

Summary report

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

FORTE Project

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FORTE

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



Federation of European
SOCIAL EMPLOYERS



nexem
employeurs, différencement



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1 Summary report

Demanding working conditions in the social services sector are one of the main reasons for the sector's recruitment and retention difficulties and consequently, its staff shortages.

In the framework of the EU-funded FORTE project, the Social Employers, together with their French member Nexem and the European Federation of Public Service Unions, collected and shared good practices for improving working conditions in social services.

The eighteen good practices from ten countries are grouped into the following categories:

- Assessment of working conditions
- Physical risk prevention
- Improving work-life balance
- Welcoming and supporting staff
- Support learning, skills and training for better working conditions

2 Assessment of working conditions

The 1989 European Council occupational and health safety (OSH) framework directive introduced measures to improve the safety and health of workers at work. It states that employers are obliged to eliminate occupational risks, and, where these cannot be eliminated, to assess them in order to prevent them.

A study by the EU-OSHA shows that organisations in the social and healthcare sector are well aware of this obligation and comply with it at a higher-than-average rate. However, there is no guarantee that effective measures are taken to go beyond this assessment, i.e. to plan preventive measures, implement them and adapt them over time.

On this topic, three different practices were selected in France, the Czech Republic and the Netherlands.

Risks assessment and prevention

Two French organisations, *Nexem* and *Elisfa*, contracted a consultant to create a digital platform dedicated to the social sector, which facilitates the assessment of occupational risks. Above all, based on a very large database, the platform proposes simple prevention measures and corrective actions to be implemented by employers.

This initiative is a good example of the relevant work that can be carried out jointly by social partners. It is the result of a decision by the social partners and is largely financed by the joint social protection fund.

Data for Social Dialogue

In the Netherlands, the AZW programme is managed by social partners in cooperation with the Central Bureau of Statistics and supported by the Ministry of Health, Welfare and Sport. This programme provides objective and reliable data on the labour market, based on requests from the social partners, making it a particularly useful resource for social dialogue. Information can be broken down by occupational category, gender, region and level of education.

Workers' satisfaction surveys

In the Czech Republic, *APSS CR* has decided to go beyond occupational risk prevention by launching a national employee satisfaction survey, collecting the views of social services workers on their working conditions on a large scale. The survey was developed with HR experts. Employers received a comprehensive report, and, in many areas, they can assess how their organisation compares to other providers across the country.

A report was also handed over to the Ministry of Labor and Social Affairs and discussed at the Tripartite Committee for social affairs.

3 Physical risks prevention

Physical risks, such as musculoskeletal disorders (MSD), are highly prevalent in the social services sector. These risks also have a higher impact on the sector's workforce due to its specific characteristics; an average age higher than in the working age population, a female dominated sector (82% of workers being female) and a high level of psycho-social risks, which worsens the prevalence of MSDs.

Many initiatives are taken in this field. Here are a few examples.

Moving and handling persons

In France, the *Institut National de Recherche pour la Sécurité* developed a prevention program carers and supported persons. In-house trainers train their colleagues on new ways of handling patients and residents, to preserve their own health and support the user's autonomy and recovery.

Contrary to what was done previously, the workers are not only taught to handle and carry the service user properly but do so as little as possible and, after assessing their capacities before every movement, to make them contribute as much as possible to their mobility, with the potential help of dedicated tools such as sliding sheets.

The training led to a culture of prevention within the teams, even leading staff to propose equipment and processes related to their tasks.

Improving musculoskeletal health

In Spain, the *Asociación Amigos de los Ancianos - Residencia San Francisco* launched a campaign on the musculoskeletal health of care home staff, promoting adequate postural habits in daily activity, training staff in safe lifting techniques and promoting appropriate ergonomic practices.

Two actions were carried out: Subsidised Pilates classes for all interested employees, and a campaign for the prevention of musculoskeletal disorders.

An Ecolabel for the benefit of children and staff

In France, the local Federation *Achil* proposed to several child day-care centres to take part in implementing more environmentally friendly practices, to make the teams aware of the merits of an environmental approach in early childhood facilities, to have more ecological practices for the children, to raise awareness among families, and to improve the working environment of the employees. The daycare centres involved obtained an ecolabel.

4 Welcoming and supporting staff

Long-term care workers have a higher risk of developing mental health problems than other workers. This is due to the emotionally demanding nature of the job and frequent exposure to adverse social behaviour. Considering this, it is important to support staff in long-term care and other social services during the initial phase in the job, and beyond.

The report presents a wide range of good practices, covering psychosocial risks prevention and actions aiming at providing support and promoting wellbeing at work.

Diversity management

Häuser zum Leben in Austria introduced round tables for diversity management to sensitize and empower employees so that they can take action and receive counselling if they experience any forms of discrimination. Thanks to so-called Ask and Go rounds, workers can talk about cases anonymously, ask questions and discuss them in a moderated manner. A diversity expert is available to provide support in difficult situations.

“Wellbeing talks”

In Belgium, *Interra* put in place “Wellbeing talks” within the context of a growing recognition of the importance of employee well-being and the need to address psycho- social risks in the workplace. The aim of the well-being talks is to create a privileged moment of exchange between employees and members of the Board. These talks serve as a platform for employees to express their emotions, needs, and reflections on their work experiences, with the ultimate goal of improving the quality of life at work.

Reinforced dialogue

CIGL Esch asbl, in Luxemburg, set up a “social dialogue” working group. The group does not replace the existing social dialogue between the employer and the staff delegation but aims to strengthen it: it collaborates closely with the staff delegation and is directly accessible to employees, especially those who are in a labour market integration process. A project manager was mandated to develop a daily and direct exchange with employees.

Dealing with challenging behaviour

In Malta, *Agenzija Sapport* developed a detailed intervention procedure in dealing with challenging behaviour through professional training. A procedure is drawn up including profiling of the service user if there is a concern or demonstration of any behaviour of concern.

If challenging behaviour is demonstrated, a special team of employees meet with the employee to offer support. If the employee has suffered an injury on duty, a meeting is held with HR, trainer and team leader to discuss the incident, support the employee and work out interventions that would result in avoiding future incidents. This also helps the employee to feel valued and supported. Additionally, referral services for psychological assistance are available.

Psychosocial risk prevention for management

The *Federation of Loire/Haute-Loire Social centres* in France had to face human resources difficulties especially regarding management positions (off work, illness, etc.). The Federation decided to take action in order to improve the situation and tackle the causes of psychosocial risks. This was done by acting both at the organisational level and on the environment that influences quality of life at work. With a multistakeholder approach, a diagnosis was carried out, a participative action research and training actions were conducted, and key lessons learned were shared.

Reintegration into work after illness

In Austria, *Häuser zum Leben* noticed that after a long period of sick leave, employees often found it difficult to reintegrate into their daily work routine to the same extent as before the sick leave. This led to a cycle of further absences.

By introducing counselling for employees and managers, re-entry scenarios are now developed and possibilities of re-entering the work process are discussed. In addition, part-time reintegration is introduced as a return option and a guideline for this was developed.

Internal, intensive networking with the different occupational groups creates a broad spectrum of new opportunities.

Collaboration with other organisations for sharing professionals and services

In Spain, the *Fundación Nuestra Señora del Rosario*, formed a partnership with other organisations based in a rural area, to contact each other and share workers, to be able to offer full-time job positions to workers. This contributes to minimising job insecurity as well as providing services to two different sectors (elderly people and people with special educational needs).

5 Improving work-life balance

In social services, a particular concern for a good work-life balance is the shift work and the unpredictability of working time schedules.

Data from Eurofound's European Working Conditions Survey (EWCS) shows that 43% of the social services workforce do not work the same number of hours every day, 36% do not work the same number of days every week and 37% do not work the same number of hours every week.

While the 20 June 2019 Directive on work-life balance for parents and carers set requirements for maternity, paternity, care obligations and right to flexible arrangements, there is still progress to be made in this regard.

Two inspiring initiatives are presented below.

Better Work-Life Balance through new duty rota models

In Austria, *Lebenshilfe Niederösterreich* created different duty rota models with special consideration of the needs of the employees which were surveyed by means of regular feedback and questionnaires. Individual life situations were taken into account, possible care obligations as well as the organisational requirements and the needs and wishes of the clients. The organisation developed three basic models: "Morning model" "Leisure time model" and "Holiday replacement team".

This new organisation leads to fewer stand-ins, more reliable time off, greater job satisfaction and less staff turnover.

Nursery school and playroom service to reconcile shift work with childcare duties

In Spain, *Fundación Nuestra Señora del Rosario* built a partnership with a nursery school and playroom service to reconcile shift work with childcare duties.

This allows professionals of the Foundation who work in the residential care centre to have access to a nursery school and toy library service for their children. This helps reconcile their work and family life, continue in employment and cover another affected sector, that of families that have dependent relatives.

6 Support learning, skills and training for better working conditions

According to Eurofound, almost three-fifths (58%) of LTC workers received training that was paid for or provided by their employer, equal to the proportion in healthcare, but well above that in all sectors (38%). Despite the relatively high rate of training, 24% of LTC workers felt that they 'need further training to cope well with their duties' (22% in healthcare, 15% overall).

The European Care Strategy states that "Upskilling and reskilling opportunities will improve the attractiveness and quality of care work. In order to achieve improved quality in the provision of care as well as to reduce turnover of staff, it will be necessary to ensure that all kinds of care staff are able to participate both in high-quality initial education and training as well as continuing professional development programmes over the course of their careers."

The three good practices below are not training activities in the strict sense but activities aiming to support the integration of workers and to promote peer learning between colleagues.

Mentoring in Social Support Services

In Cyprus, *LC Educational* lead a mentoring programme in social support services. This practice involves a structured and supportive relationship between an experienced mentor (employer or other qualified employee) and a mentee (experienced or non-experienced employee who needs to improve skills). It goes beyond traditional training methods by providing individualised guidance and support.

Hub for learning and sharing skills

In Finland, *Tukena Foundation* (former KVPS) developed a hub for sharing, learning and peer-support, aiming to create opportunities for professionals to share their learning and skills with others. The easy-to-use digital platform gives opportunities for professional growth and development. The programme also supports occupational wellbeing of the working community and allows to be updated with latest information and innovation in the field.

Digital onboarding in home care

In Austria, *Volkshilfe Wien* highlights the challenges mobile caregiving face. Introducing digital onboarding via an app in mobile care aims to prevent early turnover and increase job satisfaction in the initial months, while not extending the time-to-productivity period for new hires.

The implementation of mobile onboarding results in several significant outcomes such as the reduction in the number of individuals who failed to show up for their jobs, a positive relationship between employer and employee thanks to an early connection helping to provide a sense of trust and commitment.

The individualised support, offered through digital onboarding, also contributed to increased job satisfaction. Employees no longer feel overwhelmed or underutilised. Additionally, employees reported feeling well prepared for initial service users' appointments, which further boosted their confidence and job performance.

7 Conclusions: the success factors

The good practices from across Europe show concrete actions and initiatives to improve working condition in social services in the areas of assessment of working conditions, physical risk prevention, work-life balance, welcoming and supporting staff and skills and training.

Looking at the success factors reported by the authors of the good practices can be a good starting point for elaborating a practice on improving working conditions. A good preparation, including setting up clear objectives, anticipating communication in order to convince and involve all relevant stakeholders (from top management to first line workers, social partners and external entities such as other services providers or authorities) were highlighted as key. Most contributors also highlighted the importance of good cooperation internally and externally around common objectives.

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