The Disability Workforce in Europe: A dynamic agent for change

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The workforce as an active agent for change

- The mechanisms by which a country's social policy/protection strategy is implemented
- Ensures the wellbeing of individuals and their families
  - Some policies are more family oriented (Southern Europe) while others are individually oriented (Scandinavia)
- Many interventions are targeted
  - Poverty, disability, mental health issues, social problems etc.
- Some programmes are more universal (e.g. prevention strategies)

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European care models

- A traditional distribution of welfare models - based on political ideology
  - Yet most care models are converging, mainly due to fiscal pressures but some ideological changes
  - Marketisation and mixed-economy of care
- A mix of person-centredness care and personalization agendas
- The European Commission adopts the 'Social Investment Package' (SIP):
  - Focuses on growth and social cohesion via social protection systems
  - Aims for high quality, integration and personalisation of services

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The workforce in context

- A labour intensive and emotionally taxing line of work
  - Burnout and stress issues and management strategies
- Predominantly female
  - Both horizontal and vertical structural differences by gender
- Wages, high turnover and vacancy rates; working conditions and structure & delivery of work
- Flat hierarchy of work, little room for career development/progression
  - Supervision; training opportunities

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What influences the disability workforce structure

- External context
  - Global issues: fiscal challenges, migration and technological advances
- Policy context
  - Welfare model
  - The interplay between and within the broader national policies
- Population context
  - Demographic trends and social change (fewer children, live longer, more mobile and dispersed)
- Country specific factors
  - Diversity and culture, geography and disparities etc.
- Individual and societal changes
  - Changes in expectations and aspiration

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The disability workforce: role and key activities

① Providing personal care

② Coordinating services

③ Empowering Service user

④ Creating an inclusive society

⑤ Building relationships with informal carers and other agencies

Source: Baltruks, Hussein and Lara Montero (2017)

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What attracts and retain staff

- Mainly altruistic motivations
  - Links to own personal experience
- Social exchange theory
  - Reciprocity and hope
  - Observed more in relation to certain client groups (Stevens et el. 2019a)
- Some pragmatic aspects
  - Varies for certain groups (migrants, men, BME)
- Retention
  - Economic (pay, work (in)security)
  - Organisational (reliable shifts, flexibility, autonomy, communications)
  - Work role (satisfaction, stress, support)

Workforce mobility and migration

- Large scale mobility within Europe
  - 'Care chains' and beyond
- Large proportion of both the professional and less qualifies workforce are migrants in many European countries
  - Much higher prevalence in capitals and large cities (e.g. 40% in London)
  - European and country-specific immigration policies
  - Increased role of Central and Eastern European migrants
- Skills, qualifications and language transferability
- Some uncertainities (Brexit)

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BARRIERS OF CHANGE AND KEY ISSUES TO ADDRESS

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Key issues

- Fiscal constraints
- Workforce planning
  - Workforce diversity
  - Skills' development
  - Mobility & qualifications recognition
  - Addressing workers' wellbeing work in-security (e.g. Hussein, 2017, 2018)
- Quality assurance
- Service adaptation and implementation
  - Interdisciplinary work
  - Data sharing and communications (cultural shifts)
  - Personalisation and safeguarding (a fine balance)

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Fiscal challenges

- Increased demand
  - Population ageing
  - Choices and expectations
  - Growing diversity
- Pressures to do more for less
- Refocusing policies to support and facilitate informal care
- Financing of social services are organised differently across Europe
- Some care reforms have been delayed due to financial pressures

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Impact of fiscal challenges

Elements of work most affected by fiscal cuts	Western/ Central Europe	Southern Europe	Nordic Countries	New EU member states	All participants
Higher stress level among staff	96%	92%	92%	91%	94%
Lower levels of job satisfaction	88%	100%	83%	82%	90%
Higher turnover rates	83%	77%	50%	91%	79%
Unmanageable work-life balance					
Poor working conditions	79%	88%	28%	87%	72%
N	24	26	12	11	73

Source: Baltruks, Hussein & Lara Montero, (2017)

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Workforce planning

- Codes of (good) practice and ethics exist in most countries
- A recent survey shows that 60% of employers use workforce planning tools
- Supply issues
  - Increases in demand are likely to require an almost equal increase in workforce supply
  - The role of migrant workers (immigration policies)
  - Unregulated and regulated work
- Ability of workers to provide a diverse yet tailored services
- The role of informal carers
  - The interplay between the informal and formal spheres of care
  - Enhance the involvement of families (family policy, e.g. Italy)
- Impact on business viability (Stevens et al., 2019b)

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Quality assurance mechanisms

- Training and qualifications
  - Including reforms; service users' involvement in training/education
  - Joint training for multi-disciplinary teams
- Professionalisation of the social care (less-qualified) workforce
  - Only in few countries e.g. Northern Ireland
- Regulatory bodies
  - Ensure competency; monitor quality standards; monitor professional qualifications; uphold risk management; support managers
- Various registration bodies for different professional groups
- Innovative practice

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Service adaptation

- Integrated services
  - Potential for: tailor-made, flexible and responsive services; cost effective and efficient; capacity building and innovation
  - Implemented either vertically or horizontally
  - Finland is a comparatively good example of clearly allocated roles
- The role of technology
- Addressing a growing diversity in needs, preference and expectations

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MOVING FORWARD

Direction of travel

- De-institutionalisation of care

- Increased focus on choice and control (personalised care)

- Service integration

- Digital innovations

- Data and research

- Life-course concepts

- Mixed-economies of care (cost contained strategies)

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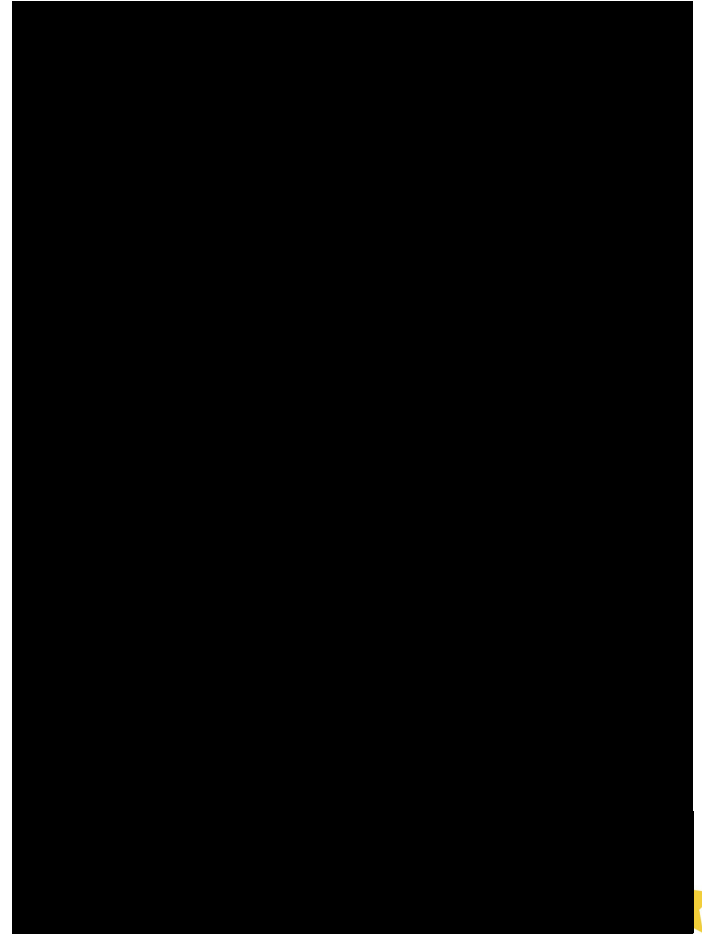
Empowering the user

- Active involvement of users is an aspiration to be achieved
  - In both care delivery and training process; co-production and ownership
- However, only 21 percent of a large European survey indicated that service users are involved in the provision, recruitment or assessment of social work/care training
- Good examples exist
  - Mental health peer-support; the Scottish Recovery Network
  - Homelessness projects in the Netherlands

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The changing nature of the workforce: a dynamic process

- Understanding empowerment and choice mechanisms while maintaining key skills in health and social care

- Interacting with other professionals and actively influencing the broader range of support offered to users

- Effectively using new technologies and innovative tools

- Enabling social change, including participation in its broader terms

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Conclusion

- Clear direction of travel:
  - Deinstitutionalisation; choice and control; empowerment
  - Technology and innovation
  - Integration and communications
- A dynamic workforce is evolving
- Continuous, training, support and capacity building is needed
- Yet, shortages and fiscal challenges might compromise quality and aspiration

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Discussion points

- How to grow and prepare a workforce suitable for individuals and policy aspirations

- The active role of users and their carers

- Balancing cost-effectiveness and quality

- Integration, communications and technology as part of a holistic approach
  - Facilitators and challenges

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Thank you

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