Green Paper European Workforce for Health

Recognising the broader challenge to social work and care services – consultation response

30 March 2009

Introduction

ESN welcomes the European Commission's Green Paper on the Health Workforce in its attempt to raise the profile of the workforce challenge and promote an exchange of ideas and appropriate action at national level.

Recruiting and retaining a quality workforce is one of the most important issues for directors of local public social services. Coordination between health and social care is also central to the delivery of quality care, especially for dependent older people. The present paper responds to issues raised in the Green Paper and raises others relevant ESN members at the local level.

The EU can act within the limits of its competences to add value to national, regional and local action. The EU can and should use existing structures such as the OMC on social protection and inclusion to promote reflection and exchange on the health and social care workforce for the future. Further, the EU has a particular role in facilitating the movement of health and social care workers, and indeed patients, within the EU.

Breadth of social work and care

The Green Paper considers the social care workforce only in the framework of the health workforce, especially in the area of care for older people. Social work and care services are however a diverse sector including specialisms such as youth work, child protection, social work with different specialisms such as learning disability or addiction support. The workforce challenge relates to this wider group as well as to the health care workforce.

National workforce planning to meet population need should relate not only to numbers of workers but also to the quality of the workforce. As in local social work and care, the assessment of needs and preferences of the population, carried out at local level for a given community, should be done at national level for the whole country.

While social work and care may have been outside the scope of the Green Paper, given the similar challenges and the close relations between the sectors, ESN advocates a broader understanding of social care workforce in its own right, not merely as a sub-set of health, and calls for greater visibility in future texts.

Making social work and care professions attractive

ESN's working group on long-term care for older people has touched on the workforce challenge. The group had concerns about the public profile of vulnerable people who are looked after by social work and care services. After the fall of Communism in Central and Eastern Europe, for example, social services were perceived as a burden, but those views are now slowly changing.

Many countries also have concerns about attracting skilled younger people into the sector both as professionals and volunteers. The group is also concerned that the negative language surrounding the growing numbers of older people may be harming the perception of social work and care. In general too, social work and care suffers from a lower public profile compared to health. The European Commission can and should play a part in raising the profile of this sector which supports vulnerable groups in its follow-up to the Green Paper.

Aligning workforce planning with policy goals

The quality of social services is increasingly being talked about at European level. In many countries very varied models of quality assurance are being developed. Social workers and care professionals need to be well-trained in order, for example, to realise shared European aspirations to improve care coordination between health and social services and to promote personalised care.

A range of services (e.g. long-term care, mental health, physical disability) are delivered by multi-professional teams with a variety of health and social work backgrounds. Integrated service delivery is a key to quality of life for service users and to efficiency in public service delivery. These teams can make joint needs assessments, hold case conferences and review progress in meeting the needs of vulnerable people. Thus, the health-social dimension means training professionals for integrated working, developing awareness and appreciation of each other's roles.

Given the strong support for care coordination in the Joint Report on Social Protection and Social Inclusion 2009, the Commission may wish to take this into account in its definition of the 'health' workforce. Workforce training and development needs to be aligned strategically with long-term policy goals.

Skills for 'informal' care and support

It has been estimated that between 50-60% of dependent population is receiving 'informal' or no care. It is clear that the 'informal' carers meet, or contribute to meeting, the care needs of many people. Although they may not recognise themselves as such, they are a key part of the care workforce as well.

This raises two questions: first, what types of basic training could better prepare or equip 'informal' carers to look after their loved ones? Second, how could social workers and care professionals be better prepared to understand the needs of carers in their own right and to support them with flexible and complementary formal services, based on a proper assessment of needs?

Volunteers are also a vital addition to the workforce, often supporting people to feel included through social activities. The growing number of younger elderly (55-65 age bracket) are an important resource in running activities for the more dependent people in their community. Young people involved in activation programmes could also benefit from engagement with social support activities.

These issues too could be raised by the Commission in its follow-up to the Green Paper and be the subject of future work.

Professional managers: skills for a changing sector

Skilled social workers and care professionals, and indeed doctors and nurses, are vital to raising the quality of life of people with dependency needs. However, social and health care is a changing sector where a significant part of the workforce may be responsible for planning and managing budgets, negotiating and managing high-value contracts, steering or participating in multi-stakeholder partnerships. Too often perhaps, staff with excellent professional skills have not been supported with appropriate training

for their transition into managerial roles, even at team leader level, where they will be managing people and resources and be required to do so efficiently and effectively.

Managing Diversity in the health and social care workforce

The low take-up of social services by some ethnic minority communities is indicative of the lack of awareness of specific minority service needs and cultural identities by service providers. Research shows that some health and social care professionals unconsciously project negative racial stereotypes onto minority ethnic patients, and that such stereotypes are predictive of treatment recommendations. In order to reflect the communities that they serve, health and social services have begun developing ways in which they can attract more minority ethnic people into their services.

There are a variety of different approaches being taken to address race equality. Examples of different strategies include:
- Development of culturally appropriate and sensitive services
- Culturally appropriate information, consultation and communications with and by minority ethnic communities
- Action to promote excellence in anti-discrimination work around issues of accessibility, cultural sensitivity and service responsiveness
- Improved representation of black and minority ethnic people at all levels of employment in the health and social services.
- Leadership programmes and networking opportunities for black and minority ethnic staff
- Race equality awareness training
- Modern leadership, strategic development and vision
- Support and development opportunities for black managers

An important issue is the development of more effective evaluation and information systems so that service needs can be identified and translated into service planning and workforce planning. This is essential to the provision of quality services that map services as they develop and measures issues such as equity of service provision, local needs assessment, service and workforce planning. There is also a need for better knowledge and awareness about the benefits of valuing and accommodating diversity.[1]

Implications and challenges of workforce migration

Anecdotal evidence suggests a high level of mobility in low-skilled posts in care homes, though the post-holders may be over-qualified in some cases, especially migrating from outside the EU for better pay, and which is in part returned to the home country by remittances. Migration from east to west Europe, even within post-*Wende* Germany, can be a drain on resources especially in rural areas. An ESN member from Romania cited cases where older people are left without access to care, especially home-care, and resort to inviting younger people, themselves struggling to afford local rents, to live with them and care for them.

The UK has a requirement for care staff to have a criminal record check because they are working with vulnerable people. In addition, they will be required to register with a national workforce regulator. This can create long delays when there is an absence of procedures for criminal record checks in other EU countries. (Similar problems may occur for social workers assessing recent migrant families, for example, in child

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[1] Taken from Jane Pillinger (2003), *Managing Diversity in Public Health and Social Care in the Interest of all Citizens.* Available at www.esn-eu.org/publications-and-statements

protection cases.) There is certainly a need for further study of these issues at European level.

Conclusions

There are many ongoing challenges in the development of the health and social care workforce. Demographic change makes these all the more pressing but may also provide an opportunity to draw on a pool of still active older people. There is a significant wider challenge to social work and care of attracting talented younger people to a sector with traditionally low pay and a poor public image. The Commission should use the follow-up to the Green Paper to raise the profile of social work and care on an equal footing with health. The open method of coordination of social protection and social inclusion can play an important role in supporting Member States to respond to these issues.

ESN will consider working with its members more closely on challenges and potential for strategic workforce planning and development, recruitment and retention practices at local level, and especially on management skills and diversity, in the near future.

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