Improving working conditions in social services: Promising practices from across Europe

WP3 - Thematic Seminar
12 October 2023

@SocialEmployers
@EPSUnions

With financial support from the European Union

Interpretation

English, French, German, Spanish

FORTE
Social dialogue for skills, training and
working conditions in social services

* Click on the icon « interpretation »

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Closed Caption   Breakout Rooms   Interpretation   More   End Meeting
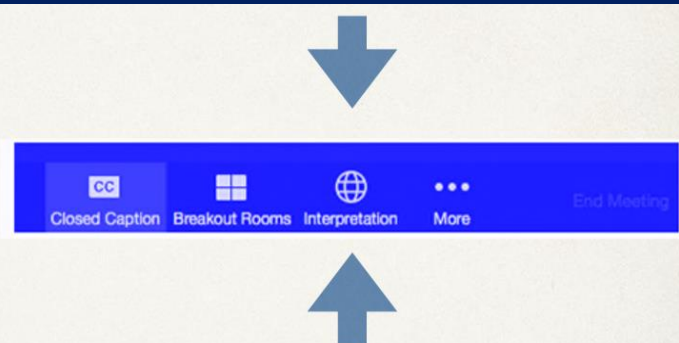
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✓ Désactivé
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Other technical details

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- Use chat box for comments
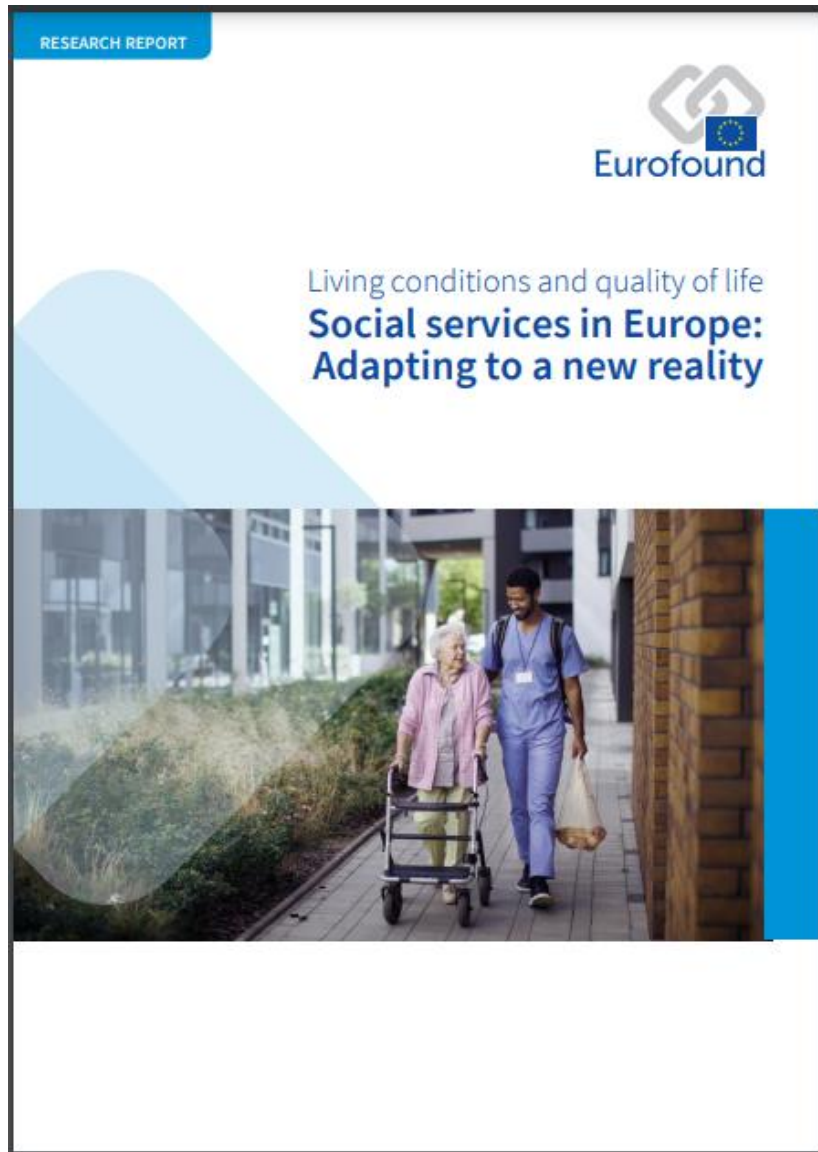- Use Q&A box for questions

10:00   Introduction to the topic & day

Penny Clarke, Deputy General Secretary, EPSU

Social services in Europe: Adapting to a new reality

Tadas Leončikas
Head of Employment unit

FORTE project meeting

12 October 2023

Rationale for having strong social services (Ch.1):

- Addressing social risks (old and new)

- Social investment to maintain inclusion and resilience of individuals

- Acute need for societal resilience in current global context (pandemic, inflation, war)

Social services during the COVID-19 pandemic (Ch.2)
Provision and use of health and social services

Lessons learnt

- While health & safety and health services were prioritised, the health pandemic had a distinctive impact on social services as the sector dealt with it with lesser coordination = need for a better risk-preparedness

- Prioritisation of health & safety protocols was not matched by adaptation to service user needs

- Scaling up digitalisation of social services had difficulties/limits, though value is not disputed

Further adaptation challenges

- Improving risk-preparedness – for user safety and resilience of services

- Room for digitalisation and development of self-directed support tools for the users

- Funding and investment uncertainty

- Funding uncertainty may come at a cost of a decreasing focus on quality of services (lack of evidence on whether quality frameworks are being mainstreamed)

Eurofound

Table 1: NACE sectors used in the analysis of working conditions

Short name used in the report	Full name in NACE Rev. 2	NACE code	Unweighted count in EWCTS 2021
Social services			
Healthcare	**Human health activities**	86	3,784
	Hospital activities	86.1	
	Medical and dental practice activities	86.2	
	Other human health activities	86.9	
Long-term care	**Residential care activities**	87	1,654
	Residential nursing care activities	87.1	
	Residential care activities for mental retardation, mental health and substance abuse	87.2	
	Residential care activities for the elderly and disabled	87.3	
	Other residential care activities	87.9	
	Social work activities without accommodation for the elderly and disabled	88.1	
Social work	Other social work activities without accommodation	88.9	791
	Child day-care activities	88.91	
	Other social work activities without accommodation n.e.c.	88.99	
Other NACE sectors used for context and comparison purposes			
Education	Pre-primary education	85.1	753
	Primary education	85.2	1,363
	Educational support activities	85.6	314

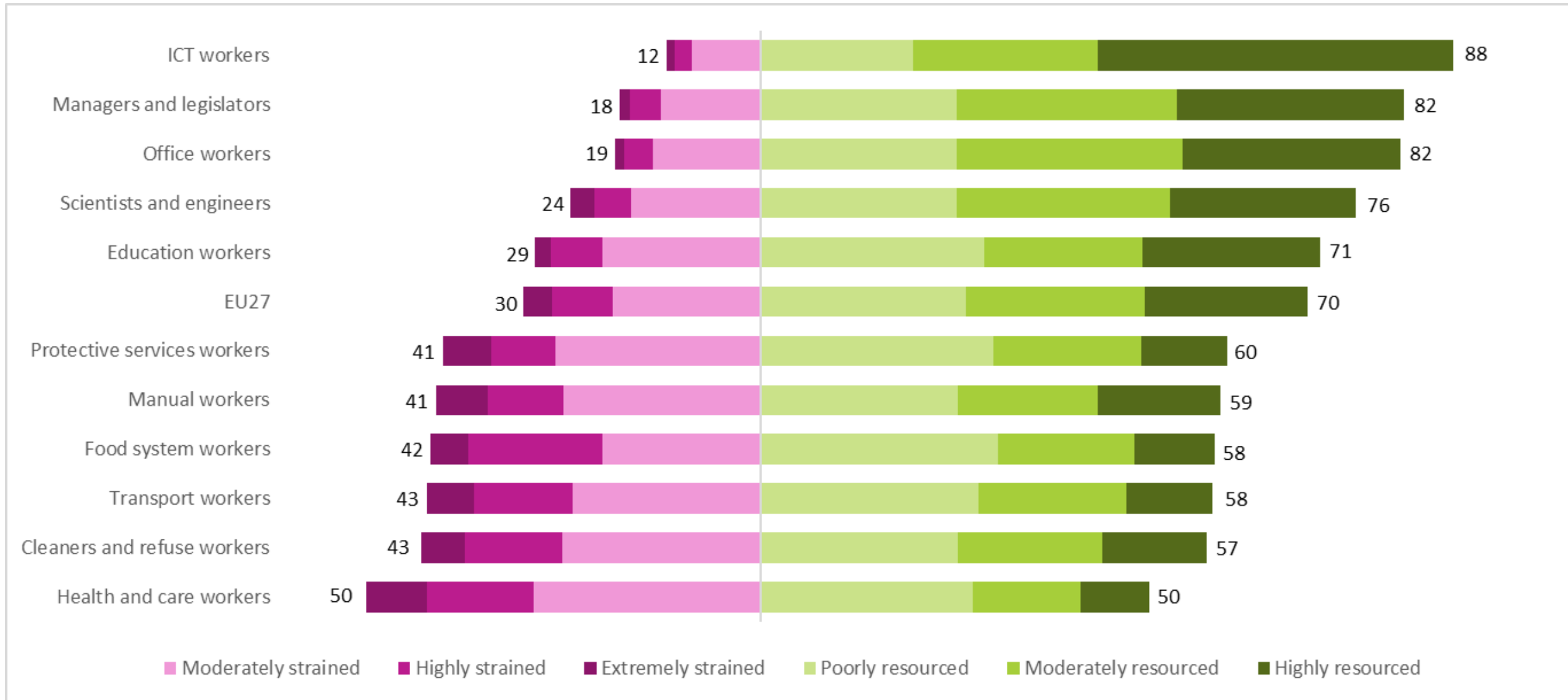# Job quality: dimensions to assess job strain (EWCtS)

Job demands

- Physical risks
- Physical demands
- Adverse social behaviour

- Work intensity
- Unsocial work schedules
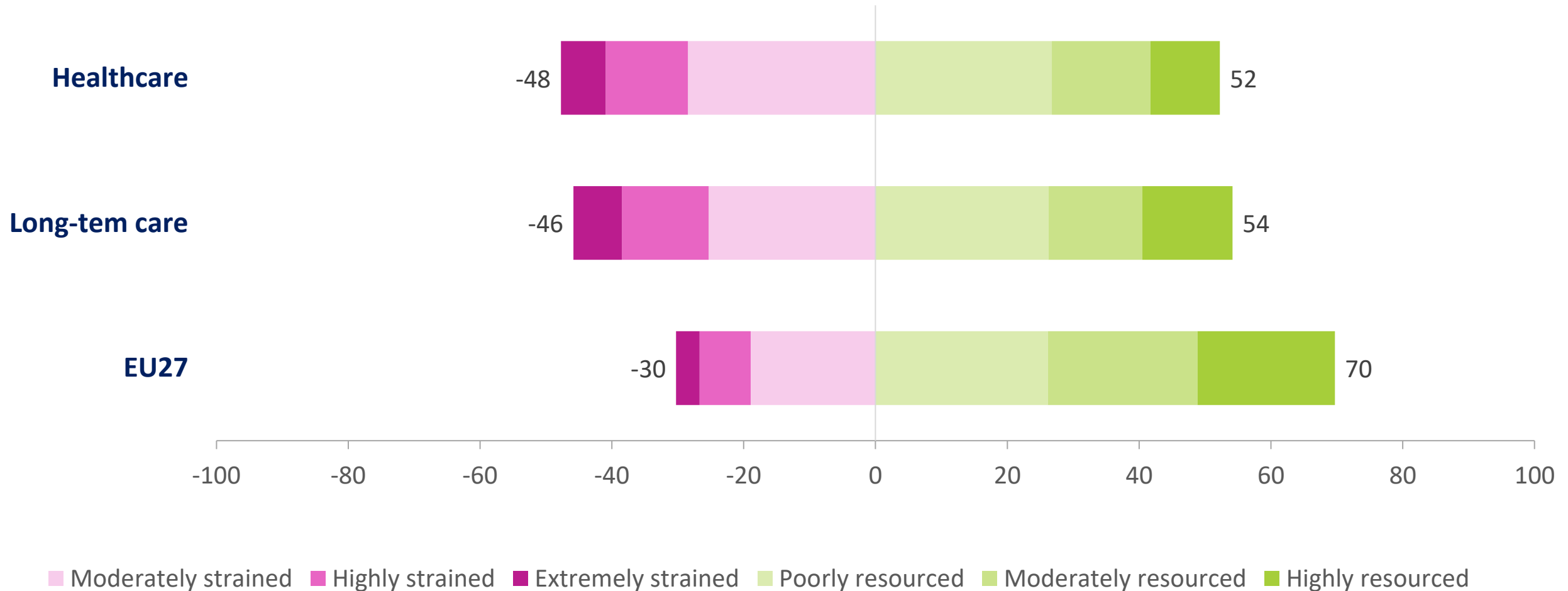- Perception of job insecurity

Job resources

- Support from colleagues and managers
- Task discretion and autonomy
- Organisational participation
- Flexibility in working hours
- Training and learning opportunities
- Career advancement
- Intrinsic rewards

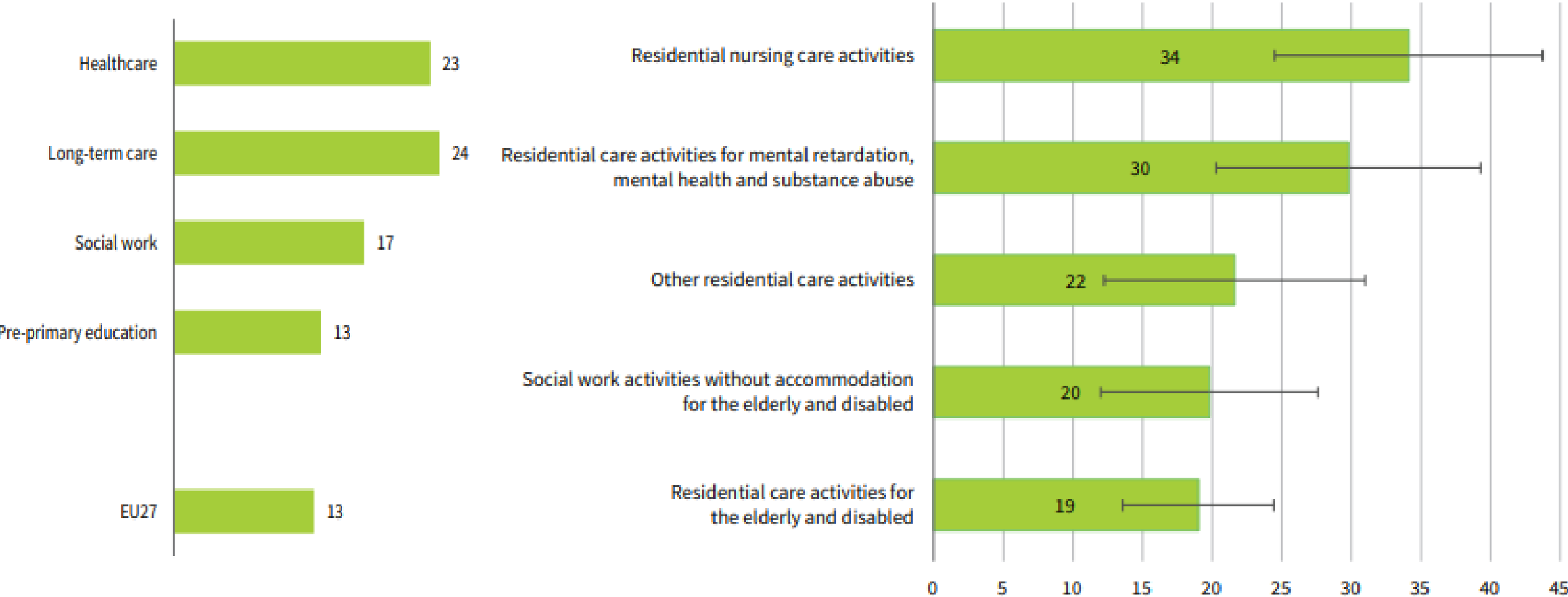Eurofound

Job quality of critical workers, EU27

| | Moderately strained | Highly strained | Extremely strained | Poorly resourced | Moderately resourced | Highly resourced |

Worker category	Strained	Resourced
ICT workers	12	88
Managers and legislators	18	82
Office workers	19	82
Scientists and engineers	24	76
Education workers	29	71
EU27	30	70
Protective services workers	41	60
Manual workers	41	59
Food system workers	42	58
Transport workers	43	58
Cleaners and refuse workers	43	57
Health and care workers	50	50

Eurofound

Job quality in health and care sectors, EU27

Healthcare: -48, 52
Long-tem care: -46, 54
EU27: -30, 70

Legend: Moderately strained | Highly strained | Extremely strained | Poorly resourced | Moderately resourced | Highly resourced

Eurofound

Proportion of social services workers who reported adverse social behaviour, by sector, EU27, 2021 (%)

Healthcare — 23
Long-term care — 24
Social work — 17
Pre-primary education — 13
EU27 — 13

Residential nursing care activities — 34
Residential care activities for mental retardation, mental health and substance abuse — 30
Other residential care activities — 22
Social work activities without accommodation for the elderly and disabled — 20
Residential care activities for the elderly and disabled — 19

Eurofound

Figure 3: Proportion of workers in selected occupations who reported adverse social behaviour, EU27, 2021 (%)

Source: EWCtS 2021
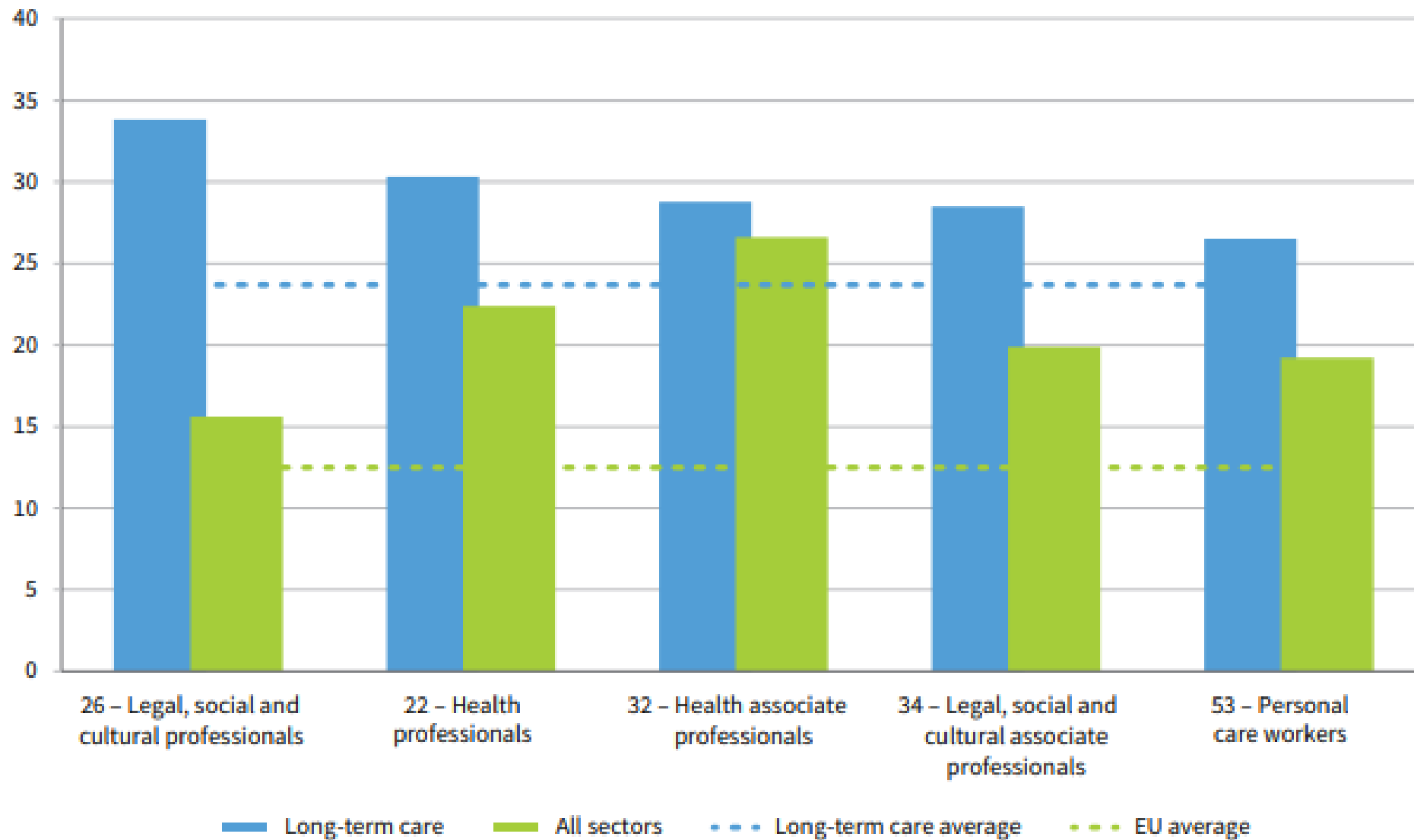
Table 2: Receipt of training, by sector and subsector, EU27 (%)

Sector/subsector	Training	
	Employer-paid training	On-the-job training
Healthcare	49	57
Hospital activities	48	57
Medical and dental practice activities	50	61
Other human health activities	49	55
Long-term care	45	44
Residential nursing care activities	56	55
Residential care activities for mental retardation, mental health and substance abuse	51	42
Residential care activities for the elderly and disabled	48	42
Other residential care activities	35	47
Social work activities without accommodation for the elderly and disabled	33	37
Social work	44	42
Pre-primary education	44	53
Primary education	58	54
Educational support activities	55	44
EU27	45	46

Eurofound

EWCtS 2021: How often does your main paid job involve working with computer, laptop, tablet, smartphone?

	Never	Rarely	Sometimes	Often	Always
Healthcare	9	5	8	24	54
Long-term care	22	8	11	22	37
Social work	20	9	10	23	37
Pre-primary education	21	15	19	30	15
EU27	18	6	8	19	49

Legend: ■ Never ■ Rarely ■ Sometimes ■ Often ■ Always

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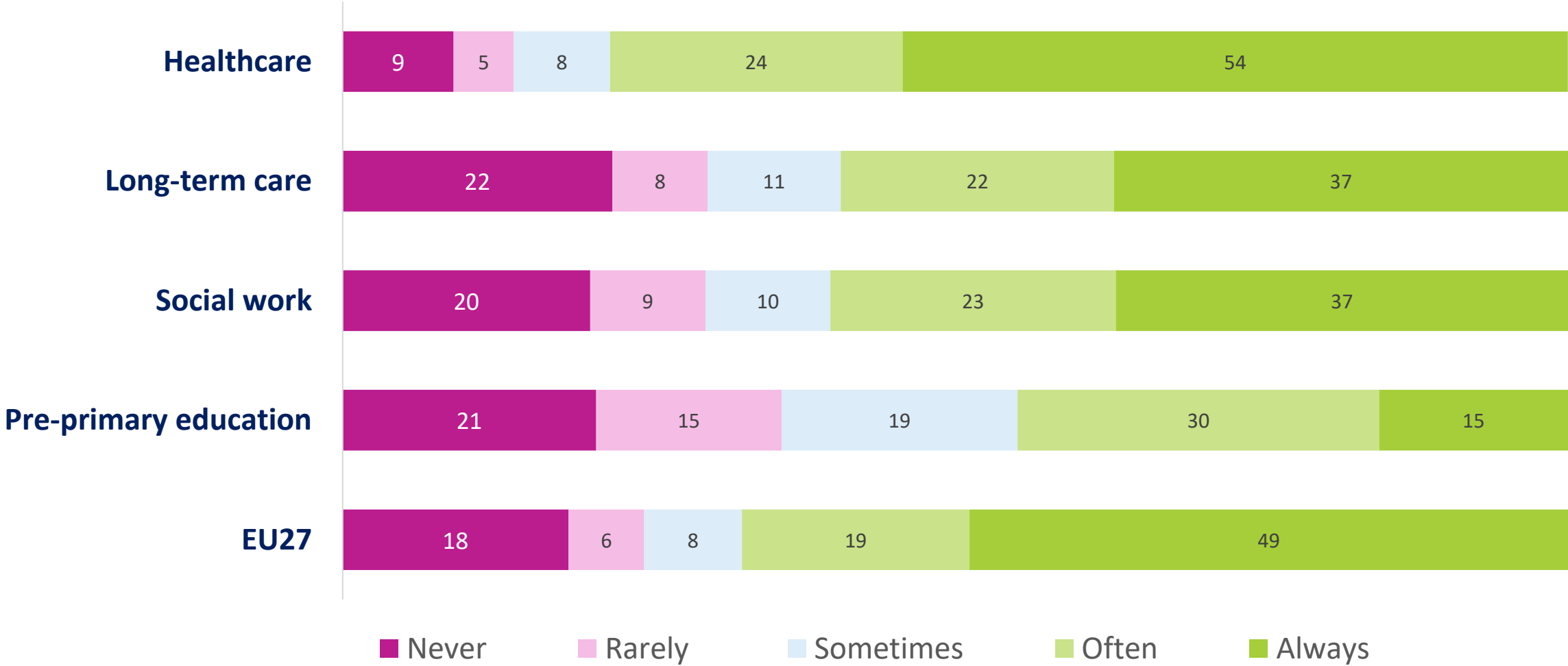
Relationship between prevalence of training and non-use of digital devices at work in sub-sectors of social services, EU27, %

Employer-paid training — $R^2 = 0.44$

On-the-job training — $R^2 = 0.49$

Eurofound

Share of national RRP funds allocated to social objectives, by country (%)

Were opportunities to fund digitalisation of social services (data, admin) taken up?..

Source: EC 2023, Recovery and Resilience Scoreboard

Eurofound
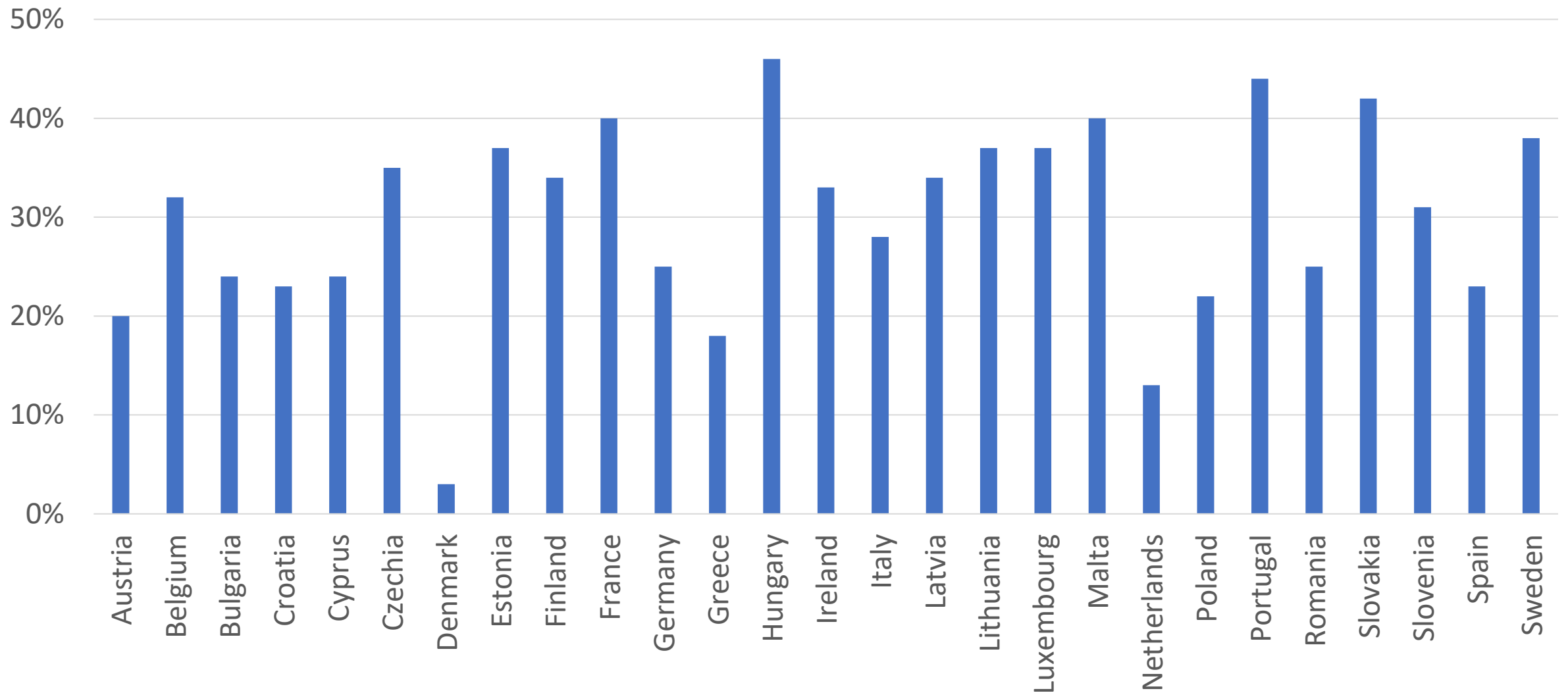
Figure 7: Proportion of social services workers who feel that they do useful work, by sector, EU27, 2021 (%)

Sector	%
Healthcare	68
Long-term care	75
Social work	66
Pre-primary education	79
EU27	59

Eurofound
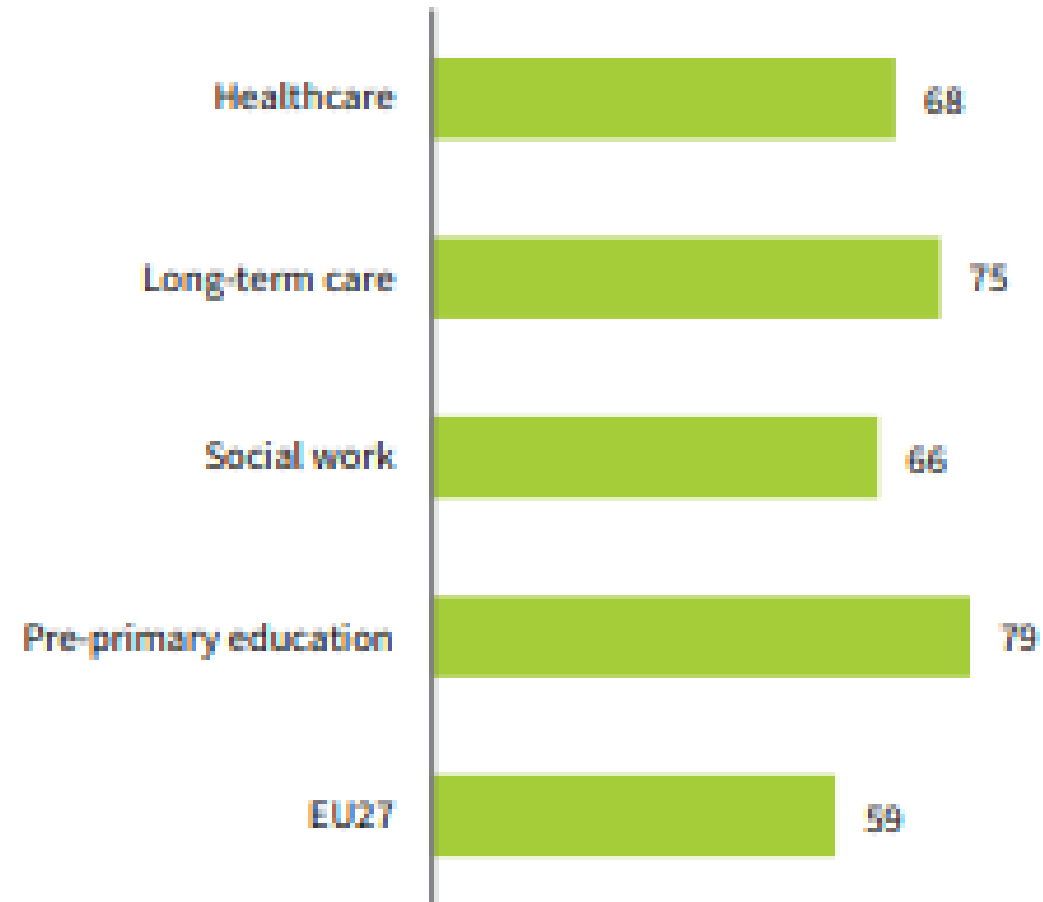
EURES: most required occupations, EU

Occupation	Vacancies	Posts
1. Shop sales assistants	107,297	138,853
2. Freight handlers	70,821	159,945
3. Nursing professionals	62,908	98,570
4. Manufacturing labourers not elsewhere classified	55,629	138,175
5. Agricultural and industrial machinery mechanics and repairers	53,705	83,832
6. Building and related electricians	48,836	78,444
7. Accountants	47,701	53,321
8. Cleaners and helpers in offices, hotels and other establishments	46,867	78,331
9. Social work associate professionals	43,168	74,194
10. Metal working machine tool setters and operators	40,366	70,584

Eurofound

Future research –
EF work programme

Eurofound

Social services in Eurofound future work plans

- Company/organisation practices in meeting labour shortages (report 2024)

- Addressing challenges to mental health in Europe: trends and services, 2024

- Care provision and the role of informal carers, 2024

- European Working Conditions Survey 2024 (report 2025)

- Caring for care services (employment and occupational shifts, working conditions, access to services, e-healthcare), 2025

- Social protection: The child guarantee, 2025

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10:40   Good practices on improving working conditions in social services

Topic 1 "Assessing working conditions"

Moderator: Sylvain Renouvel, Social Employers

- Guillaume Boucheron, NEXEM (FR)

- Johanneke van Woerden, ActiZ (NL)

- Jiri Horecky, APSS CR (CZ)

2023 October 12th

Improving working conditions in social services: Promising practices from across Europe

Creating a digital platform for occupational risks assessment and development of action plans

- ## Nexem and Elisfa :
  - ◦ Same software,
  - ◦ Different kinds of services PwD, Child protection, elderly / social centers early childhood education

- ## Opportunity :
  - ◦ Legal and regulatory obligations linked to the council directive 89/391/EEC
  - ◦ Make risk assessement easier for all organisations
  - ◦ Improve social dialogue on risks assessment
  - ◦ Funded by Solidarity funds managed by social partners (social protection)

Creating a digital platform for occupational risks assessment and development of action plans

- ## National project
    - Sectors : child protection, persons with physical / mental disabilities), elderly, social integration, health care,…
    - Different types of organisations, different working conditions and related risks
    - 330 000 social and support functions workers

- ## 2 years from the idea to the software
    - Existing software
    - 2019 : decision from social partners
    - 2019-2020 : Observation and survey within settings and services
    - 2020-2021 : Social partners supported by consultant created surveys within the software
    - Online and improving since january 2021

Creating a digital platform for occupational risks assessment and development of action plans

- ## Aim of the action
  - ◦ Help settings and services to fulfill their legal and regulatory obligations

  - ◦ Develop social dialogue on risk assessment : national and on the ground

  - ◦ Provide settings and services with ideas for prevention measures and actions

  - ◦ Pilot and improve preventive measures at a national level inspired by ground level needs

nexem
employeurs, différemment

Creating a digital platform for occupational risks assessment and development of action plans

- ## Key results
  - Software usefull for at least 11 000 settings and services and 330 000 professionnals
  - National social dialogue
  - Prevention action database
  - Action plans

- ## Difficulties faced and how to overcome
  - Variety of activities
  - Time spent at national level
  - Integration of mental health risks like intense workloads or conflict of values
  - Improvement of the software based on use

Creating a digital platform for occupational risks assessment and development of action plans

- ## Transferability
  - Comparable legal framework
  - Denseness of the tool based on surveys and automatic scoring risks
  - Contribution and improvement by settings use

- ## Costs and benefits
  - Solidarity funds : 60 euros per setting and 300 000 euros for surveys
  - Management by social partners
  - Respect of legal obligations and improvement by other services' experience

nexem
employeurs, différemment

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Forte, Brussels 12 th October 2023
Good practise: reliable data to support social dialogue

Michiel Kooijman & Johanneke van Woerden

actiz
branchevereniging van zorgorganisaties

FORTE
Social dialogue for skills, training and working conditions in social services

Reliable data on labour market topics

AZW info = Arbeidsmarkt Zorg & Welzijn informatie (translated: labour market information health care and social care services) www.azwinfo.nl

AZW-info directly supports the collective bargaining process and policymaking processes of employers organisations and unions.

- AZW data on labour market topics are accepted as accurate and reliable by both employer organisations and unions.

- AZW is jointly governed by employer organisations and unions and co-funded by Ministry of Health (VWS) in close cooperation with the Centraal Bureau voor Statistiek (CBS), the independent national agency for statistics.

- Equal access to data for employer organisations, unions and policymakers (but of course also accessible to the general public). Equal access creates a level playing field.

- A joint steering committee → influence to determine which data should be collected.

Background

- Until 2018 the process of acquiring data was put out to tender on a bi-annual basis.

- The collaboration with the CBS in 2018 meant a **giant step** forwards in terms of disclosure of reliable and objective data, the right data at the right time and also with regard to the quality and the scale of the data provided.

  - The statistics produced by CBS are a public good; public access is therefore a fundamental feature of its statistics. As also prescribed by the European Statistics Code of Practice, CBS actively publishes all results of its statistical research on its website. Open data are made available through StatLine.

Reliable data on labour market topics

How it works:

1) CBS collects data on a national level for all sectors. For example, data on population, income, employment, working conditions and vacancies.

2) CBS converts data into statistics and accessible information and publishes these data on their website.

3) Linking CBS data to AZW-info program. Data accessible for all healthcare and social care services sectors (also on regional level). For each sector a dashboard with data: age pyramid, gender, level of education.
Important data for social partners: employment, turnover rate, age pyramid and working conditions, sick leave.

4) Infographics and factsheets (nicely edited) and additional information.

5) Clubhouse: networking and exchange of info between program participants.

Extra: Forecasts studies and scenario building on future labour market developments

Data: for example vacancies (I)

Vacancies: national level, quarterly basis

Perioden	Vacatures seizoengecorrigeerd openstaand
	x 1000
2019 1e kwartaal	280,9
2019 2e kwartaal	282,3
2019 3e kwartaal	284,4
2019 4e kwartaal	285,7
2020 1e kwartaal	217,6
2020 2e kwartaal	198,2
2020 3e kwartaal	216,8
2020 4e kwartaal	218,7
2021 1e kwartaal	248,7
2021 2e kwartaal	324,3
2021 3e kwartaal	370,0
2021 4e kwartaal	391,8
2022 1e kwartaal	452,8
2022 2e kwartaal	463,7
2022 3e kwartaal	445,3
2022 4e kwartaal	437,1
2023 1e kwartaal*	437,3
2023 2e kwartaal*	427,1

Bron: CBS

Data: for example vacancies (II)

actiz

CBS · AZW

Dashboard Arbeidsmarkt Zorg en Welzijn (AZW)

Zorg en Welzijn (totaal)

Prognoses →
Inzicht in verwachte tekorten aan personeel, via dashboards en prognoses.

Kennis en inzicht →
Verdiepend inzicht in hoe de arbeidsmarkt van een sector of branche ervoor staat.

AZW Dashboard →
Actueel en snel overzicht van de ontwikkelingen op de arbeidsmarkt.

Staat van … →
Snel inzicht in de staat van een sector of branche.

Vacancies: total health care and social services/ quarterly basis

Vacatures

Ontstane vacatures
x 1 000
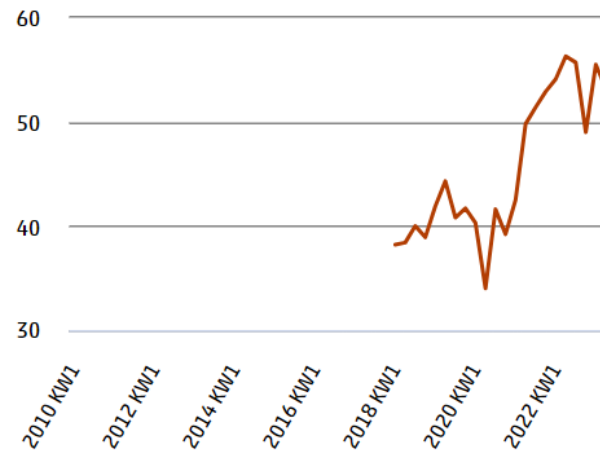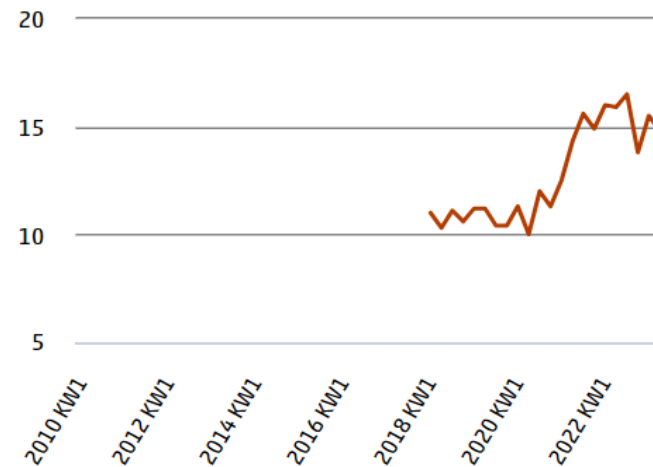
Ontstane vacatures: **53,2**

Ontstane vacatures ▼

Vacaturegraad
Aantal openstaande vacatures per 1 000 banen

— Zorg en welzijn (smal)

Data: for example vacancies (III)

Vacancies: (sub)sector social services level/ quarterly basis

Data: For example on regional level

Success factors & transferability

- Social partners share a common ground and a strong belief in using facts and data-based forecasts in social dialogue;

- An independent national agency for statistics with a strong client orientation, and an ableness and willingness to process high quality data on a regular basis;

- A government that wants to invest in big data for social dialogue.

If other Member States can meet the three above criteria, then this practice is easily transferable.

Impact on social dialogue: priceless!

"We may differ on the solutions, but we assume the same facts. We reason and negotiate from the same starting point. That helps us to recognize a problem and it encourages us to explore what our common interests are".

Bert de Haas, a board member of FNV, the Netherlands largest trade union

It's also important to know if the solutions we jointly create in our the collective labour agreement serve the purposes we want to, achieve. AZW helps us to measure the actual impact of the collective labour agreement."
Devie Rusch, policy advisor at ActiZ, the largest employers organisation in health and social care in the Netherlands.

Asociace
poskytovatelů
sociálních služeb
České republiky
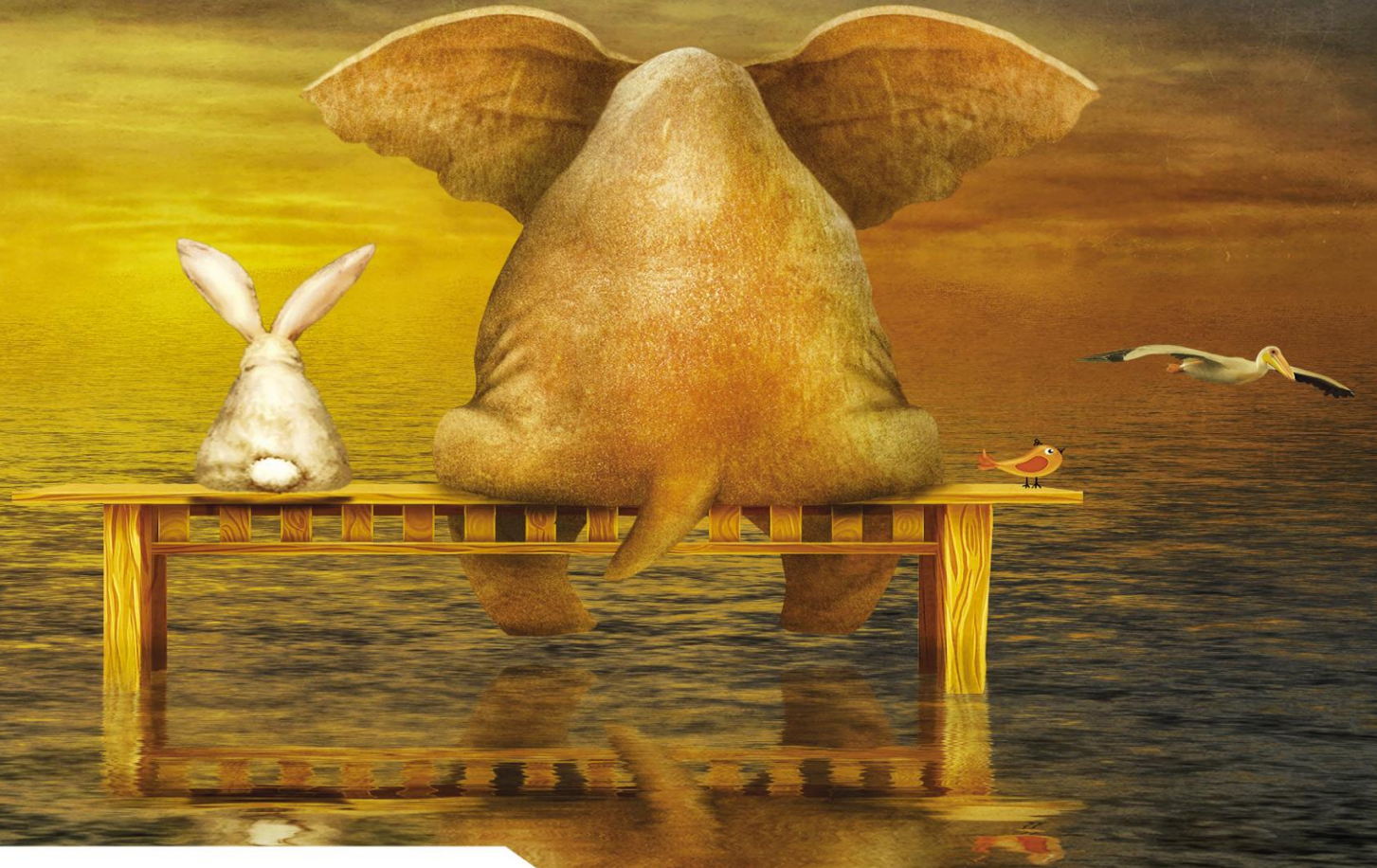
Nejste v tom sami

Social Services Employee Satisfaction Survey

Jiří Horecký

ASOCIACE POSKYTOVATELŮ
SOCIÁLNÍCH SLUŽEB ČR

Association of Social Services Providers Czech Republic (APSS CR)

2.016 members

- 1 314 organizations

- 2 940 registered services

- 702 members of professional unions

The largest professional organization that associates social care providers in the Czech Republic

ASOCIACE POSKYTOVATELŮ
SOCIÁLNÍCH SLUŽEB ČR

Association of Social Services Providers Czech Republic (APSS CR)

Our acitivites and mission

- To **represent and defend** interests of our members by the government and other interested institutions
- To **mediate and spread scientific and research knowledge** into the activities of social care providers
- To provide legal services, **organize national and international congresses, professional conferences, educational programmers and campaigns**
- To organize traditional activities like „**Week of social services of the Czech Republic,**" „**Caregiver of the Year,**" „**Innovations in social services**"

- APSS ČR is also the biggest educational institution in social services in the country
- APSS ČR realized in the last 10 years **up to 20 national and international projects** with 10 European countries. APSS ČR publishes professional literature and specialized magazine "Sociální služby" (Social services) and "Sociální pracovník" (Social worker)

ASOCIACE POSKYTOVATELŮ
SOCIÁLNÍCH SLUŽEB ČR

Social Services Employee Satisfaction Survey

Why?

- Staff shortages
- Low attractiveness of the social services sector
- Higher fluctuation

These are problems that concern all European countries

Expected impact

- 10.000 employees

Start date: Nov 2023

End date: Dec 2023

Results: Jan 2024

Survey areas

1. Identification data
2. Personal information
3. Salary and wage comparison
4. Work satisfaction
5. Relationship at workplace
6. Working conditions
7. Work benefits
8. Education
9. Company culture
10. Number of care staff/capacities
11. Personal development
12. Workload, injuries

PROCESS

- Anonymous participation

- Possibility not to fill in some data

- Automatic final report for the employer

- Comparison:
  - To all the providers in the country
  - To all the providers in the region

- National REPORT

- Annual comparison

Nejste v t🦠m sami

Thank you for your attention!

11:10   Coffee break

11:30 **Topic 2 "Preventing physical health risks"**

Moderator: Joëlle Garello, Elisfa

- Ismael Ribera Sanchís, Centro Asociación Amigos de los Ancianos-Residencia San Francisco (ES)

- Carole Gayet, INRS (FR)

Topic 3 "Welcoming and supporting staff"

- Ursula May & Theresia Krenn, Kuratorium Wiener Pensionisten-Wohnhäuser (KWP) (AT)

- Diane Grech Galea, Agenzija Sapport (MT)

- Julie Bossuet, Fédération Centres Sociaux Loire et Haute-Loire (FR)

Content

1. Spatial and temporal framework

2. Context

3. Objectives

4. Results and improvements

1. Spatial and temporal framework

San Francisco Residence
Friends of the Elderly Association
Residence for dependent elderly people

📍 Ontinyent / Valencia / Spain

Member of Lares Social Group

1. Spatial and temporal framework

ACTION		START	END
	Planning and financing Pilates classes aimed at the employees	June 2018	January 2020
Conducting a campaign for prevention of musculo-skeletal injuries	Musculoskeletal health prevention surveys	4 April 2019	4 April 2019
	Training	10 – 17 April 2019	10 – 17 April 2019
	Installation of signage on freight mobilization	20 April 2019	

2. Context

- **Detected need**: "Caring for the caregiver"

- **Basic premise** in the quality management of our centers

- **Strategic objective** of our centers

- **Prevention** of illnesses and work accidents

PHYSICAL HEALTH

EMOTIONAL HEALTH
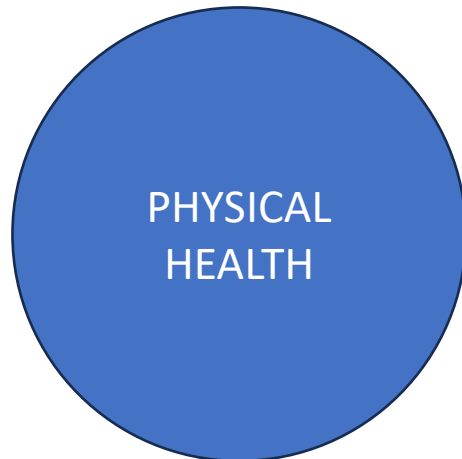
3. Objectives

❑ **To improve** the musculoskeletal health of the centre's staff, promoting proper postural hygiene in our daily activities, in order to reduce possible discomfort of musculoskeletal origin.

❑ **To strengthen** the musculature (from the deepest to the most superficial)

❑ **To increase** the strength and flexibility of the body.

❑ **To train** staff in safe lifting techniques and promote good ergonomic practices.

❑ **To promote** the integration of prevention in the company by focusing on improving the conditions in which work is carried out.

❑ **To prevent** the appearance of symptoms/discomfort (MSDs) and/or reducing the accident rate.

4. Results and improvements

- 28 employees responded the survey.
- 20% of employees participated in the Pilates lessons.
- The working environment was enhanced.
- The sick leave and absenteeism rate were less than 2%.
- The staff acquired knowledge of muscle functioning, and load mobilisation.

IMPROVEMENTS IMPLEMENTED
- ✓ 100% fundingof Pilates activity
- ✓ Adaptation of timetables to facilitate attendance according to the working shifts
- ✓ Organization of the activity close to the workplace.
- ✓ A satisfaction survey conducted

☞ INICIATIVA DE LA RESIDENCIA SAN FRANCISCO

PILATES PARA MEJORAR LA SALUD DE SUS TRABAJADORES

REDACCIÓN

La Residencia San Francisco de Ontinyent ha puesto en marcha una nueva iniciativa dirigida a cuidar la salud de todo su equipo humano. Así, el centro ofrece el servicio de clases de pilates a sus trabajadores, ya que "las funciones que desempeñan requieren de esfuerzos físicos importantes y de esta manera les brindamos un beneficioso sistema de entrenamiento físico y mental que ayuda a prevenir lesiones, fortalecer la musculatura y rebajar el estrés", explica la directora de la residencia, Teresa Colomér.

Además, las sesiones, de grupos reducidos, y que se imparten en el Centro de Pilates y Fisioterapia de María Donat, están diseñadas y adaptadas a las problemáticas que suelen presentar este tipo de trabajadores. A este respecto, explica la propia María Donat, "los esfuerzos que realizan de carga requieren de ejercicios que fortalezcan la espalda y la zona abdominal con el objetivo de prevenir lesiones".

Esta iniciativa se ha puesto en marcha en junio, y ya ha dado sus primeros resultados, "porque ha sido todo un éxito", dice la responsable del centro de mayores. Por ello, la intención es que continúe en los sucesivos meses, menos agosto que se descansará.

Además, estas clases, que se adaptan al horario de trabajo de los empleados, no están sólo dirigidas al equipo de auxiliares de geriatría "sino que cualquier trabajador, incluso el personal de cocina, cuyo servicio lo presta una empresa

Thank you !

FORTE
Social dialogue for skills, training and
working conditions in social services

Supporting mobility while taking care of oneself and of others

Carole Gayet

Expert d'assistance-conseil - INRS

Notre métier,
rendre le vôtre plus sûr

www.inrs.fr

Risk of MSDs (and falls)

- Risks related to manual handling of individuals (repositioning in the bed – type of care practiced the most and with the most exposure to risks):
  - wanting to "do everything in the place of" and
  - support tools (patient lifts, slide sheets, etc.) unavailable or unsuitable

- Risks related to pushing and pulling equipment on wheels (trolleys, etc.)

- Risks related to falls (resident + caregiver) when helping people to stand

→ Absenteeism +++ → disorganization

→ Unfitness for work → quitting job/sector

Facilitating mobility while taking care of oneself and of others

• What does this mean?

• An **MSD prevention** approach during the moving and handling of people

• Building care that protects the caregiver instead of teaching them how to lift and carry (gestures & postures, movement techniques)

• "Touching is not lifting"!

• Cultural revolution: caring for the person without physically taking charge of them

• Implementing the general principle of prevention of "adapting work to the workers" and not adapting workers to the work (gestures and postures)

• Patient handling care initiated and implemented at the **Paris St Joseph Hospital group**: "handling care": seeing handling as care → prevention

Facilitating mobility while taking care of oneself and of others: **how**?

- BEFORE EACH MOVE, assess whether the person can do one or more of the movements involved in the transfer on their own or not (for example, to move back up in the bed: bring feet towards the pelvis, use forearms to support the body, raise the pelvis, etc.).

- Evaluation of capabilities: HOW?

➜ Knowing the elements/movements that make up a spontaneous/natural movement (moving back up in a bed, going from a seated position to a standing position, etc.)

- OBSERVATION

Facilitating mobility while taking care of oneself and of others

- Depending on whether or not the person can do the movement alone, the caregiver guides them oral guidance or uses a support tool that will vary (handle bar, one or two slide sheets depending on the situation, etc.) for the same movement according to the person's existing capabilities or limitations, to ensure their comfort and to avoid any exertion and awkward posture for the professional.

- Condition: know the support tools (nursing beds, hoists, handle bars, patient lifts on rails or on wheels, etc.), their features.

Example: Moving back up in bed

- Elements making up a spontaneous movement:

- Bring the feet towards the pelvis

- Place hands alongside hips

- Lift the head, chest, look down to navel

- Pull elbows back

- Raise the buttocks, hips, let forearms support the body, press on heels and move up the bed

Example: Moving back up in bed

- Precondition:

- Patient laying flat, bed horizontal

- Position the nursing bed at the caregiver's level: arms outstretched, palms horizontal

- Options:

- Oral guidance in the case of body scheme disorders: ask the person to do the movements chronologically

- Support tools: slide sheet "*where the body rubs, it glides"*, handle bar, two slide sheets)

Example: Moving back up in bed

- Handle bar alone: if the person can stretch their arms out but cannot push down with their forearms + there is strength in the legs to push

- Handle bar + slide sheet from head to buttocks ("where the body rubs, it slides"): if the person can stretch their arms out but cannot push down with their forearms + lack of strength in the legs to raise the hips

- Two slide sheets: if the person has no strength in their arms or legs or is in a lot of pain

Example: Moving back up in bed

- Handle bar positioned in line with the patient's shoulders after the patient moves up the bed = harness = swing compensates for the lack of propulsion

- Adjust the base of the handle bar so that it is level with the outstretched wrist of the patient → arms bent during the move

- Position the patient's hands with palms facing the face

Example: Moving up in bed

- After the person has moved up, put the bed:

- in High Fowler's position (90°),

- or in a Semi-Fowler position with legs bent or straight (to avoid abdominal compression during meals),

- so that the person does not slide down again.

Example: Sitting - standing

- "*Treat all acts of standing up as if they were the first*"
- Place feet behind the seat
- Place hands on thighs/armrests/sides of the seat for support ($\rightarrow$ need for armrests or advanced toilet grab bars or safety rails)
- Tilt the top half of the body forward + push off of the legs

- The caregiver validates whether the person can hold the weight of their body on their legs through the 6-second test + balance (pallor, oral exchange, etc.)
- The caregiver should not stand in front of the person because that will prevent the natural movement of the body tilting forward

Facilitating mobility while taking care of oneself and of others

- What does this mean?

- An approach that involves management, executives and field staff

- An approach that involves planning occupational risk prevention in terms of:

➢ risk assessment,

➢ work organisation,

➢ living/work area design,

➢ assessment of support tool needs for people with impaired capabilities (and not those of the average person),

➢ acquisition of support tools, knowledge of their features, training in how to use them.

Benefits

- Comfort for the caregiver AND the patient/resident/beneficiary

→ Strengthening of the care relationship during the exchange ➜ less reluctance / aggressiveness from the person, fewer psychosocial risks

- REAL maintenance and encouragement of the residual capabilities of the patient/resident/beneficiary

- Reduction in the occupational risks related to handling

- Patient/resident/beneficiary + caregiver less exposed to the risk of falls

- Disabled workers, pregnant women, ageing workers, etc. can all continue their caregiving activity with no contraindications since they are no longer lifting/carrying patients.

Benefits

- Focus on Saint Joseph hospital

- 2009: 2,000 sick leave days related to repositioning patients in bed.

- The establishment trained caregivers in handling care + invested in beds, hoists, slide sheets, etc.

- 2018: **200 sick leave days**, 30 of which were related to bed repositioning, most of the latter occurring when the tool was not used, …

- [*Cost-benefit analysis of prevention actions. Example of the risk of handling for caregivers, ND 2310. Introduction of slide sheets, patient lifts* (in French only].

Supporting mobility while taking care of oneself and of others at INRS

- Integration into the PRAP 2S training course (prevention of risks related to physical activity in the health and social sector)

- Integration into sector-based training courses : prevention and emergency response players, prevention representatives and domestic assistance and care

- Recognized training bodies, certified trainers

- Evolution in initial education: Ministry of Education

Prevention of MSDs focused on care: 10 films for care in homes and in establishments (in French only)

- Basic principles - https://www.youtube.com/watch?v=dgPi7D9CxoE
- Repositioning in bed – Cognitive disorders with motor capacities intact https://www.youtube.com/watch?v=BBT4nOMow-Q
- Repositioning in bed – Without exacerbating the patient's pain https://www.youtube.com/watch?v=EyxBD26xPjs
- Repositioning in bed – Impairment in the lower limbs https://www.youtube.com/watch?v=8T4-c7ZdaIg
- Repositioning in bed – Partial impairment of an upper limb https://www.youtube.com/watch?v=Dz17TOW7Jos
- Regaining an upright posture and walking - https://www.youtube.com/watch?v=lJFmZO_Q3Bo
- Transfer from a bed to a wheelchair - https://www.youtube.com/watch?v=E7c-3IvGFd4
- Transfer from a chair to a bed - https://www.youtube.com/watch?v=0Bg8Twfur8I
- Getting up off the floor after a fall - https://www.youtube.com/watch?v=Ai51T9Q5t2A
- Installation for the administration of heel pressure ulcer treatment - https://www.youtube.com/watch?v=hTDyMEFs6gY
- Webinar (in French): https://youtu.be/LEsESEEwLvc

Topic 3 "Welcoming and supporting staff"

- Ursula May & Theresia Krenn, Kuratorium Wiener Pensionisten-Wohnhäuser (KWP) (AT)

- Diane Grech Galea, Agenzija Sapport (MT)

- Julie Bossuet, Fédération Centres Sociaux Loire et Haute-Loire (FR)

Häuser zum Leben

Für die Stadt Wien

miteinander hinschauen

We are Viennese

The Kuratorium Wiener Pensionisten-Wohnhäuser is a non-profit fund of the City of Vienna and operates the "Houses for Living" and Pensioners' Clubs of the City of Vienna.

It is a large social enterprise and also the **largest provider of care for senior citizens in the whole of Austria**.

We show greatness

We are Austria's market leader in the field of care for the elderly.

- **30** "Houses for Living"

- **8,700** nursing and support places

- **150** pensioners' clubs in all districts of Vienna

- **256,000** club visitors per year

- **5,000** employees

This is
miteinander

- **Workplace health promotion**

- **Diversity management**

- **Operational (re)integration management**

Diversity Management

Proud of diversity – Preventing discrimination

- **Educating**
  - Raising awareness
  - Prevention
- **Consultation**
  - Contact point for employees
  - **Ask & Go Rounds**

Ask & Go

- **Creating trust and providing security**

- **Prevention**

- **Raising awareness of key issues**
  - Discrimination
  - Racism
  - Homo-, Inter- und Transphobia
  - Mobbing
  - Sexual harassment in the workplace
  - Addiction problems in the workplace

- **Anonymised case discussions and exchange**

2. Platz beim Wr. Gesundheitspreis 2019

Challenges

- Sensitive topics – removing taboos among employees

- Open approach and discussion of specific cases

- Dealing with rigid attitudes and prejudice

- Team Dynamics

- Size of the company – Comprehensive implementation in addition to day-to-day business

Success factors

- Clear stance of the company and the management against any discrimination

- Support in specific cases by the department *mit**einander***

- Open format with information and exchange

- Group size max. 20 participants

- Priorities can be set as required

- Flexible adaptation to the respective group and dynamics

Operational (re)integration management

- (Re-)Integration into working life after long-term sick leave
- Job security
- Preventive measures to minimise absenteeism
- Conflict management
- Facilitating re-entry
- Monitoring and reporting

What we offer

- Advising managers and employees by a subject matter expert
- Moderation in conflicts related to sick leave
- Collaboration with internal and external interfaces
- Assistance with workplace design
- Evaluation of topics introduced
- Development of further recommendations for action

Measures are individual

- Changing or reducing hours

- Part-time reintegration

- Partial retirement

- Job change

- Change of function

- Conflict management (coaching, supervision, etc.)

- Referral to interfaces - occupational medicine, law, BGF, Diversity, Staff development..

- Work Assistance

- Retirement

- Termination of the employment relationship by mutual agreement

Challenges

- Gaining the trust of employees

- Burdens in the private sphere of employees

- Complex constellations, many participants

- High expectations on the part of employees and managers

- Unrealistic self-assessment of employees

- Involvement of reintegration management too late

Success factors

- Cooperation and interdisciplinary networking

- Numerous offers for physical and mental health promotion

- Training of health and conflict mediators

- Joint individual development of solutions with those affected

- Clear responsibilities and structures in the company

- Guidelines for action, e.g., part-time reintegration, sick leave return interviews

- Prompt processing of the cases submitted

- Competence and experience of the subject matter expert
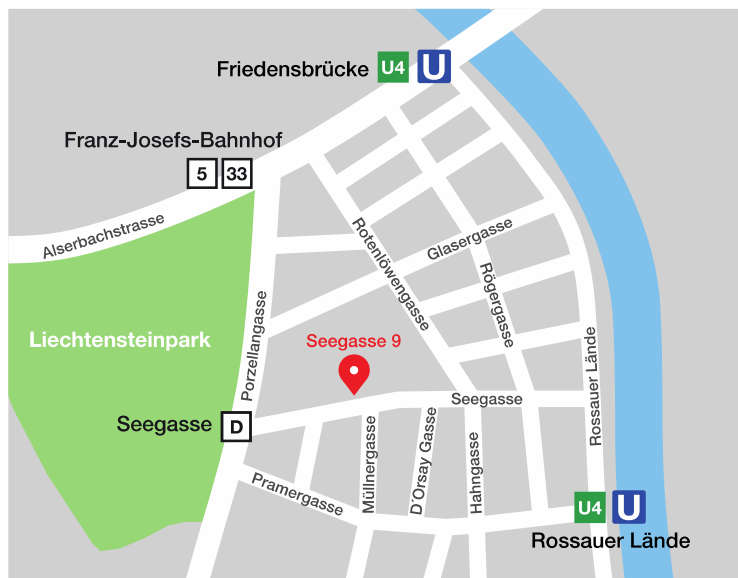
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www.häuserzumleben.at

www.pensionistenklubs.at

Eine Marke des Kuratoriums
Wiener Pensionisten-Wohnhäuser

The Start of a Journey

FORTE: Welcoming and Supporting Staff

AĠENZIJA SAPPORT

Aġenzija Sapport is committed to enhance the quality of life of persons with disability through innovative personalised support, expertise, and advocacy

mission statement

610+

employees within Aġenzija Sapport

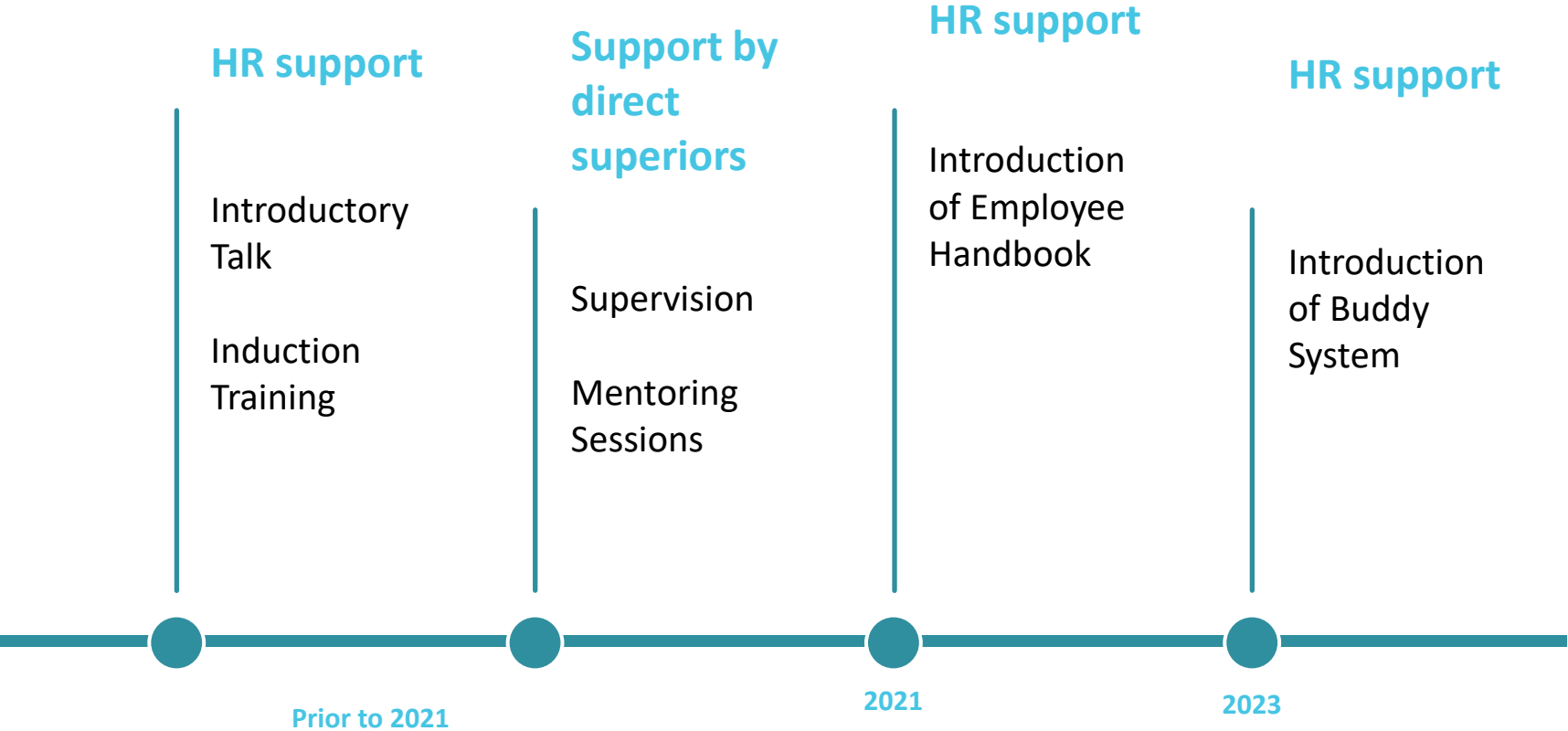*serving*

2,000+ *clients*

and supporting many family members and carers of persons with disability

Introduction of Good Practices

HR support

Introductory Talk

Induction Training

Support by direct superiors

Supervision

Mentoring Sessions

HR support

Introduction of Employee Handbook

HR support

Introduction of Buddy System

Prior to 2021

2021

2023

Welcoming and Supporting Staff

Aims

1. Help employees feel at ease prior to their employment and during their first weeks within the Agency.

2. Creating different levels of communication to help adjustment into a new work culture.

Actions

Employee Handbook

1. Contains necessary information in written form, accessible online in a concise form; preliminary meeting shortened, containing short information.

2. Sent by email prior to the employee signing the contract.

Buddy System

1. Each HR Team member follows new employees for the first months of employment.

2. Done through regular calls or meetings, depending on how the employee is adjusting.

3. New employees who find it hard to reach out and submit queries, may find this approach helpful.

4. Ensures continuation of support even after the employment contract is signed.

Welcoming and Supporting Staff

Results

Employee Handbook

1. Employees who read the Handbook were more prepared for their first days of work.

2. Employees could address their queries in a timely manner.

3. Those who were already in employment could look up simple queries without the need to contact HR.

4. The above results were expected.

Buddy System

1. Connection with an HR member; strengthening of a professional relationship.

2. Feeling of support during the first few weeks of employment when everything is new.

3. HR as a link between the employee and management in situations where the employee is feeling overwhelmed.

4. This practice was introduced some months ago, so we are still monitoring its results.

Difficulties

Employee Handbook

1. Some employees still fail to read the Employee Handbook.

2. Resulting in incorrect assumptions in instances where employees fail to refer to the Handbook.

Buddy System

Time constraints due to the need to keep up with a growing number of new employees.

Welcoming and Supporting Staff

Continuous evaluation of existing practices to improve the service

Easily transferable to other Agencies – time required

Increase in motivation

Decrease in the feeling of uncertainty at the start of employment

CONTACT DETAILS

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THANK YOU

AĠENZIJA SAPPORT

Experimental programme to support social centers (neighborhood houses) managers in managing work and preventing psychosocial risks

FÉDÉRATION DES CENTRES SOCIAUX LOIRE ET HAUTE-LOIRE

The national network of Social Centres (CS) and Spaces for social life (EVS)

The CSs and EVSs are local, generalist structures reaching out to all age groups in providing services of a social, cultural, economic or educational nature to the neighborhood in which they are located.

65 000 employees and 150 000 volunteers work for greater democracy and social justice since more than a century

Grouped together in a national federation (FCSF) and 57 regional federations, almost all of the the organisations are associations, and as a result the boards of directors and the employer function are carried out by volunteers.

But there is a significant delegation to managers who bear a large part of the responsibility and .... of the problems.
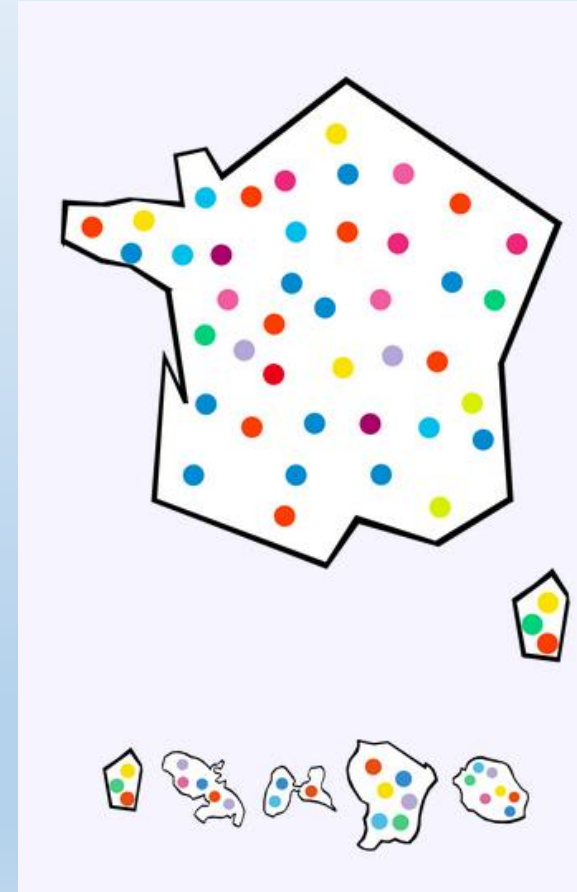
We are a regional federation, based in the area Loire and Haute-Loire (belonging to region Aura)

This project has started 5 years ago

- Research/action : fall 2018 – april 2021
- Dissemination and lobbying : since may 2021

Context

- a greater need to support organisations in terms of working conditions
- an increase in internal conflicts leading to recourse to Labour Court
- great suffering at work, violence leading to breakdowns, (sick leave, use of right to withdraw, injuries/pain)
- Managers resign and are replaced by internal employees who often are not prepared and do not have the skills
- difficulty in recruiting managers (8-month recruitment period)
- an increase in crisis situations: the federation is called up to help

The repercussions of this managers distress also have a impact on people's health, the organisation of the association, the economics of the project, the implementation of the social project, the service provided to the population, the organisation of social life with local partners, etc.

Objectives

- A desire to move away from a logic of reparation towards a logic of prevention
- An intuition: the need for combining a micro approach (acting on internal factors at the CS level) with a macro approach (acting on the system: CS's local and institutional environment).
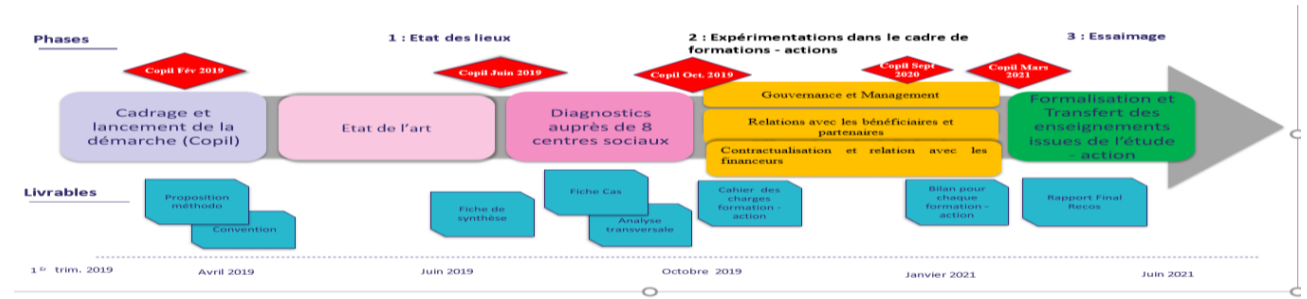
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Project completion

A experimental approach for 2,5 years

Involving more than 80 people
With the support of the professional sector (branch Alisfa), and national organisations acting in health, policies/finances
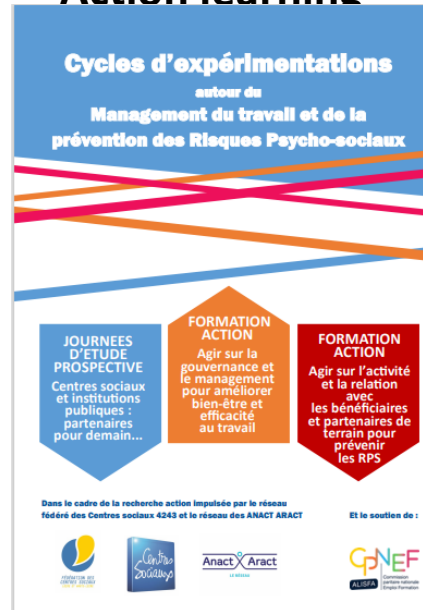(Caf, ANACT, FCSF)

Designed in 3 phases:
State of the art

Action learning

Capitalising and dissemination

Diagnosis in 8 CS

Main results

DIAGNOSIS :

- Just-in-time working by the CS is becoming the norm: bureaucratisation and increased complexity of missions.
- There are levers for action within the network (training, pooling of resources, delegations, social dialogue, etc.).
- The influence of partners (contractualisation, methods of cooperation, etc.) on the organisation of work and quality of life at work in the CS and EVS is real and partly acknowledged

Main results

At the end of this consultation process, 6 priorities were identified by all stakeholders:

- Developing contractual arrangements with funders
- Strengthen cooperation and consultation between funding institutions
- Releasing new financial resources
- Strengthen the support offered by federations with a view to pooling resources
- Recognition and upgrading of the management function
- Strengthen and secure the employer function

Follow up to the experiment

Lobbying public authorities

report on real work / health at work in the sector

make institutions aware of their responsibility for QWL

support the upgrading of jobs in the sector and find new financial resources

Give life to the consultation process

At national level (in conjunction with FCSF)

- Professional branch and employers' union (Alisfa and Elisfa): tools for assessing professional risks, role of social dialogue bodies, upgrading of professions in the collective agreement, etc.

- Family branch of the social security system (CNAF - CAF 42): upgrading of subsidies, simplification of administrative procedures, easing of recruitment rules for managers, etc.

Locally

- **Federal missions** : OSH has become a priority in our federal project

- **Partnership dynamics:** maintaining an annual Partnership Committee, working with the Caf (joint rewriting of regulations, updating of calls for projects, simplification of monitoring indicators, etc.), the State and local authorities (multi-year agreement, shared server for filing administrative documents, prospect of a single form for filing calls for projects, etc.).

Evaluation

Difficulties encountered

- **Turning the** problem into an object of political work and convincing our network of our collective capacity to act on the institutional system

- **Involving all the players** (CS and EVS network / institutions and professional sector) from the design stage of the project, so that together we are stakeholders in the process and co-responsible for the follow-up.

Transferability: of the action/research findings and training methodology to other CS/EVSs

Main benefits

- Institutions: lightening of the administrative burden, upgrading of current financial aid, recognition of the issue.

- Professional sector: adaptation or creation of steering tools (risk assessment document, social dialogue, etc.), integration of issues into the new collective agreement, etc.

- Network: strengthening of the tools currently available (training, coaching, pooling, etc.) and quality of life at work identified as a priority area of work

To go further, Centres Sociaux and EVS network

Composition: 2,300 CS, 1,400 EVS, 57 local federations and one national federation, the FCSF.

Purpose: The CSs and EVSs are local, generalist structures that reach out to all age groups in their areas: they offer activities and services (access to rights, employment, leisure activities, learning French, going on holiday, parenting workshops, etc.), they lead democratic debate, support residents' mobilisations and projects, and work with them on a daily basis to build better living conditions based on social needs.

Public: every year, 2.8 million residents are welcomed (1.8 million in the CS and 1 million in the EVS), supported by 65,000 employees and 150,000 volunteers.

Partners: CAF, State, local authorities, private players

Territory: 80% urban and 20% rural in mainland France and overseas territories

Management structure: 70% associations, 26% municipal, 4% CAF

Resources per structure :

     Budget: €590,000 for CS and €93,000 for EVS

     Employees: 25 per CS and 3 per EVS

     Volunteers: 46 per CS and 30 per EVS

Contact : Julie.bossuet@fcs4243.fr

12:30   Lunch break

14:00   Topic 4 "Improving work-life balance"

Moderator: Diana Chiriacescu, FONSS

- Barbara Gurtner, Service Mensch GmbH (AT)

Topic 5 "Support learning, skills and training for better working conditions"

- Litsa Charalambous, LCEducational (CY)

- Bernhard Peter, Volkshilfe Wien (AT)

With financial support from the European Union

volkshilfe.

Brussels, 12th October 2023

DUTY SCHEDULING MODELS

SERVICE MENSCH GmbH / Volkshilfe Niederösterreich

TABLE OF CONTENTS

1. Introduction
2. Timeframe, place of the action & sector concerned
3. Context
4. Aims of the action
5. Approach and implementation
6. Key results
7. Difficulties faced …….. and how they were overcome - success factors
8. Transferability, costs and benefits

INTRODUCTION

Volkshilfe Niederösterreich / SERVICE MENSCH GmbH

- founded in 1947 as association with aim of helping people in need
- today, more than 1,700 employees work for operating company SERVICE MENSCH GmbH
- Main business areas: health care, nursing & aging services as well as child care

TIMEFRAME, PLACE OF THE PROJECT & SECTOR

- **Timeframe of the project**: April 2019 until today

- **Place of the action**: selected care units of SERVICE MENSCH GmbH in Lower Austria

- **Sector concerned**: mobile care and nursing services for elderly (selected units, only care workers)

CONTEXT

- staff shortage in the caring sector for years
- duty scheduling is a critical point in care organizations (legal framework, needs of employees, clients & company, flexibility)

We know from feedback from our colleagues that

1. the ability to reliably plan free time is very important to workers
2. wishes of our colleagues regarding the distribution of their working hours depend on their respective life situations

AIM OF THE PROJECT

- increase satisfaction of employees with their work,
- promote sustainable employee loyalty to the company,
- minimize absences due to sick leave and
- reduce fluctuation
- Attract new staff

→**enhance work-life-balance** through new duty scheduling models which **take into account needs, wishes of our employees** regarding to allocation, duration and distribution of working time as well as individual life situations

APPROACH

Three options

- **Morning model**: Monday to Friday morning, no evening and no week-end duties
- **Leisure time model**: work on as few days as possible (many consecutive days off, weekend bonuses)
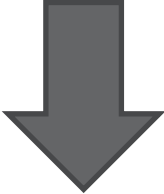- **Holiday replacement team**: take over tours due to pre-planned absences

How do we proceed?

1. **Presentation** on site & written **survey on preferences** and **needs** per colleague
2. Project manager **checks implementation possibilities** on basis of reported preferences of employees, agreed working hours as well as clients´ needs and prepares **proposal** for a duty schedule
3. **Draft is presented and discussed** on site (changes requested are taken into account as far als possible and proposal is adapted accordingly)
4. **4-month pilot phase**: project manager drafts a **basic plan**, staff gives **feedback** (change requests), project manager evaluates feedback and – if implementable – incorporates it in basic plan
5. **After four months** (at the latest after eight months): duty scheduling is **day-to-day business** for the local manager; **regular evaluation** takes place every six month (local manager and project manager)

KEY RESULTS

volkshilfe.

- New model leads to – in some cases sudden – increase in demand fo services by clients
- staff resignations decrease significantly
- → **Considerable increase in satisfaction on part of both clients and staff**

- 97% of employees are very **satisfied** or satisfied with current duty scheduling model
- 85% can **balance** their **working hours** with their **personal life situation** better than before
- 85% are able to **plan more reliably,** 80% need to **fill in less often** than before
- More than 75% have received **positive feedback from clients**
- 94,5 % would like to **continue** working in one of the duty scheduling models
- 95% would **recommend** these models to other care units

DIFFICULTIES FACED - SUCCESS FACTORS

- Sceptisism of the staff
- Time required of project manager was underestimated
- Staff turnover

- All employees must understand different duty scheduling models
- long-time employees with acquainted unofficial privileges must be brought on board
- sufficient time and effort from all participants
- Flexibility: basic model needs sometimes individual adaptations to the respective social care unit, taking into account clients´ needs and feasible requests of the staff

TRANSFERABILTY, COSTS AND BENEFITS

Transferability

Adaptable to mobile care organisations or mobile service provider with variable working hours

Costs

Staff costs - time devoted by project leader, managers and care workers for meetings, feedbacks, planning and adaptation of duty scheduling plans

Benefits

- fewer stand-ins,
- more reliable time off,
- greater job satisfaction and
- less staff turnover

FURTHER INFORMATION

https://www.noe-volkshilfe.at/

Barbara.gurtner@noe-volkshilfe.at

MENTORING IN SOCIAL SUPPORT SERVICES

"Mentoring in Social Care/support services, is a vital stable relationship between two professionals (mentor & mentee), based on positive communication through trust and support, in order to offer confidence to the mentee to become as better as could be in the service.

Through everyday feedback, exchange of ideas, knowledge and practices,   the mentor try to give opportunities to the mentee for change through self assessment in order to achieve the best of professional development",   ©2022, Litsa Charalambous

Timeframe and Place of the action

What is it?

- This practice involves a **structured and supportive relationship between** an experienced **mentor** (employer or other qualified employ) and a **mentee** (experienced or non experienced employ who needs to improve the professional skills).

- It goes beyond traditional training methods by providing individualized guidance and support.

Where is implemented?

- Mentoring in Social Support Services is provided on a **national level** (service providers from all over Cyprus).

When ?

- The initial idea started in an Erasmus Project on 2017
- **2019-2023**

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Sectors concerned

Services for persons with disabilities

Services for children

Services for other vulnerable persons

**Services for older persons**

Services for older persons

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Context and Aim of the action

- Mentoring as a tool **to support professional development and make attitudinal change** and eliminating the old medical model in social care/support services.

- It goes beyond traditional training methods by **providing individualized guidance and support.**

- Well structured **training program of 14 hours and 4 hours counselling** in each organisation.

- The training targeted **directors or other key professionals**.

- The training program was **approved, certified and funded** from the National Human Resources Authority in Cyprus.

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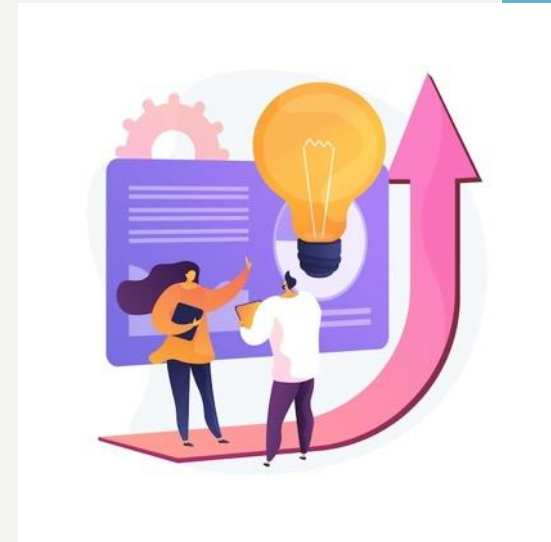
Context and Aim of the action

- Promote the **professional development**

- Offer **skills and competencies** that they can use in their daily practice

- Effective **transfer of knowledge and experience**

- **Support** the workplace on a **day – to – day basis**

- Offer help to mentees for **decision process, regarding their duties and challenges**

- Develop **professional confidence**

- Give **knowledge and practices regarding** the implementation of the United Nations Convention of the Rights of Persons with Disabilities (**UNCRPD**) and the basic **European values and principles** in social care in their daily practices, (European Disability Strategy 2021-2030).

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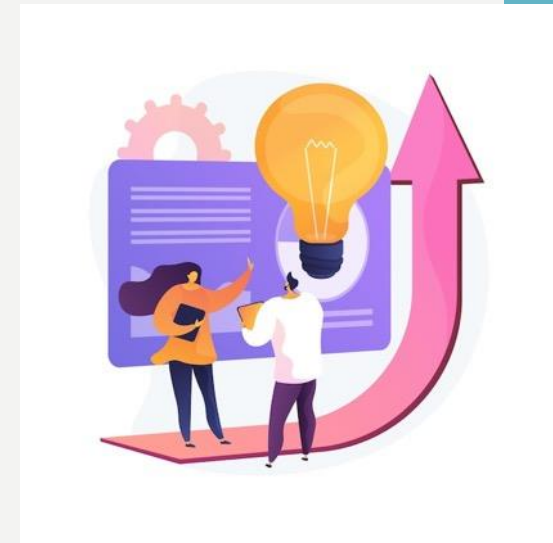
Key Results

- **Recognition of the role of mentor**, as this is a role that many experienced staff already undertake when they guide and help new staff.

- **Mentees have gained a sense of empowerment**, which helped them approach their work with greater assurance and tackle challenges more effectively.

- **Quality of Service improved**.

- **Explaining, guiding and demonstrating** to staff how to work in a **person-centered way** using a human rights approach.

- **Mentees had acquired the skills** to provide a **person – centered care**.

- Mentoring provided an **opportunity for mentees to connect with both colleagues and directors.**

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Key Results

- Through collaboration, **a vital network was developed between mentors and mentees**, mentees have fostered a sense of community, gained new perspectives and developed new, innovative approaches to support provision.

- The organisations who attended the mentoring training and followed this methodology, **changed their culture/mentality and work more effectively** for both clients and staff.

- **Support the workplace for the day-to-day decisions** by staff and their interactions with users, **on the spot.**

- **Professional development and attitudinal change** to the workforce of social care sector were achieved.

- **Better development and utilization of their human resources**, as well as for the ways of selection and recruitment of new suitable personnel.
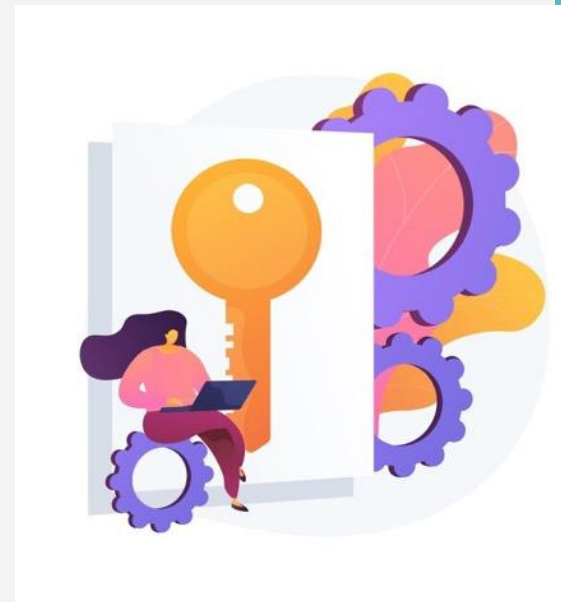
Challenges and How they were overcome

- Difficulties included **resistance to change and time constraints**.

- Some mentees were found to be **sceptical or hesitant to engage in new ways of thinking and embrace new approaches.**

- **Time limitations**, as many times it becomes difficult for employees to dedicate sufficient time and attention to the mentoring whilst also focusing on doing their work. ………………………………………………………………………………………

- Most of the **organisations** successfully **embraced the change**.

- Difficulties were addressed:

  - with an **ongoing mentor training,**

  - **support from employers/mentors who had vision**

  - **staff who took the role of the** leader in an effective change in the organizations

  - **employers gave more time** for those needed in order to be ready for the change

  - the **program was included in their schedule and duties**

Success Factors

- It is **flexible and adaptable** program/training

- In our case the program was funded from the national authority and for that reason it was easier to participate/no cost for the employer or employee

- **The creation of a common culture** in social care and support sector, that is based on United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) principles and provided by staff that understand and follow these principles.

- **The MAT/mentoring assessment tool gives specific results that help employers achieve their goals.** This method is used for the development of the human resources in companies and organisations working in the social care sector as well as for the methods of selection, recruitment of new personnel through the use of the MAT tool.

- The MAT is a tool that, through the various procedures provided to the managing person, **enables the diagnosis of the professional needs of each employee and of the organisation more broadly with a general goal of development**.

- The needs analysis will provide the opportunity for the manager to propose the **appropriate changes and innovative approaches** in the social care sector.

lceducational.com **info@lceducational.com**

Transferability

- It is absolutely clear that **the more organizations adopt** this type of specialized mentoring, **the better for the social care sector**.

- It is a program that every organisation or service provider can benefit from.

- This program has been running since 2019 and as Cyprus is a small island, participants transfer their knowledge to others.

Costs and Benefits

- Mentoring program is 100% funded, approved and certified as a training for directors and other key person staff, from the Human Resources Development Authority of Cyprus/HRDA .

Thank you for you attention!

Dr Litsa Charalambous

General Director-Senior Trainer
LCEducational
Training, Education, Research and Counseling Centre

BA in Occupational Therapy
MSc in Gender Issues and Education
PhD on Assessment & Training of Adults with Intellectual Disabilities

"Change your attitude and you will change
the lives of all people around"

Brussels/12. October 2023

DIGITAL ONBOARDING IN HOME CARE

WHO WE ARE

"Eliminating disadvantages – enabling success"

- social service provider since 1947
- 1.600 employees in Vienna
- 700 employees working in home care
- The central task of Volkshilfe Wien is helping and caring for people in need

BACKGROUND

volkshilfe.
WIEN

- **Onboarding in home care can be a challenging process due to the factor of distance:**

  - Mobile care workers are often working alone with clients
  - They do not have immediate access to their supervisors or colleagues

- **New employees in home care want:**

  - Personalized on-the-job training in the initial weeks
  - Insights into the organization and its workflows
  - Exchange und guidance from colleagues

DIGITAL ONBOARDING

- Addition to classic onboarding
- Clear onboarding pathway
- Used in pre-onboarding and onboarding
- Useable on Smartphones
- Gamification
- Two software solutions
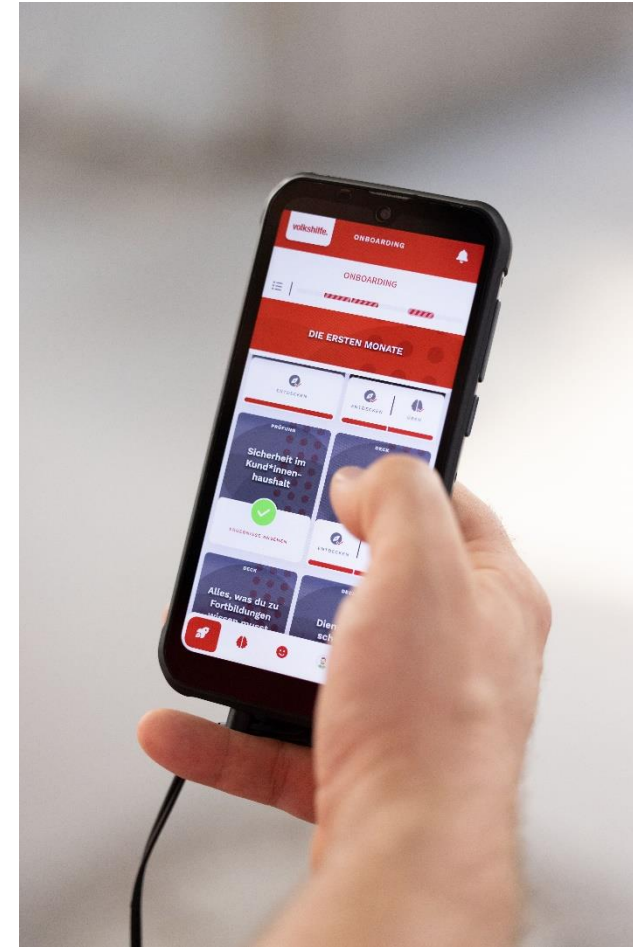
DIGITAL ONBOARDING - CONTENT

OUTCOME

- Reduction of "no-shows" on first working day
- Positive relationship between employer and employee
- Employees report a higher level of confidence
- Better access to information

- Costs
- Transferability

FORTE
Social dialogue for skills, training and
working conditions in social services

14:30   EU-level perspectives

Moderator: Sylvain Renouvel, Social Employers

- Leonie Martin, HOSPEEM, on the role of social partners in preventing third-party violence and harassment at work

- Valeria Spazzoli, European Commission DG EMPL, on European Care Strategy update

- Lorenzo Munar, EU-OSHA, on take aways from the day

The Role of Social Partners in preventing third-party violence & harassment

1- 2020-2022 Project outcomes (9 sectoral social partners covering 6 sectors)
2- Review of 2010 Social Partners Guidelines
FORTE, 12. October 2023

Multisectoral Guidelines

- 2007 Cross-sectoral Framework agreement on Harassment and Violence at Work

- 2009 Multisectoral Guidelines on the Role of Social Partners in Preventing Third-Party Violence (TPV) at Work
  - Aims to ensure each workplace has results-oriented policy addressing TPV

Research of the project, survey and webinars

Project objectives:

- to assess scale, impact of TPVH and role of SP
- to assess impact of Guidelines and whether to review them

Literature and data review

Project survey

Interviews

Participation in project webinars

Collection of examples and good practices

Respondents to the survey: 7 subsectors +6 webinars

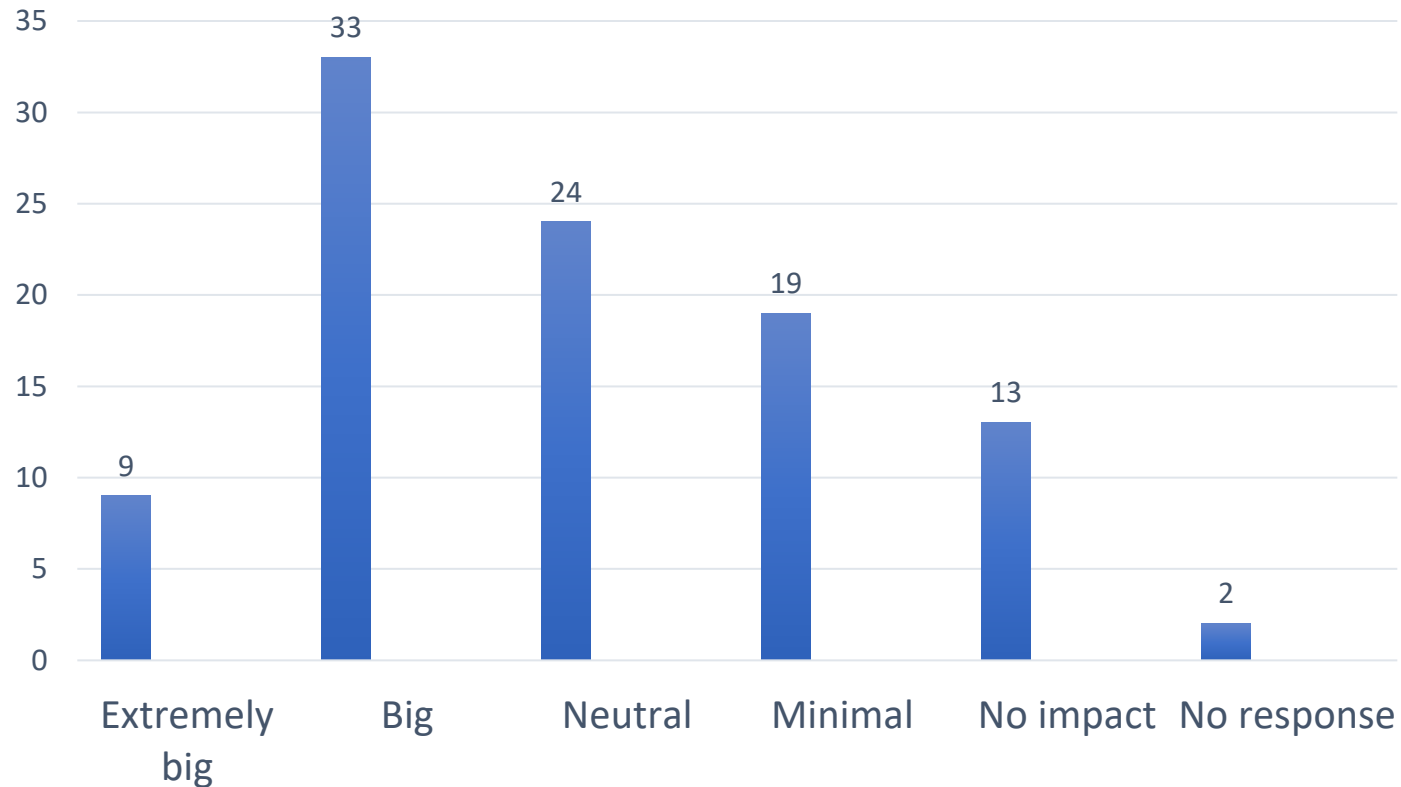| Sector	Trade Union	Employer	Not identified	Total
Employment Services	4	2	0	6
Front desk: local & regional govt.	2	3	1	6
Hospitals	16	4	1	21
Prisons	7	44	9	60
Secondary schools	9	0	0	9
Telecoms	1	4	0	5
Urban public transport	7	11	1	19
Other	13	19	7	39
Total	**59**	**87**	**19**	**165**

How serious is TPVH? (all sectors, %)
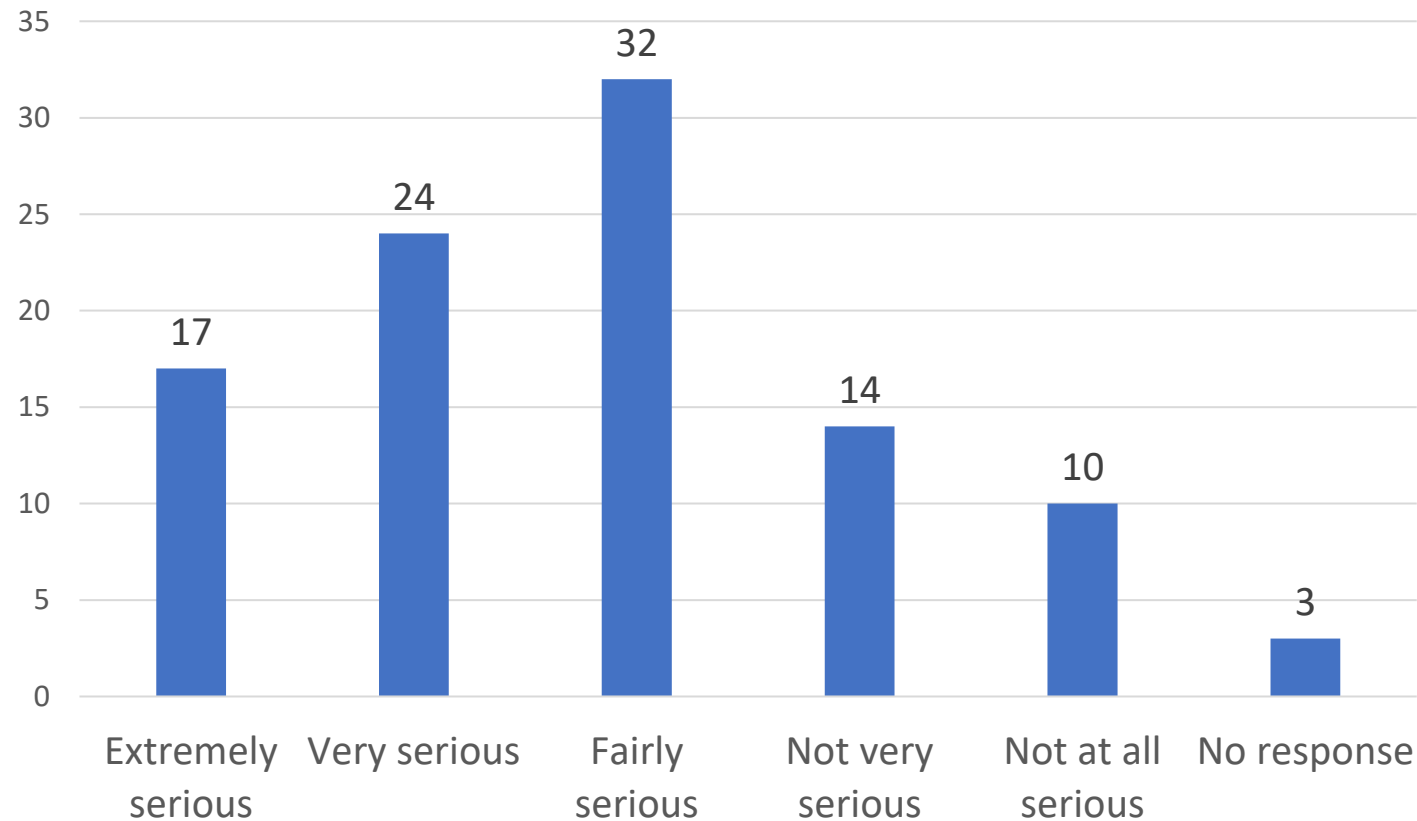
Impacts on:

- **The quality of services provided** (33% identified a big impact: resulting in less personalised service, followed by services withdrawn or shifted on line)

- **Quality of working life** (confidence, stress, anxiety and other mental and physical effects)

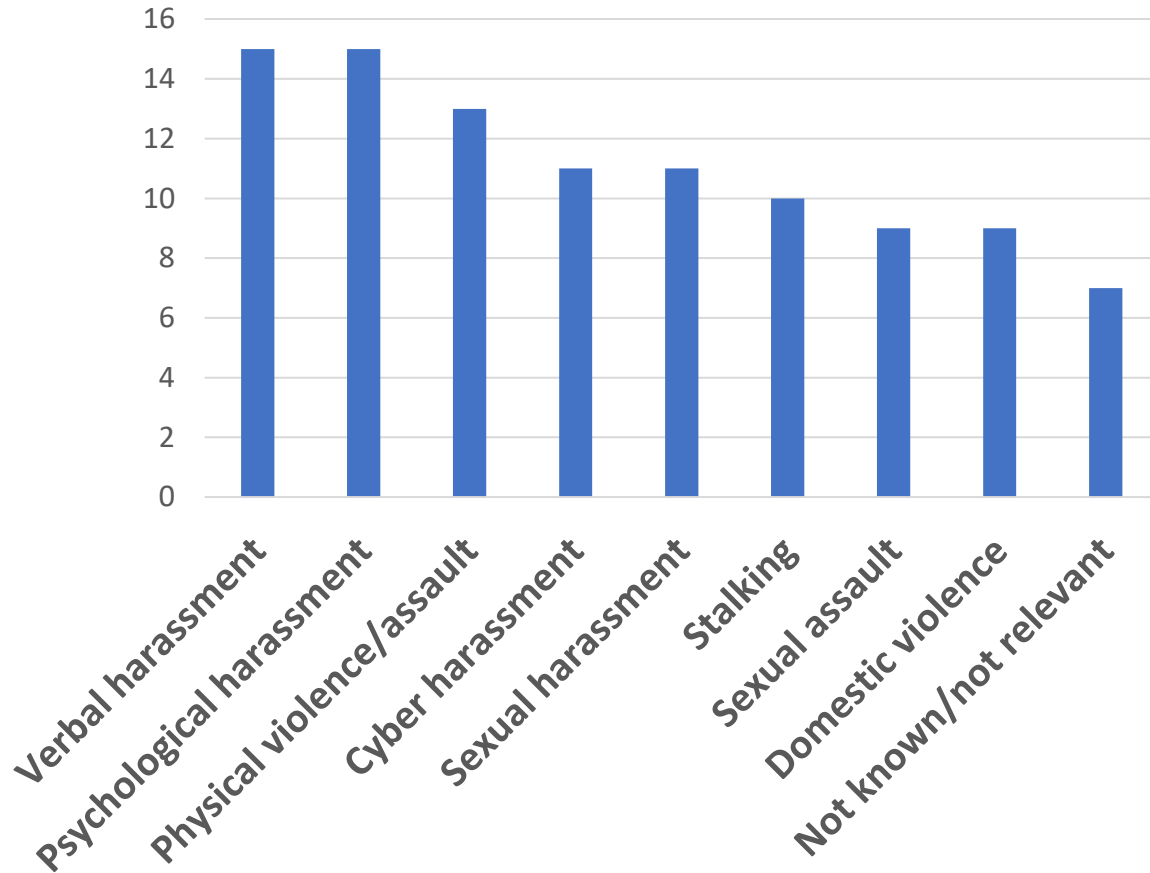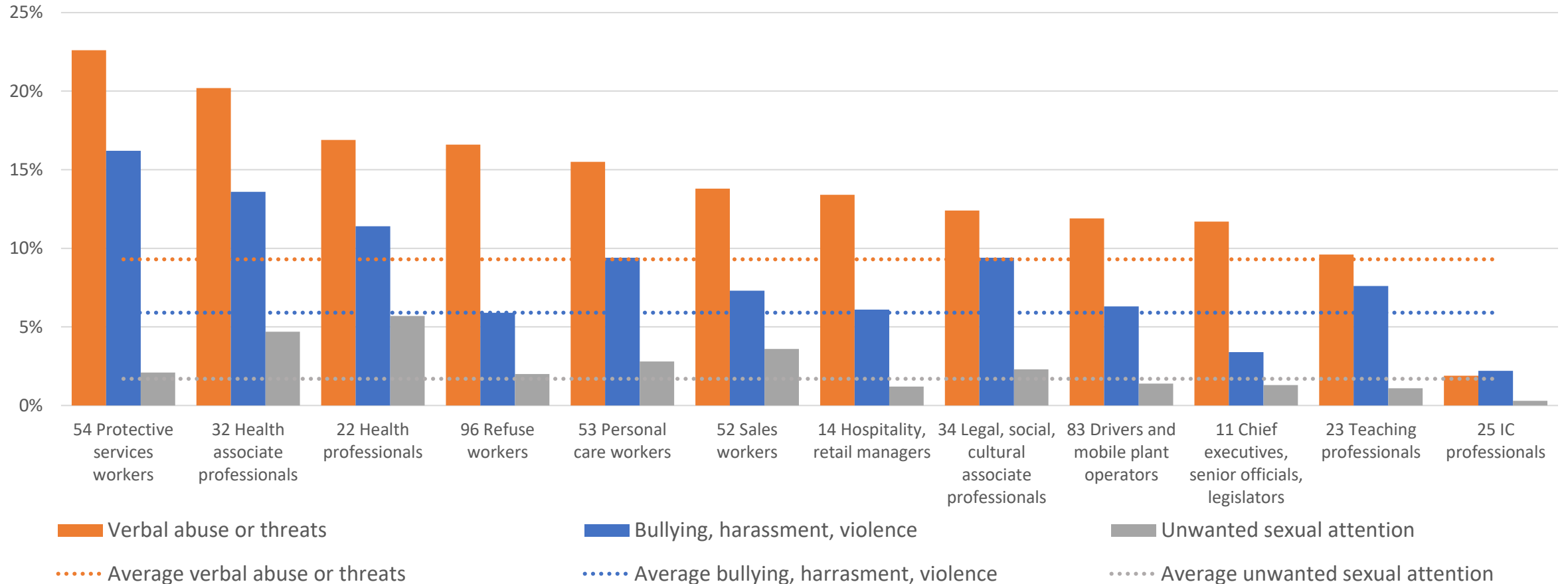# Main types of TPVH (all sectors, %)

Some differences across sectors:

- Physical violence highest in prisons, hospital and transport

- Verbal, psychological and sexual forms of violence and harassment are raked similar across all sectors.

Project survey findings corroborated by Eurofound's latest findings eg Exposure to Anti Social Behaviour by occupation

Legend:
- Verbal abuse or threats (orange)
- Bullying, harassment, violence (blue)
- Unwanted sexual attention (grey)
- Average verbal abuse or threats (orange dotted)
- Average bullying, harrasment, violence (blue dotted)
- Average unwanted sexual attention (grey dotted)

Categories: 54 Protective services workers, 32 Health associate professionals, 22 Health professionals, 96 Refuse workers, 53 Personal care workers, 52 Sales workers, 14 Hospitality, retail managers, 34 Legal, social, cultural associate professionals, 83 Drivers and mobile plant operators, 11 Chief executives, senior officials, legislators, 23 Teaching professionals, 25 IC professionals

Close to a third of workers exposed to ASB never or rarely received support from their managers

Source: EWCTS 2021
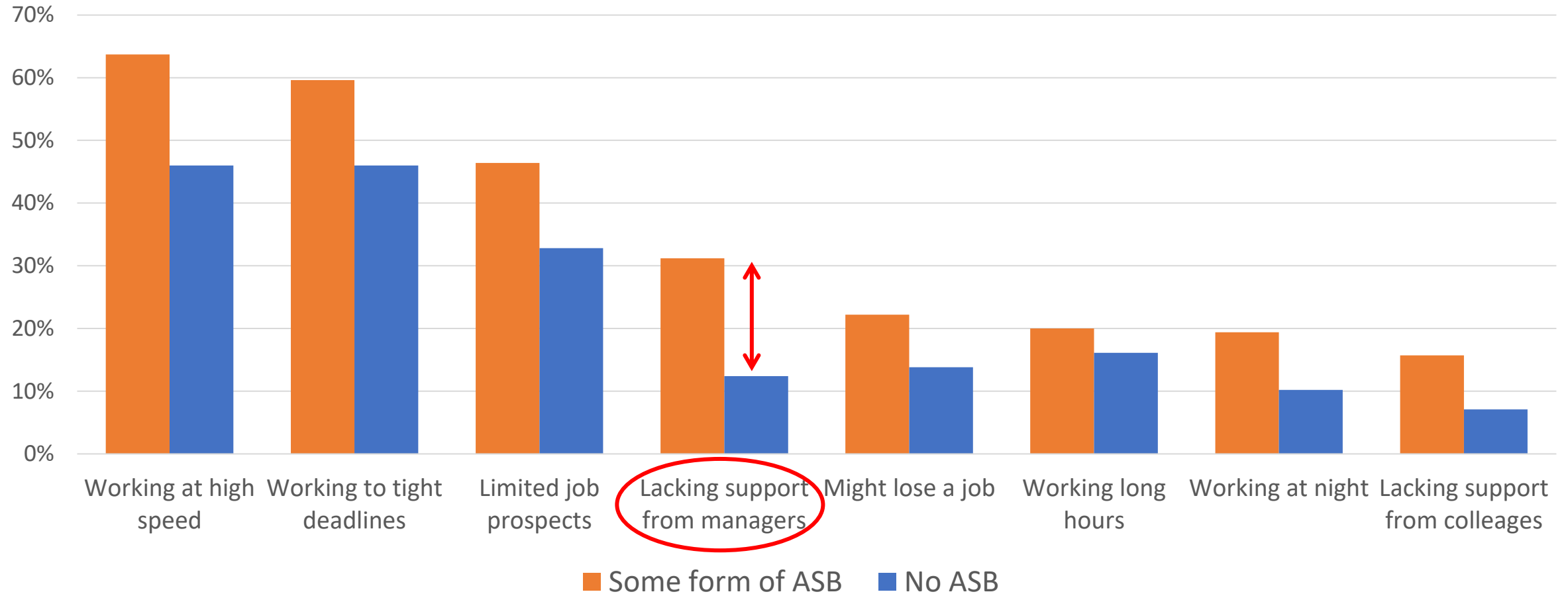
Measures introduced on TPVH (%)
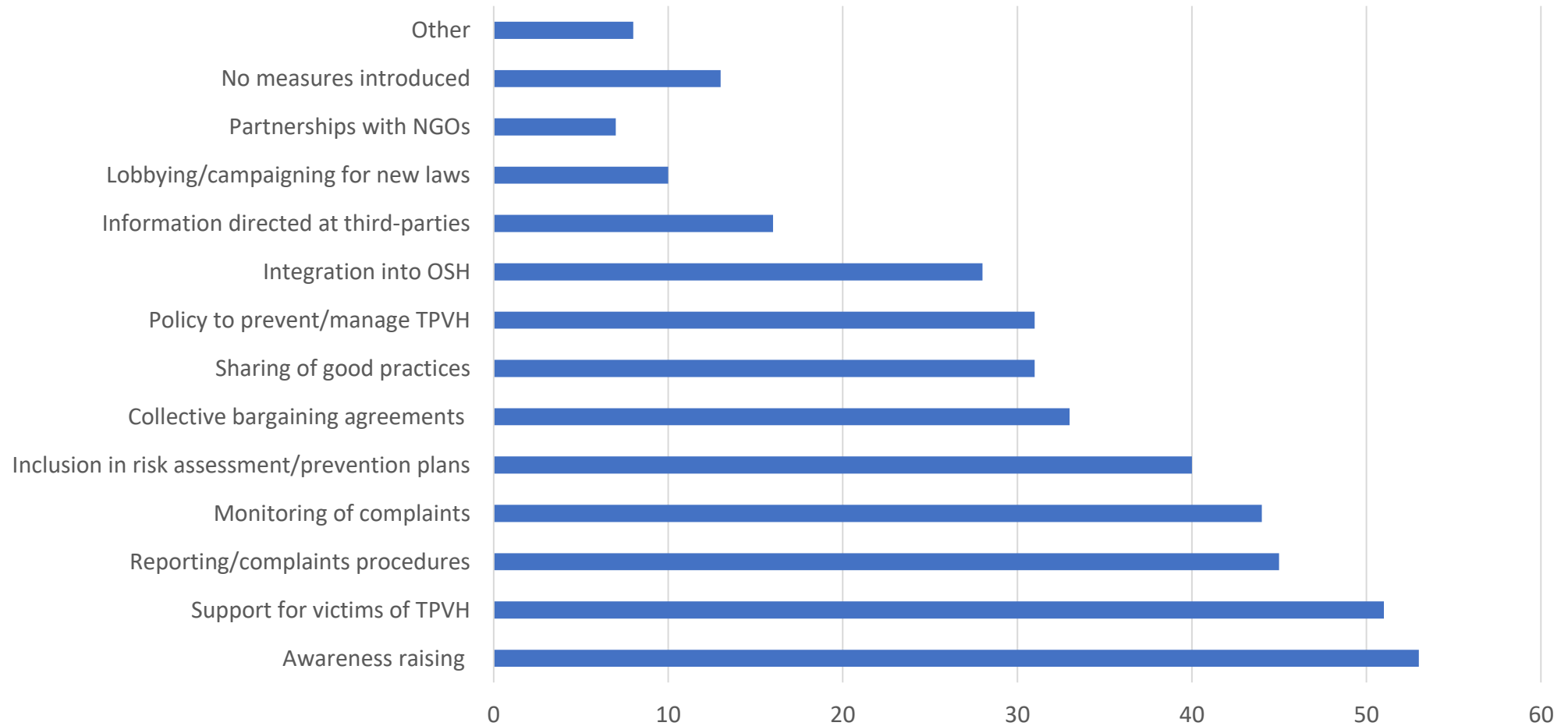
Type of policy measure introduced (%)

Bar chart values:
- No measures introduced: ~22
- Separate measures/policy on TPVH: ~12
- All forms of violence and harassment at work: ~28
- Work environment/OSH: ~36
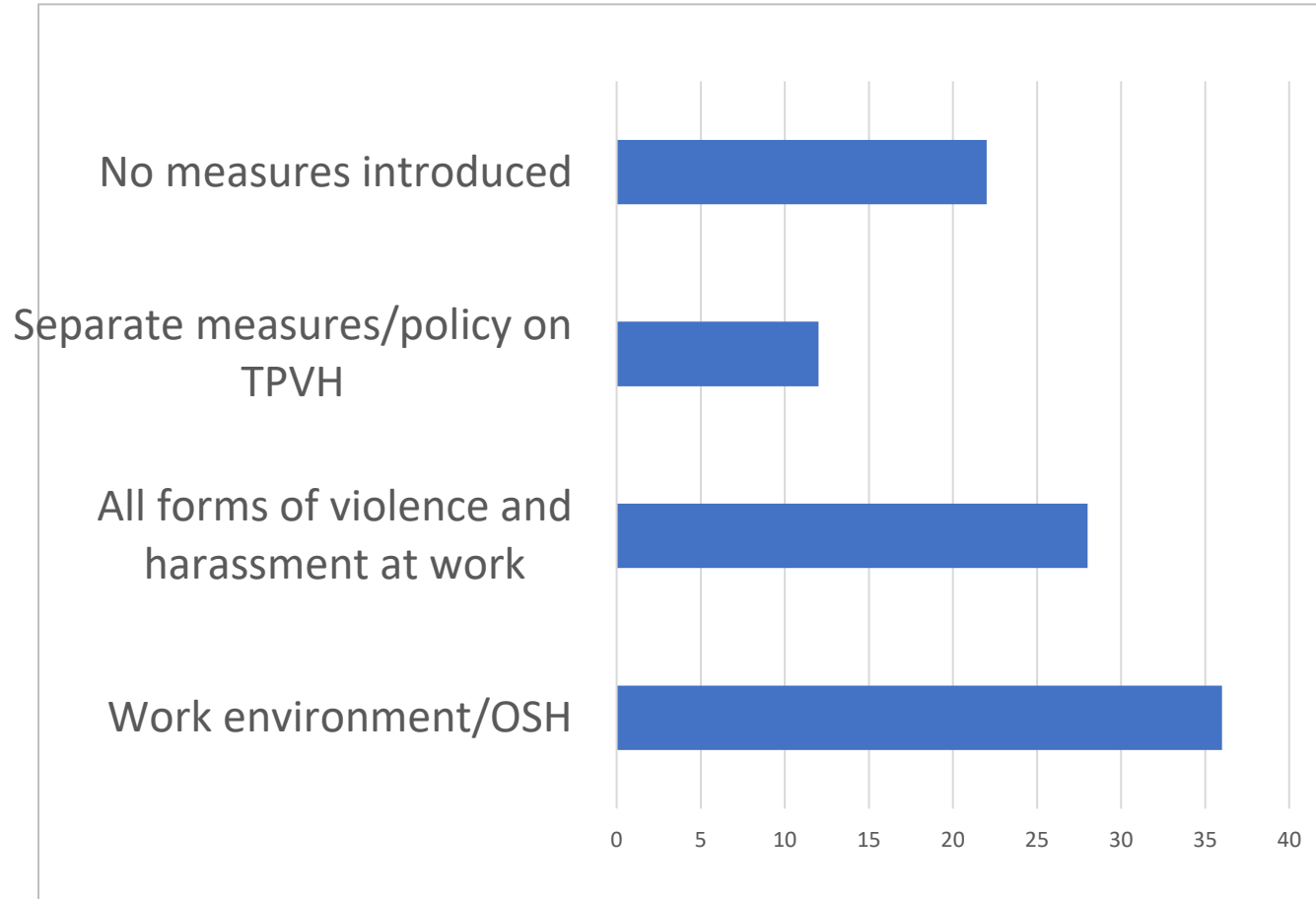
Reflects a trend towards:

- An integrated approach

- Important element of work environment / OSH policy

but

10 (20%) of unions and 14 (17%) of employers report that there is no policy.

Where measures had been agreed:

- 60% said some measures were jointly agreed

- 13% were all measures were jointly agreed

- 7% by the employer only

- 13% by the trade union only

Measures introduced on gender-based TPVH (all sectors, %)
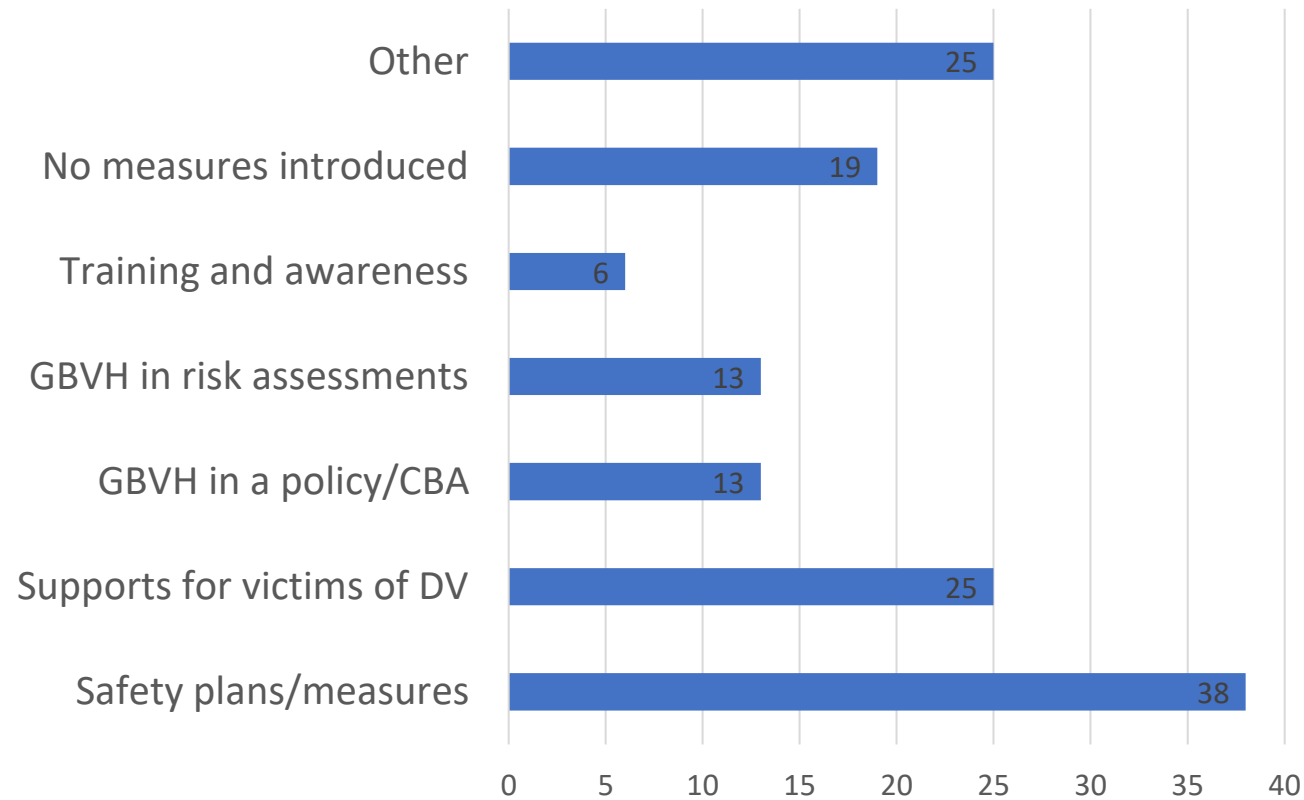
- Data/research shows women, particularly younger women, are disproportionately affected by gender-based TPVH.

- Women predominate in many of the sectors providing face-to-face services.

In the survey:

- 38% report safety plans/measures.

- 19% report that no measures have been introduced.

Over 40 examples of social partner initiatives

Integrated and stand-alone policies or agreements

Gender-based violence and harassment

Domestic violence

OSH, prevention and risk assessment

Security measures and threat management

Digitalisation

Remedies, protection and compensation

Selected national examples

Country	Example by sector
Bulgaria	Urban transport and health sector CBAs
Belgium	Research and pilots in prison sector for innovative actions
Denmark	Agreements in state sector and local & regional government; Tripartite agreement on sexual harassment (internal and external)
Germany	Threat management in telecoms sector
Italy	Agreements protecting social/health workers providing municipal services
Spain	Protocols in public administration and prisons
Austria, France, Italy, Ireland, UK	Good practices on domestic violence (paid leave, workplace protection and support, guidance)

At the European level...

| Sector	Example
Transport	ETF/UITP guidelines cover internal and external violence / ETF Campaign "Get me home safely" and ETF guidance on preventing GBVH
Public Administration	Agreement on digitalisation, including cyber violence and harassment, domestic violence (2022)
Local government	EPSU-CEMR social partner project - TPVH one of three pillars
Hospitals	Guidelines referred to in HOSPEEM-EPSU updated Framework of Action on hospital recruitment and retention (2022)
Education	Various initiatives, including OiRA risk assessment tool
Telecoms	Joint Statement by ETNO, GSMA and ENI-Europa (2020) to end 5G related assaults and threats

Implementation of the Multi-Sectoral Guidelines and Recommendations for improvement- Madrid Action Plan

Implementation

- Multisectoral Guidelines adopted in 2010 by education, hospitals/health, local and regional govt, private security and commerce, and in 2018 by central govt
- 12 years later, generally, low level of awareness about the Guidelines amongst social partners
  - In the survey, 70% of respondents had no knowledge of the Guidelines
  - Higher awareness amongst employers compared to trade unions
  - Highest level of awareness in the education sector, lowest in telecoms
- The only multi-sector social partner policy document/guidance addressing TPVH
- Limited formal implementation through national or sectoral agreements:
  - exception of agreements in Denmark in public administration and local & regional government
  - informative rather than regulatory/binding impact

- Project activities and webinars have helped to raise awareness about the Guidelines

What would help the social partners? (%)
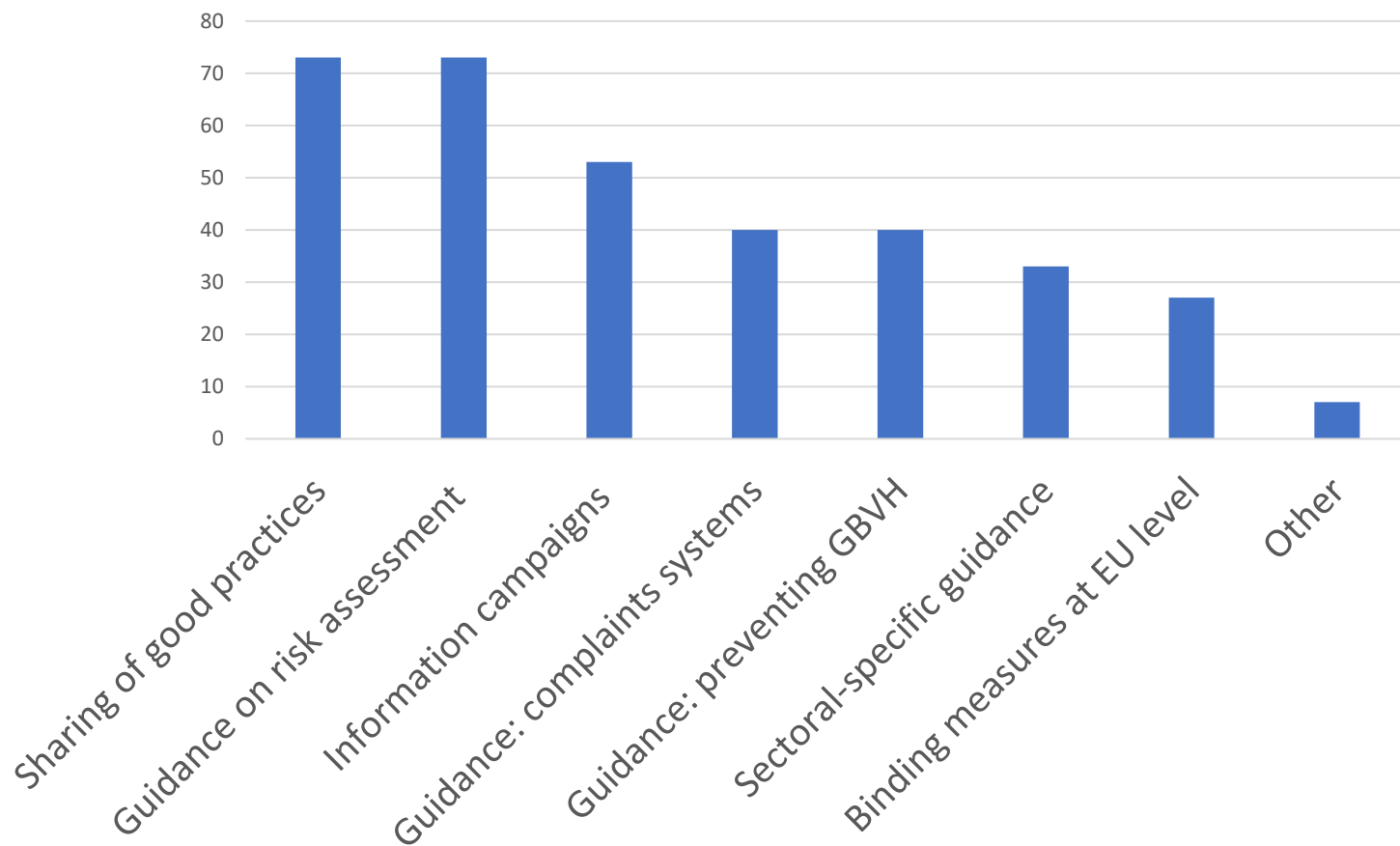
In the survey respondents recognise the need to do more.

- Highest: sharing of good practices <u>and</u> guidance on risk assessment

- One of the project's webinars discussed the updating of the Guidelines and next steps.

Recommendations: Updating of Guidelines

1. **consensus amongst social partners**
   - Useful to have European Guidelines but they need updating and be more effective at national level
   - Update based on recommendations in Madrid Action plan adopted in November 2022
   - Legal (non-binding) nature of Guidelines will not be changed but some elements / principles could be made binding at national level + integrated communication and dissemination plan and high level support for implementation + updated sector guidance
   - In the longer term revision of EU social partner agreement on all forms of violence and harassment (2007) to ensure an integrated approach

Recommendations: Updating of Guidelines

2.   **Importance of reflecting good practices**

- Collective bargaining – sectoral workplace agreements
- Effective systems for prevention and risk assessment, inclu. psychosocial risks
- Improved survivor-centered complaints systems
- Effective security and safety systems
- Protection from retaliation for victims, witnesses, whistle-blowers
- Better data collection and learning from incidents
- Victim/survivor support and counselling
- Confidential information and support from workplace advisors/advocates/persons of trust

Recommendations: Updating of Guidelines contd.

3. Themes and issues to include in updating – Madrid Action Plan

- Third-party gender-based violence and harassment taking into account ILOC190 and related Recommendation
- Domestic violence as a workplace issue
- Digitalisation and cyber harassment and violence
- Occupational safety and health, risk assessment and prevention
- Support, protection and compensation
- Improved data, tracking and learning from cases of TPVH
- Updating of language (does violence need to have "sufficient impact" for instance) and definitions, and make relevant to the challenges in the rapidly changing world of work.
- Support from managers
- To improve role of collective bargaining
- Improve quality of public services, management support

Next steps

Third-party violence and harassment

It's not part of the job

- Earlier this year, all sectoral social partners involved in project have endorsed Madrid action plan, last November except transport, pending decision on 27 Sept

- Relevant to HORECA sector, take time to go through the action plan, research and good practices check our website

- Other guidelines signatories not involved in project may join the negotiation

- Request to COM for funding of negotiation possibly in October

- Revision process duration 3-6 months

- Broader positive impact for EU sectoral social dialogue

Thank you!

Care strategy: EU-level actions

Services

1

- LTC recommendation
- Technical assistance (TSI)
- International cooperation (WHO, OECD)
- Innovation (Horizon Europe)
- Digitalization (Digital Europe)

Workforce

2

- Working conditions
- Attracting more workforce
- Skills
- Work-life balance

Funding

3

- Social investment approach
- EU funding

Evidence and monitoring

4

- Improving data, task force on LTC statistics
- Projections on demand for care
- Research (Horizon Europe)
- Policy monitoring (European Semester)
- Mutual exchanges and learning

Care strategy: zoom into workforce actions

Working conditions

- New EU sectorial social dialogue committee on social services, *launched July 2023*
- Ongoing review on the application of EU standards on working conditions, *ongoing*
- Analysis of occupational safety and health issues in the health and LTC sector, *expected 2024*

1

Skills

- Skills partnership under the Pact for Skills for the long-term care sector, *signed April 2023*
- Policy brief on skills intelligence on skills needs and trends for the long-term care sector (CEDEFOP), *presented September 2023*

2

Attracting more workers

- Study mapping admission conditions and rights of non-EU long-term care workers, *expected 2023*
- Talent Partnerships, *ongoing*
- Talent Pool and Recognition of Qualifications and Validation of Skills of third country nationals, *expected November 2023*

3

Work-life balance

- Support for informal carers (with WHO), *launched July 2023*
- Work-Life Balance Directive, *transposition ddl August 2022*
- Campaign on combatting gender stereotypes, *launched*
- Citizens, Equality, Rights and Values programme (CERV) programme

4

CEDEFOP – skills for the care sector

- Full picture putting together demographic change, labour and skills shortages in the sector.

- By 2035, number of people aged 65+ will grow by 23%. But only 7% growth in employment.

- Pressure particularly for: health professionals, health associate professionals and personal care workers.

- Need for a wide range of job-specific, transversal and soft skills.
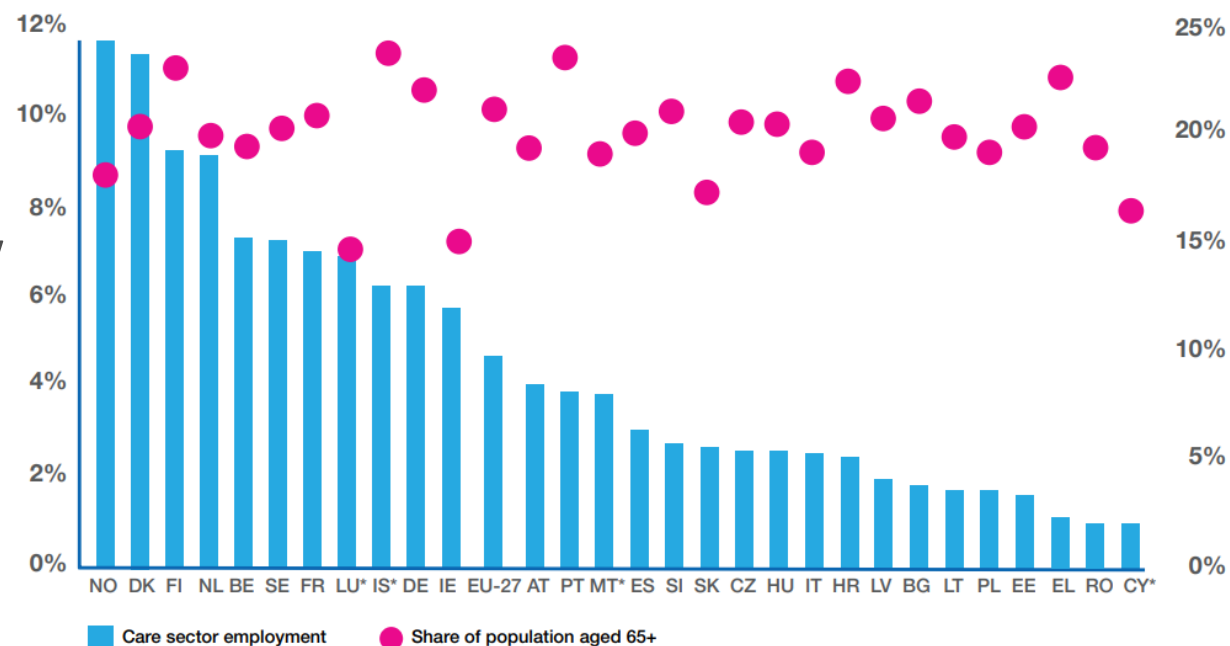
Source: CEDEFOP

LTC Recommendation

Affordability

- timely,
- comprehensive,
- adequate social protection

1

Availability

- more services & more options
- home care & community-based care
- territorial gaps
- innovative & digital solutions
- accessibility

2

Quality

- quality principles
- quality assurance elements

3

Carers

- formal (working conditions, skills needs and workforce shortages, social dialogue)

- informal (identifying carers, support, e.g. training, counselling, respite care)

4

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EU- OSHA Research / perspectives on the sector & Take aways from the day

Lorenzo Munar

FORTE Social dialogue for skills, training and working conditions in social services

Brussels 12/10/2023

European Agency for Safety and Health at Work

Content

1. Overview EU OSHA research on HeSCare research project

2. Introduction to the "Psychosocial risks in the HeSCare sector" Discussion Paper (including OSH Pulse 2022 results for the HeSCare sector)

3. Take aways from the day

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https://osha.europa.eu

Update – Research projects 1, 2, 3, 4 (budget 2023)

- **Research project 1 – OSH in figures report**
  - Contract signed 17/05 (12 months contract)
  - Contractor: Panteia, VHP, TNO, IKEI

- **Research project 2 – Systematic literature review – Impact of COVID-19 on the HeSCare sector**
  - Contract signed 09/06 (10 months contract)
  - Contractor: Cochrane Iberoamerica, Hospital del Mar Research Institute

- **Research project 3 – Expert article on the OSH implications of HeSCare provided through digital labour** (research area: digitalisation)
  - Contract signed 25/04 (8 months contract)
  - Contractor: HIVA – KULeuven

- **Research project 4 – Automatisation of (cognitive & physical) tasks in the HeSCare sector (**research area: digitalisation)
  - Contract signed 09/06 (9 months contract)
  - Contractor: OpenEvidence, KULeuven

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Research projects 5, 6, 7, 8, 9 (budget 2024 - pendind final decision)

- **Research area / project 5 – Mental Health**
- **Research area / project 6 – Musculoskeletal Health**
- **Research area / project 7 – OSH in home care sector**
  - OSH in Long-term care and OSH in Healthcare planned for 2025
- **Research area / project 8 – Discussion Paper exploiting "EU-OSHA´s Workers´ exposure survey on cancer risk factors in Europe" data related to HeSCare sector**
- **Research area / project 9 – Work-related accidents in the HeSCare – Why are they so prevalent (and have increased in such a way over the last 10 years?**

New EU-OSHA discussion paper - PSR in the health and social care sector

https://osha.europa.eu/en/publications/psychosocial-risks-health-and-social-care-sector

10/09/2023   **Type:** Discussion papers   22 pages

Psychosocial risks in the health and social care sector

Keywords:

Health and social care, Psychosocial risks and stress

Among the main challenges faced by the health and social care sector is Europe's ageing population, resulting in increased demand and an ageing workforce. This paper reviews psychosocial risk factors affecting the health and wellbeing of the sector's workers.

It discusses risk management strategies implemented by health and social care organisations and highlights successful practices, such as participatory interventions and initiatives aimed at enhancing workers' resilience. This paper also emphasises the importance of addressing the organisational sources of these risks.

Download 📄 in: ⊙ **EN**

European Agency for Safety and Health at Work

OSH PULSE 2022 results for the HeSCare sector compared to all sectors 1

A1: HeSCare workers' health problems caused or made worse by work compared to all sectors

(In the last 12 months have you experience any of the following health problems caused or made worse by work?):

- **41% overall fatigue (vs. 37% for all sectors)**
- **35% headaches, eyestrain (vs. 34% for all sectors)**
- **34% bone, joint or muscle problems or pain (vs. 30% for all sectors)**
- **30% stress, depression or anxiety (vs. 27% all sectors)**
- **28% infectious diseases (including covid-19) (vs. 21% for all sectors)**
- **7% another health problem related to your work (vs. 6% for all sectors)**
- **6% accident or injuries (vs. 5% for all sectors)**

https://osha.europa.eu/en/publications/psychosocial-risks-health-and-social-care-sector

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https://osha.europa.eu

A2: Exposure to psychosocial risk factors in the HeSCare workers sector compared to all sectors (Would you say that you are exposed to the following risk factors?):

- **51% severe time pressure or overload of work (vs.46% for all sectors)**
- **30% violence or verbal abuse from customers, patients, pupils, etc. (vs.16% for all sectors)**
- **10% harassment or bullying (vs.7% for all sectors)**
- **32% poor communication or cooperation within the organization (vs. 26% for all sectors)**
- **22% lack of autonomy, or lack of influence over the work-pace or work processes (vs.18% for all sectors)**
- **35% something else that is causing stress (vs. 29% for all sectors)**

https://osha.europa.eu/en/publications/psychosocial-risks-health-and-social-care-sector

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OSH PULSE 2022 results for the HeSCare sector compared to all sectors 3

A3 Exposure to psyhosocial risk factors related to digitalisation in the HeSCare workers sector compared to all sectors

(would you say that the use of digital technologies in your workplace...)

- **37% increase their workload (vs. 33% for all sectors)**
- **20% reduce their autonomy at work (vs. 19% for all sectors)**
- **40% increase surveillance of their work (vs. 37% for all sectors)**

https://osha.europa.eu/en/publications/psychosocial-risks-health-and-social-care-sector

European Agency for Safety and Health at Work

https://osha.europa.eu

OSH PULSE 2022 results for the HeSCare sector compared to all sectors 4

A4 HeSCare workers' stigma regarding mental health in the workplace compared to other sectors

- **59% disclosing a mental health condition would have a negative impact on my career (vs.50% for all sectors)**
- **68% would feel comfortable speaking to my manager or supervisor (vs.59% for all sectors)**

https://osha.europa.eu/en/publications/psychosocial-risks-health-and-social-care-sector

OSH PULSE 2022 results for the HeSCare sector compared to all sectors 5

A5 Impact of COVID-19 on mental health and HeSCare workers compared to other sectors

- **53% agree that the COVID-19 pandemic has made it easier to talk about stress and mental health at work (vs. 50% for all sectors)**
- **59% disclose that work stress has increased as a result of the COVID-19 (vs. 44% for all sectors)**

https://osha.europa.eu/en/publications/psychosocial-risks-health-and-social-care-sector

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https://osha.europa.eu

OSH PULSE 2022 results for the HeSCare sector compared to all sectors 6

A6 HeSCare sector initiatives to address stress and mental health issues in the workplace compared to all sectors

- **62% workplaces have awareness raising or other activities to provide information on health and safety (vs. 59% for all sectors)**
- **32% have access to counselling or psychological support (vs. 49% for all sectors)**
- **51% give information and training on well-being and coping with stress (vs. 42% for all sectors)**
- **51% consult workers about stressful aspects of work (vs. 43% for all sectors)**
- **32% have other measures to address stress at work (vs. 26% for all sectors)**

https://osha.europa.eu/en/publications/psychosocial-risks-health-and-social-care-sector

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at Work

https://osha.europa.eu

Thank you for your attention

munar@osha.europa.eu

15:15   **Next steps & closing of the meeting**

Gregor Tomschizek, President, Social Employers

FORTE

Social dialogue for skills, training and working conditions in social services

Thank you !