



Improving working conditions in social services: 10 recommendations

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Table of contents

- 3** [Introduction](#)
- 4** [Recommendation 1](#)
→ OSH risks assessment at organisation level
- 7** [Recommendation 2](#)
→ Improving physical health at work
- 11** [Recommendation 3](#)
→ Improving mental health at work
- 13** [Recommendation 4](#)
→ Management's training on OSH risks prevention
- 16** [Recommendation 5](#)
→ Managing change
- 19** [Recommendation 6](#)
→ Preventing Occupational Disintegration and Reintegrating Employees
- 23** [Recommendation 7](#)
→ Work-life balance
- 26** [Recommendation 8](#)
→ Managing diversity and gender
- 31** [Recommendation 9](#)
→ Managing age
- 34** [Recommendation 10](#)
→ Improving skills leading to better Jobs
- 38** [Final remark](#)
Indicators to monitor progress and adapt measures

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INTRODUCTION

The care sector is characterised by challenging working conditions contributing to an alarming workforce exodus and major obstacles in attracting new staff.

This was already identified by previous project activities such as the 2022 report *"Improving the attractiveness of social services jobs in Europe: social partners initiatives"*, drafted in the framework of the FORESEE project.

This was followed by a collection of good practices within the *FORTE project*, *"Improving working conditions: good practices from across Europe"*.

Equipping ground level social services employers with appropriate information, resources and strategies, is crucial for managing and minimising risks, enabling them to safe-

guard physical and mental health. This report goes beyond the improvement of physical and psycho-social health and aims to contribute to the improvement of social services staff's working conditions and wellbeing at work.

The IWorCon project partners worked on a set of 10 key topics that currently impact working conditions in the sector. To address these topics, the recommendations invite the stakeholders to have a bottom-up approach, involving workers and their representatives in the framework of social dialogue.

In terms of methodology, an assessment of the situation for each topic was provided by KU Leuven's *HIVA - Research Institute for Work and Society*, followed by discussions within working groups made up of 5-8 project partners. For each topic, one of the partners led the process of preparing a draft document, before validation by the working group.

This report provides a summary of the 10 topic recommendations. For further information, the working documents and HIVA's assessments are available via [the project webpage](#). We invite you to review these resources for a more comprehensive understanding.

• RECOMMENDATION 1 •

→ *OSH risks assessment
at organisation level*

INTRODUCTION

Risk assessment is the process of identifying, analysing and evaluating risks to the health and safety of workers arising from the occurrence of hazards at the workplace.

The *1989 Framework Directive* on the introduction of measures to encourage improvements in the safety and health of workers at work, transposed in all Member States requires the employer to “be in possession of an assessment of the risks to safety and health at work, including those facing groups of workers exposed to particular risks”. Risk assessment is the first action which must be implemented to initiate a risk prevention policy within. It facilitates employers to put in place specific and appropriate measures to eliminate occupational risks.

Assessing Occupational Safety and Health (OSH) in the social services sector involves evaluating the work environment, practices, and policies to ensure the well-being and safety of workers in various social services settings. Indeed, it is recommended to not only carry out an assessment at the organisation level, but also for each work unit (gathering workers doing comparable jobs in comparable conditions at the same place).

It is to be noted that the assessment must be objective by analysing the workplace and job positions requirements. However, the diversity of the workforce cannot be overlooked. Indeed, the risks can be different according to a worker’s gender, age, disability, and physical characteristics.

PROPOSALS FOR ACTIONS

How to do the risk assessment ?

There are various methods and options for conducting the assessment:

1 Identify applicable regulations and standards to familiarise yourself with those specific to the social services sector. These may include laws related to workplace safety, health, and welfare.

2 Conduct a thorough assessment of the social services sector workplace. Identify potential hazards such as physical, chemical, biological, ergonomic, and psychosocial risks. Consider factors like heavy lifting, exposure to hazardous substances, stress and violence.

3 Assess the probability that the risk will occur and the severity of potential consequences. The social services providers should provide a ranking of the evaluated risks and a classification of risks in terms of their acceptability. A risk matrix could be used to evaluate risks, such as the example below (other options and visualisations also exist). Such a ranking allows building a prevention action plan. It is important to rank the likelihood of harm with the severity of harm and to consider the mutual relation and probability of occurrences since that would determine the set of prevention actions.

Likelihood of harm	Severity of harm		
	Slight harm	Moderate harm	Extreme harm
Very unlikely	Very low risk	Very low risk	High risk
Unlikely	Very low risk	Medium risk	Very high risk
Likely	Low risk	High risk	Very high risk
Very Likely	Low risk	Very high risk	Very high risk

4 Identify hazards and assess compliance with safety regulations. This inspection should cover all areas including offices, service users' homes, when possible, community centres, or any other locations where social services work is conducted. Safety policies and procedures should also be reviewed and evaluated to check whether they are comprehensive, up-to-date, and effectively communicated to employees. Policies should cover areas such as accident reporting, emergency procedures, use of personal protective equipment (PPE), and handling of hazardous materials including needles. The employer should make the instructions as clear as possible and ensure they are implemented by the workers.

5 OSH assessment is an ongoing process. It should be regularly updated, especially when a change in the work organisation or work settings occurs. Continuously monitor and evaluate the effectiveness of safety measures, update policies and procedures as needed, and provide ongoing training and support to employees. The project management PDCA (Plan, Do, Check, Act) approach can be very relevant in this domain.

6 Maintain thorough documentation of OSH assessments, training sessions, incidents, and corrective actions taken. This documentation is essential for compliance purposes and for tracking progress over time. By following these steps, organisations can effectively assess and improve occupational safety and health for their employees.

Collaborating on OSH risk assessment is a must

Collaborative work on OSH risk assessment in social services involves bringing together various stakeholders, including the employer, employees and their representatives, safety experts, and relevant authorities, to collectively identify, analyse, evaluate, and mitigate risks.

→ **Formation of multidisciplinary teams**

consisting of representatives from all levels and sectors within the organisation. This team may include managers, human resources personnel, frontline workers, safety officers, and health professionals.

→ **Collaborative risk identification**

to conduct collaborative risk identification sessions where team members collectively brainstorm potential hazards and risks present in social service settings considering physical, chemical, biological, ergonomic, and psychosocial hazards that may impact worker safety and health.

→ **Utilise the various risk assessment tools and techniques**

to evaluate the identified hazards. This may involve qualitative assessments, such as hazard identification checklists, as well as quantitative assessments, such as exposure measurements or ergonomic evaluations.

Example from Forte Project

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

EU OSHA risks assessment tools

OiRA – Online interactive Risk Assessment provides the resources and know-how required to enable small organisations to assess their risks themselves. Available for free, OiRA tools offer a step-by-step approach to the risk assessment process; -identification of workplace risks -implementing preventive actions -monitoring and reporting risks.

• RECOMMENDATION 2 •

→ *Improving physical health at work*

INTRODUCTION

Definition of physical risks

Physical risks can be understood as:

→ **Biological risks**, which include exposure to biological agents and infections. Covid-19 exposure is deemed a biological risk, as are regular flu epidemics.

→ **Chemical risks**, which include exposure to chemicals such as medications but also cleaning and disinfecting products.

→ **Physical risks** can consist of collisions, slips, trips and falls, but can also come from air quality, noise and extreme temperature. They also include ergonomic risks, occurring when lifting and handling persons, pushing equipment, working in awkward postures, performing repetitive movements, standing or sitting for long periods, etc.

According to the EU-OSHA, in the health and social care sector, the most prevalent physical health concerns are “bone, joint or muscle problems or pain”. EU-OSHA’s European Survey of Enterprises on New and Emerging Risks (ESENER) data reveals ergonomic risks, including Musculoskeletal Disorders (MSDs), as the most prevalent. The most common injury among nurses is lower back pain resulting for example from moving equipment and patients.

Since there is a link between MSDs and psychosocial risks, risk assessment and preventive measures regarding MSDs must be holistic and consider psychological risk prevention, too (see recommendation 3).

Prevention in place: Measures targeting ergonomic risks are reported to be taken more often in the health and social sector compared to all sectors. However, considering rates of work accidents and occupational diseases in the sector, more needs to be done.

PROPOSALS FOR ACTIONS

The first step for all preventive measures is a **holistic risk assessment** (see recommendation 1). This risk assessment must consider work tasks as well as the context in which they are performed. For example, lifting a heavy load is different depending on whether the worker must perform it with or without time pressure. The organisational context can play a key role, too.

The risks assessment can reveal specific problems and measures to take to control or minimise the risks, but below the most common physical risks and their prevention are mentioned.

The process must involve all levels of hierarchy; from the top management (showing the topic is key), to front line workers who know best what their own work looks like on a day-to-day basis (and not only how it is requested by the job description).

As for all preventive measures, regarding OSH, the 1989 Framework Directive general principles of prevention should be implemented (in the following order):

- 1 Avoiding risks.
- 2 Evaluating the risks that 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, 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, organisation 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.

Organisation of work

After certain risks have been avoided and others assessed, the focus should shift to the organisation of work. How work is structured is crucial for preventing accidents and illnesses at their source, and it ensures that preventive measures are accessible to everyone. This involves addressing key questions at all levels of the hierarchy, such as clearly defining tasks, setting realistic timeframes, providing clear instructions, and allowing workers a degree of autonomy in carrying out their responsibilities.

Organising working time is also crucial. For instance, it is important to avoid assigning demanding tasks simultaneously or repeatedly to the same workers, and to allow breaks when needed. Additionally, different types of work units should be evaluated to ensure these practices are applied effectively.

Frontline workers should be the primary focus since they are the most visibly exposed to risk factors, such as handling people. However, other workers also face significant exposure to physical risks. For instance, those who work with cleaning chemicals are not only exposed to hazardous substances but may also work in awkward positions and perform repetitive movements, leading to musculoskeletal disorders (MSDs). Office workers are another group at risk; it is well known that spending long hours seated and working on a computer can result in work-related health issues.

Every worker is unique and may require specific adaptations or accommodations, such as workers with disabilities or older workers (see recommendation 8 on diversity management).

Equipment

Work equipment must be adapted to the worker, not the other way around. This means it should be adjustable to meet the needs of the individual. Sometimes, equipment is available but isn't used because workers find it inconvenient. Workers should be involved in the process to assess whether the equipment is suitable and how it can be useful for their tasks. Additionally, proper training, particularly on-the-job training, is essential to ensure the equipment is used correctly.

However, such tools are not always available, especially when services are delivered in the homes of service users.

Training and prevention culture

While training workers doesn't always eliminate risks, it can significantly reduce the likelihood of accidents and harm. Regular training is essential to raise awareness about

the risks inherent in their work, ensuring they understand which actions to avoid, and which recommended practices to follow. This approach fosters a workplace culture of prevention, where all workers actively contribute to their own safety and that of others.

Another effective way to strengthen prevention efforts is to appoint trained **prevention correspondents**. They can provide training to their colleagues and support the maintenance of good working conditions daily.

Example: Moving and handling supported persons (from Forte Project)

In France, the "Institut National de Recherche pour la Sécurité" developed a prevention programme for carers and people being cared for. In-house instructors train their colleagues in new techniques for handling patients and residents, to protect their own health and promote the autonomy and recovery of those being cared for.

Contrary to previous practices, workers are taught not only to handle and transport the person being cared for correctly, but also to do so as little as possible and, after assessing their abilities before each movement, to encourage supported persons' mobility as much as possible with the potential help of simple tools such as sliding sheets.

Where experimented, training reduced significantly the number of accidents, disease and absences and helped to establish a culture of prevention within the teams, even leading staff to suggest equipment and processes related to their tasks.

What about gym, yoga or Pilates classes?

Such initiatives at the workplace are increasingly common and can positively impact workers' health and overall working conditions. However, they should not be seen as a substitute for primary risk prevention. The primary focus should be on avoiding and reducing risks. Once these measures are in place, promoting activities that enhance workers' health and strengthen their muscles can be a valuable addition.

Communication

An active approach should be complemented by effective communication that persuades workers of the personal benefits of these measures, especially when they may perceive them as additional constraints (see recommendation 5 on change management). This should be integrated with a change management process to enhance the effectiveness of the new policy.

Developing an Action Plan

An action plan for preventing physical risks is not a one-time effort but rather an ongoing process. Physical risks should be regularly assessed and updated, ideally once a year or whenever significant changes or modifications are made to the workplace. Tools such as the PDCA (Plan, Do, Check, Act) cycle are well-suited for managing these processes effectively.

Identifying key indicators is crucial for measuring progress and determining necessary adjustments or actions to advance further. Assessing these indicators annually is generally the most effective approach.

The basic indicators, implemented continuously, can be:

- Number of work accidents
- Number of sick leaves
- Number of occupational diseases
- Number of dismissals or early retirement linked to work accidents or occupational diseases
- Results of regular surveys about working conditions
- The process can also be measured by checking the number of adapted working situations, the number of meetings with employee representatives, dedicated to occupational health.

• RECOMMENDATION 3 •

→ *Improving mental health at work*

INTRODUCTION

Work-related psychosocial risks pose a significant challenge to workers' health and well-being across the EU, impacting all sectors and worker groups, with social care workers being particularly vulnerable. These workers often experience severe time pressure, work overload, and elevated rates of violence and verbal assault from service users compared to other sectors. In social care, psychosocial risks are exacerbated by chronic staff shortages and include high workloads, intense time pressure,

emotional and cognitive demands, third-party violence, internal bullying, long working hours, and shift work, frequently without sufficient time, skills, control, or social support.

According to EU OSHA, psychosocial risk factors are those areas of work that can cause mental or physical harm, mainly due to work planning and management and/or social and organisational contexts of work.

Examples of psychosocial risks include:

- Third party violence and harassment, bullying, discrimination
- High workload and time pressure
- Imbalance between working and personal life
- Emotional demands (e.g. emotional management during traumatic events)
- Cognitive requirements (e.g. multitasking, tasks requiring full concentration)
- Lack of clarity of roles, role conflict, inefficient communication
- Shift work, irregular working hours, long working hours, on-call duty
- Working alone (isolation), working in unconventional jobs
- Job and income insecurity
- Lack of participation, lack of control over work, lack of support from colleagues and management
- Lack of positive feedback or job satisfaction

According to 2019 ESENER data, most psychosocial risks related to work organisation, such as handling difficult patients and long hours, have increased. Women face these risks more frequently than men, while younger workers report less severe time pressures and overload. The COVID-19 pandemic exacerbated these issues, increasing anxiety, stress, depression, burnout, and other mental health problems among health and social care workers.

The *2022 OSH Pulse* survey found that over 40% of these workers reported increased work stress due to the pandemic, although about half noted that it also made it easier to discuss stress and mental health at work.

The prevention and management of psychosocial risks are challenging due to varying national approaches, and the sensitive nature of these issues.

PROPOSALS FOR ACTIONS

All employers should identify situations that might cause psychosocial risks in the workplace, define the risks and assess them. This should help them to build actions plans according to the 9 principles mentioned by the 1989 Directive (see recommendation 2).

By implementing the below mentioned recommendations, organisations in the social and healthcare sector could better prevent and manage psychosocial risks, thereby promoting the health, well-being, and productivity of their workforce. Conducting annual or biannual interviews with employees and their line managers allows workers to express their job satisfaction, discuss their needs, and communicate their training desires. This basic measure should be complemented by at least some of the following practices.

- 1 **Risk Assessment:** Regularly assess and monitor psychosocial risks like workload, time pressure, emotional demands, cognitive requirements, shift work, job insecurity, and lack of support. See topic 1.
- 2 **Training and awareness:** Provide training for management and employees on recognizing, managing, and preventing psychosocial risks, including conflict resolution and stress management.
- 3 **Work-Life Balance:** Encourage flexible working hours, telecommuting, and regular breaks to reduce stress and burnout. See topic 4.

- 4 **Social support:** Foster a supportive culture through teamwork and including peer support groups, open communication, and access to counselling services.

- 5 **Use technology:** Utilise digital tools for stress management, counselling, and self-care for social care workers.

- 6 **Well-being culture:** Promote mental health and well-being through employee assistance programs, wellness activities, and recognizing achievements.

- 7 **Address barriers:** Identify and address challenges like reluctance to discuss issues, lack of expertise, and cultural norms that normalise stress.

- 8 **Continuous improvement:** Regularly evaluate and enhance psychosocial risk management based on feedback, workplace changes, and best practices.

- 9 **Prevent bullying:** Implement and enforce anti-bullying policies, train on recognizing and reporting bullying, and establish clear consequences for perpetrators.

- 10 **Health check-ups:** Ensure health check-ups lead to action by providing support and interventions for stressed employees and addressing root causes.

• RECOMMENDATION 4 •

→ *Management's training on OSH risks prevention*

INTRODUCTION

The topics already discussed (risk assessment, psychological health and physical risk prevention) are three pieces of the OSH puzzle. A puzzle that, once assembled, could help to avoid many problems. Among the many challenges social services employers must address regarding the present and future of their organisation, ensuring that employees work in a healthy and secure environment is vital. This environment should enable them to develop their potential with peace of mind. OSH plays a crucial role in this, and managers are vital in developing and implementing a comprehensive occupational health and safety policy.

Few initial training courses for managers include specific components on Occupational Safety and Health (OSH). The 2019 ESENER survey reveals that across all sectors, managing psychosocial risks is complicated by factors such as a lack of awareness among management and staff, reluctance to openly discuss these issues, and insufficient expertise or specialist support.

The scope of OSH including legal, ethical, and efficiency aspects is not always understood or recognised by managers, who are often more familiar with the physical risks, which are easier to detect.

Two theoretical models highlight the importance of the managers and how their actions can influence the working atmosphere and well-being at work:

→ **In the Job-demands resources model (JD-R)**, managers play a crucial role in optimising the balance between job demands and job resources.

→ **The Psychosocial safety climate (PSC)** consists of four elements: Management Commitment, Management Priority, Organisational Communication, Organisational Participation. Here, management plays a crucial role in maintaining compliance with health and safety regulations and standards in the workplace.

PROPOSALS FOR ACTIONS



Regulation

to integrate prevention into day-to-day management



Tools

to use one or more tools to implement preventive actions



Awareness raising

to acquire knowledge about OSH and prevention in the workplace

In the context of OSH, different levels of management—such as top management, line managers, HR managers, and safety professionals—require varying degrees of awareness-raising and training.

The figure designed by Anact (French national agency for improvement of working conditions) suggests 3 levels.

It can be effective to begin with a broad awareness-raising program and then progress to more targeted training modules, as OSH training needs encompass a wide range of topics.

Some pedagogical principles

→ Action research: bring the worlds of research and work closer together to simultaneously investigate and solve an issue.

→ Collective and collaborative training, enabling analysis of real situations, solutions proposed by peers and the creation of a network and elaborate collective resources. It would also contribute to combat the phenomena of "managerial loneliness».

→ Alternating between sessions in the training organisation and in the company. It is important to consider training is not "one shot" but an ongoing process according to evolving needs to continually refine and update knowledge.

Content

Consider two types of skills: those specifically related to OSH and those associated with leadership in the context of OSH.

Skills related to OSH

→ European, national and sectoral **legislation**, rights and obligations for employers and employees. People involved in occupational risk prevention within the company (trade unions, employee health coordinator).

→ **Knowledge on specific OSH risks in social services** (professions based on human relations, violence, lack of career perspectives, sometimes poor working conditions and potential effects of staff shortages, etc.) and consequences for services users, workers, organisation. Information and studies online, main national or regional organisations working on OSH and able to provide information or tools.

→ **Risks prevention process**: assessment, action plan, implementation, risks following the actions taken. Focus on psychosocial risks, which may be more difficult to identify.

Leadership in the context of OSH

→ **Leadership** means devising, planning and implementing measures to ensure the smooth running of the organisation, to have a positive social impact and to preserve our environment. Leadership is also about coaching, guidance, direction and encouragement of the workforce.

→ **Work organisation**: balancing demand and resources, monitoring the workload and work distribution, providing the right equipment to avoid physical risks, how and where to find the resources needed to implement an OSH policy.

→ **As part of social dialogue**: how to set up working groups with employees and their representatives to propose tools for analysing and constructing relevant and operational OSH indicators, to define the strategic risk prevention plan, to prioritise actions and propose agreements.

→ **Organisation of prevention training for all employees**: in-house and/or external training, collective/collaborative and/or individual, theoretical training and more practical on-site training, short but regular and possibly on specific topics.

→ **Learning to spot weak signals** such as employee fatigue, low morale, frequent conflicts, rising absenteeism, behavioural change, signs of harassment. The organisation's atmosphere must support employees, offering job security and its development to minimise OSH risks.

→ **Learning change management concepts and tools, communication** with employees, getting them on board. Share studies and survey results with them.

→ More broadly: there are many experts in the field of OSH, and managers should not hesitate to call on them to resolve difficult situations at work or to set up an OSH process.

Note that managers are also employees. They bear responsibility for any issues within the structure they manage, which can be a significant source of stress. Therefore, it is crucial for them to include themselves in the process and address their own needs as well.

• RECOMMENDATION 5 •

→ *Managing change*

INTRODUCTION

Social services are influenced by broader societal changes and are significantly impacted by the transformative effects of megatrends. These changes need to be addressed through practical implementation at the organisational level.

Change management is a management tool which is characterised by supportive leadership that gives employees room to develop and apply their diverse styles, opinions, and ideas. It encourages them to propose solutions and share their experiences, contributing valuable knowledge to the organisation.

An important reason for implementing change management in social services is the often-changing framework conditions. Currently, these include the digital and green transitions, the gradual increase in the use of care platforms, workforce shortages or the ageing population. There is also a trend towards more individual care combined with the desire for homecare services rather than a residential setting.

PROPOSALS FOR ACTIONS

If employees are not involved in the change process from the outset, it can lead to issues such as fear of not meeting new requirements or resistance to the change. This can negatively impact their psychological well-being, potentially resulting in a decline in work performance and effectiveness. Additionally, excluding employees from the change process can erode trust within the organisation.

To successfully implement change processes within organisations, change management must first focus on support and collaboration. This involves providing seminars, training, instructions, communication, and understanding, as well as sponsoring and developing management plans. These efforts help promote the skills of both managers and employees, enabling them to acquire new knowledge and adapt to new ways of working.

In the **first phase (unfreezing)**, all involved persons should be prepared for the change process, to overcome resistance and build readiness. Throughout the entire process, give importance to and address any fear employees may have about changing their usual activities and processes.

In the **second phase (change)**, those involved receive training related to the new activities through various methods, including training sessions and workshops.

The **third phase (consolidation)** focuses on embedding the new processes or technologies into the workplace so that they become routine and habitual.

Below, we highlight two challenges currently facing social services. It is important to remember that change management is a tool that can also facilitate addressing a wide range of other organisational challenges, such as service reorganisation and the shift towards more personalised and deinstitutionalized service provision.

Green Transition

While achieving a green transition and climate protection may not appear to be a primary objective for social services, they are significantly impacted by these goals. The need for a green transition in the social services sector arises from various factors, including broad reduction targets (e.g., EU mandates) and specific national regulations (e.g., mandatory waste separation). Social services must also contribute to climate protection and sustainability commitments. Change management can be employed to address these challenges effectively at the organisational level.

For example, the Workers' Welfare Organisation (AWO) in Germany has committed to a voluntary pledge to achieve climate neutrality for the AWO and all its facilities and services by 2040.

In order to successfully implement such changes, it is advisable to consider the following aspects:

Creating awareness among managers and employees

→ Effective Communication: Engage with everyone affected, as communication is crucial to success.

→ Demonstrate Benefits: Persuade both employees and managers of the advantages of the measures and motivate them to participate.

→ Collaborative Involvement: Involve managers and employees in the planning process, as the green transition impacts everyone.

→ Celebrate Success: Promote and celebrate successfully implemented measures to build support and commitment for future initiatives.

Clear allocation of roles

- Define roles and responsibilities
- Establish an all-inclusive project team and working groups
- Select a committed, motivated and competent project manager with the right knowledge, genuine commitment, excellent interpersonal skills, personality and time resources

Finances

- Provide sufficient financial resources
- Make use of funding programs for green transition

Time Management

- Develop and Implement Schedules: Collaborate with all affected parties to create and adhere to schedules for the successful implementation of measures.
- Monitor Progress: Track and review the implementation status at regular intervals by exchanging information with those involved. Continuous development
- Implement an Environmental Management System: Introduce a system for the continuous improvement of the green transition. This will systematically manage environmental impact and allow for ongoing assessment and enhancement of environmental performance.
- Change management in the green transition can also enhance employee cohesion and motivation. Many professionals are eager to contribute positively to shaping the future and seek employers who demonstrate innovation and a commitment to sustainability.

Digital Transition

As mentioned earlier, developing competencies is crucial for effective change management. The use of digital technology solutions in social care service delivery has become increasingly important in recent years, especially following the Covid-19 pandemic. Today, the professional use of software, smartphones, and tablets is quite common.

Additionally, the use of telemedicine and teleassistance, assistive technologies, and transport and lifting aids is becoming increasingly common in long-term care. These technologies aim to help individuals with support needs to live as independently as possible. Digital solutions in social services also provide opportunities for remote care and support. Their implementation should be collaboratively designed to enhance work organisation, optimise processes, offer online advice, and establish online platforms for service provision. This trend highlights the need for ongoing training and effective change management to ensure that these advancements are seen as opportunities rather than burdens for care workers

It is crucial that employees are given the opportunity and support to adapt to new conditions brought about by technological advancements. Since they will be the end users, **involving employees from the start** is essential. Beyond traditional training courses, innovative and intuitive digital learning tools should be utilised, such as short explanatory videos, instructional content with quizzes, and learning apps. Employers should also support independent learning and peer-to-peer knowledge sharing (learning on the job). Addressing concerns about potential compromises in the quality of care is a key challenge that change management must tackle.

• RECOMMENDATION 6 •

→ *Preventing Occupational Disintegration
and Reintegrating Employees*

INTRODUCTION

The social services sector faces significant risks of occupational disintegration and challenges in job reintegration.

Occupational Disintegration refers to the loss of professional activity due to physical or mental health issues or disability. This condition often develops gradually, starting with a decline in work engagement and well-being that may go unnoticed until it becomes severe. It is not caused by a specific isolated incident but rather a situation that gradually develops due to unresolved issues that fail to be

addressed over time. It may manifest as behavioural changes, short-term absences, lack of interest in work, family problems, substance abuse etc.

Job Reintegration refers to the resumption of professional activity of any employee after a period of incapacity for work due to long-term absence, whether illness or disability related, whether occupational or non-occupational related, and in all forms of employment (part-time, fixed term, or other).

PROPOSALS FOR ACTIONS

The proposals call for the adoption of a proactive employment policy as a measure to prevent occupational disintegration and for the implementation of effective return-to-work management, since the absence of these two conditions may lead to further staff shortages.

Measures to prevent occupational disintegration

These measures address both the work environment (organisational culture, physical working conditions) and the individual sphere (health, physical or mental state, personal history, and life situation).

Organisations should establish structural agreements, developed in collaboration with employees or their representatives, to ensure proactive HR management and personalised measures. Ignoring these issues not only raises legal and ethical concerns about employee welfare but also impairs the sector's capacity to deliver quality care to vulnerable populations.

Proactive HR Measures

→ **Communicate Health Risks and Policies:** Inform employees about potential health risks and the organisation's sick leave policy during recruitment and provide annual updates on the policy.

→ **Plan Regular Evaluations:** Schedule routine medical and psychological evaluations that

take a holistic, multidisciplinary approach, incorporating input from an occupational physician, employee surveys, and performance and career interviews. Analyse the results and implement corrective actions as needed.

→ **Develop Early Warning Systems:** Establish systems to detect and signal early signs of issues, such as an increase in sick leave days, higher staff turnover, work accidents, or dismissals following long-term absences related to health conditions.

→ **Provide health-promoting measures** such as healthy eating, fitness, and ergonomics.

→ **Establish Multi-Level Conflict Management Procedures:** Implement procedures for addressing abuse and unacceptable behaviour by appointing an independent mediator who is not involved in the conflict.

→ **Increase Awareness Among Line Management:** Train line managers to recognise signs of disengagement from tasks, colleagues, and processes. Promptly initiate appropriate solutions to address these issues.

→ **Plan for Temporary Exits:** Prepare for potential temporary exits by considering various scenarios both generally and at the team level. This planning should aim to minimise organisational disruptions and support the remaining team. Develop strategies for managing short absences with temporary substitutes and longer absences with replacement measures.

Organisational measures

→ Reflect on re-designing the work organisation from a departmental structure (task-oriented) to a **teamwork** structure (service user-oriented). This could be opting for small, semi-autonomous teams (self-regulating units with complete tasks).

→ Develop **staff allocation plans**, with input from employees, which enable cross-team internal mobility. This requires a centralised, internally networked HR-planner with a wide-angle view. It may be necessary or more appropriate for this to be someone external. The planning should include other forms of long-term leave (parental, study, palliative care etc.).

→ **Match jobs to intrinsic motivation** (content, skills and interests) and balance **job demands** (workload, complexity) with the **level of control** (autonomy, self-efficacy, support, communication, affordable work rhythm, sufficient instruction).

→ Implement transparent goals or targets and foster **equal treatment**.

→ Pay attention to the **digital administrative burden** by keeping data entry at a simplified level or adapting the digital tools that too often increase the workload instead of lowering it. Involve the people in the design so that the end-product is easy to use and relevant. Ensure they are provided with training and have the confidence to use them. Consider using applications on mobile phones or recording messages, thereby reducing the need to type.

→ Pay attention to working hours respecting the **work-life balance**.

→ Provide a **safe communication process** with channels for employees to share information with management about deteriorating conditions. Organisations will be better prepared to identify these signs when they create a safe climate of open communication (non-threatening; no taboo about internal/external job mobility).

Individualised measures

→ Hold regular **job review meetings** to ascertain and understand the motivations, expectations and aspects of dissatisfaction for staff.

→ Encourage employees to inform the occupational physician of any health-related issues or disabilities.

→ Be alert to sudden signs of disengagement or uneasiness and provide an **immediate personal review meeting**. Look for hind-laying physical or mental health issues. If signs of physical or mental health issues are identified, consider **jointly agreed custom-made solutions**.

→ Address incidents of adverse behaviour from colleagues/management/service users/others through supervision and discussions about the adverse behaviour. Support appropriate **actions to eliminate the behaviour** and provide training to staff to deal with these behaviours.

Measures to ensure occupational reintegration

Facilitating successful reintegration helps organisations retain experienced staff, mitigate turnover rates, and alleviate the persistent issue of staff shortages. Successful reintegration of staff returning after a long-term absence could be achieved by implementing the following measures designed and agreed in conjunction with the employee:

→ When appropriate and possible, hold a **provisional exit interview** with a focus on work-related causes and perspectives to return.

→ **Provide support during the absence.** Contact the absentee (if they agree) early on and maintain regular communication. Provide moral support, information about practical and legal issues (rights, income etc.) and prepare for return. Services should define the contact person (e.g. doctor, psychologist, manager, or supervisor) and the frequency of contact depending on the reason for the absence. Determine how long the employee expects to be off work, discuss solutions likely to shorten the period of absence and jointly plan the return to work. Ensure contact names and numbers are updated.

→ **Assign a reintegration manager and create a management plan** to ensure successful reintegration. This could be someone from HR, the specific contact person or it may require a more specific approach (e.g. an internal/external counsellor or a managerial approach).

→ **Tailor the return scenario** to the circumstances for the absence if disclosed

(life-event e.g. parenthood versus work-related e.g. burn-out). Ascertain the need for support, changes in position or adaptations by discussing with the employee beforehand. Respect confidentiality and the voluntary character of changes.

→ **Prepare for the return** in an individualised manner, creating a management plan in collaboration with others, for example:

- Plan with the occupational physician. Consider the need for medical monitoring and assistance, as well as the need for adapted work hours and stations, and transport support.

- Plan with line management. Consider the need to reintegrate into the same or a comparable job, an adapted job, a part-time job, or whether an internal job reallocation is needed. Consider the need for workplace accommodations, for adaptation of task packages, for support and assistance. Consider the need for retraining or for gradual reintegration.

- Support direct colleagues and teams. Review the overall workload to accommodate the return. Review task division and working hours.

→ **Implement supportive measures upon return** depending on the re-integration management plan. Provide internal support with the involvement of line management, colleagues and/or health professionals. Pay attention to working hours respecting work-life balance.

• RECOMMENDATION 7 •

→ *Work-life balance*

INTRODUCTION

Work-life balance (WLB) means finding a healthy mix between work and personal life, leading to greater satisfaction and happiness. It is important for improving well-being at work and is also a key part of a company's responsibility to its employees.

Several European initiatives address WLB

- *Work-life balance Directive* (2019),
- *Gender Equality Strategy 2020-2025*,
- *European Care Strategy* (2022),
- *European Parliament resolution on telework and the Right to Disconnect* (2021).

These initiatives primarily focus on supporting family life, parenthood, equal access to work, and gender balance. It is important to recall that in the social services sector, over 80% of employees are women. Numerous studies show that women often carry a heavier mental load, particularly in areas like childcare, parenting decisions, and other caregiving responsibilities, such as informal long-term care. This imbalance can lead to negative outcomes for women, including increased stress, lower life and relationship satisfaction, and a negative impact on their careers.

PROPOSALS FOR ACTIONS

Work-life balance can vary greatly from person to person, as everyone has unique needs and priorities. There is no one-size-fits-all model for achieving it, and balance does not necessarily mean splitting time equally between work and personal life.

Actions can be taken both collectively and individually, with the employer bearing primary responsibility. However, employee engagement is crucial to the success of these efforts.

1 Stay well-informed about European initiatives and national legal frameworks affecting work-life balance (WLB) and ensure their implementation (e.g., parental and caregiver leave, second parent leave, etc.).

2 Develop a WLB strategy that addresses the needs of both employees and beneficiaries. This includes:

- Conducting an internal survey to assess job satisfaction and stress levels (ideally, this should be done annually to track progress over time).
- Assessing employees' sense of belonging, needs, and expectations. Actively encourage employees to participate and contribute ideas for improvement.
- Work with employee representatives to assess recurring problems, feelings of imbalance between private and professional life and prioritise the actions the company would propose.

- Convince governance and funding partners of the importance of a WLB strategy.

- Propose a multi-annual plan considering the needs of all employees and those in specific situations (carers).

Which actions and types of work organisation can be included in such a plan? The plan will need to accommodate diverse needs, depending on the individual, the employer's circumstances, local dynamics, and the needs of service users. Some possible elements could include:

→ A clear policy that establishes firm boundaries between work and personal life. This might involve:

- Limiting the number of hours worked per day or week.
- Ensuring regular breaks during the work-day.
- Encouraging employees to leave work at the office and not bring it home.
- Implementing measures that support the right to disconnect, ensuring employees are not expected to respond to work-related communications outside of working hours.

Flexibility

This could include offering flexible work schedules, remote work options, allowing employees to choose their work shifts or holiday periods, and sharing working hours that are most challenging for family life.

An example of this is a duty scheduling model by SERVICE MENSCH GmbH in Austria, which focuses on the homecare sector:

*Elaboration of a new duty scheduling models wich consider needs, employees wishes regarding to allocation, duration and distribution of working time as well as individual life situation. **Morning model:** Monday to Friday morning, no evening and no week-end duties. **Leisure time model:** work on as few days as possible (many consecutive days off, weekend bonuses) Holiday replacement team: take over tours due to pre-planned absence.*

→ Due to the nature of social work, which relies heavily on face-to-face interactions, telework cannot be the standard. However, for certain roles, it can be offered at least part-time, providing a better work-life balance for employees who prefer this arrangement.

→ Incorporate part-time and **other flexible work options** into career paths, ensuring that employees who take advantage of these options are not penalised.

→ Facilitate **continuous support systems** for family care (children, individuals with disabilities, older relatives) so employees can fully engage in the workforce without concerns, such as after-school care for children.

→ Provide support for **employees returning** from sick leave, maternity or second-parent leave, or transitioning from part-time to full-time roles.

→ **Time management:** This involves the ability to effectively manage time using a range of skills, tools, and techniques to handle tasks, projects, goals, and schedules. Workers should be provided with adequate training to use these tools, as there are many techniques available to help organise their time effectively.

→ Build a support system:

- At the workplace: professional practice analysis
- Outside the workplace: support from an expert (to tackle stress, burnout, addictions, counselling)

• RECOMMENDATION 8 •

→ *Managing diversity
and gender*

INTRODUCTION

Diversity management is defined as “the proactive and strategic approach taken by organisations to value and harness the diverse backgrounds, perspectives, talents, and experiences of their employees, with the goal of enhancing organisational performance and effectiveness. It involves creating an inclusive work environment that respects and appreciates individual differences.”¹

Different forms of diversity include “alleged race”, gender, ethnicity, age, ability, religion both of workers and of service users. By managing diversity, one can address the following:

→ **Stereotypes and bias:** Pre-existing stereotypes and biases can lead to unfair treatment and hinder the advancement of individuals from different social groups.

→ **Communication barriers:** Differences in language, communication styles, and cultural norms can create misunderstandings and hinder effective collaboration.

→ **Resistance to change:** Some individuals may be resistant to embracing diversity initiatives, viewing them as unnecessary or disruptive to established norms.

→ **Implicit bias:** Unconscious biases can influence decision-making, from hiring to promotions, and result in unequal treatment of employees.

→ **Tokenism:** A superficial approach to diversity, where individuals from underrepresented groups are included solely for appearance without being given meaningful opportunities or a genuine voice.

¹Cox, T. (1991): *The Multicultural Organization*.
<https://journals.aom.org/doi/10.5465/AME.1991.4274675>

→ **Diverse needs of employees:** which arise from the different needs of life stages, must be considered. On one hand, the social services workforce is getting older with all the known physical and psychological challenges, such as MSDs and others, on the other hand the sector expresses many difficulties in attracting young professionals.

→ **Intersectionality:** "Intersectionality is a concept and theoretical framework that facilitate recognition of the complex ways in which social identities overlap and create compounding experiences of discrimination and concurrent forms of oppression based on two or more grounds, such as gender identity or

expression, sex, sexual orientation, ethnicity, caste, descent or inherited status, age, class, disability or health status." (United Nations Network on Racial Discrimination and Protection of Minorities, page 11).

→ **Severe staff shortage,** in a strongly gender segregated sector, which could be better addressed by considering the potential workforce in all its diversity.

→ **Service users** with multicultural backgrounds.

All this involves creating safe and inclusive environments where all employees and service users feel respected and valued.

PROPOSALS FOR ACTIONS

Develop a Diversity Action Plan

Before taking any action, an assessment of the situation in the organisation should be carried out. This could be done by using a checklist as a self-evaluation tool that offers a structure and a methodology to make a diagnosis, e.g.:

→ Structure (percentage of groups per gender identity, level of education, languages spoken, etc. in the organisation)

→ All gender-disaggregated data should be collected and the results obtained will be evaluated in terms of gender equality. In this way, information will be analysed relating to the distribution of the workforce

- by gender and age
- by gender and level of studies
- by gender and job positions
- by gender and seniority
- by gender and type of employment relationship
- by gender and type of contract and working day
- by gender and hierarchical level
- by gender and professional groups
- by gender and level of training, etc.

→ Communication style and frequency (inside and outside the company, e.g. considering more diverse population in the pictures used as well as inclusive language)

→ Management: percentage of women or people with non-mainstream profile (origin, persons with compromised ability condition, life path, etc) in leadership positions and at all levels of the organisation

→ Recruiting (job advertisement, interviews, selection), i.e. how the selection and hiring processes are and how they are carried out

→ Retention: Do all groups feel safe, included and valued?

→ Professional training and talent management: it must provide information on training in the company, paying special attention to, among other things, the criteria for defining the training plan, the objectives, how the training offer is disseminated, whether the content has a gender perspective, whether the training activities take place inside or outside the working day, the modality, the instruments to know the training needs of the staff.

→ Professional development and career paths

→ Working conditions: collect quantitative and qualitative information related to working hours, overtime, shift work, telecommuting or teleworking, consideration of religious and other requirements, functional and geographic mobility, incentives, occupational risk prevention measures, accessibility and inclusivity to the premises, workstation modifications, toilet facilities etc.

These themes are then evaluated by a focus self-evaluation group comprising a variety of employees and managers from different back-

grounds (diversity should be reflected in the self-evaluation group).

An alternative is to use the [EU Diversity Self-Assessment Tool](#).

Based on the initial assessment, the organisation can then create a diversity action plan. It consists of a clear definition of the specific action and its specific, measurable and achievable diversity goal. Staff members and their representatives are involved in the creation of the action plan.

Measures to take as an organisation

→ **Develop a clear, written leadership commitment to diversity and gender:** This should demonstrate a visible and sustained dedication to diversity and inclusion at all leadership levels. Leaders must actively promote gender equality and diversity initiatives, setting an authentic example for the entire organisation.

→ **Establish a diversity taskforce:** This group will be responsible for developing a **comprehensive** Diversity & Gender policy, as well as setting organisational goals. The taskforce should be diverse, reflecting a range of genders, ethnic origins, abilities, social backgrounds, and job functions, and include worker representatives.

→ **Create the role of a Diversity & Gender Correspondent:** This individual will oversee the implementation of diversity policies and actions, while also serving as a point of contact for any reported difficulties or discrimination within the workforce. They should receive both initial and continuous training to be well-equipped for their role.

→ **Analyse the situation of the organisation:**

Where does my company or organisation stand in terms of diversity? What is our mission and vision, what are our corporate values? How do we integrate diversity and inclusion? How do diversity and inclusion fit into our approach to well-being at work? And how do we deal with these issues in a preventative way? Are we giving our line managers the resources and tools they need to play a central role? How do we communicate within and outside our company? How do we embed diversity and inclusion in all facets of our corporate policy?

→ **Measure the diversity of the workforce:** self-perception of the workers by an anonymous survey and administrative data.

→ **Build a strategic and operational plan with the staff or their representatives**

→ **Address** pay equity by regular reviews to ensure that individuals of all genders and background receive equal pay and equal opportunities (promotions, etc)

→ **Diversity & Gender-sensitive programme design:** Ensure that programmes and services are designed to meet the specific needs of individuals regardless of their gender, age, ethnic background, etc.

→ **Support for parental leave and childcare:** Provide parental leave policies that are inclusive of all genders and offer accessible, affordable, and high-quality childcare services to support working parents.

→ **Create a genuinely inclusive work environment** which respects, values and uses diverse backgrounds, perspectives, talents and experiences of their employees. Use of inclusive and simple language, that acknowledges diversity and conveys respect to all people.

Human Resources related measures

→ **Put in place an inclusive recruitment process**

- Define homogeneous criteria in the selection tests in relation to the requirements of each position, avoiding gender bias.
- Use inclusive language in job offers
- Expand recruitment channels, ensuring accessible means for all groups.
- Include as a selection criterion the preference of the underrepresented gender based on equal merit and abilities (when the legal system allows it).
- Carrying out training and awareness-raising activities in the field of equality, aimed at the people involved in the selection process and in the hiring decision.
- Designing a «welcome manual” that includes relevant information about equality between genders: commitment to equality, equality plan, action protocol and equality, protocol for action and prevention of sexual harassment at work, inclusive language and communication etc.
- neutral or not gender-specific CV
- targeted outreach to underrepresented groups, e.g. with job advertisements or social media showing male care workers or minorities to prevent the reinforcement of stereotypes

- diverse interview panels
- job descriptions free from biased language
- pay attention to soft skills, e.g. empathy, curiosity

→ **Promote diversity in leadership positions**

- Establish a gender and cultural-sensitive approach to ensure that the career process is governed by objective, quantifiable, public, transparent, non-discriminatory (not based on gender, age, etc.), historic and homogeneous criteria.
- job sharing in management positions, part time leadership positions, leadership trainings, networks, coaching, mentoring or women's quota in leadership positions to tackle the problem of missing role models, etc.
- Check criteria for management positions to see if they exclude specific groups
- Balanced gender representation in management bodies

→ **Promote childcare arrangements** to reduce the multiple burdens on women and raise awareness on gender equality in taking part in the domestic duties - both at home and in the workplace.

→ **Equal access to education and training:** This includes offering courses, workshops, and mentorship programs that support skill-building and professional development.

→ **Job rotation:** Implement job rotation programs to allow staff to work in different departments, showcasing their skills regardless of age, gender, or cultural background.

→ **Flexible work arrangements:** Provide flexible work options, such as telecommuting or flexible hours, to accommodate the diverse needs of employees, particularly those with caregiving responsibilities.

→ **Moderated discussion rounds:** Organize regular, moderated discussions with employees to foster open information sharing and exchange.

→ **Ensure accessibility of workplace information:** Make all relevant information about workplace rules, obligations, and rights easily accessible to all employees.

→ **Implement inclusive initiatives:** Introduce workplace initiatives that promote inclusion, such as team-building activities or cultural exchanges between employees.

• RECOMMENDATION 9 •

→ *Managing age*

INTRODUCTION

According to an *EU-OSHA article*, the definition of age management emphasises that “age related factors should be taken into consideration in daily management, including work arrangements and individual work tasks, so that everybody, regardless of his/her age, feels empowered in reaching his/her own and corporate goals”. The eight targets of age management are:

- 1 Better awareness about ageing
- 2 Fair attitudes towards ageing
- 3 Age management as a core task and duty of managers and supervisors

- 4 Age management included in HR policy
- 5 Promotion of work ability and productivity
- 6 Lifelong learning
- 7 Age-friendly work arrangements
- 8 Safe and dignified transition to retirement

By better understanding the ageing process, proactive organisations can help people build their skills and encourage learning between different age groups. Good age management supports everyone, no matter their age, and creates equal opportunities for all generations.

PROPOSALS FOR ACTIONS

Most factors influencing the retention of older workers are related to overall organisational decisions and HR practices. However, some factors directly address age-related issues, and the policies designed to tackle them. Therefore, it is important to consider both general factors and those specifically related to the sector and older workers.

Fighting age discrimination

Many studies have shown that ageism is the most frequent form of discrimination in job recruitment, significantly more than race or gender discrimination. Ageism is also a reality in the workplace through certain excluding factors (for example, quickly changing digital skills, communication flows...).

Addressing the nature of the work, including motivational elements, along with effective age management strategies, can help address these issues. This includes providing training on discrimination and raising awareness about the benefits of workforce diversity for HR professionals, managers, and recruiters. Additionally, as part of a broader diversity management strategy, organisational training for younger staff can help them understand the ageing process and the challenges it presents.

A key element is to see age not only as a challenge, but also as an opportunity. On top of that, intergenerational learning and mentoring may positively enhance self-esteem and work motivation among older workers, which would compensate for the at times strenuous work conditions.

Improving working conditions, in general and for older workers specifically

The characteristics of work in the care sector can become more of a burden as workers grow older. Pay bonuses and flexible treatment for working hours and tasks may make this burden more bearable and can foster older staff performance and retention. Assistive devices, such as patient lifters, trainings or special duty rota models etc., could and should improve working conditions. Mental health support instruments, additional health care can also be supportive.

Change-management can also have an important role in helping workers accept the evolving nature of their jobs.

Innovating with organisational choices

The quality of employment (and hence its attractiveness) can be influenced by organisational choices. Though there is no one-size-fits-all solution, small units, minimal task division, task variation (e.g. through rotating within a team), task autonomy at the lowest level (individual or small team) tend to make for healthier, more sustainable jobs.

Working service user-centred (one carer carries out most of the tasks for one person) is better than working task-centred (one carer carries out just one task for many supported persons) in terms of service quality and job quality (so-called relational care).

Through working in a small team, personal ties tend to emerge, leading to colleagues caring more for others' (health) issues, whereby the physical strain for older colleagues in particular may be considered. In a small team, colleagues can feel more supported and can also better support others.

Adapting the ratio of employees in Long-Term Care organisations

Understaffing in the care sector is both a major issue and a significant negative driver, as it places extra work pressure on the remaining staff, leading to increased absenteeism and staff turnover.

To address this, it is essential to adjust the ratio of care hours per recipient, ensuring that the staff-to-patient ratio meets the needs of each service user. Failing to provide adequate personal care not only undermines the sector's role in society but also demotivates staff. While this issue affects all age groups, older workers may be particularly sensitive to these pressures.

Trying to find age-related motivational elements

Some work characteristics may have a positive appeal towards older workers:

- Option of working part-time (as a real choice and not as the only offer)
 - Job with a purpose (ethical dimension)
 - Having like-minded colleagues (even though this is also true for young workers)
 - Growing identification with the organisation: When workers feel a strong connection to their organisation, it is always an asset. This sense of identification often increases with seniority, making it a significant benefit of having an ageing workforce.
 - Job guarantee - no fear of being dismissed
 - Being able to utilise and share skills and knowledge acquired throughout working life
 - Being a tutor for younger colleagues
- These motivators may make older workers less focused on salary and status, but they cannot offset difficult working conditions.

Introducing age management

Organisations can address age-related issues either reactively (e.g., by reducing demands or adjusting tasks) or proactively (e.g., by enhancing individual resources and supporting intergenerational learning).

A proactive approach requires awareness of age-related issues and benefits at all levels of the organisation, with a commitment to integrating these considerations into all management practices, including HR policies.

• RECOMMENDATION 10 •

→ *Improving skills
leading to better Jobs*

INTRODUCTION

One way to enhance job quality in social services is by improving the skills of social services professionals. Developing these skills can lead to increased job security, introduce more engaging aspects into the role, and enable more flexible career pathways.

Current trends, such as the ageing population, evolving support needs, and digitalisation, highlight the growing importance of skills

development and lifelong learning in social services. Supporting the skill development of social service personnel not only enhances their sense of support and well-being but also creates a more positive work environment.

Additionally, facilitating skills development can broaden career opportunities and enable transitions to less demanding roles, particularly in the later stages of one's career.

PROPOSALS FOR ACTIONS

Skills intelligence

→ **Develop an organisation-wide skills strategy:** Such a strategy should be based on the assessment of the current situation and on the potential skill gaps within the organisation which should also assess service user's needs. It should be discussed and agreed between the employer and employee's representatives. It should address vocational education and training for all types of workers and take into consideration gender perspectives and the need to build career paths that offer perspectives and reinforce motivation as well as the support provided.

Example:

In France, all employees, no matter the size of the company, are entitled to a 'professional interview' every two years, initiated by their employer. Every six years, this interview also includes a review of the employee's participation in training and career progress. By making the most of these interviews, companies can develop their skills development plan, better align their strategy with the aspirations and potential of their employees, and adopt a more forward-thinking approach to managing jobs and skills

→ **Identify skill gaps within the organisation:** This could be done by assessing the required skills necessary to fulfil jobs, with the current skills and knowledge of employees. Insights into the skills gap within organisations can foster a better understanding of the training required for current and future personnel.

→ **Build a strong partnership between training providers and employers,** to make sure trainings offered match with the needs of the supported persons and employers.

→ **Build a joint monitoring system with employers and employee representatives focusing on skills required:** For example, by assessing how many professionals are needed on certain levels and sectors in social services. By monitoring these trends, both employers and employee representatives are better equipped to implement policy measures. This monitoring system can be implemented by social partners and training funds.

→ **Establish feedback networks for service-users and informal caregivers,** as they are well-positioned to provide insights on the services they and their relatives receive. By incorporating their feedback into training programs, these programs can be better tailored to meet the needs of service users, ensuring timely, needs-based quality care. Additionally, creating specific training programs for informal caregivers and encouraging their participation can be part of a more integrated approach.

Training policy

→ **Foster a supportive learning culture within the organisation**, by valuing the participation in training and skills acquisitions, and by reflecting these efforts in job roles and career progression. Recognise and embrace the significance of informal learning within the organisation as well.

→ **Provide each employee with a minimum number of supported training hours per year.** Embed this minimum within collective agreements and contracts with employees. Provide the necessary support, such as financial assistance and time off, to encourage employees to take full advantage of this opportunity.

→ **Encourage flexible learning paths** by building a clear vision and strategy on learning paths/career paths both inside and outside the organisation. Embed these in annual feedback/preliminary sessions with employees.

→ **Offer tailored in-house training programs**, as peer learning allows for practical, easily implemented training while motivating trainers, who feel valued, and empowering workers by enabling them to contribute to their colleagues' development

Example:

In Finland, Tukena Foundation (formerly KVPS) identified the need to improve occupational well-being and strengthen work communities by creating new opportunities for sharing skills and expertise among services and individual staff members. To address this, they developed a hub that provides profes-

nals with a digital platform for sharing knowledge, learning, and peer support. This platform also supports occupational well-being and keeps the working community updated with the latest developments and innovations.

→ **Promote the use of skills passports and learning management systems.**

→ **Encourage the adoption of learning innovations.** This can be done by programs and networks focusing on best-practices, sharing knowledge and stimulating VET providers to implement learning innovations.

→ **Advocate for cost-covering rates for lifelong learning** by utilising training funds managed by social partners or incorporating training expenses into the overall costs of social services. For instance, consider allocating 3% of service costs specifically for training programs.

→ **Ensure a safe environment for learning.** This means creating an environment in which trainees feel comfortable asking questions, seeking assistance, and expressing themselves freely. This can be achieved through the implementation of organisation-wide programs that address these concerns.

→ **Implement mentoring, tutoring or guiding programs**, for example by hiring retired workers to work as mentors or tutors, giving more space for experienced workers to share their skills and knowledge, building tutor networks and organising peer-to-peer communities.

Skills leading to less demanding working conditions

Maintaining a full career in highly physically demanding roles—such as those involving night shifts, direct interaction with service users, and significant exposure to psychosocial risks—can be very challenging and frequently leads to sick leave or dismissals due to incapacity. This issue should be addressed through a skills intelligence scheme that explores opportunities for career shifts through ongoing training and the acquisition of new skills throughout one’s career.

Example:

In France, social partners in health and social services sectors recently agreed on a list of the most demanding job positions in the two sectors, allowing to benefit from grants aimed at implementing preventive measures.

Person centred services and digitalisation

Digital skills are essential for making use of innovations such as digital user files, e-support, online communication, and other advancements. To address this, the organisation of comprehensive programs aimed at enhancing digital skills for both workers and service users is beneficial.

The progressive shift towards more person-centred social services within the community and at service user’s homes involve large changes in the workers’ skills. This need for updated skills must be addressed to avoid potential negative effects on working conditions.

The FORTE project report “*Evolving jobs, skills and training needs in the social services sec-*

tor and the role of social partners in managing changes” has shed light on this topic.

In addition, the ongoing Care4Skills project aims to create a more robust and adaptable LTC workforce across Europe, prepared to deliver high-quality, person-centred care in an increasingly digitalised environment.

Example:

the ESF-funded DigIT project focused on enhancing the digital skills of professional carers for older persons and individuals with disabilities. The project aimed to improve employees’ knowledge, willingness, and ability to utilize digital tools to benefit users. Covering the Stockholm region, the large-scale initiative was divided into phases, starting with mapping digital aptitude and competencies, followed by the implementation phase. This included various skill development opportunities at both basic and advanced levels, supporting managers in leading digital transformation, and organizing workplace learning.

Gender aspects

Women frequently have less access to training and career opportunities compared to men, primarily due to family responsibilities that disproportionately fall on them. Employers should monitor training participation and implement measures to facilitate women’s involvement, such as organising internal training sessions at or near the workplace instead of off-site. Addressing this issue should be a key component of any diversity management strategy in the workplace.

FINAL REMARK: INDICATORS TO MONITOR PROGRESS AND ADAPT MEASURES

In all projects, indicators are essential for measuring and monitoring progress, performance, or trends over time. They provide quantifiable data that helps assess the effectiveness of interventions, policies, or programs.

In OSH prevention actions, indicators are used to evaluate the success of prevention plans for each specific topic. These indicators vary depending on the topic and should align with the implemented measures. Examples include the number and types of workplace-related accidents, the number of sick leave days, the

average duration of sick leave, and the number and duration of work-related leaves. Additionally, qualitative data from surveys can provide valuable insights.

Comparing these indicators with data from social security or social protection schemes, as well as with other social service providers within the same networks, is beneficial.

Consistent, year-on-year monitoring is crucial for assessing progress, updating and improving guidelines, and implementing corrective actions.