic change in the care sector (EASPD, 2021a). One of the pre-requisites of the implementation of the Convention is to promote training to professionals and staff working with persons with disabilities so they can provide better assistance and services in line with the rights guaranteed under the UNCRPD (Article 4, CRPD). Training and skills needs are evolving along with new care models and emerging needs of users. However, there is knowledge gap on what is needed exactly to realise the provisions of new models of care in terms of the necessary skills and training requirements staff must obtain for the delivery of more person-centred community-based social services.

This report considers care workers' needs when delivering day-to-day frontline support and highlights relevant sector-specific challenges and opportunities to improve the quality of care along with the efforts to shift from institutional to community-based care in different EU countries. More specifically, it aims to answer the following three research questions:

1. *How did social services provision evolve in recent years due to new social care models (e.g., as a result of the ongoing transition process from residential to home- and community-based care and the development of person-centred care), evolving needs of service users and the increased use of digital tools and technologies?*

2. *What is the impact of the evolution in the sector on skills needed and how/through which ways could these new skills be acquired (training, new form of management, etc.)?*

3. *What role does social dialogue play in supporting the changing jobs, skills, and training need?*

The novelty of this report lies in its approach to present a multi-stakeholder perspective, by gathering data on the above-mentioned issues from representatives of service providers (employers), and staff in social services (workers) from eight EU Member States. To a limited extent the perspective of service users (beneficiaries) is also covered through input from European organisations representing persons with disabilities, children, and older people. Finally, the study provides valuable insights into the current challenges of the social services sector in order to better meet the needs of care workers and users in ever-changing societies.

The rest of the report is structured as follows: chapter 2 of this report provides a brief description of the methodology. Chapter 3 discusses the main trends and challenges encountered in the social care sector in recent years, with special regard to job profiles. Chapter 4 describes the impact of that evolution of jobs on skills needs and presents some ways to acquire new skills. Chapter 5 touches upon the role of social dialogue in handling changing jobs, skills, and training needs. The report then proceeds with policy recommendations (chapter 6) and conclusions (chapter 7).

2 Description of methodology

The present study employs a multi-faceted methodology consisting of several interconnected steps. Firstly, a comprehensive desktop research and literature review were conducted, to gather relevant academic and grey literature sources on the topic of evolution of social services for different target groups, existing challenges and training needs and skills development of the workforce. The literature review focuses on relevant studies pertaining to the workforce challenges and needs in the care sector and is limited to an EU geographical domain. The documents reviewed include EU policy documents and initiatives, such as the EU Skills Agenda, the European Disability Strategy 2021-2030, the European Pillar of Social Rights Action Plan, the European Care Strategy for caregivers and care receivers, as well as target group/service-specific sources. This literature review is not exhaustive and is restricted to the most recent (from 2014 onwards) and pertinent sources in English and French languages.

Secondly, qualitative interviews were conducted with national stakeholders from eight EU Member States, including Austria, France, Belgium, Germany, Netherlands, Romania, Finland, and Malta (see below). From each country, representatives of both employers' and workers' organisations in the social care service sector were interviewed (two interviews per country). The selection of the countries is geographically balanced (East, West, North, South), encompassing countries with different welfare systems in place. Countries were chosen based on different factors, including social partners' strong training (VET) and upskilling policies (e.g. Austria). It was also considered where the European Federation of Public Service Unions (EPSU) and the Federation of European Social Employers (short: the Social Employers) have active members who were willing to support the study. In total, 16 national stakeholder interviews were conducted in pairs (consisting of representatives of employers and employees in each country), which enables cross-sector and cross-country comparison of the challenges and existing approaches. In most cases, there was only one employers' representative and workers' representative per country. However, in some countries (e.g. Belgium, Austria, France) different trade unions formed a delegation to take part in the interview. The identification of interviewees was aided by EPSU and the Social Employers.

Table 1. List of organisations interviewed

Country	Employers' representatives	Workers' representatives
Austria	SERVICE MENSCH GMBH	Younion (on behalf of Younion and Vida)
Belgium	UNIPSO	CNE, ACV-Puls, SETCa
France	ELISFA	CFDT
Germany	AWO	ver.di
Netherlands	ActiZ	FNV
Romania	FONSS	SANITAS
Finland	HYVINVOINTIALA HALI RY	SuPer (on behalf of SuPer, JHL and Tehy)
Malta	Aġenzija Sapport	GWU
EU-level interviews		
European Disability Forum		
Eurochild		
AGE Platform Europe		
CEDEFOP		

Source: Own source

Lastly, in order to supplement the data collected from the national stakeholders, four EU-level interviews were carried out with relevant stakeholders, such as the European Centre for Development and Vocational Training (CEDEFOP), the European Disability Forum (EDF), Eurochild and AGE Platform Europe (AGE). These interviews aim to bring in the perspective of service users from different target groups (children, persons with disabilities, older people), and the European agency responsible for vocational training policies.

Each interview lasted about one hour, and they were conducted online through MS Teams or Zoom platform between January 2023 and March 2023. Standardized interview templates were used with common and specific questions dedicated to representatives of employers and workers. Findings of the literature review contributed to the development of the interview guide, with the aim to cover existing gaps in the literature through these interviews. A specific interview guide was also developed for the European level interviews. The data gathered from the 20 interviews was then utilized to produce the final report. The report consists of a thorough analysis of the data provided for each question, from every employer/worker organisation and the country they are based at. Overall, the multi-dimensional methodology employed in this study is aimed at comprehensively examining the current state of training needs and skills development of the workforce in the social services sector, to enable the provision of person-centred care. The study also provides actionable insights on how to improve the skills and working conditions of workforce, by involving the unique perspective of both employers and workers, as well as to a limited extent the users in the analysis.

The current study has several noteworthy limitations that require attention. Firstly, the sample size is relatively small, with only eight EU Member States covered and 20 interviewees. The findings closely

relate to national contexts; thus, they are not necessarily applicable to the whole EU. Secondly, the study relies on self-reported data from interviewees, which is potentially biased since mostly one worker and one employers' organisation per Member State was interviewed (except for Belgium, Austria and France). Thirdly, while steps were taken to ensure data quality, there may still be errors or biases in the data, particularly due to language barriers between the interviewer and the interviewees. Lastly, the brief duration of the study presents limitations to the sample size and data collection procedures.

3 Main trends and challenges in the social care sector in recent years

3.1 Background

Box 1: What are social services?

There is no universally accepted definition of social services, and distinguishing between different types of social services is difficult considering the actual definitions and approaches used in EU Member States, which vary greatly (European Commission, 2022). Nevertheless, social services are pillars of European society and economy, due in part to their contribution to several essential European Union values and objectives, such as achieving a high level of employment and social protection, a high level of human health protection, equality between men and women, and economic, social, and territorial cohesion (European Commission, 2006). Welfare states provide social support services to improve the well-being and social inclusion of individuals in a vulnerable situation. Such services may be provided by public, private, or non-governmental organisations to beneficiaries who experience marginalisation, or social exclusion. This can include individuals belonging to diverse groups, including persons with disabilities, children, and older people (European Centre).

In recent years, there has been a growing emphasis on providing care and support in the community rather than in institutional settings (OECD, 2017). The literature acknowledges various factors driving the evolution of social care services towards a more person-centred and community-based approach. For support services for persons with disabilities, including children with disabilities, these reforms

were accelerated by the ratification of the UNCRPD by all EU Member States and the EU itself. Article 19 of the Convention recognizes the right to live independently and be included in the community, through accessing a range of in-home, residential and other community support services (UNCRPD, 2006). The European Disability Strategy 2021-2030 emphasizes that "independent living requires differentiated landscape of quality, accessible, person-centred and affordable, community- and family-based services". As the Strategy points out, the quality of services varies across and within Member States and the sector is affected challenging working conditions and workforce shortages (ANED, 2018). Around 85% of the respondents of the Social Employers Survey report that they currently face staff shortages (Social Employers, 2022c). The ongoing digital transformation offers opportunities for the design of services that meet the needs of persons with disabilities and enhance their independence. Extensive reforms to transition from institutional to community-based care for children without adequate parental care also took place across Europe to move children out of orphanages and help them to return to their families or provide them with alternative care in the community (e.g. foster care). New types of social care services were created in the community, aiming to foster the social inclusion of people with support needs, requiring adequate number of staff, who understand and uphold the principles of human rights and person-centredness in care provision. These services were often designed and implemented with the help of EU Structural and Investment Funds, which can also be used for training and skill development of social care workforce.

European countries are facing social, economic, and political challenges due to the growing ageing population, especially regarding the organisation and financing of long-term care for older people with support needs. The percentage of EU citizens aged 65 and over is expected to rise from 19.2% in 2020 to 27.8% by 2070. (Eurostat, 2020). This demographic shift is likely to increase demand for social care services while also putting a strain on available resources. The EU's social care sector will be significantly impacted by the EU's aging population, particularly in terms of workforce and financing (Eurofound, 2022b). While the debate around long-term care primarily focused on the role of the state, families, and communities to provide support to older people with care needs and the issue of public financing, a human rights aspect has also emerged (Birtha et al., 2019). The European Pillar of Social Rights includes a dedicated principle on the "right to affordable long-term care services of good quality, in particular home-care- and community-based services" (Principle 18, EPSR). The European Commission's report on Long-Term Care Systems in European countries highlights that there is a trend towards home- and community-based care as opposed to residential care, as it is more cost-effective and enables individuals to maintain their independence for longer (European Commission, 2018c). Furthermore, the report highlights the importance of person-centred care, which considers the needs, preferences, and aspirations of individuals, and aims to empower them to make decisions about their care (European Commission, 2018c). The EU Care Strategy seeks to support the provision of high-quality, affordable, and accessible care services for all. It acknowledges that most long-term care workers "have a medium level of qualifications and the skills required are constantly evolving and becoming increasingly complex." Furthermore, the sector needs workers with soft skills, digital skills and specialised knowledge on emerging diseases such as dementia.

An important aspect of person-centred care is to involve service users with care and support needs in the design and delivery of services, to ensure that services are tailored to their specific needs and preferences (ESN, 2019a). Similarly, the European Social Network (ESN) report on Community-based Social Services in Europe highlights the role of community-based services in supporting individuals to live independently and participate in their communities (ESN, 2019b). The European Union Agency for Fundamental Rights (FRA) emphasizes the potential of digital tools and technologies to support

the delivery of person-centred care and empower individuals to take control of their care (FRA, 2018). Furthermore, Greenhalgh et al. note that digital tools and systems can improve efficiency, effectiveness, and patient outcomes (2020). The increasing use of digital technologies has brought the main changes in the social services sector, as has the shift towards more person-centred care (Bee et al., 2008). Technology use can, however, increase the workload for care workers, reduce the time spent interacting with care receivers and deter workers without digital skills from entering the care workforce (Koch, 2021). Hesitation towards the use of new technologies can also stem from a lack of consultation and concerns around data privacy and depersonalisation of care (Lolich et al., 2019; Ramsey & Montgomery, 2014).

However, the literature shows that the shift towards new models of care in the social care sector has presented challenges across various areas, including disability care, childcare, and elderly care (WHO, 2016). FRA has highlighted challenges in the provision of disability care services, including a lack of resources, inadequate training for staff, and the need for better integration of people with disabilities in society (FRA, 2020). The European Parliament has also raised concerns about the challenges faced in childcare, including a shortage of childcare workers, low pay, and a lack of access to affordable childcare services (European Parliament, 2020). In the area of care for older people, the European Commission's report on Long-Term Care Systems in European Countries has highlighted workforce shortages (European Commission, 2018). This is due, in part, to low wages and poor working conditions, which make it difficult to attract and retain qualified employees (Turley et al., 2020). Social workers frequently earn less money than experts in other professions with equivalent levels of training and experience (Eurofund, 2021). The change caused by the new models of care present implications for the training and skills needed by care workers, as well as for the organisational structures and policies that support the delivery of high-quality care (Kotzabassaki & Torres, 2021). Literature shows that in some EU countries, such as Ireland and Italy, there are concerns about training and retaining skilled workers such as lack of necessary training (Ireland) and shortage of skilled workers (Italy) (ESN, 2021). A report from FRA highlighted that societal developments have increased the diversity of service consumers, with people from many communities, ethnicities, and backgrounds needing social care services which cater to their unique wants and requirements (FRA, 2020).

The European Commission's report presents workforce shortage and the need for more funding as key challenges for the sector (European Commission, 2018b). The funding gap has been attributed to a variety of factors, including rising service demand. Alzheimer Europe states that the demand for social care workers has increased as more individuals receive care in their homes and communities (2019). According to the European Social Policy Network (ESPN), the changes in the demands of service users in the social care sector are also caused by a rise in the frequency of chronic diseases, a greater emphasis on mental health, and a larger diversity of service users (ESPN, 2019). Furthermore, implications attributed to funding relate to rising healthcare costs, and austerity measures implemented by governments in response to the global economic crisis (OECD, 2020b). Due to the lack of adequate funding, access to social care services has been limited for some groups, especially in rural areas, as has the quality of care.

These challenges are exacerbated by demographic changes, including the growing ageing population and changing patterns of care (ESPN, 2020). Furthermore, the COVID-19 pandemic has further exposed the weaknesses in the social care sector, including staff shortages, lack of resources, and inadequate working conditions, and has emphasized the need for significant investment and reform (European Centre for Social Welfare Policy and Research, 2020). Furthermore, the report of the Social

Employers emphasises that more funding is necessary to respond to workforce challenges (Social Employers, 2022a). The European Union has implemented various policy frameworks to address the main trends and challenges (social inclusion, skills development, disability, and care provision) of the changing care sector, such as the abovementioned European Pillar of Social Rights, the EU Disability Strategy 2021-2030, and the EU Care Strategy. Another relevant policy initiative is the EU Skills Agenda, which focuses on developing and upgrading the skills of the EU workforce to meet the needs of the labour market. In particular, the Skills Agenda sets a target of "improving skills levels and working conditions for at least 1 million EU health and care workers by 2025" (European Commission, 2020).Top of FormBottom of Form

3.2 Findings

Main trends and challenges brought by the evolution of social services in recent years were discussed with eight worker's organisations and eight employer's organisations from the EU countries participating in the research (AT, FR, BE, DE, NL, FI, RO, MT) as well as with representatives from EU-level organisations (EDF, AGE, Eurochild, CEDEFOP). In this part of the report, we will discuss results deriving from the interviews on the main changes and challenges pertaining to the care sector. Digitalization and the transition towards person-centred care are not the only changes that the social services sector has experienced in the last 15 years. While this report focuses on the impact of new social care models, it is essential to acknowledge that these models have been applied differently in the eight EU Member States that were part of the research. In some cases, the shift towards new social care models has been minimal or has had no impact in certain countries. The transition from institutional to community-based care is happening in most of the countries, such as AT, NL, MT, RO, FI, and BE. However, the consolidation of this process differs from one country to another, depending on the country's financial capacities and social policy context. NL appears to be further in the process than other countries. An interviewee from ActiZ (NL) confirms that local municipalities in the Netherlands are paying attention to implementing social policies focusing on tailor-made services for service users and home-based care. However, FNV (NL) suggests that the reason for the shift to home-based care derives from the government's decision not to expand the number of beds in nursing homes as needed, as well as the closure of community homes for the elderly because of the high running costs of these facilities. In contrast, the French employers' representative added that the implementation of the shift from residential to home-based care is very slow in France.

Different dynamics in EU countries were also confirmed by European stakeholders. The European Disability Forum considers that because of the ratification of the UNCRPD by all of the EU Member States, there is a gradual change in the approach towards persons with disabilities, shifting from the medical to a human rights model. This entails greater focus on community and home-based care, with special regard to personalised care. Thanks to the Convention, there is also a common understanding that personalized care and independent living actually comes down mostly to a person having the choice of where they want to live, with whom and what kind of care they want to receive. Similarly, the representative from AGE Platform Europe put emphasis on the self-determination approach of service users. The new shift has also facilitated the provision of services in the community enabling service users to be part of it.

Figure 1. Main trends in the care sector during the last 15 years, Source: own compilation

a) *Staff shortages and attractiveness of the social care sector*

Shortage of staff appears to be one of the main challenges for the sector, which has been amplified in the recent years with the demographic changes and the increase of demand for care services, as confirmed by ver.di (DE). Additionally, some of the main interlinking issues that have added to the staff shortage in the social services sector include low salaries, high levels of burnout and turnover, and a lack of workforce development funding. While the levels of burnout and funding available for workforce development are different throughout the interviewed Member States, low salaries appear to be an absolute common problem.

In Germany, there is a significant lack of care staff in the sector, and this situation is similar in AT, RO, FR, and MT. According to the trade union representative from SuPer (FI), the shortage of staff is a relatively new problem in Finland, and the underlying reason for understaffing is the lack of proper financing, which is a problem mentioned by all interviewees. In the Netherlands, however, the situation is different. While there have been financial cutbacks in the sector, the most prominent consequence for staff cutbacks relates to imbalance between formal and informal care. The representative from FNV (NL) trade union reports that due to the shift from residential to home-based care, 2000 care facilities, including community homes for the elderly, were closed in the country. According to FNV (NL) representative, the Dutch government is encouraging informal care to take over the formal care and fill the gap of service provision, due to the lack of professional carers. Similarly, AGE draws attention to the negative impact of current systems, which mainly put the burden of care on the shoulders of informal carers, who are increasingly acknowledged, especially when it comes to the care for older people. In addition, the shift to home care proved to be challenging with regards to the adaptation of workers, who were initially trained and experienced in residential care. In Austria,

YOUNION confirms that staffing has been challenging with new services such as everyday assistance, non-medical home nursing, care allowance supplement (financing of personal assistance according to the UNCRPD) for persons with disabilities of working age. Moreover, there has been an expansion of geriatric day centres, and a new occupational group "nursing assistant" was created to serve the needs of the changing sector.

The changing landscape of the care sector, coupled with the high cost of living in some regions, may make it difficult to attract and retain skilled employees. The sector is facing a considerable challenge in attracting new recruits due to the relatively low salaries that fail to match the job's demands and complexities. For instance, in the Netherlands, the care sector pays 9% less than the commercial sector, as confirmed by ActiZ (NL). In France, the average salary for a care worker is around €24,500 gross annually (2019 pension statistics), while the Directorate General for Social Cohesion (DGCS) announces an average wage in full-time equivalent (FTE) salary of around €29,000 gross annually. The salary is much lower than the average salary in France, which was €36,250 gross in 2016, showing a difference of between 25% and 48%. According to trade union representatives (CFDT), this is the lowest paid sector in France after that of hospitality and catering. Positively, in Malta, trade union and employer's representatives are currently in the process of discussing a new collective agreement which will benefit the salary structures and career path structure (meaning training and upskilling of care workers).

The staff shortage phenomenon is highly affected by the lack of attractiveness of the sector (Social Employers, 2022), as confirmed by both the employers' and workers' representatives, including Volkshilfe (AT), YOUNION (AT), FNV (NL), CFDT (FR) FONSS (RO). Overall, the interview results show that the poor reputation of the sector adds to the main problems. The young population is leaving the sector by the day or does not even enter the care sector. As reported from both workers' and employers' representatives in Romania, Eastern European countries are experiencing emigration of the young population towards Western European countries. Consequently, it would be expected for the workforce in Western Europe to improve, however, representatives from Western European countries report the opposite and are still struggling finding sufficient workforce due to demographic developments.

Working in the care sector is unattractive for multiple reasons. Poor working conditions were reported from HYVINVOINTIALA (FI), GWU (MT), YOUNION and Volkshilfe (AT), FONSS (RO) and SANITAS (RO). The COVID 19 pandemic has negatively impacted the working conditions in the sector. Representatives from both workers' and employers' organisations in France, Germany, Netherlands, Austria, Finland, Romania, and Belgium confirm that the pandemic has increased staff shortages, stress, workload, management discrepancies, and led to higher numbers of employee burnout. Only in Malta, the pandemic has not affected the situation much in the sector, as reported by both workers' and employers' representatives in the country (GWO and Agenzija Sapport).

> *"The unions wanted to make the jobs attractive and the careers tenable."* (CNE, Belgium)

According to YOUNION representatives in Austria, the rise in demands for care work is due to an increase in the number of service users and subsequently resulted in higher levels of stress and pressure on care workers. Employers' representatives from Belgium (UNIPSO) have also acknowledged that managing stress, preventing burnout and performance pressure are among

the biggest challenges faced by care workers. But the pressure resulting from the risk of being called back to work to replace unannounced absences is very real and a source of additional stress. A Belgian workers' representative (CNE) states that "workers are torn between a feeling of guilt ("I'm not going to leave colleagues and beneficiaries stranded") and a feeling of being expendable, of being the variable of adjustment".

> *"Care services and capacities are at the limit and the often-desired qualitative care falls by the wayside, leading to a guilty conscience that frustrates and demotivates."* (YOUNION, AT)

Agenzija Sapport in Malta suggests that another factor for increased stress to care workers is the home-based care environment. With this new environment workers are bound to stay in one place only, and oftentimes are left alone. In Malta, the shift towards home-based care, coupled with a shortage of staff and increased demand for care workers, has resulted in the recruitment of care workers from abroad. The Maltese General Workers' Union (GWU) reports that this has presented a new challenge for care workers and care users due to language barriers, resulting in migrant care workers working alone and facing communication problems with service users.

b) Administrative burden and safety at work

Apart from the psychological and physical burden, the new social care models also have some administrative implications. Employers' representatives in Germany (AWO) have confirmed an increase in the demand for care documentation, while in the Netherlands (FNV), care workers spend 36% of their time on administrative tasks. Similarly, employers' representatives in Belgium have pointed out that there is an increase in administrative burden. According to workers' representatives in Austria (YOUNION) and Belgium (CNE), there is a significantly more complex documentation requirement, and the use of technology often does not lead to relief, but to additional burdens in everyday practice. Interviewees suggest that it is becoming increasingly necessary for care workers to have the appropriate management and administrative skills to meet the evolving needs of the sector. Perceiving additional administrative burdens is often a result of lacking skills to use digital platforms or software to store and share data about the service users' files.

> *"Professional carers tell us that they're performing more administrative work than actual care work."* (AGE)

The interview results also shed light on certain specific challenges faced by care workers in their day-to-day work, particularly in terms of discrimination and harassment from service users. In Malta, for example, the workers' organisation GWU reported monitoring cases of harassment, discrimination and bullying towards home-based care workers. Despite reports of cases of harassment and violence, employers continue sending workers to the same client. Romania also reported safety issues in the workplace, with a workers' representative from Sanitas (RO) referring to the situation as "life-threatening" at times. Safety at work was presented as a challenge from other workers' representatives such as Volkshilfe (AT) and FNV (NL). The issue of safety of care workers would require further investigation to understand the extent of the problem in Europe, as well as mapping of the existing protective and follow-up mechanisms in place. This can be an important element in efforts to ensure committed and qualified workforce is retained in the sector.

c) Involvement of the needs of service users

The increasing availability of person-centred care has implications on considering the needs of service users in the planning, delivery and even monitoring of social care services more than ever before. A significant step towards addressing the needs of service users relates to their involvement in public discussions about social policies and in the development and implementation of social services. The interview results show little involvement of service users in decision-making processes such as in Austria, Netherlands, Germany, France and Malta. However, even in these countries, the involvement consists of service users voicing their concerns, rather than being part of policy discussions as confirmed by the German trade union ver.di, as well as representatives in AT, NL, FR and MT.

> *"A lot of noise for not much."* (CFDT, France)

The AWO (DE) representative suggests that the prioritisation of service users' involvement in the planning of care services was incentivised mainly by the COVID-19 pandemic. Similarly, according to YOUNION (AT), attention to the care sector in Austria was accelerated due to the pandemic and the public rallies of the professional groups involved in the care sector. The involvement of service users in public discussions is important because they want to have a say on the work processes to check if it serves their needs (FNV, NL).

In most cases, service users voice their concerns through employer and workers' representatives. SuPer and HYVINVOINTIALA in Finland confirm that they are the only voice for the older people in the public debates, partially, because it is difficult for them to reach government streams and, partially, because older people are not vocal. On the other hand, in Malta the employers' representatives in the country are pushing the creation of governmental Committees where they include service users in discussions and decision-making processes (Agenzija Sapport, MT). While a Maltese workers' representative agrees with the level of service users' involvement in the country, the representative fears that this has pushed service users to be more demanding and could potentially lead to some increased demand of their services beyond supply.

The findings of the interviews reveal a range of methods and mechanisms, through which employers' associations acquire information regarding the needs of users. Most commonly, this happens through reporting by care workers. In certain instances, service users may directly approach representatives of the employers' associations, while in other cases, the information channels through the employers themselves, as reported by UNIPSO (BE). Some countries follow dedicated structures to obtain the relevant information of service users. For instance, in Romania, FONSS uses complaint mechanisms and has established focus groups which analyse the standards and accountability mechanisms of users' complaints. Similarly, Agenzija Sapport (MT) has appointed dedicated managers who discuss with service users. In Finland, the matter is regulated on a national level through the creation of well-being services by the Ministry of Social Affairs and Health[1]. Employers' associations in the Netherlands use a direct communication approach with the service users prioritising their needs. They have a dedicated taskforce who is responsible for liaising with a close network of service users e.g., friends or family members who do weekly regular checks on the progress. Based on these experiences, they create care insurance plans, which are part of the quality policy frames of the Dutch government (ActiZ, NL). Similarly, in Austria, the contact visit service of the City of Vienna conducts regular contact

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[1] For reference: https://stm.fi/en/wellbeing-services-counties

visits with service users. However, representatives from YOUNION (AT) acknowledge that for decades now there is a nation-wide lack of counselling and assessment of the needs of service users, in particular older people with care needs. Nevertheless, there is often no adequate consequent action or financial support from the government, like in Austria, France, Romania, and Belgium to follow-up on complaints.

EU level organisations share similar views with Member States representatives regarding the needs of service users. For instance, the EDF emphasises that the focus of social services should be on supporting service users and improve their awareness of the right of people with disabilities to make decisions about their own lives and needs. However, it often remains a box-ticking exercise. AGE observes that older people's needs have not changed but have become more visible over time.

d) Unmet upskilling and training of the care staff

The changes caused by the new models of care present implications for the training and skills needed by care workers. Digital literacy and communication skills are becoming increasingly important, as well as the ability to work collaboratively with other professionals and to adapt to changing care models and technologies (European Commission, 2018).

The interview results show that France, Finland, Germany, and Romania face training and upskilling challenges both in rural and urban areas. Most of the interviewees confirm that workers who were previously working in residential care do not have the right soft skills set to work in the home-care setting. In the Netherlands, there is a need to train the care workers in order to adopt the hospital skills in home care (ActiZ, NL). The home-care setting has presented new challenges regarding the safety of care workers. In that regard, it is crucial for workers to receive training on self-defence and on how to manage adverse behaviour at work, as suggested from UNIPSO (BE), GWU (MT) and Sanitas (RO). The latter suggests that it would be ideal for care workers to work in pairs in order to be able to protect themselves, however, this becomes impossible due to the overarching shortage of staff and high demand in care services.

> *"Home-based care has increased the stress in the support workers because they are working on their own in other people's home, and they need to feel confident and safe. "*(*Agenzija Sapport, Malta*)

Furthermore, given that care workers have considerable administrative work, it appears necessary for them to obtain managerial training that consists of training on administrative matters (e.g. the Buurtzorg Model[2]) to be able to mitigate paperwork and spend more time with service users (ELISFA, FR; ActiZ, NL).

In contrast, Malta, Belgium and Austria have more established programmes for the training and development of social workers. In Malta, employer representatives provide consistent supervision and coaching to care workers, while also implementing regular team-building activities and workshops aimed at improving their soft and administrative skills. In Belgium, on

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[2] Buurtzorg is a pioneering healthcare organisation established in 2006 with a nurse-led model of holistic care that has revolutionised community care in the Netherlands. The Buurtzorg model of care tarts from the client perspective and works outwards to assemble solutions that bring independence and improved quality of life.

the other hand, trade unions and employers' representatives regularly ensure the right financing for training and education programmes for care workers through collective bargaining (ACV, BE; SETCa, BE), which will be further elaborated in chapter five of the report. In Austria, the government is implementing a *Community Nurse project* financed through the EU Recovery and Resilience Facility throughout the country which trains nurses working in community-care services, especially in rural areas. Nevertheless, a significant challenge in the upskilling of care workers pertains to the development of digital literacy, skills, training, and the adaptation of emerging digital solutions.

4 Impact of the evolution of jobs on skills needs in the social care sector and ways to acquire new skills

4.1 Background

The gradual shift towards community-based care models, such as home-based and person-centred care across the EU, results in changes in the skills needed for social care workers to perform their jobs. Digitalisation and the use of technology in social care also has an impact on the necessary skills. While the training of care workers did not necessarily prepare them for these new circumstances, adapting to the changes is crucial to deliver high-quality, person-centred care (CEDEFOP, 2019). This overview aims to explore, based on existing literature, the impact of these new care models on skills needs in the social care sector, such as communication skills, soft skills, safety skills and digital skills, and ways to acquire new skills, focusing on formal education, informal education, and the emergence of digitalization. While this report is focusing mostly on care services provided to children, persons with disabilities and older people, existing literature on skills reflects the social care sector in a broader sense.

The length of formal training for social care workers varies greatly across EU Member States, ranging from two to five years of university-level education in some countries to one to three years of vocational education and training in others as well as short-term training courses. Finland for example has particularly high requirements for formal competences (SuPer, FI). However, there is a growing trend towards more demanding higher education and training levels for social care workers in the EU (European Commission, 2022). Social care and support workers play a crucial role in providing daily support to care users, such as persons with disabilities, and are the most vital component of disability service provision (EASPD, 2021a). The training of professionals is considered one of the key principles to promote the implementation of the UNCRPD. Article 4 of the Convention emphasizes the importance of training for staff in various services. It is important to explore and understand what

types of skills are required during the provision of person-centred care in community-based settings and how they differ from those routinely used in residential care. Acquaintance with the general human rights principles of the Convention, such as "respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons" is a key first step in this regard (Article 3 UNCRPD).

Users of social care and support is a diverse group, composed of people with different age, gender, disabilities, ethnic or religious background. Many care users are facing inter-sectional challenges, including discrimination when entering the health or social care system. To better deliver social services, social care workers must possess strong communication skills, including active listening, empathetic expression, and the ability to deliver information clearly and concisely. Studies indicate that social care workers who are skilled in exceptional communication can establish trust with their clients, ultimately resulting in improved health outcomes (Crawford et al., 2016). The European Commission's report on the "Skills for Jobs" initiative highlights intercultural communication competences as among the key skills needed for social and personal development, and for successful work and communication in multicultural environments (European Commission, 2016). Due to the significance of communication skills for social care workers, the EU has recognized its importance, and many Member States have included communication training in their social care workforce development programmes (Eurofound, 2018a).

However, the CEDEFOP's report on "Vocational education and training in care services" reveals that the quality of training for care workers varies among EU countries. Some countries offer more comprehensive training and support for care workers than others (CEDEFOP, 2020). The report stresses the necessity for more investment in training and education of care workers to cope with the growing demand for care services, so does the EU Care Strategy 2022. ESN highlights the need for quality training and education for care workers to enhance the quality of care and ensure that care workers have the required skills and competencies to deliver high-quality care (ESN, 2020). ESN calls for a more coordinated approach to training and qualification requirements across EU countries. They suggest developing common European quality standards for care worker training and education (ESN, 2020). The European Commission stresses the importance of providing social care workers with the necessary skills to tackle these issues effectively (European Commission, 2018d).

In the EU, hard skills are defined as specific technical abilities and knowledge, while soft skills are described as personal qualities and interpersonal abilities that enable social care workers to communicate effectively with clients and colleagues, and provide emotional support to clients (CEDEFOP, 2014). Soft skills are critical for social care workers to deliver high-quality care and satisfy the demands of their clients (European Commission, 2018a). Eurofound's report (2018a) emphasizes the need for social care workers to have soft skills such as problem-solving to work effectively in home-based and person-centred care models. Therefore, EU Member States have underscored the need for training and education programmes that focus on developing these skills. Besides soft skills, it is essential for care workers to receive safety training. The safety of social care workers is a significant concern in the EU, because these workers may face physical and emotional harm as well as psychological risks (Martínez-López JÁ et al., 2021). The European Agency for Safety and Health at Work (EU-OSHA) has highlighted the significance of safety training for social care workers to prevent work-related musculoskeletal disorders, which are prevalent among these professionals (EU-OSHA,

2021). Consequently, EU-OSHA started a campaign called "Healthy Workplaces - Lighten the Load[3]" in which the Social Employers and EPSU were partners. Eurofound's report (2020) on the quality of social services in EU Member States has revealed that safety training is a critical component of social care worker education and training programmes, but it may be inadequate or not focused enough on the specific risks faced by workers.

Moreover, the integration of digital tools and technologies has given rise to both opportunities and challenges for person-centred care and home care in the EU (European Commission, 2020). Technology has the potential to promote person-centred care by facilitating more personalized and efficient care services (European Commission, 2018a). Furthermore, in their joint position paper on digitalisation, EPSU and the Social Employers emphasise that digital technologies can help provide high quality social services (EPSU & Social Employers, 2019). For instance, telehealth and remote monitoring are some examples of such tools that have enabled health and social care professionals to deliver care and support remotely, reducing the need for in-person interactions (McGonigle et al., 2015). This approach has resulted in more tailored, efficient, and cost-effective care, while also improving care accessibility for individuals who face challenges in accessing care (Department of Health and Social Care, 2018). Nevertheless, the European Commission's report notes that there are obstacles in ensuring that technology is used in a manner that upholds patients' privacy and autonomy and does not compromise the human bond between care workers and patients. Obstacles include the complexity of technology, inadequate investment in digital infrastructure, and the need for training and support for care workers in using digital tools (European Commission, 2019a). Technology should be used to enhance rather than hinder human care (European Parliament, 2018).

The literature emphasizes the importance of care workers possessing a range of skills to support person-centred care in the context of new technologies, including the use of digital tools for communication, monitoring, and reporting of health status, and remote care (ESN, 2021). Furthermore, it is essential for care workers to have digital skills, particularly for the use of electronic health records and assistive technologies (EASPD, 2021b). Care workers need training in a range of competences beyond the handling of a particular technology: these include interprofessional and intersectoral cooperation, management of necessary processes as well as critical analysis of technical support needs and evaluation of effects of technology use (Holthe et al., 2018). The European Commission highlights the significance of digital skills for the care workforce in the context of data-driven health and care (European Commission, 2018b). The report emphasizes the need for care workers to acquire skills in data analysis, data protection, and digital security to ensure the effective use of data in providing care. It also highlights the need for ongoing training and professional development to ensure that care workers can acquire and maintain these skills over time.

4.2 Findings

This section discusses perceptions of interviewees with regards to the changing skills and training needs due to the shift from residential care to community and home-based care of social services. The need for new skills and training for care workers was expressed by all interviewees. In particular, the following needs were mentioned in relation to new care models: communication skills, project

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[3] The campaign aims to create safer and healthier workplaces, by increasing awareness on work-related musculoskeletal disorders (MSDs) and promoting working together to take effective preventive measures to tackle MSDs.

management skills, group specific skills, interprofessional cooperation skills and mental health support.

a) Need for new skills and training

A common problem in all countries is adopting the training and upskilling of professionals with the rights-based approach. YOUNION in Austria quotes "the whole dimension of care is currently focused from a medical point of view. It is therefore necessary to find a holistic, human rights-based care approach". Supporting this argument HYVINVOINTIALA (FI) suggests for care workers to be trained and enhance human interaction skills. The interview results show that the available training programmes prepare workers in hard skills rather than soft skills, e.g., in BE, FI, DE, FR. UNIPSO (BE) suggests that it appears necessary for care workers to gain intercultural communication skills, especially in home-based care.

> *"Workers need to have more soft skills, to speak with people from different cultures and learn how to respect clients in their house and respect their culture."(UNIPSO, BE)*

In such home-based setting, it is also essential that care workers build a healthy relationship with families of service users, as confirmed by FNV (NL). It often falls under the responsibility of care worker to coordinate with other stakeholders e.g., families, different service providers etc. In that regard, ver.di (DE) emphasises the importance of interprofessional cooperation and suggests that care workers should work more in multi-disciplinary teams to provide good quality care. Similarly, ELISFA in France suggests that for care workers to provide quality care to children in day-care centres it is important to understand the ecosystem which in this case consists of the child, the parent, and the employer. According to interview results, there should be more group specific upskilling for care workers. For instance, Agenzija Sapport (MT) emphasises that workers need skills that are targeted for specific groups of persons with disabilities. That might consist of training on how to work with users' challenging behaviours or detect their typical behavioural patterns in order to better understand their needs and preferences. In that regard, FONSS (RO) suggests that a care worker needs to be trained on how to provide emotional support to service users, to encourage them to maximize their opportunities. With regards to older people with care needs, both employers and workers organisation representatives in Austria emphasise the importance of detailed knowledge of client's disease and medical history for home and community-based care workers, e.g., dementia. By understanding the specificities of particular illnesses and health conditions, it is easier for care workers to understand how to remain safe and healthy at work e.g., lifting heavy weighs, taking care of their own body, and taking care of their own mental health.

> *"Working in a home-based setting is lonely and challenging, so my question is: Who cares for the carer?" (Eurochild)*

Digitalisation of the care sector has presented an overarching need for digital skills which is evident in all interviewed Member States. Especially in the home-care setting, there is a need for training in use of tablet and smartphones (CNE, BE), use of robotics (AWO, DE), training with new equipment (GWU, MT) and in digital documentation (Volkshilfe, AT). Details on the particular digitals skills needed and the effect of digitalisation in the care sector will be discussed further in the report.

With regards to skills and training needs AGE Platform Europe recommends that communication skills in care professions should be complemented with project management skills. Meanwhile, EDF emphasizes the importance of avoiding over-assistance when caring for service users to protect their right to make their own choices and maintain their autonomy. Recognizing the complexity of care professions, Eurochild highlights the need for mental health support for care workers to better understand the needs of users and provide high-quality care.

Education

The interview results show that formal education programmes in the social care sector consist mostly of nursing education/degree. In terms of nursing education, AT, DE, MT and the NL have a generalist training for nurses, which provides a foundation for working in different settings. However, according to ver.di (DE) representatives, the generalist training might not be enough, and some countries respond to the need for additional specialized training, especially in elderly care. In Germany, there is one common training programme for nurses, and some colleagues have expressed concerns about its adequacy to work in the different settings. The ver.di representatives (DE) suggest some additional training might be needed. The Netherlands has a good education program, but FNV and ActiZ representatives believe that more attention needs to be paid to safety in the workplace and dealing with violent service users. Furthermore, ActiZ (NL) emphasizes rules, regulations, and quality protocols in their education programmes to ensure that all aspects of care are covered. In Malta on the other hand, Agenzija Sapport is pushing towards tailored university modules on care work for persons with disabilities. Similarly, in Belgium, workers' representatives are trying to develop legal frameworks that allow departments to build concerted training plans, taking into account individual, collective and institutional needs. Finland has a unique approach to nursing education, where workers, employers, and training institutions engage in social dialogue to ensure that the curricula are up to date and meet the needs of the sector. SuPer (FI) confirms that practical nurses can choose between eight different specializations, such as children, people with disabilities, and older people. In Belgium however, the educational system is complex, and there is a division between Wallonia and Flanders. The training programmes of nursing students often do not adequately cover soft skills. There is an obligation to go to care facilities for three months, but the training does not consist of soft skills education that are necessary for home-based care.

> *"Formal nursing university education does not prepare nurses well for home-care, it is mostly just for hospitals." (Volkshilfe, AT)*

Representatives from Germany and Netherlands emphasize the importance of person-centred care, and education programmes include training on respecting service users' autonomy, dignity, and privacy. Similarly in France, ELISFA confirms that formal education for nurses focuses on human rights, professional secrecy (confidentiality), and professional behaviours. However, there is a gap between learning about a job and putting it into practice, which amplifies the challenges for workers. Volkshilfe (AT) also confirms that the curriculum is good in theory but lacks practical application, especially for home-based care. According to YOUNION, in Austria the main issue is not the qualifications of nurses but the lack of time for service users, which hinders the quality of care provided.

All interviewees stress that formal education in the care sector consists mostly of a three-year nursing degree funded by governments. However, apart from university degrees care workers can attend other training programmes along their professional careers. In Austria, such trainings are called

"Skills development trainings" and are mandatory to be taken to different extents every five years, depending on the occupational group, according to the Health Care and Nursing Act. Five days of obligatory trainings for nurses are also reported in BE, FR, NL and MT. In Romania, care workers have access to 3 to 10 training days per year.

Training for skills development for social care workers

The level and success of professional training programmes differs from one country to another. Training programmes across EU countries are mostly designed to tackle the skills needed with the evolution of social care sector such as adaptation to change, effective communication, self-organisation (Social Employers, 2021). In some countries, employers offer tailor made programmes e.g., in France, thematic training on "How to behave in case of violence; how to behave with parents". In Malta, training of care professionals is offered through MCAST (Malta College for Arts, Sciences and Technology) with a variety of long-term and short-term courses. For instance, Agenzija Sapport (MT) stated that they are also collaborating with overseas institutions to implement a qualification on a national level. The interviewee mentioned a specific training programme called *"Specialization in Vocational Preparation and Employability Skills" (SVP)* which will include a module on disability, offering a specialization in working with persons with different disabilities and it will provide a qualification. They believe that this is a significant step forward which will make working with disabilities a more specialized role with a visible career path. They participate in career expos and visit schools to promote working with persons with disabilities.

The findings of this study show that in most of the cases professional training responsibilities fall under the employer. Volkshilfe (AT) provides its own training programme which is free of charge and the care workers can choose the programme they want to follow. In this case, it is the workers themselves that present the training needs. Similarly, according to ELISFA (FR) employers have a once-a-year obligation to consult with workers on their progress, training and education needs. In Malta and Finland, workers receive orientation, supervision, coaching and training as well, especially the first year of their employment contract. Furthermore, Agenzija Sapport (MT) provides its employees with regular and mandatory training courses, such as first aid, food handling, and mental health first aid to address mental health challenges. In addition to these courses, the agency collaborates with other organisations to provide more training opportunities. Last year, the agency began offering digital skills training to support workers who may not be proficient in this area. The interviewee also mentioned that the agency has a training budget available for employees to use for further development. The Netherlands however follows a different approach in training and supporting care workers, based on the balance between formal and informal care. Informal carers are an important part of care and therefore, professional carers are also trained in working with informal carers (families, relatives, friends) which is called kinship support in the Netherlands (ActiZ, NL).

> *"We see that there's a need for education for informal care providers. So how can we make sure that they can manage themselves as an informal care provider? How can you protect your own barriers?" (ActiZ, Netherlands)*

Furthermore, ver.di (DE) confirms that the employer can offer continuous training programmes, sometimes in collaboration with a Job Office agency. According to SuPer (FI), the employers are responsible for providing opportunities for continuous professional development, but employers do not follow this requirement. As a result, nurses do not as many opportunities as they should. Similarly,

FONSS (RO) states that professional training in the country is rather weak and employers mostly use it to "tick the box". A similar situation was reported from UNIPSO (BE). However, interviews show that responsibility does not fall under employers only. According to FNV (NL) "people do not use the available training facilities and funding".

Funding mechanisms differ from one country to another. Most interviewees confirmed that the government covers expenses for formal education, and employers cover the expenses for additional professional trainings. In Finland, Austria and the Netherlands, both formal and professional trainings are generally covered by public funding. In Belgium, trainings are covered through the social funds for groups at risk, the social partners in the non-market sector decide on the orientations of the necessary actions to propose to the workers in the field to meet these needs. Cross-sectoral actions are also organized (skills assessments, psychosocial risks, etc.). According to ver.di (DE) formal nurse training in the country is of good quality and well paid and funding is provided at regional level by all hospitals, care facilities, as well as regional governments and care insurances. On the contrary in Romania, many of the providers have not included this training obligation into their budgets and they do not provide it to their workers. However, FONSS (RO) participated to an important reform of the social assistance sector, including the funding mechanisms of social services, along with other civil society organisations and public authorities' representatives. As a result of this reform process, currently the law on social assistance is being reviewed. This would bring a *"major shift in paradigm"* as stated by the FONSS (RO) representative.

Overall, all organisations stress the importance of proper education and training for care workers, including specific topics such as person-centred care, human rights, privacy, and workplace safety. They also recognize the need for ongoing education and training to ensure that care workers remain up to date with the latest developments in the field.

Impact of digitalisation on skills and workload

The digitalisation of the care sector has presented a need for a new skillset for the care workers. The results of the research show that digitalisation of the care sector is developing at different paces in all EU Member States participating in the study. While the literature review provided certain insights, the results obtained from the interviews have shown a clear contrast, highlighting some divergent views or perspectives of both workers and employers' representatives with regards to the impact of technology and use of digital tools in the care sector. A vast majority of interviewees confirm that the use of assistive technologies and digital tools is not as promoted in the care sector, despite the results achieved by EU projects such as the "Supporting and Promoting Entrepreneurial Schools" project in the Central Europe Programme (YOUNION AT). For some countries, the use of technology is still in the first steps, e.g., DE, RO, and in some others its more developed e.g., in BE, NL, MT and FI. HYVINVOINTIALA (FI) recognises that technology in the care sector is advanced in the country, however, they cannot extensively use it as they do not have a supervision authority. Since the use of technology cannot be supervised, it is considered unsafe for usage.

CNE (BE) has observed that the use of smartphones as a work tool in the home help sector is becoming increasingly widespread, providing an interface between field service providers and their supervisors. AWO (DE) states that technology has helped care workers with administrative burden, has reduced administrative working time and decreases mistake range (Volkshilfe (AT); SuPer, (FI)).

In the Netherlands, the use of assistive technologies is found to help with communication between older people and care workers (FNV) and provides service users with more services (FONSS, RO).

> *"There is a potential in the use of digital technology to help the care workers and maybe to help them with physical stress." (ver.di, DE)*

Although the use of digital tools is considered to help with improving communication and decreasing administrative burden, it does not necessarily help all care workers equally. The interview results show that there is a disparity in technological competencies between young care workers and older care workers. UNIPSO (BE) states that workers of a younger age (20s and 30s) are more exposed to technological developments and make better use of technological tools. On the other hand, older workers closer to their retirement age perceive technology as an extra burden to their work (FNV, NL), as care sector technologies are generally not user friendly (FONSS, RO). It is also essential to be mindful of the digital divide that may affect older workers and users (CNE, BE). According to SuPer (FI), technology sometimes prevents face to face contact. This presents a problem for the care workers and service users because it impacts human connection and communication, which is the essence of care. CFDT (FR) states that digitization has negatively impacted professional activity and made it more complex. Employers' representative in Finland (HYVINVOINTIALA) also think that the use of technology will bring an increase in the workload.

YOUNION (AT) highlights that digital development is still used to control workers, evaluate work, and draw conclusions that are incompatible with practice. This results from the fact that digitalisation is always derived as a transformation of technical and financial processes and not from the requirements of care practice and the needs of service users. Following this argument, CNE (BE) emphasizes the importance of using this technology in a concerted manner that does not contravene sectoral legislation on working hours or become a tool for controlling workers. ELISFA (FR), confirms that technology in the care sector exists for managers and administration, rather than to assist care workers in their jobs. According to Volkshilfe (AT) however, digitalisation has not only reduced workload for the employees but also for the company.

They also stress the continued need for direct contact between field workers and their team leaders, team meetings, and supervision, as these collective moments facilitate the exchange of practices and situations. Ver.di (DE) confirms that the care sector should be mindful while adopting new technologies, as it may not help with the person-centred care approach. As it reduces human contact, it presents implications for worker-client communication, and it might jeopardise the delivery of good quality care. EDF suggests that technology fosters loneliness, and it always presents a risk of error to trust a device rather than human interaction. For this reason, interviewees from participating countries in this study suggest that both workers and service users should be considered while designing new technological services. Workers who use technology should be involved in the designing process from the beginning, according to SuPer (FI). ActiZ (NL) suggests that service users should also participate in discussions while implementing new digital policies, as it is crucial for the sector to develop the right technology.

From an EU perspective, AGE mentioned that the design of new technologies is based on stereotypes about a persons need for care, but not actually developed with persons in need for care to answer all their needs and requirements. They believe that care workers, service users and families should co-design the research and development of technology together with companies. Eurochild suggests

the involvement of stakeholders and providers not only in the development and the ongoing assessment, but also having choice to pick the right technology to be implemented.

Overall, the introduction of technological tools can be an asset in the home help sector, but it must be approached with caution and consideration for the needs and rights of all stakeholders involved.

Skills needed

Incorporating various digital innovations into one's profession is a significant challenge. ActiZ (NL) emphasizes the importance of not only possessing basic digital skills, but also incorporating digital innovations into one's profession while ensuring they align with what has been learned as a professional. Being a professional social care worker involves not only having computer skills but also possessing the skills necessary to implement digital innovations, such as e-health, electronic beds, or robot assistants (AWO, DE). Failing to do so may have negative effects on both the worker and the service users. EDF states that is it useful for a care worker to have deep knowledge of the assistive technology, and it serves the benefit of the user. For example, for people with intellectual disabilities, using pictograms is helpful as it allows the service user to show what they want to eat, where they want to go etc.

From the organisations interviewed, only few mentioned technological trainings provided for care workers. In Malta, employers' representative Agenzija Sapport, has an assisted community technology unit that specializes in dealing with communicative technology and provides training to support workers on how to incorporate digital use into their interventions with service users. This unit is staffed by a highly skilled and professional team that works directly with service users and support workers within the agency to give them the skills needed to utilize digital tools effectively. Currently, one person regularly provides training to care workers, and each unit has tablets. However, more needs to be done to develop the digital skills of support workers, and the agency is working on this by partnering with a computer company to provide training. This is an area where improvements are needed by offering regular, tailor-made trainings on digital tools, used in social services.

Limitations to technology

Different organisations have different views on the use of technology in social work and nursing. YOUNION and Volkshilfe (AT) both acknowledge that there is no substitute for direct human work in social work. This sentiment is echoed by several organisations, including CNE (BE), who stresses the need to identify and limit the impacts of technology on working conditions and to ensure that tools do not replace the necessary individual and collective contacts that prevent social workers from experiencing professional solitude. Ver.di (DE) also expresses concern about the potential for technology to replace human contact.

> *"There is a need to put the human back in!" (CFDT, France)*

Additionally, GWU (MT) emphasizes the importance of respecting the working hours of employees and involving them in the decision-making process when implementing technological tools. In Austria, YOUNION emphasizes the importance of direct human work, and both YOUNION and Volkshilfe (AT) point out the limitations of technology, particularly data security and privacy. Similarly, Agenzija

Sapport (MT) acknowledges the need to balance the benefits of technology with data protection and privacy concerns.

CNE (BE) insists on the need to resist using these tools for control and suggests that there must be plans for training processes, as well as identifying and limiting impacts on working conditions. They also mention that tools should not replace individual and collective contacts that are necessary for social workers to prevent professional isolation. AWO (DE) emphasizes the importance of privacy and notes the existence of the *Startup Privacy Act* at the European level. Meanwhile, SuPer (FI) and HYVINVOINTIALA (FI) acknowledge that more research is needed on the impact of technology on customers and workers. Finally, Agenzija Sapport (MT) emphasizes that while data protection must be considered, there is still much that can be done with technology in social work.

*"Robots are not coming to take care of the elderly anytime soon." (*HYVINVOINTIALA, FI)

In the midst of these varying opinions, EU-level organisations also stress the importance of finding a balance between human and technological elements in the care sector. EDF emphasizes that technology should complement human work, rather than replace it. They argue that the sector must address the underlying issue of making the sector more attractive to qualified individuals, and that training must be provided to support the use of these tools. Additionally, affordability is a significant concern, as budgets for the care sector are often limited. Thus, if technology is to be implemented, it should be cost-effective. CEDEFOP also emphasizes the need to use technology for the benefit of meeting social work objectives but argues that it should not be seen as an obstacle. While medium to low-skilled operations can easily be recognized by technology, the human contact in social work is essential to the job. Thus, technology should be seen as a tool that can support social workers, rather than a replacement for them. Ultimately, finding a balance between technological tools and human work is crucial to improving social work practices while maintaining the essential human element that sets it apart from other sectors.

Overall, interviewees have differing opinions on the use of technology in social work. Some believe that direct human work is critical in social work, and technology should be used as complementary to care workers. They emphasize the need to balance technology and human elements in the care sector and limit the impact of technology on working conditions. Meanwhile, some highlight the need for more research related to the impact of technology on service users and service providers. The goal is to enhance care work practices while maintaining the human element that distinguishes it from other sectors.

5 Role of social dialogue in handling changing jobs, skills and training needs

5.1 Background

The social care sector in the EU faces challenges in terms of the changing skills and training needs of its workforce. Social dialogue, defined as the process of negotiation, consultation, and exchange of information between employers, employees, and their representatives, can play a crucial role in addressing these challenges (Eurofound, 2018b).

The European Commission's report on the "European Pillar of Social Rights - Reflection paper on the social dimension of Europe" emphasizes the relevance of social dialogue in tackling skills shortages and mismatches in the social care sector (2017). The report underlines the need of employers and workers collaborating to identify and address skill shortages, as well as ensuring that training programmes suit the needs of the workforce. Similarly, CEDEFOP underlines the importance of social dialogue in promoting the development of skills in the social care sector, as well as its role in assessing needs. (CEDEFOP, 2019). According to the European Trade Union Institute (ETUI), in addition to providing available and high-quality training, it is crucial that the training is sustainable and provides workers with the ability to enhance their skills throughout their careers (ETUI, 2021).

In its report on "The Future of Work", the European Commission highlights the importance of employers' associations in facilitating social dialogue and promoting cooperation between employers and employees in the social care sector (European Commission, 2019). The European Commission's "New Skills Agenda for Europe" (2016) highlights the importance of employer involvement in providing training opportunities and promoting skills development. The agenda emphasizes the need for employers to invest in the skills of their employees, stating that "employers are key actors in ensuring that workers have the right skills to match labour market needs and that businesses are equipped to face current and future challenges" (European Commission, 2016). To address the challenges faced by care workers, it is important for employers' associations to work closely with other stakeholders, especially workers' representatives (trade unions). Furthermore, trade unions have been instrumental in promoting the interests of social care workers in the EU (Eurofound, 2018c). In terms of good practices, CEDEFOP and Eurofound have highlighted several examples of employers' and workers' representatives' engagement in workforce development. For example, in Denmark, the "Agreement on Vocational Education and Training" involves close cooperation between employers, trade unions, and the government to develop high-quality vocational education and training programmes (CEDEFOP, 2019). In Germany, the "Dual Vocational Training System" provides a combination of on-the-job training and classroom instruction, with employers playing a central role in the development and delivery of training programmes (CEDEFOP, 2020). In 2018, trade unions and employers in the Netherlands reached an agreement to improve the working conditions of care workers, known as the 'Quality of Work in Care' agreement. It includes measures such as increasing staffing levels, offering

more training opportunities, and improving the physical and mental well-being of care workers (Eurofound, 2019).

However, the quality of training of care workers varies from one Member State to another. Both the Commission's and CEDEFOPs reports emphasize the importance of addressing disparities (unequal access, availability, and quality of education and training opportunities) in skills training and programmes across different regions and countries within the EU. ETUI's report states that these disparities in the sector do not relate to training opportunities only, but also to pay and working conditions (2020). Social dialogue can help to address the challenges in the care sector by facilitating cooperation between employers and employees, promoting lifelong learning, and improving working conditions for care workers (European Commission, 2019). Furthermore, apart from helping care workers to access fair wages, decent working conditions and training opportunities, social dialogue serves to address gender-based discrimination and ensuring that care work is valued and recognised as an important sector of the economy (Nelson et al., 2017). In addition to that, social dialogue helps to ensure that care workers have access to social protection such as sick leave, pensions, and social insurance (ETUC, 2020).

However, despite the important role of social dialogue between employers' associations and trade unions in improving working conditions, increasing job satisfaction, and improving quality of care, there is still room for closer involvement of these associations in handling the changing jobs, skills, and training needs of the sector (European Commission, 2021a). As noted in the Federation of European Social Employers report on " Social Services Workforce in Europe: State of Play and Challenges" there is a need for employers' associations to take a more active role in promoting decent working conditions, fair wages, and training opportunities for social care workers (2021). The report also highlights the need for sectoral collective agreements that include provisions for skills development and training. By working together with trade unions and other stakeholders, employers' associations can help to ensure that social care workers have the skills and support they need to provide high-quality care to those in need (Vogel et al., 2019).

5.2 Findings

The interview results indicate that social dialogue is crucial for addressing skills and training needs of care workers, and this requires effective sectoral representation that encompasses all kinds of services for different target groups. However, there are disparities in the culture and progress of social dialogue across different EU Member States, highlighting the need for more consistent and inclusive approaches to foster dialogue between workers' representatives and employers' representatives.

a) The culture of social dialogue in EU countries

In some countries, social dialogue has a long tradition. In Austria, Volkshilfe states that over the years there has always been a good collaboration between trade unions, employers' organisations, and other entities. YOUNION (AT) confirms that improvements regarding working conditions for care workers in the country can only be achieved through social dialogue. France has a long social dialogue tradition, with a national collective agreement for the sector first established 40 years ago. Similarly, in Belgium, there is a long tradition of at least 25 years of social partnership between workers' and employers' representatives, mainly collecting funds for the improvement of working conditions and training opportunities for care workers (ACV and SETCa, BE). As a trade union, ACV works with

employers and organisations to provide specialized training and education programmes for workers in the healthcare sector. This includes organizing training for workers who are already in their careers and wish to make a career switch. The organisation of the workers, trade unions, and employers work together to finance and coordinate the training. They are also in the process of negotiating collective agreements, including the right of workers to choose and receive an adequate number of training days each year. These negotiations will continue until the end of September 2023.

Furthermore, in the Netherlands, FNV confirms that social dialogue in the country is quite strong, especially on the local level. The social dialogue is structured through the social-economic Advisory Board. In the Netherlands, social dialogue is a tri-partial system between employers, employees, and government representatives. The good relationship between stakeholders in the Netherlands is also confirmed by ActiZ. In addition, ActiZ emphasizes that most of the social dialogue for the benefit of care workers focuses on their education and training. However, discussions regarding development and skills are mostly conducted between workers' organisations and educators. In this case, the tri-partial system is composed of workers' organisations, employers, and educators. In Finland, on the other hand, collective agreements are discussed only through employees and workers' organisations, without the interference of the government (SuPer, FI). However, given that the government is the main funder for the care sector, they sometimes partake in the discussions. Furthermore, Agenzija Sapport (MT) and GWU (MT) both confirm the good collaboration of workers' and employers' representatives in the country. In addition, in case the requirements of workers might conflict with the needs of users, Agenzija Sapport always agrees on service users' benefits.

All EU-level organisations interviewed (EDF, CEDEFOP, AGE, Eurochild) expressed the necessity and importance of social dialogue. However, EDF states that in regard to social dialogue at the EU level, the organisation has not previously been actively involved. Nevertheless, the organisation has participated in consultations on new legislation at the EU level, which is a well-structured and successful process. The European Commission has shown good practice in involving disability organisations and providing transparent information on upcoming consultations and how the inputs are utilized. The European Parliament also follows a similar pattern. There is indeed a need for EU level sectoral social dialogue. In that regard, in June 2021, EPSU and the Social Employers have made a request for an EU Sectoral Social Dialogue Committee in Social Services[4], which was welcomed by Commissioner Schmidt. EPSU and the Social Employers, together with local and regional governments employers, are in the final stages of setting up the said Committee.

b) Challenges in social dialogue and in representation of care workers

The interview results also show some challenges with regards to social dialogue in the respective countries. Challenges include a (1) lack of proper collaboration between employers' representatives and workers' representatives and (2) low representation of care workers in trade unions. Reason for the lack of proper collaboration between trade unions and employers' representatives is also the fact that in some countries, there is either no or only a weak representation of employers of social services, e.g. in Romania. Furthermore, trade union ver.di (DE) states that oftentimes in the country, employers' representatives are resistant to making agreements and collective bargaining with workers' representatives. This appears to be particularly the case in the care sector, because in other sectors e.g., the industrial sector, collaboration between organisations is more present.

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[4] New social dialogue structure on social services to be set up! | EPSU

However, ver.di (DE) confirms that although the situation has improved in the last 15 years, social dialogue is particularly hard in the long-term care sector, as they have very few care workers that are part of trade unions. The lack of collaboration between workers' and the employers' organisations is confirmed by SuPer (FI) as well, where they see little collaboration from employers, who they consider as wanting to keep salaries low for workers. Moreover, according to FONSS (RO), the social dialogue has not contributed to the improvement of Romania's social care system due to weak representation of social care in unions, groups, or employer associations. The interviewee identifies two major challenges: firstly, social care workers make up a small proportion in comparison to other health or general workers, making it challenging for unions and employers to prioritize their needs. Secondly, the lack of interest from unions and employers in including the social care sector in their agendas exacerbates the problem.

Furthermore, the care sector faces challenges regarding the representation of social care workers. According to representatives from ver.di (DE), they face difficulties in reaching out to care workers in small structures, which makes it challenging to address their issues. ACV (BE), on the other hand, emphasizes the importance of having diversity in representation, considering the various professions (nurses, assistant nurses, psychologists, physiotherapists), cultural backgrounds, and roles involved in the care sector (e.g. including logistic workers). However, ELISFA (FR) highlights that in their experience, there is a lack of interest among social workers in participating in social dialogue, with only about 10% of them reportedly voting for representatives. The problem, according to ELISFA, is that many social workers fail to recognize the importance of having representation and understanding of the care sector ecosystem. Meanwhile, AWO (DE) notes that worker representation in the care sector in Germany is not particularly high.

> *"Social dialogue will play a role when social workers are seen as operational partners and not as tools for policy making."* (CFDT, FR)

c) Role of employers' representatives

Employers' representatives who were interviewed emphasized the importance of social dialogue in discussing various topics such as education, national collective agreements, skills, and job management. However, the results of the interviews varied from one country to another, highlighting the significance of examining country-specific cases. Overall, the findings indicate a range of involvement by organisations in social dialogue, with some employers' organisations taking concrete steps to encourage such dialogue in the care sector. While many cases of social dialogue focus on addressing basic needs such as low salaries and working conditions, the training needs of care workers are not always the primary concern. Nonetheless, there are employers' organisations such as UNIPSO (BE) and ActiZ (NL) that prioritize addressing workers' training needs. In some countries like France, social partners jointly manage training funds that allow to train massively care workers (initial qualification and vocational education and training).

> *"In the Netherlands, social dialogue is focused on how to put the professional first and supports care workers to embrace professional autonomy."* (ActiZ, NL)

For instance, according to a representative from UNIPSO (BE), they have been gathering information from various locations to report on the needs of workers and managers. Additionally, they have organised a training session specifically for managers and have been analysing the needs of the

sector in order to better understand the requirements for effective management. Furthermore, according to ActiZ (NL), their current role is to focus on collective agreements and discussions with politicians and ministries in the Netherlands that prioritise the needs of workers. Their latest collective agreement, called *"The Professional is First,"* reflects this priority and acknowledges the importance of putting workers first in the face of labour market challenges. The agreement stresses the importance of workers having a say in their schedules, treatment, and policies, and emphasizes the need to educate and develop workers. ActiZ (NL) views this as a significant development in the collaboration between unions and employers' organisations and highlights the importance of a social dialogue focused on prioritising the needs of workers and embracing professional autonomy.

ELISFA (FR) emphasizes the importance of having strong social dialogue with individuals who are part of the process. They also highlight the importance of trade unions and only engage in formal social dialogue when discussing topics such as education, national collective agreements, and skills. The *Commission Paritaire Nationale Emploi Formation (CPNEF)* is a national sectoral committee, which plays an essential role in the social dialogue between employers and employees in France in the field of vocational training. The committee is responsible for addressing issues related to employment and training for workers, and it is composed of an equal number of representatives from employee unions and employer unions. The CPNEF serves as a forum for the negotiation and implementation of training policies and practices in France, and it is recognized for its role in promoting social cohesion and economic growth. The committee is responsible for identifying the needs and priorities of workers and employers and developing training programmes addressing these needs. ELISFA (FR) mentions that they do not take any action without the involvement of trade unions, and they find the funds for these initiatives together. ELISFA further notes that while they present everyone's perspectives, only a few people are elected to participate in social dialogue.

The interviewee from Volkshilfe (AT) emphasized the crucial role of social work and nursing in promoting social welfare and driving economic growth, while noting that the low GDP (8%) contribution of these sectors may limit their prioritization by the government and weaken social dialogue. However, the interviewee noted that there is a growing recognition of the importance of these professions in caring for people with injuries and chronic diseases. For instance, in 2021, there was a new Care Reform *"Bundespflegegeld Neu[5]"* implemented in the country. This reform aimed to modernize the country's care system and improve support for people with disabilities and chronic illnesses, as well as their caregivers. The New Care reform provides financial assistance to people who require long-term care, regardless of age, and aims to provide more flexibility and choice in how care is provided. As part of the reform process, Volkshilfe and other employers' associations were involved in all phases of the reform, including the development of new policies and programmes to support workers and improve the quality of care. At the level of the City of Vienna, there is close cooperation through the umbrella organisation *'Wiener Pflege- und Sozialeinrichtungen'*. This collaboration between employers and the Ministry of Health highlights the importance of social dialogue in shaping policies and programmes benefitting both the workers and the people they work with. The interviewee confirmed recent improvements, such as more flexible working arrangements and increased appreciation for older workers, as evidence of progress in this area. However, they may not have a clear opinion on how to proceed further in implementing the reform. In that regard, Volkshilfe emphasized the need for groups and communities to act and advocate for change. The importance of employers providing adequate

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[5] Bundespflegegeld Neu

resources, including funding, staffing, and training, to improve the quality of care as well as to prevent staff turnover was also highlighted.

In Romania on the other hand, although no specific collective agreements or social dialogue initiatives for training and upskilling of care workers, there is some basic development. FONSS (RO) joined the *Social and Economic Council* of Romania after democratic elections, which has increased visibility for the social sector. They are active in promoting the sector to the unions and employers, which has led to increased recognition and visibility. They participate in national-level dialogue and advocate for a better perception of social workers in society through campaigns, press work, and valuing workers competitions. FONSS (RO) believes that social dialogue should go beyond improving the regulatory system of social services, also improving the working conditions, salaries, and recognition of workers, as the quality of the workers' lives is crucial to the sector's success. It is important to note that the sector is not always attractive to potential employees due to the lack of growth opportunities and poor working conditions, which needs to be addressed.

d) Role of workers' representatives

According to the interviewed workers' representatives, social dialogue aims to improve working conditions for care workers and fosters their training opportunities. As in the case of employers' representatives' views, perspectives also differ between countries when it comes to the role and activity of workers' representatives to improve social dialogue. As a result, this subchapter provides country-specific result analysis.

According to YOUNION (AT), the collective bargaining agreement in Austria serves as a powerful tool for trade unions to advocate for equal quality working conditions in the industry, such as working hours, conditions, benefits, and more. Furthermore, there is a pressing need for the government and employers to allocate more resources towards training and education, as well as to improve the quality of work and care. They have identified a need for in-house, low-threshold training programmes for non-native speaking workers. They propose that shift work, nights, Sundays, and public holidays should be better paid, comparable to the salaries of doctors. During the Covid-19 pandemic, workers have started to communicate their problems to politicians outside of the trade unions. Continuously highlighting these negative situations leads to a collapse in the image of the sector and discourages potential applicants, which creates a vicious cycle. Nevertheless, in the childcare sector, YOUNION has achieved some successes through collective bargaining, such as partial retirement, accident insurance, annual salary increases, and financial support for various forms of training, including training as an elementary school teacher through the second educational path. Also, certain demands in elementary education have already been met. In Vienna, for instance, 1% GDP has been allocated for education, 500 language support staff have been hired, and pregnant workers in the education sector have been granted leave during the pandemic. Similarly, diverse types of support were introduced in Upper Austria, including more holidays for support staff (assistants), noise protection measures, and seating suitable for adults.

CNE (BE) states that the mobilizations of informal workers in June 2020, following the first wave of the COVID-19 pandemic, brought to light the issue of informal workers. In a context where social and care workers were applauded for their contributions, different levels of power released significant

budgets for negotiation of informal agreements. The unions aimed to improve the attractiveness and viability of jobs in the informal sector. However, negotiations with employers proved challenging, even when improvement measures were guaranteed by financing or were cost-neutral. Employers often prioritized a managerial vision and emphasized the need for flexible work arrangements. There was no consensus on the idea that improving working conditions would lead to better-quality work for beneficiaries. Despite these challenges, there was more agreement when it came to revaluing the pay scales, particularly in favour of younger workers, which would help improve the attractiveness of these professions.

> *"We have a traditional role in finding and financing technical training for workers, which is funded by gross wages and other social security contributions. There is also extra funding by the state which is collectively managed by employers, unions, and the state." (ACV and SETCa, BE)*

The organisations provide training, but it is not the only one available, as private entities also offer training. While ACV and SETCa finance and organise less training than the employers, unions, and private organisations, they still play an important role in negotiating collective agreements and advocating for workers' rights to training. Despite not being able to address all urgent issues, the organisation's role in the social and care sector in terms of training is significant.

According to GWU (MT), there have been significant improvements in the collective agreements signed in the healthcare sector in Malta, particularly for social care workers. According to sources, a collective agreement was signed last year for the largest social care company in Malta, and this year another agreement is being signed for social care workers who work in people's homes. GWU suggests that the collective agreements have helped regulate issues such as leave entitlements and provided more flexibility for families. They have also introduced separate procedures for investigations, which involve a board composed of a person from the employer's side, a person from the union's side, and a chairperson agreed upon by both parties. This aims to ensure a fair hearing for employees before any disciplinary action is taken. These measures have significantly reduced the number of emails and phone calls received daily on such matters, as the new binding document has brought greater structure and smoothness to the process. Positively, in Malta, trade union and employers' representatives are currently in the process of discussing a new collective agreement that will benefit the salary structures and career path structure (meaning training and upskilling of care workers).

Ver.di (DE) plays a significant role in driving change through social dialogue in the care sector. Through political initiatives, they engage in classical lobbying by writing position papers and holding discussions with political representatives to ensure their voices are heard. As a result, some of their demands have been successfully implemented. However, unlike the industry apprenticeship sector where employers and trade unions are responsible for training decisions, they do not have such authority in the healthcare and social services sectors. Nonetheless, they still actively lobby for their interests and have managed to achieve positive outcomes both on the political and the local level. For instance, they collaborate with work councils to implement good practices to improve national regulations. The EPSU Collective Bargaining Newsletter mentions a number of collective agreements successfully negotiated by ver.di in the social services sector, for example, addressing the undervaluation and overwork of staff in social and educational

services[6], protecting loss of pay for nurses and other workers[7], increasing pay in eldercare[8] and providing pay rises to public service workers[9].

In the Netherlands, FNV (NL) maintains an activity fund in partnership with employers to support initiatives that enhance labour markets within the elderly care sector. Moreover, they oversee activities in the education sector and ensure they adequately address the needs of workers. FNV has signed collective agreements related to protecting the rights of workers in disability care[10], and workers in nursing and care homes[11].

For SuPer (FI), providing professional training to their members is not their primary role, however, they have taken it upon themselves to organize short trainings based on their members' needs. Additionally, they have set aside funds for members who choose to pursue further training through courses, both short and long.

Sanitas (RO), which is not affiliated with any confederations, faces challenges in reaching the government due to limited opportunities for social dialogue. The private sector is also excluded from such dialogues and trade unions. Despite this, the organisation is committed to being involved in social dialogues within the country and attempts to negotiate collective agreements on a regular basis. Although Sanitas is more representative in health that social care, they assume a guardian role in ensuring that employers comply with laws and take part in strikes and demonstrations to push the government to engage in negotiations regarding relevant laws.

Trade Union membership offers several advantages for care workers, including opportunities to receive training directly, be represented in wage negotiations, and have access to legal advice and support. Additionally, being part of a union provides care workers with a collective voice to advocate for their rights and interests, which can lead to improved working conditions, better job security, and increased job satisfaction. In a sector where there are often concerns about low pay, high workload, and limited opportunities for career advancement, union membership can provide a much-needed support system for care workers to navigate these challenges and achieve their professional goals.

e) Challenges in adequate representation of care workers' needs

According to YOUNION (AT), the main issues in the social care industry include a shortage of staff, difficulties in managing working time, unstable duty rosters, and lobbying for more staff and training. To address these challenges, attractive offers for unemployed individuals to be trained in health professions have been proposed, with secured funding for living standards and quality training. Multi-professionalism is also being emphasized, along with heavy work regulations and additional resources for the industry. There is a need to recognize foreign school and academic degrees. To support social work, a professional law is being proposed in Austria, along with financially supported training, more professional self-determination and autonomy based on professional ethics, and

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[6] Social and care staff to get additional days off and monthly allowances | EPSU
[7] Care workers get 35-hour week with no loss of pay | EPSU
[8] New agreement in eldercare boosts pay by 25% | EPSU
[9] Unions secure pay rises for 2.3 million public service workers | EPSU
[10] Disability care agreement delivers 8%+ for lower paid | EPSU
[11] Unions secure 6%+ for workers in social care | EPSU

recognition of social work as a driver for socio-political change in terms of social justice and ecological sustainability.

CNE (BE) suggests that the main challenge faced by trade unions is to gain recognition and become fully-fledged interlocutors in discussions related to social purpose, financing of sectors, and sectoral policies. This recognition is sought both at the local and higher levels, with Ministers, their representatives, and Administrations. Trade unions aim to involve workers and their representatives in the orientations of their institutions/associations in terms of service to the population, as good working conditions lead to better service delivery. The COVID-19 crisis opened a democratic window, with prior consultation on the distribution of circulars and acknowledgment of the central role played by consultation bodies on the ground. However, live-in carers are currently relegated to negotiating informal agreements and are not involved in participative consultations on sectorial policies carried out by Ministers of Trustees. Their participation is often limited to certain interlocutors, including users' associations and *mutualities*, (non-profit health insurance organisations) with no prior consultation on sectorial policies. Similarly, in Romania, the social workers represented by unions are mainly from the public system, while the non-profit sector is absent from the social dialogue (FONSS).

CFDT (FR) criticises the time needed to be spent on administrative and reporting tasks that each professional must perform. Regardless of the profession, individuals mention the increase in administrative workload related to personalized projects, Departmental House of People with Disabilities (MDPH) assessments for renewal, activity tracking on software, planning, and more. As a result, social intervention time is reduced, and time spent on self-evaluation, transmissions, meetings, and transportation is overlooked. The lack of time is problematic, as it hinders relationships, communication, and ultimately the meaning of work in the sector. CFDT (FR) proposes the rehabilitation of coordinators, such as department heads, to observe the work done by their teams, report back to management, and regulate and organize the work of their teams. The allocation of resources should prioritize improving support over seeking funding, as well as formal and informal exchange between professionals in a multidisciplinary framework should be established to improve the collective organisation of work.

For SuPer (FI) one of the main challenges in representing care workers concerns foreign workers, which has emerged as a major challenge faced by the industry. In light of this, SuPer is currently conducting a survey among their members to gather information regarding the situation in social care services, particularly with regards to the number of foreign workers employed and their language skills. They are also seeking to understand the extent to which the language barrier may be affecting the quality of care provided. They are concerned that foreign workers may not be fully aware of their rights and that language barriers are hindering proper training. Additionally, there have been reports of service users exhibiting racist behaviour towards foreign workers who are often left to work alone.

> *"Care is not a luxury, it's a necessity for the society."* (FNV, NL)

Trade unions have highlighted a range of challenges related to the representation of care workers' issues, including the lack of recognition and respect for care work, care workers' administrative burden, foreign workforce and language barriers, the fragmentation of the care sector, and the inadequate funding and staffing of care services. These challenges underscore the need for unions to work collaboratively with care workers, employers, and policymakers to address systemic issues and create more equitable and sustainable working conditions in the care sector.

6 Policy recommendations

The policy recommendations presented below are building on input from the interviewees with employer and workers representatives when asked *"What would we need to address and respond to the new needs in terms of skills and how?"* These recommendations should guide policy makers and service providers to jointly improve the situation of care workers, while ensuring good quality, person-centred care, provided in community-based settings for children, persons with disabilities and older people with care needs.

- New types of person-centred community-based care services require <u>different skills</u> than institutional care. In order to improve the skills of care workers, the following aspects should be considered:

   (1) realistic plans regarding digital skills and thorough assessment of the advantages and risks of increasing the role of digital technology in care provision (much training is needed, hesitancy to train if different technologies need different skills),

   (2) thrive a balance to avoid excessive administrative burdens on care staff,

   (3) well defined career paths (possibility to move on in one's career as a support worker without becoming directly a manager; introduction of various specialities of a 'senior support worker'),

   (4) more research on the impact of technology on service users and care work.

- Policies needed to improve the <u>training and education</u> of care staff to prepare them for working in community-based care services:

   (1) Incorporate specialised soft-skills training and a human rights-based approach into the formal curricula for nurses, social workers with a strong focus on the concept and practice of diversity sensitive care and person-centred care for different target groups,

   (2) Make attractive training course offers for people who are looking for work to train and work in social care professions (e.g. offer scholarships, or grants for students),

   (3) Provide continuous training opportunities for social care workforce on the job, with special regard to those who are shifting from institutional to community-based care (short courses that can be integrated in daily work, working together with colleagues, team days for informal get-togethers and recap of experiences; training during work time; financing for training; quality training) and allow them to build a better career path.

- Importance of recognising the <u>role of different stakeholders</u> (employers, workers, users) and strengthen the cooperation among their representative organisations through:

(1) a more structured way to involve the voice of services users (children, persons with disabilities, older people etc.) in making their needs heard in terms of social care and support services,

(2) enhanced social dialogue at EU and local level with a reinforced capacity to address vocational education and training in social services;

(3) recognition of Social Partners (employers organisations and trade unions) as interlocutors on all levels.

7 Conclusion

This report considers the skills and training needs of workers in the changing landscape of social care service provision and the potential of social dialogue to better meet these needs. It is based on data gathered through interviews with organisations representing employers and national trade unions in the sector in 8 EU member states and European organizations representing persons with disabilities, children, and older people. The report focuses on the impact of new social care models, evolving needs of service users, and the increased use of digital tools and technologies. The report addresses the evolution of social care service provision, the impact of the evolution on skills needed, and the role of social dialogue in supporting the changing jobs, skills, and training needs.

The report examines the impact of new social care models including the transition from institutional to community-based care and integrated care on jobs and training needs. First, it is important to note that the shift towards new social care models varies among the surveyed countries. In the context of current staff shortages and retention difficulties, the expected increasing demand for social care services due to demographic developments underlines the importance of answering to skills and training even more. The workforce needs to expand, but current workers consider leaving the profession (Eurofound, 2020). Difficult working conditions linked to low pay, staff shortages, changing work schedules, lack of funding for workforce development and discrimination and harassment in the workplace need to be addressed to retain and attract workers to the sector.

The provision of social care is a complex task and continuously developing in terms of the skills needed. For instance, while care was often conceptualized as a series of individual actions, workers are now required to use their competencies to "make full use of their competencies and think of what can be done to improve autonomy and self-reliance for the care recipient" (OECD, 2020a). In long-term care, the coordination of care and communication with family members have become more important. Based on the results of our study, the new models of care require a range of skills:

- project management skills

- intercultural communication skills

- interprofessional collaboration skills

- group-specific skills

- digital literacy and communication skills.

Furthermore, workers need training in human rights-based approaches, detailed knowledge about users' wellbeing, mental health support, and recognition of qualifications gained in foreign countries. The results indicate that training and upskilling challenges exist in some countries, in rural and urban areas. Training can also contribute to retention in social care (Luijnenburg et al., 2022). Interviewees in this study also emphasized the importance of creating new career pathways (e.g. example of the senior social support worker) linked to additional training which benefit workers and employers.

The increasing use of technology in the care sector requires care workers to be familiar with new equipment, such as tablets, smartphones, and robotics and tools such as online software allowing to manage and share users' data and files or to improve the communication. Interviewees highlighted a range of difficulties associated with current use of technology, such as disparity in technological competences, the prevention of face-to-face contact, increased workload. Technology is discussed as jeopardizing the delivery of good quality care. Some interviewees see a risk that technology could be used for controlling workers and for making conclusions that are incompatible with care practice and in contrast with the needs of users. Some of them emphasized the need to involve workers and users in technology development from the beginning. Despite these challenges, there are also opportunities for improving the care sector. For instance, the introduction of technological tools can be an asset in the home care sector, as long as it is approached with caution and consideration for the needs and rights of all stakeholders involved. Overall, the increasing role of technology in the social care sector highlights the need for ongoing training and professional development for social care professionals. As technology continues to evolve and shape the sector, it will be essential for social care providers to stay up to date with the latest tools and techniques to ensure they can provide the best possible care to the recipients.

In conclusion, the report emphasizes that the care sector faces a range of challenges and opportunities regarding skills and training. To address these challenges and make the most of the opportunities available, it is essential to prioritize ongoing education and training for care workers and implement technology in ways which improve services. By doing so, social services can ensure that users receive the high-quality services they deserve, while also supporting the professional development and well-being of care workers.

The surveyed countries differ in terms of social dialogue. As collective agreements vary across EU member states in general (see for example for an overview of LTC agreements Eurofound 2020), interviewees highlighted disparities in the culture and progress of social dialogue. Social dialogue is hampered by a lack of proper collaboration between employers' representatives and workers' representatives, sometimes because in some countries, one of the parties is missing and by limited coverage of workers of collective agreements in the sector. Besides limited trade union membership, trade unions face challenges related to the representation of care workers' issues, including a lack of recognition and respect for care work, foreign labour and language barriers, fragmentation of the

care sector. In some countries, employers' organisations still have to be created, build their capacity and be recognised in order to initiate a social dialogue with trade unions. To address these challenges, trade unions and employers' organisations must work collaboratively to create more equitable and sustainable working conditions in the care sector.

Work in the social care sector has evolved through the development of new models of care, focusing increasingly on person-centredness. Examples of this are the developments around the adoption of the UNCRPD and the continuing shift towards person-centred care. While this study is limited in scope (based on interviews with employers' associations and trade unions as well as selected European organisations representing service users), it highlights a range of skills and training needs linked to current trends in the sector. Furthermore, our research addresses benefits and challenges associated with the use of technology in social care. Last but not least, it discusses the role of social dialogue in addressing skills and training needs in the sector.

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9 Annex

Research on evolving jobs, skills, and training needs in the social services sector and the role of social partners in managing changes

Interview guide for interviews with national stakeholders

Identification code for Interview:

Country Code/Profession Code/Number

Name of the interviewer:	
Date and duration in minutes of interview:	
Country and organisation of the interviewee(s):	
Position held in this organisation:	
Mode and setting of interview (online Zoom/MSTeams etc.):	

Thank you very much for agreeing to this interview - your input is very important for us. My name is _____, and I am a researcher with European Centre for Social Welfare Policy and Research. We are implementing a research project for EPSU and the Federation of European Social Employers which aims to identify the evolving jobs, skills, and training needs in the social services sector, and the role of social partners in managing changes. This piece of research is part of the EU-funded FORTE project. The research is based on the views and experiences of representatives of both workers and employers/providers in the social services sector from eight EU Member States, as well as European stakeholders. Social services are understood as services for older persons, persons with disabilities, children and other excluded or disadvantaged persons.

We will talk for about an hour. In recent years, there has been a shift towards more person-centred social services, in the community and at home[12]. First, I will try to gain insight into the overall

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[12] Home care is care and support provided by a care worker for the overall well-being (hygiene, safety, social) of a person in need, in their own home. Community-based care can be residential care, day care or care services provided at the home of the person in need of care (home care). The distinguishing element of community-based care is that it stresses the inclusion element as opposed to the segregating approach of institutional care.

challenges care workers face in recent years, with a special focus on how technology and digital solutions impacted the work and workload in these new models of care. Delivering these alternative care models often requires new skills and training needs, thus we will discuss what kind of support care workers receive to meet the requirements of the changing sector (trainings, skill development, coaching, supervision)? Then, I would like to ask you if you know any good practices where trade unions or employers' associations played a role in supporting social care workers through collective bargaining in managing evolving job profiles, skills, and training needs.

We follow strict data protection procedures:

- I will be taking notes during the interview. With your permission, I would also like to record our conversation. This would allow me to check details later on when writing the report.

- We will not mention your individual name in the report, but we might mention the type of organisation you are representing and the country in which your organisation is based.

- The recording and my notes will only be accessible to the researchers writing the report. The recording will be deleted within a month of the approval of the report from this research project by the client.

Do you have any questions before we start with the interview?

[The interviewer should ask for approval to audio record the interview and then start audio/video recording]. [If the interviewee refuses to be recorded, the interviewer should continue with the interview and keep detailed notes of what is said].

Before I start with the interview, I need you to confirm that you consent to this interview. I will read out three sentences and then ask you if you agree.

- You've been informed about the aims of this research, and you've had an opportunity to ask any questions you have.

- You know that participation in this interview is voluntary.

- You know that you can stop the interview at any time without any negative consequences.

A.   Overview of the evolution of social services jobs in EU countries

1. What were the three main changes in the social services sector in the last 15 years? Please provide three keywords here.

2. From your perspective, what has been the impact of new social care models on work in the social care sector? By new social care models, I mean, for example, the shift from residential to home-and community-based care. *What are the main implications of those changes?*

3. Have the needs of service users changed in recent years?

4. Are the needs of service users better channeled in public discussions and considered more when developing and implementing social services?

5. <u>To Employers/service providers</u>: How do you take into account the views and needs of service users in planning the delivery of services? *How is knowledge about users' needs usually obtained by service providers?*

6. What are the main challenges due to the development of new type of services in the social care sector?

    ▪ <u>To Employers/service providers</u>: What are the main challenges for the social care sector at present from the employers' perspective, with special regard to the workforce (including needs, skills and working conditions)? *How do employers' organisations try to address these issues at national level?*

    ▪ <u>To trade unions</u>: What are the main challenges social care workers face in recent years that were identified by Unions, considering the changing working environment, due to the shift towards more person-centred, community-based services? *Does this transition from institutional to community-based care concerns Unions/became an issue at all in different countries in recent years?*

7. What is the main impact of the Covid-19 pandemic on the social care sector and what are the main challenges service providers and care workers are still dealing with deriving from it?

8. What would be needed to address and overcome these challenges and ensure the provision of good quality care and decent working conditions?

B.   Impact of the evolution of jobs on skills needs and ways to acquire new skills

1. Are different skills needed due to new social care models? Could you describe these? *Are changes in terms of deinstitutionalisation (increase in community-based care) reflected in skills training? What are the specific skills required to provide care in community-based settings vs residential care? Are changes towards integrated care (e.g. working in multi-disciplinary teams) reflected in skills training?*

2. How does formal education of care workers prepare them for working in different settings, with special focus to providing person-centred care, in line with human rights (e.g., respect of autonomy, dignity, privacy of clients etc.)? *Any specific examples of good practice in this regard?*

3. How do social care workers access trainings and skill development in your country? *What is the main purpose of skill development programmes? How is skills development funded? Are skills development programmes mandatory for care workers? Do they respond to the actual needs of workers?*

4. *To what extent do your programmes and initiatives consider or rely on the European Skills Agenda?*

5. What kind of support social care workers receive to meet the requirements of the changing sector from their employers (trainings, skill development, coaching, supervision)?

6. What kind of new skills they would need to provide high-quality care (e.g. on the use of assistive technologies and digital tools)?

7. <u>To trade unions:</u> How do social care workers see their working conditions (also in different types of services) and their perspectives to stay in the sector? *Is there a significant difference, depending on the type of service they provide (e.g. case managers, personal assistants, residential care or mobile care)?*

8. How did digitalisation, and the increasing uptake of digital tools and assistive technologies impact the work processes and the workload of the social care sector?

9. What is needed to steer development and use of technologies in the social care sector to ensure good working conditions and good quality care? *Are there any limits to the use of technology that would be important?*

C.   Role of social dialogue in handling changing jobs, skills and training needs

1. In your view, what role does social dialogue play in supporting the changing jobs, skills, and training need of social care workforce in your country? Where are the gaps in terms of representation of social care workers?

2. What role have employers' associations played in supporting social care workers in recent years, with special regard to the changing jobs, skills, and training needs? Is there room for closer involvement of employers' associations in handling jobs, skills and training needs of social care workers?

3. What role Unions have played in supporting social care workers in recent years, with special regard to the changing jobs, skills, and training needs? Is there room for closer involvement of trade unions in handling jobs, skills and training needs of social care workers?

4. <u>To trade unions:</u> What are the main challenges at present to represent social care employees' interests?

5. What role employers play in workforce development? (e.g. through government schemes) *Are there any good practices of their engagement through social dialogue? Could you share results of recent employer engagement to improve the working conditions of social care workers?*

6. <u>To trade unions:</u> Are there any good practices of trade unions' engagement through social dialogue? *Could you share results of recent trade union engagement to improve the working conditions of social care workers?*

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