



FORTE

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



IMPROVING WORKING CONDITIONS IN SOCIAL SERVICES

Good practices from across Europe



With financial support from the European Union



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Introduction

The pandemic has exacerbated challenges related to the recruitment and retention of staff, which at times prevent providers from offering adequate social services because of staff shortages. Many employees are turning away from the sector due to low wages (21% below national average, according to a Eurofound study¹) and often difficult working conditions.

The European Commission highlighted the need to improve working conditions in its European Care Strategy launched in 2022, stating that “good working conditions in the care sector are vital to the resilience and attractiveness of the sector, and for gender equality.”²

According to the European agencies in charge of statistics, social policy analysis and prevention³, the social services sector is one of the sectors in which occupational safety and health risks are highest.

The risks employees in the sector are exposed to have long been invisible or treated with low priority, particularly because two of the main risks, musculoskeletal disorders and psychosocial risks, have long been considered as “normal risks in everyday life”, without a clearly established link with working life. The COVID-19 pandemic brought about a shift in this regard. During the pandemic, employees in the social services sector were particularly exposed to occupational risks. As a result, more emphasis was placed at political level on the need to take action to protect workers and prevent occupational risks.

The Federation of European Social Employers (the Social Employers) and the European Federation of Public Service Unions (EPSU), the European social partners in the sector, are convinced that the recent political shift in favour of improving working conditions should be backed up by concrete actions.

Therefore, as part of the FORTE project⁴, co-financed by the European Commission, the Social Employers and EPSU have collected eighteen good practices for better working conditions from 10 countries, grouped under the following topics:

- Assessment of working conditions
- Prevention of physical risks
- Prevention of psychosocial risks
- Welcoming and supporting staff
- Improving work-life balance
- Support learning, skills and training

This report consists of concrete and transferable examples, mostly from the ground level, and aims to inspire social services employers to development actions, to mitigating occupational risks and improve working conditions more broadly, reinforce wellbeing at work and job satisfaction.

The good practices in this report were also presented and discussed during a dedicated thematic seminar, which took place on 12 October 2023 in Brussels.⁵ The outcomes of the report and seminar serve as a stepping stone for further actions in the framework of the European Sectoral Social Dialogue Committee, to improve the working conditions in the social services sector.

¹ <https://www.eurofound.europa.eu/en/resources/article/2021/wages-long-term-care-and-other-social-services-21-below-average>

² <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022DC0440>

³ Namely Eurostat, Eurofound and EU OSHA.

⁴ Project no. 101051751, for more info visit <https://www.socialemployers.eu/forte/>

⁵ <https://www.socialemployers.eu/thematic-seminarimproving-working-conditions-in-social-servicespromising-practices-from-across-europe/>



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

1. Assessing working conditions

A crucial starting point for discussing occupational safety and health is the 1989 Council Directive 89/391/EEC⁶, which introduced measures to encourage improvements in the safety and health of workers at work. This directive has been transposed in similar ways in all EU countries.

The directive states that when the risk cannot be removed, it has to be assessed. This assessment is the first step of any prevention measure to be implemented.

The general principles of prevention provided by the directive are:

1. avoiding risks;
2. evaluating the risks which cannot be avoided;
3. combating the risks at source;
4. adapting the work to the individual, especially as regards the design of workplaces, the choice of work equipment and the choice of working and production methods, with a view, in particular, to alleviating monotonous work and work at a predetermined work-rate and to reducing their effect on health.
5. adapting to technical progress;
6. replacing the dangerous by the non-dangerous or the less dangerous;
7. developing a coherent overall prevention policy which covers technology, organization of work, working conditions, social relationships and the influence of factors related to the working environment;
8. giving collective protective measures priority over individual protective measures;
9. giving appropriate instructions to the workers.

According to the 2019 EU-OSHA European Survey of Enterprises on New and Emerging Risks (ESENER), “the two most important reasons why health and social care sector establishments engage in OSH-related issues are the fulfilment of existing legal obligations and the importance of meeting the expectations of sector employees”. At the same time, the survey states that “the most important difficulties in addressing OSH issues are the complexity of existing legal obligations, followed by lack of time/staff to deal with these issues and existing paperwork (47%, 41% and 34%, respectively)”. This shows that the door is open for actions, but support and simplification are needed.⁷

Risk assessment is precisely the aim of the first good practice shared in this report. The improvement of working conditions is however broader than assessing and mitigating occupational risks. The following practices also highlight the gathering and assessing of data and surveying the perception of working conditions among employees, which allows to put in place improvement measures.

⁶ <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:31989L0391>

⁷ EU-OSHA, European Survey of Enterprises on New and Emerging Risks (ESENER): <https://osha.europa.eu/en/facts-and-figures/esener>



1.1. Digital platform for occupational risk assessment & development of action plans

Date/period: March 2022

Author(s): NEXEM, France

Type of actors involved: National employer organisations for social services (Nexem and Elisfa) / national trade unions / social protection funds

Level of the good practice: National level

Background

The [Council Directive 89/391/EEC of 12 June 1989](#) on the introduction of measures to encourage improvements in the safety and health of workers at work creates the obligation for all employers of an “assessment of the risks to safety and health at work”. This obligation has been transposed in every legal system of EU Member States, including in the [French labour code](#).

This assessment is not easy for small and medium-sized organisations because of its technicality and needs support from internal or external experts. It also takes time to be well established and above all to become a useful tool for occupational risks prevention.

Aims

The tool allows services providers to materialize their legal and regulatory obligations. It also allows the sector to have at its disposal data related to the prevention of occupational risks. This data helps identify the main risks and for which prevention is more complex to implement. The sector will then be able to decide on the creation of specific actions to improve prevention in social services settings. Existing social protection funds (financed by both the employers and the workers contributions and managed by sectoral social partners) will be able to finance these actions.

What was done and how?

The social partners called on an external consultant (Didacthem) who had already developed a similar tool in other sectors and who already knew the risks specific to the social services sector. Didacthem had already worked on the establishment of a reference system for demanding working conditions (called “pénibilité”, which must also be prevented).

Measures to assess occupational risks and actions to prevent them - specifically concerning health and social care settings - were developed in a joint committee within the social protection scheme.

This work was carried out with the external consultant in two phases:

- A survey was conducted among 30 settings and services representing all activities.
- Joint work based on questionnaires to measure the criticality of risks and establish proposals for prevention actions.

These steps allowed to create a tool called G2P, adapted to the health and social care sector.

What was achieved?

The G2P tool, adapted to the sector, is now operational and used by Nexem members who wish to do so. It thus allows these structures to materialise their risk assessment and the associated action plan to prevent risks. It has become a prevention management tool for the whole sector.

Concretely, the G2P tool allows with staff representatives, in a practical and innovative way:



- The automated assessment and scoring of risks for all the work units of each setting (called "activities" in the tool). To do this, it is necessary to inform whether actions have been put in place or not, for each risk identified in the work units.
- The development of an annual action plan for the prevention of occupational risks based on proposals generated by the tool or those already implemented.
- The creation of documents summarizing the data indicated in the previous points (ratings of identified risks, actions to be implemented as part of the annual plan).
- The archiving of the various updates of the occupational risk assessment according to the implementation of the action plan.

Difficulties during the implementation of the action and how they were addressed

The joint work to adapt the G2P tool to the social services sector lasted about two years and required many meetings but it allowed a joint consensus on issues related to the prevention of occupational risks.

Success factors

Success lies in the meeting of two needs:

- Preparation of the assessment for structures and management of their prevention plan
- Development of the prevention dynamic in the sector to invest in useful actions for structures and their employees.

Transferability

Provided funding for the creation of such a tool is available, the practice can inspire other countries since the legal framework is comparable because it lies in one transposed EU directive.

Costs and benefits

This system is currently financed by the solidarity fund set up within the framework of a social protection scheme (delivering financial support in case of illness and other life accidents), managed jointly by social partners. The solidarity fund itself is financed by an earmarked 2% contribution of the global contribution.

The structural costs of creating the questionnaires and feeding the tool were borne by the Solidarity Fund and comes at a cost of 60 euros per setting per year.

Key features of the good practice

A digital tool allowing to respect legal obligation but above all, allowing to put in place prevention measures based on the experience of many other services providers.

Further information

<https://g2p-prevention.didacthem.com/register/branch>

<https://g2pdidacthem.zendesk.com/hc/fr/categories/7976196849298-G2P-PLATEFORME>



OIRA Tool

The EU-OSHA OIRA sectoral tools enable micro and small enterprises to carry out risk assessments. The tools are free to download and can be easily accessed by clicking on the relevant link. Tools can be searched by country, language and/or sector.

You can find the ones regarding social services (to date: Residential care and day centres, Residential care activities Home care, ...) on [EU-OSHA Website](#).

1.2. Big Data in social dialogue

AZW offers transparent, valid and reliable data on a large variety of labour market issues. AZW is governed by the social partners and co-funded by the Ministry of Health (VWS) in close cooperation with the Centraal Bureau voor de Statistiek CBS⁸, the independent national agency for statistics. By creating equal access to data there is a level playing field between social partners. Because social partners can determine which data should be collected, disclosed or combined, AZW directly supports the deal making process when it comes to general agreements.

Date / period: The AZW program was established 28 years ago by the Ministry of Health, Welfare and Sport.

Authors: Johanneke van Woerden, Michiel Kooijman, ActiZ, the Netherlands

Sub-sector concerned: The AZW-program offers data concerning both health care and social care.

Level of the good practice: AZW is governed by social partners on a national level, and they initiate the research and data program. But AZW data are also used on a regional level by social partners and by schools, universities and institutes for vocational training and education.

Background: In the recent past, labour market data was fragmented, often outdated, sometimes unreliable and poorly disclosed and accessible for social partners.

Social partners who are governing joint research and development funds were seeking ways to improve the quality and the quantity of labour market data.

What was achieved?

With the financial support of the Ministry for Health, Welfare and Sport, a collaboration was established with the national agency for statistics CBS. Social partners determine which data they need and, in close cooperation with the CBS, these are supplied and made accessible in AZW.

What kind of data is provided?

The data about the size and composition of the labour markets in health care and social care are important figures. But also, data about the recruitment, retention and advancement in the labour markets are generally considered as important data for social partners. The level of absenteeism (sick leave) is also an important figure because it tells something about working conditions. AZW provides this data per age category, gender, region and level of education.

⁸ <https://www.cbs.nl/en-gb/about-us>



Because CBS can connect various sources on behalf of AZW, social partners can obtain very detailed information: for example, how much absenteeism is related to menopausal complaints. Or: how many employees suffer from long Covid in our sector?

Regular meetings: clubhouse meetings for policy advisors and social partners.



Example: Below are job vacancies per region.



The impact on social dialogue (costs and benefits)

Bert de Haas, board member of FNV, the Netherlands largest trade union: “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”. He points out that the legitimacy of data is not in question.

Via Statline AZW, CBS is commissioned by the AZW program to provide up-to-date data on the labour market in healthcare and social care. To this end, CBS continuously collects and combines information from various sources. For example, panels of employers and employees in healthcare and social are regularly asked questions about the labour market. The resulting information is also processed by AZW. The AZW program translates this data into information so that policy advisors and decision-makers can easily work with it themselves.

Looking into the future

The AZW program conducts research to interpret developments in health and social care. Results of these studies can be found on the website. AZW also regularly shares infographics, long reads and videos in which the results are summarised in a practical and clear way.

Devie Rusch is policy advisor at ActiZ, the largest employer's organisation in health and social care in the Netherlands. He emphasizes the predictive value of AZW when mapping developments. "For a sustainable system for long-term care, we need to know how many informal carers and volunteers are working in long-term care. AZW provides this data. It is also important to know if the solutions we jointly create in the collective labour agreement serve the purposes we want to achieve. AZW helps us to measure the actual impact of the collective labour agreement."

Success factors

Success factors are:

- social partners have 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, able and willing to process high quality data on a regular basis;
- a government who wants to invest in big data for social dialogue.

Transferability

If another Member State can meet the three criteria mentioned above, then this practice is easily transferable.

Further information

<https://www.azwinfo.nl/>

1.3. Country survey – satisfaction of employees in the social services sector

The Association of Social Services Providers Czech Republic (APSS CR) prepared an extensive, and in the Czech Republic unique, questionnaire survey to assess the satisfaction of employees of social service facilities.

Date / period: The national satisfaction survey was launched in November 2023 and was open until 31 December 2023. At the beginning of January, all participating employers obtained reports, and a national report was published.

Authors: APSS CR

Sub-sector concerned: Services for persons with disabilities, services for older persons, services for other vulnerable persons

Level of the good practice: National level, led by APSS CR, the largest professional organization of social care providers in the Czech Republic.

Background

Before the survey was undertaken, there were only specific questionnaires or surveys done by some social services providers to assess their employees' needs, expectations and satisfaction levels. These questionnaires were often made only by the managers of organisations, without the help of



professional HR agencies or other organisations. Before this action, there was also no database in which all received data could be compared.

Aims

This action consisted of two main aims. The first one was to provide a professional questionnaire and survey for the members of APSS CR so they could be sure to get back relevant outcomes, information and data about their workforce. The second aim was to get overall data in the country to present and publish towards public authorities, and also within the tripartite bodies.

The questionnaire was divided into the following question headings:

- Satisfaction with work
- Relationships in the workplace
- Working conditions
- Benefits
- Education
- Corporate culture
- Space for comments

What was done and how?

The survey aimed to find out and evaluate how satisfied employees in social service are with their work, but also with their workplace relations, working conditions, benefits and education. The survey was developed together with human resources experts and does not only provide a comprehensive assessment for employers, but also a nationwide comparison with other providers. What makes this survey unique is that the employers get a comprehensive report about the needs, challenges and satisfaction of their employees and a country comparison at the same time.

What was achieved?

APSS CR received responses from 2,932 employees from 105 social services facilities. Respondents were then given personalised information on how their facilities stood in comparison to other social services that also took part in the survey. APSS CR is also preparing another satisfaction survey for 2024, which is likely to be launched in autumn.

Most survey respondents were social service workers, health workers, social workers, maintenance workers, cooks, cleaning workers and others. Traditionally, more women than men are employed in social services. This was also reflected in the sample of respondents, with women making up 91%.

Some of the survey's key findings:

- 99% think their work is meaningful and useful (93% yes, 6% rather yes).
- 96% of respondents are satisfied with their job (66% yes, 30% rather yes).
- Respondents found helping those in need most fulfilling in their work, but they also highly valued job security, good accessibility from their place of residence and a friendly work team.
- 92% of respondents agreed that the management of the organisation cares about the professional development of its employees. Respondents also overwhelmingly agreed with the statement that their organisation provides good and quality services.



- Respondents who were dissatisfied with the quality of social service provision cited lack of professional and non-professional staff (51%), lack of time to work (21%) or lack of finances (19%) as problematic.
- 64% of respondents agree that they are fairly remunerated for their work (28% yes, 36% rather yes). 36% are dissatisfied with their remuneration (24% rather dissatisfied, 12% dissatisfied).

Difficulties during the implementation of the action and how they were addressed

The number of participating employees was lower than expected. APSS CR estimated to obtain up to 10.000 filled in questionnaires. The lower participation level could be a result of two facts. One is that the tool was new and at the beginning it is harder to reach a high number of respondents. The second fact may be the time of the year, since in November and December the employees are usually busier.

Success factors

A success factor of every survey is the total number of filled in questionnaires so that the received data could be compared and a national country report could be made. What contributed to the success was that at APSS CR, two employees were put in charge of this survey tool and a professional software agency was contracted.

Transferability

This tool was made for the benefit of associated members. It could be useful and adaptable by other every bigger association in the sector in other countries.

Costs and benefits

The total cost of the survey tool was 10.000 Euro for the online tool and questionnaire plus 19 days of work of the APSS CR staff and 2 days of work of a professional HR agency.

The tool was given to all members of APSS CR at no cost.

The results could benefit the employers to understand better the needs, challenges and satisfaction of their staff. The nation-wide comparison can show the employers where they stand and what is their potential for improvement.

Key features of the good practice

The aim of the survey was to find out and evaluate how satisfied the employees of social service institutions in the Czech Republic are with their work, but also with their workplace relations, working conditions, benefits and education.

The survey was developed together with HR experts. Employers received a comprehensive report for their facility, and in many areas, they can compare how their facility compares to other social services across the country.

The final country report was handed over to the minister of Labor and Social Affairs and discussed at the Tripartite Committee for social affairs.

Further information

www.apsscr.cz

www.indikatorykvality.cz

<https://www.apsscr.cz/media/aktuality/spokojenost-vyhodnoceni-verze-final.pdf>



2. Preventing physical health risks

According to the Eurofound report “Long-term care workforce: Employment and working conditions”, long-term care (LTC), which represents a large part of social services, involves physical risks other than those common in industry, with ‘lifting or moving people’ as the most prevalent. 40% of LTC workers do this more than three-quarters of the time, almost double the proportion of workers in healthcare (23%) and eight times more than the average worker (5%).⁹ In addition, workers in LTC do not feel ‘very well’ informed about the health and safety risks related to the performance of their job.

Musculoskeletal disorders (MSD) are highly prevalent in the sector.¹⁰ Physical health 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.¹¹

In addition, the frequency of adverse social behaviour, such as verbal abuse, humiliating behaviour, physical violence and threats, is alarmingly high in the LTC sector. One in three LTC workers (33%) have been exposed to some type of adverse social behaviour at work, whether by service users or colleagues.¹²

The practices below highlight ways to prevent physical health risks, for example through a national training programme on MSD prevention, raising awareness on health risks and promoting physical activity of employees and endorsing environmentally friendly practices.

⁹ Eurofound (2020), Long-term care workforce: Employment and working conditions: <https://www.eurofound.europa.eu/en/publications/2020/long-term-care-workforce-employment-and-working-conditions>

¹⁰ See also EU-OSHA (2021), Musculoskeletal disorders in the healthcare sector: <https://osha.europa.eu/en/publications/musculoskeletal-disorders-healthcare-sector>

¹¹ EPSU and the Social Employers took part in the [EU OSHA campaign “Lighten the load” campaign](#)

¹² Eurofound (2020), Long-term care workforce: Employment and working conditions: <https://www.eurofound.europa.eu/en/publications/2020/long-term-care-workforce-employment-and-working-conditions>



2.1. Support mobility by caring for oneself and for the supported person

Date / period: Since 2018

Authors: INRS France

Type of actors involved: Initiative from a healthcare provider endorsed by a national OSH prevention association, for larger scale implementation in health and social care organisations.

Level of the good practice: Developed at national level, implemented at regional level by regional agencies for OSH (CARSAT) and designated training centres. It is also supported by OETH¹³, an organisation created by collective agreement and managed by social partners that aims to support employment of persons with disabilities in health and social care.

Background

In France, in 2017, 68% of work accidents in residential care were linked to moving and handling, compared to 51% in the whole economy. 87% of occupational diseases in the sector were Musculoskeletal Disorders (MSD). That corresponded to an average of 6,8 days lost for sick leave every year, compared to 2,2 days in average for all activities.

Aims

The approach came to light in Groupe Hospitalier Saint-Joseph (GHPSJ), named “manual handling care” and adopted by INRS as “ALM approach” (support mobility by caring for oneself and for the supported person) within the PRAP training (training programme of trainers in the prevention of risks related to physical activity). The approach has impressive effects on sick leave related to patients handling.

What was done and how?

INRS has endorsed the practice and the lessons learnt by Groupe Hospitalier Saint-Joseph and has integrated them in the pre-existing PRAP training programme and by doing so, given the opportunity to develop it at the national level.

What was achieved?

INRS has taught the agreed PRAP trainers the ALM approach so that the PRAP2S training includes its benefits and trains in-house trainers. The in-house trainers train their colleagues on new ways of handling patients and residents, which preserves their own health and supports the user’s autonomy and recovery.

Contrary to what was done previously, the workers are not only taught to handle and carry the user properly but do so as little as possible and, after assessing user’s 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.

Where the training has been tested, it has shown that it led to a culture of prevention within the teams, even leading the staff to propose equipment and processes related to their tasks.

Difficulties during the implementation and how they were addressed

This approach is very different from the one taught during initial training. It even differs from the practices and culture in the sector and from society, patients’, and informal carers expectations

¹³ <https://www.oeth.org/>



(where a culture of doing for a passive person prevails, rather than supporting the person to do it herself).

Success factors

The top management, management and the ground workers have to be trained to support and develop the implementation of the approach.

Transferability

The approach needs to be taught to trainers that train the ground staff to implement the new practices. It can be used in health and social care for persons with limited mobility capacity in institutions or at home.

INRS also wishes for an integration of the methodology in the health and social care training frameworks and curricula.

Costs and benefits

Training needs time from the trainer and from the trainee. Time is also needed to implement the new practices.

Some economic benefits lie in the decrease of work accidents and injuries. For GHPSJ, in 2009, 2000 days of sick leave related to patient handling were counted. In 2018, they were drastically lower, with 200 days of sick leave.

It has been reported that the investment needed was returned after about three years thanks to the drop of accidents and sick leaves.

In addition to the benefits concerning MSDs, it is reported that the method gives more comfort to the service users, brings physical benefits to them and puts the relation between service user and care worker at the centre of care, which is most of the time the workers' key motivation.

Key features of good practice example

The content of the training is easy to adapt, and the benefits are clear: workers are protected from MSD and service users are better supported, with a reinforced care user - care worker relationship.

Further information

Leaflet: <https://www.inrs.fr/media.html?refINRS=ED%206415>

Webinar: <https://www.inrs.fr/media.html?refINRS=Anim-208> (subtitles can be activated in the settings and then can be the automatic translation)

Videos: <https://www.inrs.fr/actualites/videos-tms-soin-personne.html> (subtitles and automatic translation can be activated in the settings)

Article: <https://www.inrs.fr/media.html?refINRS=DC%2026>



2.2. Actions to improve musculoskeletal occupational health

Date / period: January 2019 to February 2020

Authors: Asociación Amigos de los Ancianos-Residencia San Francisco, Ontinyent (Valencia), Spain

Sub-sector concerned: Services for older persons

Level of the good practice: Organisation level

Background

The centre's staff, such as geriatric assistants or geriatricians, are exposed to a variety of tasks and activities that can affect their musculoskeletal health.

Some of the most common conditions include:

- Repetitive strain injuries: Tasks that involve repetitive motions, such as lifting and moving residents, can lead to long-term musculoskeletal injuries.
- Overexertion: Manual handling of heavy loads, even through the use of cranes or transfer belts, can lead to acute or chronic musculoskeletal injuries.
- Uncomfortable postures: Maintaining uncomfortable or prolonged postures can generate tension and stress in the muscles and joints.
- Physical and emotional stress: Working in a geriatric setting can be physically demanding and emotionally draining. Prolonged stress can contribute to the onset or worsening of musculoskeletal disorders.

Aims

- Improve the musculoskeletal health of the centre's staff, promoting adequate postural habits in daily activity, so that possible discomfort of musculoskeletal origin can be reduced.
- Train staff in safe lifting techniques and promote appropriate ergonomic practices.
- Promote the integration of prevention in the entity betting on the improvement of the conditions of carrying out the work.

What was done and how?

To achieve the set objectives, two basic actions were carried out:

1. Subsidised Pilates classes, for all interested people. Several Pilates class schedules were offered during the week, to facilitate staff participation according to work shifts.
2. Carrying out a campaign for the Prevention of Musculoskeletal Injuries in collaboration with the mutual society. Within the framework of the campaign, an informative action was carried out, as well as an analysis of the perception of health before and after training.

What was achieved?

- Creation of a good work environment, especially among people who participated continuously in Pilates classes.
- Improvement of the perception of one's own health, by performing a habitual physical activity for more than a year.
- Maintenance of less than 2% of the rate of sick leave and absenteeism.
- Acquisition of knowledge about muscle functioning and load mobilisation, as well as relaxation techniques, and stretching during the day.



Difficulties during the implementation and how they were addressed

The main difficulties arose in the implementation of action 1 (Pilates classes). Due to the shifts of the staff in their different categories, it was difficult to group the classes. Thanks to the use of digital media and the increase in the offer of classes in more schedules, 25% of the staff participated in this activity.

Regarding action 2 (campaign to prevent musculoskeletal injuries), 90% of the workforce benefited from this initiative.

Success factors

The success factors were the facilitation of the activity, by increasing the offer of schedules, as well as the flexibility of the working day to attend Pilates classes. On the other hand, Pilates classes provided the staff with knowledge and tools with positive effects in the short term.

This action has been highly valued by professionals, as it has been organised and subsidised by the entity itself. The information campaign and training also have benefits, but physical activity multiplies this positive effect.

Transferability

This good practice has a very high transferability potential, due to its low cost and ease of organisation. Action 1 (Pilates classes) is very easy to transfer and involves a very low cost, if the classes are developed in the centre itself and a teacher is hired to carry them out. The training and awareness raising campaign, framed in action 2, are also easy to transfer, either through training programs or by the staff of the centre.

Costs and benefits

COSTS	BENEFITS
ACTION 1: Pilates Classes	
Financing Pilates classes: € 3000 / year.	<ul style="list-style-type: none">Improved perception of healthIt remained at less than 2% of the rate of sick leave and absenteeism.
ACTION 2: Conducting a Musculoskeletal Injury Prevention Campaign	
2 training sessions of 2 hours each, delivered by a physiotherapist. Financing: by the mutual society and public funds	Knowledge of muscle functioning and load mobilisation, as well as relaxation techniques, and stretching during the day.
Data collection through a survey that seeks to know the perception of health of workers. Financing: free of charge, thanks to the use of open electronic means.	
Analysis of the data obtained in the survey by the mutual society. Financing: without added cost.	
Printing and installation of poster to raise awareness on musculoskeletal health, mobilisations and stretching was made by the mutual.	
Total own costs: approx.3250 €	

Key features of the good practice



The different actions carried out for the improvement of occupational health focused on the implementation of preventive and rehabilitative physical activity, through Pilates classes. A campaign was carried out to know how occupational health is perceived by workers. To this end, a survey and a specific training based on the survey results was carried out.

Based on surveys, ad-hoc training was provided. Reminder posters were also placed in the workplace to reinforce the importance of a small warm-up before starting the work activity, as well as some stretches at the end of the day.



INICIATIVA DE LA RESIDENCIA SAN FRANCISCO

PILATES PARA MEJORAR LA SALUD DE SUS TRABAJADORES

Introducción

La Fundación San Francisco de Rehabilitación Social, a través de su departamento de Salud y Seguridad Social, ha iniciado una campaña de sensibilización sobre la importancia de la salud ocupacional. A este fin, se ha organizado una serie de actividades dirigidas a los trabajadores de la Residencia San Francisco, con el objetivo de mejorar su salud y bienestar.

Además, se ha creado un grupo de Pilates para los trabajadores de la Residencia San Francisco, con el objetivo de mejorar su salud y bienestar. Este grupo se reúne los lunes y miércoles a las 10:00 horas en el gimnasio de la Residencia.

El Pilates es una técnica de ejercicio físico que se centra en el fortalecimiento de los músculos y la mejora de la flexibilidad. Esta técnica es muy beneficiosa para las personas que sufren de problemas de salud, como la obesidad, la hipertensión, la diabetes, etc.

Además, el Pilates es una técnica que se puede practicar en cualquier lugar y en cualquier momento. Esto hace que sea una actividad muy accesible para todos los trabajadores de la Residencia San Francisco.

Residencia San Francisco

Asociación amigos de los ancianos

www.residenciasanfrancisco.com



Trabajadores y trabajadoras de la Residencia San Francisco en una de las sesiones de pilates guiadas en el gimnasio de María Dorot.

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2.3. Commitment to an ecolabel in a federation of daycare centres

Date / period: 2019, ongoing

Authors [Elisfa](#) and [Achil](#), France

Sub-sector concerned: Services for children



Level of the good practice

Regional: a federation of daycare centres, ACHIL, grouping together 12 childcare organisations located in the Tours region and in rural areas (Centre Val de Loire).

Background

Since 2012, ACHIL has been running a project focused on sustainable development, with the aim of carrying out gardening projects in early childhood facilities and offering short-distance snacks, shared with families.

Attentive to the impact of environmentally friendly practices on young children and professionals, ACHIL wanted to deepen the practices already underway by approaching "Label vie", a national association that has created a process leading to the "Ecolo crèche" label. This allows childcare facilities to carry out team reflection with the aim of integrating practices that are more respectful of the environment, the well-being of the public and professionals.

ACHIL proposed to four day-care centres in its network to take part in the process, both to make the teams aware of the merits of an environmental approach in early childhood facilities to have more ecological practices for the children and to raise awareness among families, and to improve the working environment of the employees.

Aims

- Launch a sustainable development dynamic that involves stakeholders and becomes a collective and social issue.
- Replace industrial cleaning, hygiene and activity products by eco-friendly products.
- Manufacture these eco-friendly products in-house.

- In the development and implementation of the project, think in terms of sustainable development for actions that have an impact on health (overheated nurseries, volatile products).
- Complete the process of awareness raising, diagnosis, training and action plan to obtain the eco-nursery label, which guarantees that the structure is committed to a responsible approach.
- Enable teams and employees who had already implemented good practices before this process to have them recognised by others.

What was done and how?

- A first day of awareness-raising on sustainable development issues in day-care centres
- Followed by an inventory/diagnosis of the whole day-care centre, based on 14 points.
- Two days of training on two different themes: how to make cleaning and hygiene products "Clean without polluting" and ecological games "Environmental education for young children"
- The production of action sheets
- A diagnosis at the end of the process to see the real progress

Two employees from each structure followed all the steps.

What was achieved?

- Projects are now considered in terms of sustainable development, which has become a cross-cutting concern.
- The vision of hygiene and maintenance has evolved: awareness of the harmful effects of industrial products on the health of employees and children.
- Manufacture and use of products using natural but effective ingredients (vinegar, black soap) with a positive impact on health but also on finances.
- New skills acquired by employees on ecological issues and small actions that count.
- Consideration of employee transport leading to car-pooling, with the costs covered by the employer.
- Obtaining the eco-crèche label
- Implementation of a dedicated "sustainable development" day in each crèche (day without industrial games/toys, gardening, workshops with parents, etc.)

Difficulties during the implementation and how they were addressed

- Covid has disrupted the evolution towards natural products: during this period, it was necessary to return to industrial products.
- Funding has been and still is an issue.
- At the beginning of the process, some employees did not see the point. The time spent working together and the integration of the project into the establishment have led to greater motivation.
- To free up time for employees who are not with the children during this time, so participation was done on a voluntary basis.



Success factors

- Convincing and involving stakeholders in the project.
- For the employer, agreeing to free up time for employees to invest in the project. For the employees, showing and enhancing practices already underway, highlighting projects and thus gaining recognition for their work.

Transferability

This project is transferable and is already being shared with the other structures of the ACHIL federation. It is not the label itself that is important (especially as it has a cost) but the process that leads to questions and to improvements that are good for the public, for the health of employees and for an ecological transition.

On a national level, the association that created this labelling process has already given this label to more than 1,000 associations.

Costs and benefits

Costs: the mobilisation of staff, the time needed for the process, the financial cost.

Benefits:

- The label is a guarantee for partners and funders of the associations' commitment to the ecological transition.
- The production and use of healthier and cheaper products.
- Recognition for employees of their investment in a process.
- Although it is difficult to measure, an improvement in the health of employees, particularly regarding hand skin and breathing problems.

Key features of the good practice

Introduction of environmentally friendly practices in childcare facilities: Make the teams aware of the benefits of an environmental approach in early childhood facilities, have more ecological practices for the children, raise awareness among families, and improve the working environment of the employees. The daycare centres involved obtained an ecolabel.

Further information

<http://www.achil.fr/>

<https://label-vie.org/la-demarche/label-ecolo-creche/>



3. Welcoming and supporting staff

According to the Eurofound report on the LTC workforce, 37% of LTC workers think that their work negatively affects their health (compared to 29% in healthcare and 25% overall). Almost two-fifth (38%) think that they will be unable to do their job until the age of 60 (or for five more years if they are aged over 60).¹⁴

This could be partly explained by the high prevalence of shift work, exposure to adverse social behaviour and the high levels of emotional demands. It is also important to recall that mobile care workers are often working alone in the person's home, without immediate access to their supervisors or colleagues to ask for support.

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, for example by providing the opportunity to share concerns in a safe environment.

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

3.1. Ask and go: Roundtables for diversity management

Date / period: Since 2018

Author: Amina Helmy, Diversity Expert, Häuser zum Leben (Board of Trustees of Viennese Pensioners' Residences) Vienna, Austria

Sub-sector concerned: Services for persons with disabilities, services for older persons, services for other vulnerable persons.

Level of the good practice: The Kuratorium Wiener Pensionisten-Wohnhäuser (KWP), known as Häuser zum Leben (EN: Houses for Living) in Vienna is Austria's largest provider in the care and nursing sector for senior citizens.

It operates 30 houses in Vienna, which offer seniors around 9,000 places. In addition, there are 150 pensioner clubs with about 17,000 registered club members.

In total, more than 4,800 employees work in the company, plus around 500 volunteers and 70 persons doing community service.



Ask & Go: Gesprächsrunden zur Information, Sensibilisierung und Unterstützung.

Schwerpunkthemen:

- Diskriminierung
- Mobbing
- Rassismus
- Sexuelle Belästigung am Arbeitsplatz
- Homo-, Inter- und Transphobie
- Alkohol am Arbeitsplatz

Sie haben Interesse für Ihr Team, das Leitungsteam oder eine einzelne Abteilung?

Kontakt/Termin:

¹⁴ Eurofound (2020), Long-term care workforce: Employment and working conditions: <https://www.eurofound.europa.eu/en/publications/2020/long-term-care-workforce-employment-and-working-conditions>

Background

Sexual harassment, bullying, racist assaults and alcohol in the workplace are not tolerated in the KWP.

With their diversity campaigns and, in particular, the developed program of Ask & Go rounds, KWP has set itself the goal of empowering and sensitizing employees, managers and apprentices in dealing with this content.

Ask & Go rounds are used to inform employees about key topics, such as:

- Discrimination
- Racism
- Homophobia, interphobia and transphobia
- Bullying
- Sexual harassment in the workplace
- Addiction problems in the workplace

Colleagues have the opportunity to talk about cases anonymously, ask questions and discuss them in a moderated manner.

The aim of the KWP is to sensitize and empower all employees so that they can take action in cases of discrimination.

Aims

- Maintaining the health of employees, apprentices and managers in the company – by protecting against psychological, physical, verbal or other discrimination
- Empowerment of managers with regard to any discrimination and thus facilitation in everyday work
- Safe homes for residents
- Promoting peaceful coexistence in the KWP and ultimately in society

What was done and how?

- Counselling services for employees and managers have been created by a diversity expert
- Raising awareness of conflictual issues (racism, sexual harassment, addiction) in the form of "Ask and Go" rounds
- Postcard "Ask & Go" was developed and sent to all employees and managers
- Campaign against sexual harassment
- Campaign against racism
- Workshops/trainings/guidelines on key topics
- eLearning sexual harassment
- Conflict management
- Analysis of conflicts and development of solutions in the form of conflict discussions, offer supervision or coaching.
- Introduction of reintegration of employees on long-term sick leave
- Employee survey - Survey of mental and physical stress and offers to alleviate the stress
- Health circles in each of the 30 houses



What was achieved?

The project is supported by the managers and they experience this project as very supportive for their role as managers.

The following is perceived as particularly supportive:

- Clear positioning of the company and management against any form of discrimination
- Providing legal bases and information
- Support in specific cases by the department with each other as direct contact persons
- Concrete implementation steps in everyday work
- Discussion of practical examples from everyday work

Difficulties during the implementation and how they were addressed

Many of the key topics worked on are very sensitive and still a taboo subject for some employees. It is still difficult for some employees to openly address such topics or to be able to talk about specific cases. KWP is in the process of overcoming this hurdle and approaching these issues with an open mind.

Success factors

A large part of the success is the trust in the diversity experts. This was achieved through reliable and timely processing of cases. The goal is always to find the best possible solution for the employees.

The success of diversity management is, on the one hand, ensuring equal opportunities for all employees and managers, especially vulnerable groups of people. On the other hand, the protection against discrimination of all, in all the internal dimensions of the personality protected by law, in order to ensure safety in the workplace.

Prevention work is undertaken by the department to prevent discrimination in the KWP.

The positive effects can be seen in the form of healthy mental well-being, reduction of absenteeism and job retention. Since the solutions are worked out individually with the people who are directly affected, the success is noticeable or visible.

Transferability

The concept of Ask & Go requires a suitable person who is well connected within the company and who acts as a technical expert and trustworthy contact person.

Furthermore, the commitment and clear attitude of the managers is needed to address these issues openly in the teams.

Costs and benefits

In the KWP, two experts in the HR field are employed with a total of 67 hours. With a number of approx. 4800 employees, this timetable is currently proving to be realistic and case processing is manageable. Through close cooperation with the various interfaces such as health promotion, reintegration, personnel development, recruiting, labour law, etc. occupational accidents are reduced, the health of employees is strengthened and promoted, absenteeism is significantly reduced, employees are kept longer in the work process and an increase in job satisfaction is achieved. Diversity also plays an important role in the evaluation as an attractive employer. In this way, the company also ensures its market leadership in the labour market.



Key features of the good practice

The use of the Ask & Go rounds is voluntary and can be used by all managers for their teams. Employees have the opportunity to discuss and ask questions about specific cases anonymously.

The aim of the KWP is to sensitize and empower all employees so that they can take action in cases of discrimination.

An overview list of internal and external support services has been developed. All documents for diversity and in particular our Ask & Go rounds are available to all employees on the intranet. The diversity expert is available from Monday to Friday to provide support in difficult situations.

Further information

www.kwp.at

<https://kwp.at/ausgezeichnete-gesundheitsmassnahmen/>

<https://gesundheitsziele.wien.gv.at/ask-go-runden-diversitaets-und-gesundheitsmanagement-im-kwp/>

3.2. Wellbeing talks

Date/ period: Since January 2022

Author(s): Interra ASBL, Belgium

Sub-sector concerned: Services for persons with disabilities, services for other vulnerable persons

Level of the good practice: INTERRA is a local non-profit organisation from Liège created in 2019. It works in the integration sector. Its main objective is to create meeting places between newly arrived people and local people, by highlighting their talents, know-how and passions, in order to create a more inclusive society.

Background

The well-being talks within the NGO were implemented 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. Prior to the talks, there was an assessment of the situation that highlighted various factors impacting the work environment.

The assessment revealed that employees were experiencing high levels of stress, which had negative implications for their overall well-being. There were instances of strained relationships among colleagues, indicating a need for improved communication and collaboration. Work-life balance was also a concern, with employees struggling to maintain a healthy equilibrium between their professional and personal lives.

Moreover, there was a lack of structured mechanisms for employees to express their concerns, emotions, and needs, leading to a sense of disengagement and frustration. The absence of a formal platform for dialogue hindered the identification and resolution of potential psycho-social risks, exacerbating the negative impact on employee well-being.

Aims

The aim of the well-being talks within the NGO is to create a privileged moment of exchange between employees and members of the external 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. By providing a safe and informal setting, the talks encourage open dialogue and enable employees to discuss their job satisfaction, work-life balance, relationships with colleagues, and overall well-being. The talks also serve as a proactive measure to anticipate and address any potential psycho-social risks.

What was done and how?

The well-being talk is scheduled to take place approximately one month after the employee's hiring date. This timing allows new employees to settle into their roles, become familiar with the organization's culture, and have a basic understanding of their responsibilities. It serves as a checkpoint to assess their initial experiences and address any concerns or challenges they may have encountered during the early stages of their employment.

Following the initial well-being talk, subsequent sessions are conducted every six months. By scheduling these talks at regular intervals, potential psycho-social risks can be anticipated and addressed proactively, fostering a supportive and healthy work environment.

The well-being talk is designed to create an informal and relaxed setting, allowing employees to feel comfortable expressing themselves openly. During the well-being talk, the employee is encouraged to reflect on various aspects of their work experience, including their job satisfaction, work-life balance, relationships with colleagues, and overall well-being.

The information shared during the well-being talk is treated with the utmost confidentiality. This confidentiality further encourages employees to be open and honest, knowing that their concerns will be handled with sensitivity and discretion.

What was achieved?

1. Improving employee well-being
2. Strengthening communication and trust: When employees feel listened to and valued, they are more likely to be actively engaged and to contribute positively to the business.
3. Identifying potential problems: Employees can voice their concerns, difficulties or suggestions, enabling the board to take corrective action or make appropriate improvements. This can help prevent conflicts, resolve problems quickly and maintain a healthy working environment.
4. Promoting corporate social responsibility: Well-being interviews demonstrate the company's commitment to the well-being of its employees.
5. Encouraging innovation and talent retention.

It should be noted that wellbeing interviews should be conducted in a confidential, respectful and non-retaliatory manner to ensure a safe and open environment for employees.

Difficulties during the implementation and how they were addressed

- Volunteers who conduct well-being talks may have limited time and availability due to their own personal and professional commitments. Coordinating schedules and finding suitable time slots for the talks can be challenging. Ensuring clear communication and advance planning, as well as offering flexible options for volunteers to participate, can help mitigate this difficulty.
- Volunteers may have varying levels of training and expertise in delivering well-being talks. Some may feel uncertain or lack the necessary skills to effectively engage with employees



and address sensitive topics related to well-being. Providing comprehensive training and resources to volunteers, including access to professional development opportunities and educational materials, can enhance their confidence and competence in delivering the talks.

- Overcoming resistance or scepticism: Some employees may be sceptical about receiving well-being talks from volunteers, perceiving them as lacking professional expertise or credibility. Overcoming this resistance requires effective communication and showcasing the value and relevance of the talks. Sharing success stories, testimonials, and the positive impact of well-being talks delivered by volunteers can help build confidence and trust among employees.
- Addressing employee concerns and trust: Employees may have concerns or reservations about sharing personal information or discussing sensitive topics during the talks, particularly if they are delivered by volunteers from within the organization. Building trust and creating a safe and confidential environment is essential. Clearly communicating the confidential nature of the talks, emphasizing the non-judgmental and supportive atmosphere, and ensuring that volunteers understand and uphold confidentiality standards can help address these concerns.

Success factors

- Clearly define the objectives and desired outcomes of the well-being talks within the context of the NGO's mission and values. Ensure that the content and focus of the talks align with the specific needs and challenges faced by employees within the NGO.
- Select volunteers from the board who are passionate about well-being and have good communication skills. Provide them with appropriate training and resources to effectively deliver the talks, ensuring they have skills to engage with employees and address relevant well-being topics.
- Design the well-being talks to be interactive and engaging for participants. Incorporate activities, discussions, and practical exercises to encourage active participation and reflection. This helps employees to connect with the content.
- Implement mechanisms to evaluate the effectiveness of the well-being talks. Collect feedback from employees to gauge their satisfaction, relevance of content, and perceived impact. Use this feedback to make necessary improvements and adjustments to future well-being talks.
- Sustainability and long-term commitment: Well-being talks should not be seen as one-time events but rather as an ongoing commitment to employee well-being. Allocate resources and establish a sustainable plan to continue offering well-being talks on a regular basis.
- Confidentiality is a crucial aspect of well-being talks within an NGO.

Transferability

- Inspiration for other NGOs: NGOs that successfully implement well-being talks and witness positive outcomes can inspire other organisations within the sector to adopt similar practices. By sharing their success stories and lessons learned, they can encourage other NGOs to invest in employee well-being and prioritise mental health. This can lead to a collective shift towards a more holistic approach to work and well-being within the NGO sector, ultimately benefiting employees across multiple organisations.



Costs and benefits

Costs:

- Planning and organising wellbeing talks can be time-consuming, requiring staff members to dedicate time to this moment and its organisation.
- Volunteers from the board will need to dedicate their time to prepare and deliver the wellness talks.
- Depending on the expertise of the volunteers, there may be a need for training or educational resources to ensure they have the necessary knowledge and skills to deliver effective wellness talks.
- Collecting feedback from employees, conducting surveys, or tracking outcomes may require some resources to analyse and evaluate the data.

Benefits:

- Positive impact on the mental and physical well-being of employees.
- When employees are healthier and mentally well, they are more likely to be productive and engaged in their work.
- Prioritizing employee well-being through wellbeing talks can boost morale, job satisfaction, and loyalty. Employees feel valued and supported when their organisation invests in their health and happiness. This can contribute to higher retention rates.
- Wellbeing talks can foster a positive organisational culture that prioritises the well-being of employees.
- We potentially reduce healthcare costs, minimize absenteeism due to illness or stress-related issues, and avoid the expenses associated with high turnover rates.

Key features of the good practice

The wellbeing talks are privileged moment of exchange to express one's emotions and needs and to reflect on how to improve the quality of life at work. They take the form of an interview between an employee and a member of the external board, taking place one month after hiring for new employees and every six months thereafter. This allows for the anticipation of possible psycho-social risks.



3.3. Creation of a "social dialogue" working group

Date / period: Set up in April 2022

Authors: CIGL Esch, Luxembourg

Sub-sector concerned: Services for persons with disabilities, services for older persons, services for children, services for other vulnerable persons

Level of the good practice: The Centre d'Initiative et de Gestion Local d'Esch-sur-Alzette (CIGL Esch) is a non-profit association of solidarity economy and local development that develops its projects on the territory of the City of Esch-sur-Alzette. CIGL Esch is part of the sector of social initiatives for employment in Luxembourg.

Background

CIGL Esch's main mission is to promote the socio-professional integration of unemployed people into the labour market. The association brings together 179 employees in integration and 72 supervisors. Employees have a staff delegation whose general mission is to safeguard and defend the interests of the company's staff in terms of working conditions, job security and social status.

The creation of a "Social Dialogue" working group by the CIGL Board of Directors responds to the lack of representation of employees in integration within the staff delegation. With a fixed-term contract of up to 2 years, many employees do not meet the 6-month work criterion to participate in the elections and if they are elected, they will not be able to complete the 5-year mandate.

In close collaboration with the staff delegation, the "Social Dialogue" working group intends to promote the participation of employees in integration in social dialogue.

Aims

The Board of Directors of CIGL Esch asbl set up the "Social Dialogue" working group. The working group does not replace the existing social dialogue between the employer and the staff delegation but aims to strengthen it. The working group is directly accessible to all employees, which facilitates the consideration of their needs or grievances.

What was done and how?

The Social Dialogue working group is made up of three members of the Board of Directors: its President and two members chosen for their experience working in the trade union field. Among these three members, a project manager was mandated to develop a daily and direct exchange with employees. She is the contact person of the working group for employees. It works in collaboration with the staff delegation and management to escalate employees' requests or grievances to the Social Dialogue working group, respectively to the Board of Directors.

What was achieved?

The working group meets regularly with the staff delegation and management to discuss issues related to social dialogue. The pace of meetings is not set in advance, it is determined according to the needs identified by the staff delegation, the Social Dialogue working group or the management.

The establishment of the working group within the association has made it possible to better take into account the needs of employees and in particular employees in integration who are not represented within the staff delegation.



Several concrete achievements serve as examples: the need of employees to reconcile private life and work has been taken into account by the granting of social leave, employees in integration are now also invited to staff parties, a conflict management procedure has been enacted, a safety, health and well-being policy at work has been communicated, rest/dining areas have been set up.

Difficulties during the implementation and how they were addressed

It requires considerable commitment on the ground. For this reason, the Management Board has decided to appoint one of its members as Policy Officer for Social Dialogue.

The second difficulty concerns the lack of representation of employees in integration within the staff delegation. The Social Dialogue project manager was therefore appointed to develop a sustained, direct and close and trusting exchange with these employees.

Success factors

Success factors include:

- the appointment of the Social Dialogue Officer, who has sufficient time to be able to engage in this process.
- the profile of the project manager: the person in charge has significant trade union experience and training in the field of mediation.
- determine the role of the Social Dialogue Working Group in a conflict management procedure. The working group intervenes only in the context of conflicts that could not be satisfactorily dealt with by the services and the staff delegation. The working group shall deal with conflicts in close cooperation with the staff delegation, management and the representative of the department concerned.
- close collaboration between the Social Dialogue Working Group and the staff delegation.

The working group does not replace the role of the staff delegation, whose general mission is to safeguard and defend the interests of the company in terms of working conditions, job security and social status. The working group provides support and experience in social dialogue. To promote staff participation in social dialogue, the working group supports the delegation in organising information and awareness-raising sessions: annual plenary meeting, welcome meeting for new employees, weekly service meetings, meetings related to quality initiatives, etc.

Transferability

The establishment of a Social Dialogue working group seems particularly relevant in employment integration associations / companies that wish to promote the participation of employees in integration in social dialogue bodies.

Costs and benefits

The implementation of the Social Dialogue working group implies a high level of availability on the part of the members of the Management Board. The project manager is present daily and exchanges weekly with the other members of the group.

The investment of time varies according to the themes to be managed: conflict management, definition of policies and procedures, development of action plans, quality approaches, etc.

In an association of more than 250 employees, it is a question of investing in people: their safety, health and well-being. Investing in the well-being of employees at work will lead to a reduction in conflicts and subsequently a better social climate.



Key features of the good practice

The purpose of setting up a "Social Dialogue" working group is to develop a structured social dialogue with staff and to contribute to a general improvement of social dialogue, in close collaboration with the staff delegation.

This new approach has encouraged the participation of employees in integration and the consideration of their needs or grievances by the board of directors: granting of social leave that makes it possible to reconcile private and professional life, definition of a safety, health and well-being policy at work, development of rest areas, definition of a conflict management procedure, etc.

Further information

www.ciglesch.lu



3.4. Holistic approach to dealing with Challenging Behaviour

Date / period: 2020 – to date

Authors: Agenzija Sapport Malta

Sub-sector concerned: Persons with disabilities

Level of the good practice: Organisation level

Background

Agenzija Sapport is the National Agency in Malta that provides professional and innovative services to enhance the quality of life of persons with disability.

In diverse situations, staff delivering these services also deal with behaviour of concern. Over time, several incidents occurred in relation of such behaviours, and it was noted that staff were suffering from injuries due to these behaviours and/or were traumatised. Research regarding best practice in dealing with behaviour of concern was done. The NAPPI (non-abusive psychological and physical intervention) training was chosen due to its high level of awareness and psychological interventions

Aims

- Delivery of best practice towards staff.
- Delivery of best practice to service users.

- Learning proactivity in dealing with behaviour of concern.
- Increasing quality of life of service users.
- Reducing behaviour of concern and potential injuries.
- Reducing major incidents.

What was done and how?

Several personnel were trained as trainers, and the process of training to grass root staff was initiated. The trainers attended training in the UK in 2020, and training delivery to staff within the Agency followed soon afterwards, with NAPPI training now becoming important for all staff working with the service users (including yearly renewals).

NAPPI training focuses on the proactive aspect of working with persons with disability whereby possible triggers and behaviours are recognised before there is a possible escalation. This enables the staff to be proactive in their work and reduce behaviours of concern thus in turn reducing incidents. The training focuses on awareness of self and others, keeping everyone safe whilst working with each service user in an individual manner. NAPPI also has a self-protection component which can be utilised if behaviour of concern is unavoidable.

If an employee faces challenging behaviour while on duty, a special team of employees meet with the employee to offer support. If the employee has suffered an injury, a meeting is held with HR, trainer and team leader to discuss the incident, support the employee and discuss interventions that would result in avoiding future incidents. This also helps the employee to feel validated and supported. Additionally, if the employee is traumatised, referral services for psychological help and trauma informed care are offered.

What was achieved?

- Ease for intervention according to need by NAPPI team.
- Support to the personnel.
- Learning from past experiences and applying such learning to enhance service delivery.
- Increasing communication between different teams and thus decreasing waiting time for interventions.
- Creating a prioritisation system within the interventions needed to deal with behaviour of concern.

Difficulties during the implementation and how they were addressed

- The global change called for a partial culture change within the agency. This was addressed in multiple manners, including through ongoing trainings, mentoring and coaching on the floor, several logistical meetings and one-to-one work.
- An internal policy in regard to behaviour of concern and dealing with such behaviour was compiled.
- Training to all staff was given in regard to policy.
- HR involvement with injuries on duty and post incident reviews were applied and sustained on a regular basis.



Success factors

A decrease in injuries resulting from behaviours of concern has been noted, mainly due proactive work, consultations and planning of the implementation before injuries occur. Reported injuries decreased from 39 in 2020 and 42 in 2021 to 29 in 2022 and 31 in 2023.

Transferability

Training is needed for this practice to be taken up by similar organisations. This year, Agenzija Support has provided some training to NGOs who deliver similar services.

Costs and benefits

Costs:

- Certification and annual re-certification of NAPPI trainers carries a cost. It is also held abroad in the UK, thus incurring travel costs.
- The practice within the Agency mentioned within this document was integrated in current roles, thus did not carry any further major costs.
- Training costs are being calculated as training and are not specific to this development.

Benefits:

- Initial cost of training trainers is turned into a benefit as the internal trainers can in turn train the majority of employees within the Agency.
- Reduction in injuries and behaviour of concern, resulting in more staff present on the floor as well as less psychological stress.
- Increase in support to staff, which leads to reducing dissatisfaction and potential turnovers.
- Gradual change to a more proactive culture in the prevention of behaviour of concern.

Key features of good practice example

The good practice is a detailed intervention procedure in dealing with Challenging behaviour through professional training (Positive support training and Non-Abusive Psychological and Physical Intervention (NAPPI)). This initiative is based on 3 pillars: Creating **awareness** of behaviour of concern, **prevention** of such behaviour and internal and external **support** in case employees face such behaviour.

Further information

For more information regarding NAPPI, kindly visit <https://www.nappiuk.com>.

3.5. Psychosocial risks prevention and management

Experimental approach to support managers (professionals and volunteers) of social centres in the Loire and Haute-Loire regions to prevent psychosocial risks and improve work organisation.

Date / period: Between 2019 and 2021

Authors: Federation of Social Centres of Loire/Haute-Loire, Elisfa, France

Sub-sector concerned: Social activities

Level of the good practice: At departmental (county) level, with national partnerships.



Background

At the end of 2017, the Federation of social centres in the Loire and Haute-Loire identified that many social centres in the department were experiencing human resources difficulties, especially in management positions: a dozen directors were off work for various reasons (burn out, illness). This identification follows an increase in members' worries about working conditions, an upsurge in labour court cases, suffering and violence leading to situations of rupture (sick leave, right of withdrawal, etc.), growing difficulty in recruiting managers and an increase in crisis situations.

Faced with this situation, the Federation collectively analysed that the centres were in difficulty, that there were situations in the teams that could be described as suffering with numerous repercussions: on the physical and psychological health, on the organisation, on the service provided to the population, on the promotion of social activities.

Aims

After this diagnosis, the aim was to improve the situation and tackle the causes of psychosocial risks by taking a twofold approach:

- Acting at the organisation level;
- Acting on the environment that influences the quality of life at work of the directors/managers.

And several key principles:

- Going beyond attention to psychosocial risks, putting day to day work into perspective, experimenting with new ways of acting,
- With the desire to move towards prevention rather than repair;
- Involve both internal (governance, employees) and external (funders, experts, partners) stakeholders.

What was done and how?

Implementation of an experimental approach over 2 years, with the support of ecosystem partners:

- National institutional players: *Caisse nationale d'allocations familiales* (CNAF), which is an essential funder; *Agence nationale des conditions de travail* (Anact) in charge of occupational health; *Uniformation*, which is the collector of vocational training funds.
- Local institutional players: the *Dirrecte*, state organisation in charge of employment, the Loire departmental council, the Haute-Loire occupational health service, the Loire family allowance fund, city council.
- Actors in the professional sector: employees and employers unions
- Local, departmental, regional and national social centres: 17 social centres, federation of social centres of the Loire and Haute-Loire, regional federation of the Auvergne-Rhône-Alpes region, federation of social centres of France (umbrella organisations).

Steps:

- A state of the art of work related to occupational health issues.
- A diagnosis carried out in eight social centres, to understand the reality of work, the situations and factors likely to influence psychosocial risks, as well as good and "bad" practices. The assessment revealed that work on a just-in-time basis, that the leadership role is becoming more bureaucratic, and that the missions are becoming more complex.



- A participative actions research and 3 training courses in 17 organisations, frame the conduct of experiments:
 - Contractualisation and relations with funders: lightening the administrative burden; better reporting on actual work with indicators; simplifying contractualisation arrangements, etc.
 - Governance and management: strengthening and securing the employer function and the delegation of authority; improving management practices, etc.
 - Relations with users and local partners: clarify the levels of responsibility between partners.
- Formalise and disseminate the lessons learned from the process to produce targeted recommendations and build on the momentum created to carry out action plans at local, regional and even national level.

What was achieved?

Internal results:

- Training: setting up coaching for managers, setting up training and peer exchange spaces.
- Calling on the regional and national level:
 - how to develop continuing education in connection with the universities.
 - Structuring and skilling members on the issue of psychosocial risks.
- Disseminate and advance good practices at all levels.

Relationship with public authorities and funders:

- Local working group with funders to make processes more flexible, create tools, simplify administration, clarify expectations.
- Working group with local authorities to create tools to lighten the administrative burden: digital server for submitting shared applications, common call for projects form, reinforcement of tripartite and multi-annual agreements.

Difficulties during the implementation and how they were addressed

The work required a lot of time for the teams, and in particular for the managers. The focus on the managers and their difficulties may have created frustrations for other professions that feel they are in the same situation.

Success factors

There was a real need for the network, which had no alternative but to focus on these issues. The involvement of a health expert helped to legitimise the proposals and the diagnosis. The association of all the stakeholders (funders, training, health, employment) from the beginning of the research allowed a real involvement and legitimisation. The fact that each social centre was able to choose its own line of work with the management, volunteers and employees helped to strengthen their involvement.

Transferability

The diagnosis and action research phases appear to be transferable, but the inputs must be determined from the outset according to the issues, which are not always the same. It is also important to involve all stakeholders in the project from the outset.

Costs and benefits



The number of working hours can be a limiting factor. It took between 4 and 12 days of action research, then 3 days of internal work on governance, and 4 days of work on the steering committee. In total, this amounts to between 10 and 20 days of work per structure, particularly for the managers.

The budget was at least 65,000 euros, not including the working time mentioned above. The cost is mainly that of third-party support (Anact and Aract).

Key features of the good practice

The working groups are still in operation, and the conclusions of the work led one of the main funders (Cnaf) to integrate elements of the research into its contractual framework for the next three years, thus recognising the importance of preventing suffering at work.

Further information

Fédération des centres sociaux de Loire et Haute-Loire: <https://loire-hauteloire.centres-sociaux.fr/>

Anact: <https://www.anact.fr/>

Branche Alisfa, commission paritaire santé prévoyance: <https://www.alisfa-sante.fr/page/la-commission-paritaire-cpsp.php>

3.6. Reintegration into the work process after illness

Reintegration into the work process after an absence due to illness of 6 weeks or more

Date / period: Since 2021

Authors: Theresa Krenn, Expert Re-Integration management - Häuser zum Leben (Board of Trustees of Viennese Pensioners' Residences)- Vienna, Austria

Sub-sector concerned: Services for persons with disabilities, services for older persons, services for other vulnerable persons

Level of the good practice

The Kuratorium Wiener Pensionisten-Wohnhäuser (KWP), called Häuser zum Leben, is a non-profit fund under private law of the City of Vienna.

The 30 houses in Vienna offer around 9,000 places to senior citizens. In addition, there are 150 pensioners' clubs of the City of Vienna with about 17,000 registered club members.

This makes KWP the largest provider of care and nursing services for senior citizens in Austria. A total of more than 4,800 employees work in the company. In addition, about 500 volunteers and 70 community service workers are committed to our customers.



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Background

Before the introduction of structured counselling on returning to work 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 further absences again and again. The managers had no support from a specialist on how to deal with these cases and the teams sometimes had to compensate for the missing colleague hours over a longer period of time.

It has been shown that employees often need a gentle re-entry after a long-term sick leave (6 weeks or more). Sometimes different return scenarios have to be considered than before the illness. Employees and managers need a competent contact person to reflect on these cases and develop options.

By introducing counselling for employees and managers, re-entry scenarios are developed and possibilities of re-entering the work process are discussed.

In addition, part-time reintegration was communicated throughout the company 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.

Aims

- (Re-) Integration into working life after long-term sick leave
- Keep employees healthy and satisfied in the work process for as long as possible.
- Preservation of the job
- Especially in the shortage occupations such as care and nursing, job retention appears to be a priority.

What was done and how?

- Counselling services for employees and managers have been created by an expert in reintegration management.
- Introduction of part-time reintegration since 2021, development of a guideline, communication in person with all managers and on the intranet.
- Postcard "Reintegration" was developed and sent to all employees and managers.
- Conflict management: Analysis of conflicts and development of solutions in the form of conflict talks, offer of supervision or coaching.
- Raising awareness of conflict-related issues (racism, sexual harassment, addiction) in the form of "Ask and Go" rounds.
- Workplace health promotion activities, healthy snacks
- Employee survey - Survey of mental and physical stress and offers to alleviate the stress.
- Health circles in each of the 30 houses
- Online counselling for employees by psychologists and social workers

What was achieved?

Since the introduction of reintegration, more than 100 employees have been successfully reintegrated into the work process. This means a significant decrease in absenteeism due to new illnesses. Fluctuation has been reduced and thus migration to comparable organisations has been prevented.



As a side effect, employees identify more strongly with the company, as they feel well advised even in difficult situations and feel secure that they will be reintegrated well after a long period of illness. Especially in times when the fear of financial strain is increasing, it is particularly important for employees to know that their employer will support them even in the case of prolonged illness and that they have the possibility of a secure, supported return to work.

Difficulties during the implementation and how they were addressed

Since different areas (management, employees, personnel accounting, occupational medicine, works council) are involved in the process of introducing part-time reintegration in the company, it was difficult in the beginning to create a common wording and a structured process. Transparency and comprehensibility were ensured by developing a guideline and a clear process structure.

Another difficulty was to make the people concerned aware of the usefulness and support of this service. Contributions and articles on the topic of reintegration after long-term sick leave were written in an internal communication tool (KWPedia). Information events and positive word of mouth from employees who have been successfully supported have contributed to the fact that the service is now very well accepted.

Success factors

A successful reintegration after long-term sick leave depends primarily on the motivation of the person concerned, the creation of individual solutions, the flexibility of the managers and the willingness of the company to support or promote the resulting measures.

A big part of the success is the trust in the expert. This was achieved through reliable and timely processing of the cases.

Transferability

What is needed for the implementation is a suitable person who is well networked within the company and who acts as a specialist and trustworthy contact person.

Costs and benefits

The Board of Trustees of the Vienna Pensioners' Homes employs a specialist in the field of HR with a full-time commitment of 37 hours per week. With a number of approx. 4,800 employees, this hourly ratio currently proves to be realistic and the case processing well manageable.

Through close cooperation with the various interfaces such as health promotion, diversity, occupational medicine, personnel development, recruiting, labour law, etc., accidents at work are reduced, the health of employees is strengthened and promoted, absenteeism is significantly reduced, employees are kept longer in the work process and an increase in job satisfaction is achieved. Reintegration after long-term sick leave also plays an important role in the evaluation as an attractive employer.

Key features of the good practice

The use of reintegration after long-term sick leave is voluntary and can be taken up by all employees if required. In a personal counselling interview with employees and managers, solutions and strategies for re-entry are worked out together. All interviews are documented and statistically evaluated. The confidentiality of the talks is an important prerequisite for a promising reintegration.



An overview list of internal and external support services has been compiled. All documents for reintegration are available to all employees on the intranet. The reintegration expert is available from Monday to Friday to provide support in difficult situations.

Further information

www.kwp.at

3.7. Collaboration with other organisations for sharing professionals and services

Attract and retain talent in rural areas while improving the services offered to residents

Date / period: From July 2022 to the present.

Authors: Fundación Nuestra Señora del Rosario, Spain

CResidential, Day Center and Multiservice. Personal Autonomy Support Service.

Sub-sector concerned: Services for persons with disabilities, services for older persons, services for children, services for other vulnerable persons

Level of the good practice: Organisation level

Background

Nuestra Señora del Rosario Foundation cooperates with other organisations in the social services sector that are looking for the same professional profile. This applies to positions for which a full day of work is not required, making the same professional eligible for a full day in two organisations.

This good practice is based on collaboration with an association of people with special educational needs (*Asociación Creciendo En Merindades*) and the diversification of the services of the *Nuestra Señora del Rosario Foundation* in order to:

- Be able to attract certain professionals that are difficult to cover, such as occupational therapists, physiotherapists, etc.
- Provide services aimed at both user profiles (elderly care sector and people with special educational needs).

The Foundation had a **physiotherapy** service for the residential service and a day centre, while the other organisation was in need of this profile of professionals to meet their needs. The Foundation, on the other hand, was in the process of starting a new service that required professionals such as psychologists and speech therapists (which the other organisation had). This was the basis of what was going to be the collaboration agreement.

The case of the occupational therapist who provides service to the day centre is similar. In 2017, when the day centre was launched, the Foundation saw the need to have this kind of professionals, but with very reduced working hours. The Foundation was aware that a centre related to the sector and located in the neighbouring municipality was in the same situation. Unlike the previous case, in which there was a formal agreement, it was directly the professional who proposed to reconcile her work in the two entities, being able to offer more hours than the ones planned initially.

Aims

1. Attract and retain talent in rural areas.



2. Consolidate employment in the area, in this case, with professional profiles of higher education, with better working conditions (full versus part-time, job stability, etc.).
3. Provide services to two sectors with similar needs:
 - a. Elderly People
 - b. People with Special Educational Needs
4. Contribute to care in the surroundings, avoiding, as much as possible, that service users and families have to move or change their homes to benefit from these services, thus delaying institutionalisation as much as possible.
5. Facilitate the development and growth in the quality, variety and professionalism of services currently provided by each of the organisations.

What was done and how?

- Extend some services to other target groups (people with disabilities, with cognitive and/or intellectual development difficulties), increasing the support for these groups, with the intention of promoting services to prevent dependency and promote the autonomy of these people.
- Share professionals who provide services to both sectors.

What was achieved?

With this initiative, *Nuestra Señora del Rosario Foundation* got the professionals needed to carry out the necessary work, being able to extend their support to the new recipients of these services.

The *Asociación Creciendo En Merindades* put in place collaboration agreements with a series of professionals who provided therapy services in various areas (psychology, pedagogy, speech therapy, etc.).

Both entities saw the benefit of unifying efforts, experience, and the optimisation of their resources (material and human).

Difficulties during the implementation and how they were addressed

Although this good practice is still limited, there have been no difficulties in the process. The organisations involved have clearly expressed their interests and will to continue the collaboration.

Success factors

Several factors contribute to the successful collaboration with similar organisations in rural areas to share professionals:

1. **Identify common objectives:** Look at how organisations may have similar needs. Identifying whether the professionals in each organisation can complement and benefit from each other. It is essential that all organisations have a shared vision as this ensures strategic alignment, and they can all focus on success and provide much more value than they would separately.
2. **Effective communication:** Communication between all the organisations involved must be clear, open and constant, including sharing information that is considered relevant. Establish the communication channels and create an environment of mutual trust, as collaboration between organisations can lead to challenges and misunderstandings.
3. **Establish clear roles and responsibilities.**



4. **Efficient management of resources:** The organisation of resources, especially human resources, must be well planned, as schedules may overlap if not properly adjusted, there may be times when they are not optimally used.
5. **Continuous evaluation:** Continuous improvement implies evaluating progress and costs to assess whether any readjustment is necessary.

Transferability

The degree of transferability is high and could be implemented in other sectors and regions with staff shortages.

Costs and benefits

As part of the agreement, each signatory party assumes the costs associated with the services it provides under the conditions set out in the agreement. Collaborating between organisations by sharing professionals can be successful and generate great benefits for all parties involved, community, staff and the final recipient of the service.

Key features of the good practice

- **Improving working conditions:** sharing professionals between organisations helps to improve working conditions by providing full professional development opportunities and greater job stability.
- **Strategic collaboration between organisations.**
- **Attracting and retaining talent:** developing an occupational path in rural areas becomes more attractive.
- **Extending the services that rural residents can benefit from:** Expanding services in rural areas has a very positive impact on the community.

Further information

Leaflets advertising the services provided by the Foundation.

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4. Improving work-life balance

The 20 June 2019 Directive¹⁵ on work-life balance for parents and carers put work-life-balance high on the political agenda, setting requirements for maternity leave, paternity leave, care obligations and right to flexible arrangements.

In social services, the particular concern for a good work-life balance is the shift work and the unpredictability of working time schedules. While 40% of LTC workers who do not work shifts say that their working hours fit 'very well' with their family or social commitments, the same statement is only true for 17% of shift workers.

Data from Eurofound's European Working Conditions Survey (EWCS) showed 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. The Eurofound findings suggest that the organisation of working time rather than the number of working hours is an important factor for work-life balance in LTC.¹⁶

Presented below is an inspiring example of developing new working time schedules in order to mitigate their negative effects on work-life balance and an example aiming at facilitating childcare for residential care workers.

4.1. New Duty rota models for better work-life balance

Enhancement of Work-Life Balance through new duty rota models

Date / period: April 2019 until today

Authors: Silvia Stabelhofer, Barbara Gscheitmayr, Barbara Gurtner, SERVICE MENSCH GmbH / Volkshilfe Niederösterreich, Austria

Sub-sector concerned: Services for older persons

Level of the good practice: Organisation level

Volkshilfe Niederösterreich was founded in 1947 with the aim of helping people in need. More than 1,700 employees who are employed by operating company SERVICE MENSCH GmbH work professionally and humanely with elderly people and children throughout Lower Austria.

Background

For years, there has been an increasing staff shortage in the care sector. We know from feedback from our colleagues that the ability to reliably plan free time is very important to them and that the wishes of colleagues regarding the distribution of their working hours depend on their respective life situations.

¹⁵ <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32019L1158>

¹⁶ Eurofound (2020), Long-term care workforce: Employment and working conditions: <https://www.eurofound.europa.eu/en/publications/2020/long-term-care-workforce-employment-and-working-conditions>



Aims

The aim is to develop new duty rota models that take into account the needs and wishes of employees with regard to the allocation, duration and distribution of the working time including the obligation to work weekly hours and make them compatible with the respective life situation especially concerning care obligations in different stages of life.

In doing so, different duty rota models were developed with special consideration of the needs of the employees which were surveyed in the following by means of regular feedback and questionnaires. They take into account individual life situations, possible care obligations as well as the organisational requirements and the needs and wishes of the clients.

This measure is intended to enhance work-life-balance, by contributing significantly to increasing the satisfaction of employees with their working hours. It also intends to promote sustainable employee loyalty to the company, to minimise absences due to sick leave and ultimately to reduce fluctuation due to incompatibility of working hours with care obligations and individual demands.

Duty scheduling in the care sector in particular places high demands on the company. In addition to the legal framework for working hours, collective agreements, company agreements, financial and economic aspects, the needs of employees and clients must also be taken into consideration when planning schedules. The needs and wishes of the employees exist with regard to the obligation to work weekly hours, the allocation, duration and distribution of daily and weekly working time, as well as free time that can be reliably planned.

In many cases, the needs of the employees are in conflict with the needs of the service user. Another important aspect in the field of care work is the efficient planning of the tours with the shortest possible travel distances and travel times between the individual clients. This is further aggravated by the requirement to assign the competent professional according to the legal framework in Austria. In addition, a certain degree of flexibility must be considered with regard to colleagues leaving the company at short notice, admissions of new clients and the return of service users from hospital which is in fact impossible to plan.

What was done and how?

The basic model includes 3 different options:

- a) "Morning model": Colleagues work from Monday to Friday only in the morning, usually no evening duties and no weekend duties are required. This model is primarily attractive for colleagues with childcare obligations.
- b) "Leisure time model": Colleagues work their weekly hours obligation on as few days as possible, resulting in a high number of consecutive days off. This model is especially attractive for colleagues who like to have several continuous days off and wish to earn weekend bonuses.
- c) "Holiday replacement team": Colleagues take over the tours of colleagues who are either on holiday or cannot be on duty due to pre-planned absences such as long-term sick-leaves, compensatory time off etc. This model is preferred by colleagues who like to have variety in their work and wish to not always care for the same clients.

The implementation is done in several steps together with the colleagues of a social care unit (care team):



- First, the duty rota models are presented on site in the social care unit and a written survey is conducted to find out which colleague prefers which model and which three needs are particularly important for them.
- Our project manager in the head office checks the implementation possibilities based on the reported preferences in connection with the agreed working hours of the colleagues on the one hand and the client needs (number of clients with weekend care, number of clients with evening care etc.) on the other hand and prepares a proposal for the new duty rota.
- The proposal is presented to the colleagues and discussed. Any changes requested by the colleagues are taken into account as far as possible and the proposal for the duty rota is adapted accordingly.
- After that, the 4-month pilot phase begins, including feedback from the staff.
- The project manager evaluates the feedback from the staff, checks which of the requests reported back can be implemented and if necessary, incorporates them into the basic plan. Requests that cannot be implemented at the present moment are first discussed individually with the colleagues concerned. Then a solution is sought. The decision to extend the pilot phase- if necessary - by another four months is also made in this phase.
- After four, at the latest after eight months, the pilot phase ends and the project moves on to a day-to-day business. An evaluation by the project manager together with the local managers takes place every six months. Necessary adjustments to the basic plan are also made in this context.

What was achieved?

In those social care units that have already implemented the new model, a remarkable - in some cases sudden - increase in the demand for services by users was noticeable. Furthermore, in the trial teams the number of staff resignations has decreased significantly. This clearly shows that the new duty rota model has led to a considerable increase in satisfaction on the part of both service users and staff.

An average of 97% of employees state that they are very satisfied or satisfied with their current duty rota model or their average daily working hours and 85% can balance their working hours with their personal life situation better than before. In addition, an average of 85% are able to plan more reliably and 80% need to fill in less often than before.

95% think that the new duty rota model has a positive effect on the satisfaction and quality of care for their clients and more than 75% have received positive feedback from clients.

Their personal situation has improved for 88%. 94.5% would like to continue working in one of the duty rota models and 95% would recommend these models to other care units.

Difficulties during the implementation and how they were addressed

As with all organisational development projects, the scepticism of the staff was very high at the beginning. However, the acceptance of the employees concerned has increased considerably after the good experiences in the first trial teams. Also, the time required of the project manager was underestimated. The implementation took longer than originally expected. Staff turnover is also a challenge. However, it has also been shown that the new duty rota model can attract new employees.



Success factors

- All employees taking part in the project must have a good understanding of the different duty rota models.
- Long-time employees with acquainted unofficial privileges must be brought on board.
- Implementation requires sufficient time and effort from all participants.
- Based on the basic model variants of the leisure time model and the morning model, an individual adaptation to the respective social care unit is made, taking into account the clients' needs and feasible requests of the staff.

Transferability

The entire approach can be suitably adapted to other mobile care organisations. Certain measures are even transferable in other sectors such as residential childcare and any other mobile service provider with variable working hours.

Costs and benefits

Project resources included time devoted by the project leader, managers and care workers to attend meetings, give feedback as well as plan and adapt service plans.

Key features of the good practice

New duty rota models are available for all care units:

- Morning model
- Leisure time model
- Holiday replacement team

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

Further information

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

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

Date / period: From March 2023

Authors: Fundación Nuestra Señora del Rosario - Centro Residencial, Centro de Día y Multiservicio Servicio de Apoyo de La Autonomía Personal. Burgos, Castilla y León, Spain.

Subsector concerned: Services for people with disabilities, services for older persons, services for children, services for other vulnerable people

Level of good practice: This good practice is based on an agreement between the Nuestra Señora del Rosario Foundation and the Infant School "La Casita". It provides support to people living in the municipality, in the region and bordering regions. It ensures work-life-balance by providing care services to elderly persons, persons with disabilities, children under twelve years old through collaboration agreements with other local organisations.

This good practice allows the 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 allows them to



reconcile their work and family life, continue in employment and cover another affected sector, that of families that have dependent relatives.

Background

The Foundation has seen the need to provide resources to reconcile family and work for most of the staff members, whose main characteristics are:

- Working women with a highly demanded qualification (socio-health).
- Who exercises their profession through a rotating shift system by the type of service provided (direct attention).
- With a low family economy, with few resources.
- Whose partner works in the service or agricultural sector, which offer greater difficulties of reconciliation.
- Resident in the rural environment, with low population density and scarce offer of services.

The low population density in the *Las Merindades* region causes inequality in access to services since these are concentrated in the more populated centres. There is also a great shortage of workers in the area for direct care jobs in the socio-health sector.

The Foundation is located in one of the areas of the region where the largest part of the population lives. However, this does not mean that employees live there, some live further away. Often, professionals whose profile fits to the Foundation's demands, consider giving up the position because they do not have conciliation resources or, if the resources exist, they are insufficient and / or they cannot afford them.

Objectives

1. To promote equality between women and men in the workplace.
2. To offer a work-life balance service available to all staff
3. To respond to the work-life balance needs of the direct target group: The centre's staff & people outside the work centre who need these services in the area.
4. To offer women and men the stability or guarantee of resources they need to start a family and/or care for their dependents.
5. Enable the maintenance of the provision of the Foundation's services, covering the needs of indirect recipients, current and potential users.
6. Avoid that those who benefit from this measure have to reduce their working hours or modify their working conditions.
7. Promote measures that do not imply consequences in the conditions of the rest of the team members.
8. Reduce the impact of spending on the family economy for the care of dependents, with the free service.
9. Be more competitive in attracting staff with this added service.
10. Improve performance and job satisfaction.
11. Prevent psychosocial risks, favouring the reduction of absenteeism and work stress, and increasing the motivation of contracted personnel.
12. Retain talent in the rural environment, preventing staff from looking for alternatives in urban areas, or, worse, being forced to give up their professional career.



13. Promote job creation in rural areas with the establishment of these support services for conciliation.

What was done and how?

The Foundation signed a collaboration agreement with *La Casita* Nursery School for providing services aimed at workers (and other people in the area) with children up to 12 years old.

A survey has been carried out beforehand among workers. The workers who requested support are mostly workers who work in shifts and who do not live in the municipality, which makes the need for the service variable. The coverage of their needs is possible, since the service is provided every day regardless of the number of users. It also allows to accommodate people outside the Foundation whenever the ratio allows it.

What was achieved?

In April 2023, a first agreement was reached with a worker at the centre who had requested a reduction in hours to take care of her son in the afternoons. Thanks to it, the worker does not have to see her working conditions modified and the Foundation does not have to take measures with the rest of the team in order to maintain the service provision.

Difficulties during the implementation and how they were addressed

- Initial unawareness of the degree of acceptance and coverage of needs, as well as the sector.
- Limited financial resources.
- Low initial demand: it took time for the service to become known (thanks to dissemination through social networks or flyers to employees).
- Lack of qualified personnel but the service improves the employment contract for qualified staff.

Success factors

The key factors that contributed to the success of this measure are as follows:

1. Effective communication
2. Adjustment of expectations on both sides
3. Identify real needs
4. Active collaboration of the other parties of this good practice
5. Raising awareness on the new service
6. Quality and confidence in the service
7. Adaptability to current circumstances
8. Sustainability and financial balance: this is a critical factor for the long-term success of this measure.

Transferability

This good practice can be transferable to other rural communities facing similar challenges in terms of limited access to childcare services. This initiative can also serve as motivation for other communities to seek to improve their services and work-life balance.



Costs and benefits

The signing of this agreement means assuming a monthly cost added to the current expenditure of the Foundation, however, although the observation period is still limited, indirect benefits associated with the improvement and prevention of psychosocial risks of staff, mostly women, can be observed.

Regardless of the current need or not of the staff, the fact of being part of a family-responsible organisation that cares about this issue is welcomed, not only for current staff but also for potential staff.

Key features of the good practice

Conclusions drawn from the implementation of this good practice:

1. Importance of work-family reconciliation
2. Importance of child development
3. Continued professional development
4. Creation of new jobs
5. Impact on the community



5. 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 duties’ (22% in healthcare, 15% overall).¹⁷

The European Care Strategy¹⁸ 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 staff 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. Most long-term care workers have a medium level of qualifications and the skills required are constantly evolving and becoming increasingly complex. The sector needs workers with soft skills, digital skills and specialised knowledge (e.g. on certain types of diseases such as Alzheimer’s or chronic diseases, or on diagnostics and treatment methods, for instance via telecare)”.

The FORTE report “Evolving jobs, skills and training needs in the social services sector and the role of social partners in managing changes”¹⁹ highlights the shift towards new social care models, towards more home-based and community-based services. This transition, in the context of increased demand for social services and growing staff shortages, underlines the importance of assessing skills and training needs and improving opportunities for professional development. The report also states that the use of technology and digital solutions is becoming more prevalent, impacting the workload and work processes, and necessitating further training for care workers to manage digital solutions.

The following practices show what can be done in terms of skills development, beyond training linked to core activities of the job, leading to better jobs and better working conditions.

5.1. Mentoring in Social Support Services

Date / period: From 2019 – 2023

Author: Dr Litsa Charalambous, LCEducational, Cyprus

Sub-sector concerned: Services for persons with disabilities, services for older persons, services for children, services for other vulnerable persons

Level of the good practice: Mentoring in Social Support Services is provided at national level (service providers from all over Cyprus). 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.

¹⁷ Eurofound (2020), Long-term care workforce: Employment and working conditions:

<https://www.eurofound.europa.eu/en/publications/2020/long-term-care-workforce-employment-and-working-conditions>

¹⁸ <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022DC0440>

¹⁹ <https://www.socialempleyours.eu/european-care-strategy-member-states-must-act-now/>



Background

The background of the Mentoring in social support services has its roots in an Erasmus Project, named “EMiSC” (European Mentoring in Social Care) implemented in 8 European countries: EMiSC focused on bringing attitudinal change within the care sector, by supporting the mentoring role in the workplace. This project developed tools and methods according to national needs. A training programme of 14 hours and a 4-hour counselling was organised in each organisation. The training targeted directors or other key professionals. It was approved, certified, and funded from the National Human Resources Authority of Cyprus (HRDA).

Aims

There are numerous aims of the practice:

- to aid in the professional development of the mentee and offer skills and competencies that they can use in their daily practice.
- Effective transfer of knowledge from the mentor to ensure that important experience and insights are not overlooked.
- to support the workplace on a day-to-day basis and offer help to mentees with decision making process.
- mentoring aims to boost confidence, as the mentees gain reassurance, encouragement and validation when performing a task and/or when they need to navigate challenges.
- to give knowledge and practices regarding the implementation of the United Nations Convention of the Rights of Persons with Disabilities (UNCPRD) and the basic European values and principles in social care in their daily practices.

What was done and how?

After a comprehensive assessment, the mentoring program was tailored to determine whether and where mentoring was necessary. The program was designed to follow explicitly the principles listed in the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD), understand them, and follow them. Post counselling of additional four hours is provided to the organisations that took advantage of the program to ensure that a smooth transition was achieved.

What was achieved?

Over 25 organisations (75 persons) from all over Cyprus benefitted from the program.

- 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.
- Huge impact explaining, guiding and demonstrating to staff how to work in a person-centred way using a human rights approach.
- Mentees had acquired the skills to provide person-centred care.
- Mentoring provided an opportunity for mentees to connect with both colleagues and directors.
- Through networking and collaboration 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 and worked 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.
- Specific methodology through mentoring for the better development and utilization of their human resources as well as for the ways of selection and recruitment of new suitable personnel.

Difficulties during the implementation and how they were addressed

Difficulties included resistance to change and time constraints.

Success factors

The Mentoring program is a defined program with transparent guidelines, and it is ongoing, meaning that it regularly seeks feedback, analyses data. It is flexible and adaptable.

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

The mentoring assessment tool (MAT) 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 using 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 corresponding changes and innovative approaches in the social care sector.

Transferability

The more organisations 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. The transferability is guaranteed as this program has been running since 2019.

Costs and benefits

- The mentoring programme is 100% funded, approved and certified by the Human Resources Development Authority of Cyprus.

Key features of the good practice

Some key features include:

- Structured mentoring assessment tool (MAT)



- Skill development and refining existing skills and expansion of knowledge.
- Transfer of experience to expertise can be very challenging but very rewarding when handled with care.
- Mentors can share their practical insights, best practices and help mentees navigate challenges that they may encounter every day.



5.2. Developing a Hub for learning and sharing skills

Date / period: 2019, ongoing

Authors: Sanna Kekki, Taija Halme, KVPS, Finland

Sub-sector concerned: Services for persons with disabilities

Level of the good practice: Organisational level. KVPS group employs approximately 750 professionals all over Finland. KVPS group provides services and support for persons with intellectual disabilities and other similar kind of support needs as well as families. In total we support over 2000 persons yearly.

Background

The KVPS-group was founded in 1992 by Inclusion Finland. Over the years the organisation has grown, especially since 2011. A new strategy during the years 2016-2022 emphasized the importance of staff, wellbeing and sharing skills and competencies in the organisation as well as learning new skills, taking into account the changes in the operating environment. KVPS Takomo Hub was one of the strategy-based development programmes during the implementation of the strategy.

The KVPS-group has always invested in social innovations and its growth also created the need to renew the forms of development of occupational well-being and strengthening the work communities. It also gave new opportunities for sharing skills and competencies between services and individual staff members.

Aims

1. Opportunities for professionals to share their learning and skills with others
 - a. create a hub for sharing, learning and peer-support that is innovative and vision-led
 - b. create a digital platform that is easy to use, diverse and inspiring
 - c. create the yearly development plans and curriculum
 - d. give opportunities for professional growth and development
 - e. engage KVPS-staff in the strategy, values, vision and organisation
2. Support for occupational well-being of the working community
 - a. support for work communities
 - b. support for the leaders of the services units
 - c. support for individual staff members
3. Latest information about developments and innovations in the field



What was done and how?

The KVPS Takomo Hub was created during the strategy-period 2016-2022. The development phases were:

1. Defining operational goals at management level.
2. The structures and the first contents were thought through in development workshops. Employees from services and supervisors participated in the workshops.
3. A steering group was established to guide the structures and overall structure of Takomo's work. The steering group has members from both services and expert positions.
4. Finding out the needs for competence development and mapping internal competence.
5. Preparing the online learning platform.
6. Recruiting and training trainers.
7. Piloting the first courses in 2019.
8. Expanding operations according to needs and continuous development.

What was achieved?

- The hub is maintaining and strengthening up-to-date competencies and skills of the professionals working in KVPS-group
- It gives new and flexible opportunities for staff to share expertise within the organisation and with colleagues.
- It increases the wellbeing of personnel and strengthens the cooperation and peer-support of work communities.
- It strengthens shared values and mission-led work – the goal is that everyone can be proud of their everyday work.
- It strengthens the capacity of the supervisors to build diverse and psychosocially safe work communities.

Difficulties during the implementation and how they were addressed

Since the start of the KVPS Takomo Hub there have been difficulties sometimes in encouraging people to share their expertise, because sometimes people do not recognise their own skills and capacities or are shy to share their expertise.

The online learning tool would give even more opportunities, but some of the staff members have difficulties using different kinds of online and digital tools and environments.

Success factors

A strong connection to everyday work, when employees feel that they get additional knowledge for those specific everyday situations. The organisation's training orientation and the sharing of expertise are seen as common added value.

The personnel are involved in the planning of the annual training calendar, the activities are tailored according to both regional and individual needs, which guarantees that the activities meet everyday needs.

Operations are guided by a strong common strategy, vision and values. Along with the organisational strategy, a personnel strategy has been made and is being implemented by KVPS Takomo Hub. The goals of the personnel strategy are linked to the wellbeing and safety of the staff, as well as supporting staff in personal development and learning.



Transferability

The hub is based on the KVPS principles of strategic management of competence. The model can be used in building and developing an organisation-specific training platform.

Costs and benefits

The costs of the action are: staff costs (administration and trainers), yearly digital platform costs, travel and organisational costs of the in-person activities, purchasing services for external trainers.

Benefits: increased staff engagement and wellbeing, increased and shared skills and competencies, better customer experience results, increased capacity of the supervisors.

Key features of the good practice

Hub provides:

1. opportunities for professionals to share their knowledge and skills with others
2. support for occupational well-being of the working community
3. latest information about developments and innovations in the field

Further information

Below: KVPS Takomo course calendar, Autumn 2023

Excerpt from KVPS Takomo course
Calendar Autumn 2023



Takomo HUB: Courses for autumn 2023

The name of the course	Time / Duration	Price
Develop as a communicator - an introduction to communication	2.11.-15.12.2023, 10 h	150€
Neuropsychiatric special features course	28.8.-13.10.2023, 10 h	150€
A wise choice - climate actions for everyday life	31.10.-8.12.2023, 6 h	50€
Aging, memory and special support needs course	11.9.-31.10.2023, 15 h	180 €
Support for own life expert decision-making and individual life planning	25.10.-23.11.2023, 10 h	150€
For customers - as a member of the KVPS group, strengthening the customer experience. Mandatory follow-up course for the Roots and wings -training	2.10.-6.11.2023, 10 h	30€
Roots and wings - on the way to become part of the KVPS group, autumn 2023	29.8.-26.9.2023, 10 h	30€
The course is mandatory for all new employees		
Implementation training for grief discussion cards	15.11.-5.12.2023, 5 h	50€

Webinars	Time / Duration	Price
Importance of the client's nutritional status for well-being webinar	29.8.2023 klo 13-15	20€
Current affairs in the field and legislation webinar	29.9.2023 klo 13-15	-
On the edge of shame webinar	22.9.2023 klo 13-14	20€ / service unit
Pop-up workshop of the homeless: Emotions and scents	30.10.2023 klo 13-14	20€ / service unit
Sexuality belongs to everyone webinar	14.11.2023 klo 13-15	20 €

5.3. Digital onboarding in home care

Date / period: 2022-2023

Authors: Bernhard Peter, Volkshilfe Wien, Austria

Sub-sector concerned: Services for older persons

Level of the good practice: *Volkshilfe Wien* is a large social organisation which offers a wide range of services for people who need support in Vienna - in solidarity and with commitment. The aim is working together to create a better future. In addition to humanitarian aid, the organisation is also active in homeless assistance, elderly home care, prevention of evictions, work and employment, refugee care and child and youth care. In total, *Volkshilfe Wien* employs around 1600 people.

Background

Evaluating the situation prior to the action, it is important to highlight the challenges mobile caregivers face. The exchange of knowledge and effective training among colleagues plays a crucial role in reducing early turnover rates and increasing job retention.

Volkshilfe Wien faces the particular challenge of providing mobile care and support services, which often limits the possibility of conducting face-to-face onboarding processes. Unlike a traditional care setting, where colleagues can easily approach each other in a common room for inquiries, mobility at work adds an extra layer of complexity. Not having direct contact with colleagues reduces a seamless flow of information and knowledge, and also the establishment of strong working relationships. So far, it is challenging for new employees, who require comprehensive training and support, to make them feel confident and competent in their roles.

Navigating employees through the challenges of mobile care provision and supporting is essential to optimise the quality of care provided to the clients. It also improves the longevity and satisfaction of the care providers themselves.

Aims

Introducing digital onboarding 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.

What was done and how?

Introducing digital onboarding in mobile care at *Volkshilfe Wien* in the Department of Care and Support resulted from various factors and employee feedback. Initially, there was a desire for more support and individualised training during the critical early weeks. This was driven by the diverse levels of experience among the staff in mobile caregiving, with some having significant experience and others being newcomers to the field.

Employees also expressed their needs for better exchange and guidance from colleagues, as well as personalised on-the-job training in the initial weeks. Additionally, the limited opportunity for personal interaction with supervisors, due to the remote nature of the work and infrequent face-to-face meetings, highlighted the importance of having more information and support in those interactions. Understanding the challenges of mobile care and support services, employees also sought more insights into the organisation and its workflows.



To address these needs, Volkshilfe Wien initially utilised existing tools to provide smartphone-optimized self-paced courses with video and audio content for training and instructions. Additionally, online onboarding sessions were planned to foster social exchange and facilitate peer learning.

Another element, an individualised digital onboarding pathway was introduced through a pilot project with *Dachverband Wiener Sozialeinrichtungen* (Association of Viennese Social Institutions), utilizing the Ovos Play Teams app. This pathway consisted of various phases, including the time before the first day at work, the first working day at work, orientation information, working independently at a client's home, the first few months, and a conclusion. Each phase included decks with cards containing text, interactive tours, videos featuring key individuals or colleagues, questions, tasks, and images. Gamification elements, such as high scores and quiz challenges related to onboarding, were being incorporated to enhance engagement.

The implementation began with a pilot phase, allowing adjustments and adaptations, based on employee feedback. Volkshilfe Wien, being a medium-sized company, had the capability to produce most of the content in-house, except for materials developed in collaboration with the company Ovos for the pilot project.

The digital onboarding process remains an ongoing initiative, continuously evolving through employee feedback and adaptation.

What was achieved?

The implementation of mobile onboarding results in several significant outcomes.

One unexpected effect was the reduction in the number of individuals who failed to show up for their jobs, after receiving an offer. By providing access to the onboarding app and its resources before the first day at work, a positive relationship between employer and employee was established. This early connection helped providing a sense of trust and commitment.

The individualised support, offered through digital onboarding, has also contributed to increased job satisfaction. Employees no longer feel overwhelmed or underutilised, as the onboarding process is made to meet their specific needs. Qualitative assessments have indicated that employees feel more confident at work and have better access to information necessary for their daily tasks. Additionally, employees reported feeling well prepared for initial client appointments, which further boosted their confidence and job performance.

Although a statistically significant reduction in early turnover could not be demonstrated, it is important to note that the observation period of approximately 10 months is relatively short. The impact of the digital onboarding process on retention may require a longer timeframe for accurate assessment. Nevertheless, the positive outcomes observed thus far highlight the potential of mobile onboarding in enhancing employee satisfaction, improving job readiness, and establishing a strong employer-employee relationship.

Difficulties during the implementation and how they were addressed

One challenge encountered was designing the digital tools to be intuitive enough for all individuals to use without extensive guidance, or with only a brief introduction on their first day at work. A clear onboarding pathway emerged as crucial, guiding individuals effectively through the necessary tasks and steps.

Success factors

One of the key success factors was engaging all stakeholders in the digital onboarding process. It was crucial to motivate both employees and managers to actively participate in the creation of the digital onboarding. This was achieved by encouraging managers to introduce themselves through video messages and by giving employees the opportunity to share their experiences in videos, highlighting their journey in the early weeks and what mattered to them. This approach created a sense of togetherness, feeling that the digital onboarding was an effort by employees, for employees. It provided a strong sense of ownership and authenticity, enhancing the overall effectiveness and perception of the onboarding program.

Transferability

For a successful transfer, it is important to have basic knowledge of content production— of videos, images, and audio. Alternatively, engaging an external partner with expertise in content creation would be another option. The transfer can be extended to all mobile care and social work providers within the EU, as the content can be customised to meet their individual requirements.

Costs and benefits

The implementation of digital onboarding in mobile care brings several benefits. Firstly, it increases employee satisfaction by providing individual support and guidance, reducing feelings of being overwhelmed or underprepared. Secondly, it accelerates the time to productivity, enabling employees to quickly become effective in their roles. Additionally, digital onboarding improves access to crucial information needed in the day-to-day work, leading to enhanced job performance. It also fosters a sense of preparedness and confidence when conducting initial client visits independently. Although a statistically significant reduction in early turnover could not be established within the relatively short observation period, the potential of positively affecting employee's retention should not be overlooked. Regarding costs, the administration of participants in digital onboarding requires minimal time resources and content creation initially demands some additional time investment, followed by periodic adaptations. Overall, the benefits of digital onboarding in mobile care outweigh the associated costs.

Key features of the good practice

The key features of the digital onboarding good practice in mobile care include:

1. Individualised support: addressing employees' specific needs and challenges during the onboarding process.
2. Collaborative Learning Environment encouraging peer-to-peer interaction and knowledge sharing among employees.
3. Clear Onboarding Pathway guides employees through the necessary tasks and steps, ensuring a structured and comprehensive onboarding experience.
4. Multimedia Content including videos, images, and interactive elements, enhances engagement and facilitates the acquisition of knowledge and skills.
5. Flexibility and Adaptability allowing for customization and localization of content.

Conclusions:

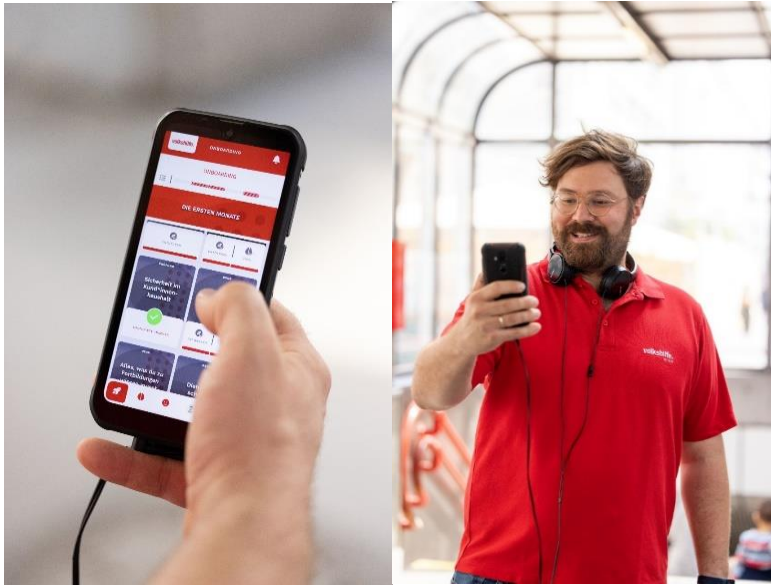
The digital onboarding good practice in mobile care demonstrates the importance of individualised support, collaborative learning, and clear guidance for new employees. By leveraging multimedia content and fostering a flexible and adaptable approach, the onboarding process becomes more engaging and effective. The implementation of such a programme has the potential to enhance



employee satisfaction, job readiness, and retention in the mobile care sector. It serves as a model for other organisations seeking to improve their onboarding practices in the context of mobile care and support services.

Further information

www.volkshilfe-wien.at



Conclusions

The report highlighted good practices from across Europe, focusing on concrete actions and initiatives to improve working condition. The different good practices covered a variety of topics related to the assessment of working conditions, the prevention of physical and psychosocial risks, the welcoming and supporting of staff, work-life balance and learning, skills and training for better working conditions.

Looking at the success factors reported by the authors of the different good practices can be a good starting point for elaborating own actions and initiatives 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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Avenue des Nerviens 85, 1040 Etterbeek, Belgium

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<https://nexem.fr/>

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ANNEX 1 – Overview of all good practices

Title of the good practice	Organisation	Country	Topic(s) covered											Level of the good practice	Page no.
			OSH Risk Assessment	Physical health risks prevention	Psychosocial risks prevention	Work-life-balance	Management's training on OSH	Job reintegration	Improving skills	Technologies and greening	Gender equality	Ageing at the workplace	Other		
Digital platform for occupational risk assessment & development of action plans	NEXEM	FR	x	x	x	x								National	
Big Data in social dialogue	ActiZ	NL	x	x	x	x	x	x	x	x	x	x		National and regional	
Workforce satisfaction survey	APSS CR	CZ		x		x							x	National	
Support mobility by caring for oneself and for the user	INRS	FR		x										National	
Actions to improve musculoskeletal occupational health	Asociación Amigos de los Ancianos-Residencia San Francisco	ES		x										Organisation	
Commitment to an ecolabel in a federation of daycare centres	Elisfa & Achil	FR		x						x				Regional	
Ask and go: Roundtables for diversity management	Häuser zum Leben Vienna	AT		x	x	x								Organisation	
Wellbeing talk	Interra ASBL	BE			x	x								Organisation	
Creation of a "social dialogue" working group	CIGL Esch	LU	x	x	x	x	x	x	x	x	x			Local	

Holistic approach to dealing with challenging behaviour	Agenzija Sapport	MT		x	x				x					Organisation	
Psychosocial risks prevention and management	Federation of social centres of Loire/Haute-Loire & Elisfa	FR		x	x									Regional	
Reintegration into the work process after illness	Häuser zum Leben Vienna	AT		x	x	x						x		Organisation	
Collaboration with other organisations for sharing professionals and services	Fundación Nuestra Señora del Rosario & CResidential	ES				x					x			Organisation	
New Duty rota models for better work-life balance	SERVICE MENSCH GmbH / Volkshilfe Niederösterreich	AT				x								Organisation	
Nursery school and playroom service to reconcile shift work with childcare	Fundación Nuestra Señora del Rosario	ES				x								Local	
Mentoring in Social Support Services	LCEducational	CY											x	National	
Developing a Hub for learning and sharing skills	KVPS	FI							x					Organisation	
Digital onboarding in home care	Volkshilfe Wien	AT								x				Organisation	