The European Aging Network

invites you to

EAN workforce summit

on April 5th, 2022 in Malmö

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When: 9–13.30
Where: ARJO headquarters,
Hans Michelsensgatan 10,
211 20 Malmö

Main topics:
- Capacity of care sector in the country
- Full time versus part time jobs
- Average salaries in the care sector
- Salary development in the last 5 years
- Living costs
- Working time
- Holidays (in and outside of the social sector)
- Work bonuses for the employees
- Attractiveness of the sector
- How attractive is the sector in comparison to others
- Work safety
- Qualification
- Good practices examples
- Social dialogue
- Migrant workers

At the end of the summit, you will be able to try out the **virtual reality** prepared for the participants by the Association of Social Service Providers of the Czech Republic.

When: 14.30–16.00
Where: ARJO headquarters,
Hans Michelsensgatan 10,
211 20 Malmö

Speakers from
- Austria
- Bulgaria
- Czech Republic
- Estonia
- Finland
- France
- Malta
- Netherlands
- Norway
- Scotland
- Spain
- Sweden

Please register you here: https://forms.gle/uGP51hFDCFDjQVnJA.
For more information please contact: Karel Vostrý, EAN Executive director, info@ean.care, +420 777 357 832.

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EAN workforce summit

Markus Mattersberger

Austria

April 5th, 2022

Malmö

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Schedule proposal

- 6 speakers x 10-15 minutes = 60-90 minutes

Coffee break 15 minutes

- 6 speakers x 10 -15 minutes = 60-90 minutes

Coffee break 15 minutes

- Discussion 60 minutes

TOTAL 210 – 270 MINUTES

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Basic facts - Capacity of care sector in the country

- Inhabitants in Austria: ~ 8.9 Mio

- ~ 378.000 persons, who received some kind of support (2020)
  - 151.500 mobile care services
  - 95.000 care in facilities
  - 14.700 part-time care/short-time care
  - 110.000 case- and care management

- “Pflegegeld” – care allowance
  - 464.000 persons
  - = > 5.2% of all inhabitants

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Basic facts - How many people are working in the LTC sector

- Informal care – by caring relatives
  - ~ 80% are cared for at home - with or without professional support
  - ~ 801,000 informal carers are involved in the process
  - ~ 146,000 informal carers are involved, even if the person to be cared for is placed in a care facility

- Professionals in the LTC (2020)
  - **21,427 persons/12.800 fte** in mobile care services = 0.59%
  - **47,380 persons/37,100 fte** in care facilities = 0.78%

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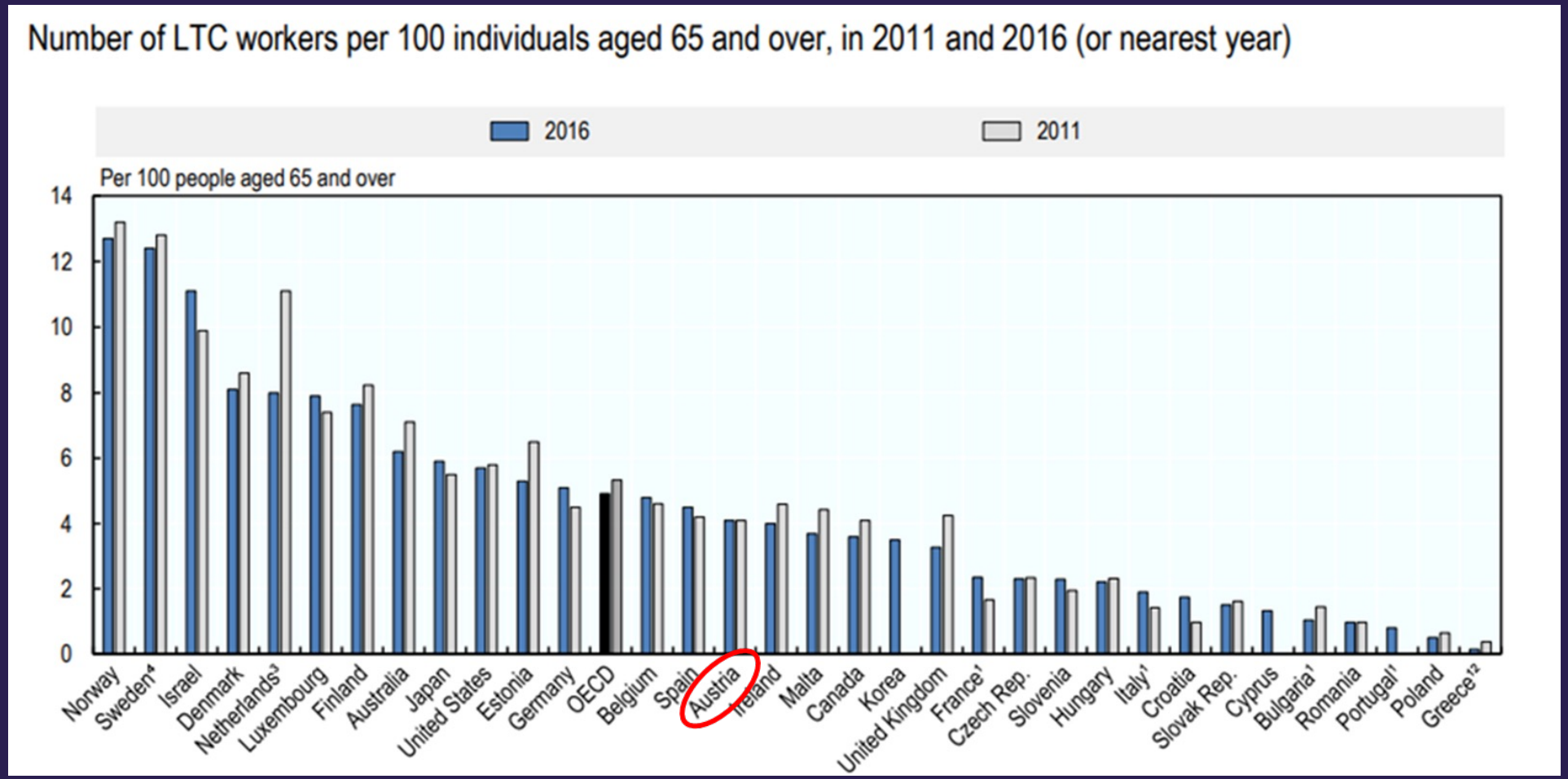
Basic facts - How many people are working in the LTC sector

- Professionals in the LTC (OECD 2020 – Who cares…?)



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Basic facts - How many are still missing/needed

Until the year 2030:

- Replacement requirements due to retirements in 2030 amount to around **42,000 additional nursing and care staff required**.
- The additional demand due to demographic developments and taking into the expansion of mobile services, the **additional need in 2030 is around 34,000 people**.
  - 13,000 persons in the hospital sector and
  - around 21,000 in the long-term care sector

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Basic facts - How many are still missing/needed

Until the year 2030:

- For nursing professionals, this corresponds to an **annual demand of 3,900 to 6,700 additional persons** (depending on demographic development).
- This compares with around 4,800 graduates from UAS, GuKP schools and PA courses and 955 graduates from SOB schools in 2016 compared to this. Due to declining student numbers, a decrease in the number of graduates is expected.

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Salaries/wages - Average salaries in the care sector

- Home assistance*
  - 1. year netto € ~ 1,500/14x = € 21,500/a
  - 10. y netto € ~ 1,600/14x = € 22,630/a
- Nursing assistance*
  - 1. year netto € ~ 1,595/14x = € 22,522/a
  - 10. y netto € ~ 1,710/14x = € 24,218/a
- Graduate nurse*
  - 1. year netto € ~ 1,758/14x = € 24,940/a
  - 10. y netto € ~ 1,920/14x = € 27,347/a

*-Plus extra pay, weekends, holiday bonuses, etc.

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Salaries/wages – minimum/average salary in the country

I1 Unselbständig Erwerbstätige nach Nettomonatseinkommen, Geschlecht und sozioökonomischen Merkmalen - Absolutwerte Jahresdurchschnitt 2019

Employees by monthly net income, sex and socio-economic characteristics (1 000 persons) - annual average 2019

Lowest qualifikation — Higher qualifikation

Geschlecht, höchste abgeschlossene Schulbildung, Voll- / Teilzeit, berufliche Stellung, Wirtschaftsbereiche	Ins-gesamt	Dezile 1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
		< 888 €	888 - 1.329 €	1.330 - 1.638 €	1.639 - 1.877 €	1.878 - 2.105 €	2.106 - 2.344 €	2.345 - 2.639 €	2.640 - 3.051 €	3.052 - 3.760€	> 3.761 €
	in 1.000										
Insgesamt[1])	**3 726,3**	**373,2**	**372,4**	**373,3**	**374,1**	**371,1**	**373,8**	**370,9**	**373,3**	**371,6**	**372,6**
Männer	1 963,9	118,8	98,0	113,4	158,2	209,7	231,8	229,8	249,4	261,0	293,9
Frauen	1 762,4	254,4	274,4	259,9	215,9	161,4	142,0	141,1	123,9	110,6	78,7
Höchste abgeschlossene Schulbildung											
Pflichtschule	460,3	111,7	98,2	71,2	59,2	38,8	30,5	23,6	16,2	9,3	(4,7)
Männer	235,9	43,9	39,8	30,1	31,3	25,2	21,6	19,1	13,2	7,9	(3,9)
Frauen	224,4	67,8	58,4	41,1	24,8	13,5	8,9	(4,5)	(3,0)	(x)	(x)

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Salaries/wages – Living costs

- The **average monthly consumption expenditure** of private households in Austria is around **EUR 3,250**, according to the 2019/20 consumer survey by Statistik Austria.

- By way of comparison, the average household income in the period covered by the survey was **EUR 4,020** per month.

- incomes increased by an average of 16% in the years 2015 – 2020, with the consumer price index increasing by 9% in the same period

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Salaries/wages - What is needed

"Monetary incentives may bring people, into the nursing and caregiving professions, but they do not keep them there!"

What is needed:

- Reduced workload
- Duty schedule security
- compatibility between family and career
- Recognition by society
- …

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Working conditions

- Working time
  - 37 – 40 h/week
- Holidays (in and outside of the social sector)
  - 5 – 6 calendar weeks
- Work bonuses for the employees
  - General labor premiums for employer occupations, e.g. according to SWÖ collective agreement
  - Sunday and holiday bonuses
  - Night duty allowances
  - Overtime allowances
  - …(other possible, depends on employer)

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Retainment of the staff

- Fluctuation rate of the staff
  - Reasons
  - How to stop that
- Sicknesses rates
- Injuries
- Leaving the social sector due to health problems
- …..

Either we don't know, or the numbers are not available!

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Attractiveness of the sector

- How attractive is the sector in comparison to others
- Changes in attractiveness (pandemic)
- Campaigns to raise the attractiveness

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Qualification

- Types of contracts
  - the overwhelming number of caregivers are employed, only a very small proportion are self-employed.
  - Almost every employed caregiver is subject to a collective agreement

- Qualification for care staff
  - this depends on the respective regulations of the federal states
  - the majority are nursing assistants ~ 50% and more
  - in the inpatient long-term care sector and across all federal states, about 25% of the nursing staff are qualified nurses
  - 10 – 20% support services like home assistants,…

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Qualification

- Qualification for managers
  - There are more or less concrete specifications in the regulations of the federal states. Some prescribe relevant training, such as the EDE (EAN) certificate, while others merely specify that it must be a suitable person.
  - many come from other professions, increasingly also from the care sector
  - the majority of facility managers in Austria have the EDE-certificate

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Good practices examples

- Associations‘ activities
  - Training programs
  - Public Relations
  - Development of new offers
  - …
- Governments‘ activities
  - Development of various pilot projects for training
  - Nursing reform
- Digitalization

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Social dialogue

- The role of Trade Unions
  - play an essential role within the framework of the social partnership
  - are thus important contacts for politics
  - Organize themselves partly together with other interest groups; e.g. MotivAllianzPflege
- The role of social dialogue
  - hardly takes place
  - Only in the context of the care reform was there a broad involvement of society; the meaningfulness of this is to be questioned.

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Migrant workers

- How many (in %)
  - ? – no figures available
  - It depends on the setting and where you are in Austria
    - 24h-assistance – almost exclusively
    - Vienna, Burgenland - high
- Outside or inside of EU (what countries)
  - Rumania
  - Hungary
  - Czech Republik
  - Slovakia
  - but also outside the EU
- Main problems/challenges
  - Availability
  - Language
  - Nostrification procedure

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Ideas what to do - to change that !

- Ensuring good data basis - for the control of the systems.
- Development of a common vision on future supply structures.
- Strengthen the reputation of the nursing and care professions in society.
- Joint consideration and reform of the health and care sector.
- Rapidly advance a comprehensive reform of the entire system with the involvement of stakeholders and experts.

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Thanks for your attention.

HARTMANN

Going further for health

arjo

with people in mind

actiz

branchevereniging van zorgorganisaties

verpleeghuiszorg | zorg thuis | revalidatie en herstel | jeugd

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EAN workforce summit

Steli Peteva, Ph.D.

Bulgaria

April 5th, 2022

Malmö

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Basic facts – Bulgaria

- **Capacity of care sector - 47 868** professionals in social/related sectors
  - Social workers: 4 227 (social services, Social Assistance Agency)
  - Professionals at social services: 4 584 (psychologists, rehabilitators, nurses)
  - Carers at social services: 22 316 (assistants, foster parents, babysitters)
  - Carers at institutional care: 8 094
  - Public agencies: 3 874/ related sectors - 3 540 / other workers - 1 233

- **How many people are working in the LTC sector:** No accessible data!
  - Health sector: hospitals for LTT, mental health centers, hospices – No data
  - Social sector:
    - Specialized institutions: 6702
    - Social services: assistants - 18 219, social workers - 2149 (for children and adults)
  - Informal carers: 1 per 100 individuals 65+, 87.7% women

Basic facts – Bulgaria 2

- **How many are still missing/needed** - No accessible data!

- No identified criteria for planning the numbers of social workers by regions/services!

- According to NSI - the number of vacancies for both health and social sectors are about 2% of the total number – 168,1 (on 3-months period in 2021)

- **Full time versus part time job -** No accessible data!

Tendencies:

- full time jobs mostly among social workers

- part-time jobs mostly among professionals (working also at education/ health sector), personal assistants and other carers

Migrant workers – no official data!

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Salaries/wages (NET VALUES)

- Average salaries in the care sector - up to 1126 BGN (576 €)
- Minimum salary in the country- 550 BGN (282 €)
- Average salary in the country – 1676 BGN (857 €)
- Salary development in the last 5 years
  - Min. salary - 396 BGN (202 €) - increased with 39%
  - Salary in the care sector - 725 BGN (371 €) - increased with 55%
- Living costs - 1479 BGN (756 €)
- Poverty line -413 BGN (211 €)
- What is needed – no official research data and analyses!

Working conditions

- **Working time**

- 7-hour working day for professionals and carers working with persons with mental disorders, ID, other long-term diseases.

- 5 days additional paid leave.

- **Holidays** (in and outside of the social sector) – 14 days official holidays

- **Work bonuses for the employees –** no accessible data

- **Rates**
  - How many clients per 1 care worker:

A big variety, according to the type of services and the job position:

- Care workers: 1 to 10 cases (at minimum) or to 15 and more
- Professionals at social services – about 20 cases per month
- Assistants – 1 to 3 or more (according to the needs and hours for support)
- Social workers at state directorates – above 100

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Retainment of the staff

- Fluctuation rate of the staff – no accessible concrete data!

Tendencies:

- The highest rate of fluctuation is after the first 2 years
- Staff at residential care is at highest risk of retainment
  - **Reasons:**
  - low salaries and stress
  - limited resources and multiple tasks
  - health problems
  - unequal treatment and underestimation of worker's contribution
  - no specialized training
  - lack of work protection

  - **How to Stop that:**
  - increasing the salaries
  - standards for workload, training and competences
  - payment of extra work
  - work protection from risk

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Attractiveness of the sector

- **How attractive is the sector in comparison to others**

Attitudes are associated with:

- heavy workload and low pay
- working with difficult clients and rejection by the community

- **Changes in attractiveness (pandemic)**

- Positive signs on community level – open services during COVID, support for basic needs of clients, online support + tablets + Internet fees
- More attractive is the work at NGOs - standards for work, training and supervision, monitoring

- **Campaigns to raise the attractiveness –** open days, successful stories, good practices, campaigns for raising awareness (NGOs, municipalities)

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Work safety

- Sicknesses rates – no accessible data for the sector
- Injuries – 153 (data for 2019) for health and social sectors, which is 4,7% of the total No of occupational accidents
- Leaving the social sector due to health problems - no data
- Leaving the social sector due to risks at work
  - risk of physical threats
  - risk of being accused in court personally and not as a representative of the social system (without protection on behalf of the social system)

Qualification

- **Types of contracts**
  - Employed x self-employed (freelancers) – no accessible data for self-employed

- **Qualification for care staff** (standards of training will be approved)

- Professionals: University degree, bachelor or master, further qualification (mostly self-paid) and training at work (mostly NGO service providers)

- Social workers:
  - almost 80% with University degree (bachelor or master) – social work and others (28%)
  - about 21% with secondary education
  - training, mentoring, supervision at work (mostly NGOs service providers)

- Carers: mostly secondary education; introductory training at work

- **Qualification for managers:** University degree, further qualification

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Good practices examples

- Associations‘ activities

Association of Social Services Providers (ASSP) and members tested

Telecare and mobile support at home environment (2013-2016)

- Governments‘ activities

Planning the introduction of modern information and communication technologies in the provision of services in the home environment

(Project of National plan for implementation of National strategy for LTC, 2022-2025)

- Digitalization – NGO projects for telehealth, telecare, online staff training, online platforms for support and resources, etc.

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Social dialogue

- **The role of Trade Unions**

No trade union organization and no signed collective labor agreement for a minimum wage levels in the social sector.

A research of Podkrepa TU on the work conditions at social sector identified a need for serious investment in human capital, through:

- protection of health and safety
- ensuring acceptable working conditions in the sector, adapted to specific target groups (ID, mental disorders, multiple disabilities)
- social protection (reduced working hours, additional paid annual leave, higher category of work, protection at work under risks)

- **The role of social dialogue: + and - examples of public discussions**

+ Social Service Act, Ordinary for quality of social services

- Need of equal pay for equal work provided by specialists in the field of social services, healthcare and education

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Ideas what to do - to change that !

- To standardize and regulate the profession of social worker, the workload, the competences and the qualifications of carers (Social Services Act and Ordinary for standards of quality of social services)

- To strengthen research work for needs assessment, service planning and LTC policy

- To develop national workforce plan - planning, career development, overcoming turnover, raising wages, overtime payments

- Specialization of training of staff for support of people in need in LTC + structural opportunities for exchange of experience b/n professionals (horizontally/ vertically)

- To develop consistent LTC policy with priorities, measures, models for financing and sustainable resources (state budget, EU funding, self-payment)

- Clear definition of the roles of public authorities with regard to LTC and integration of health and social services through a legal framework and improving the administrative efficiency

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Thanks for your attention!

Literature

- Analyses of the factors affecting the current of the labor force and its dynamic in enterprises by region and by sector – Report, 2020, https://www.bcci.bg/bulgarian/projects/tekuchestvo/1.pdf
- Analysis of questionnaires to study working conditions, the need for human resources development and the need to take measures for effective changes in the existing system of social services, 2020 - https://sas-podkrepa.org
- Mihailova, N., Mapping of social workers and related sectors, UNICEF, 2020
- National Social Security Institute - https://www.nssi.bg/
- National Statistic Institute - https://nsi.bg/bg
- National strategy for LTC, Bulgaria
- - The 2021 Ageing Report Economic & Budgetary Projections for the EU Member States (2019-2070), May 2021
- Towards Carers-Friendly societies - Eurocarers country profiles, 2020, https://eurocarers.org/country-profiles/bulgaria/

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EAN workforce summit

ACRA
Catalonia, Spain

April 5th, 2022

Malmö

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Schedule proposal

- 6 speakers x 10-15 minutes = 60-90 minutes

Coffee break 15 minutes

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Coffee break 15 minutes

- Discussion 60 minutes

TOTAL 210 – 270 MINUTES

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Basic facts

- Capacity of care sector in Catalonia:
  - 1000 nursing homes
  - 60.000 beds in nursing homes
- How many people are working in the LTC sector in Catalonia
  - 40.000 professionals
- How many are still missing/needed
  - Most needed profession: Nurses (approx. 1.000 nurses missing)
  - Care workers: since the pandemic, the sector has difficulties to find them
- Full time versus part time jobs
  - Directors and direct care workers → approx. 80% full time
  - Technical workers (therapist, social worker,…) → approx. 50% full time (the amount of time that technical workers are needed depends on the number of beds)

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Salaries/wages

- Average salaries in the care sector
  - Base salaries for:
    - Director: 27.631,27 €/year
    - Social worker: 19.124,7 €/year
    - Direct care employees: 15.241,8 €/year
  - Directors, nurses and doctors usually get paid 20-30% more than indicated
- Minimum salary in the country:
  - 1.000 €/month
  - Nobody can get a salary lower than 14.000 €/ year
- Average salary in the country
    - 2.003,34 €/month 28.000 €/year
- Salary development in the last 5 years (all sectors in Catalonia)

Year	2016	2017	2018	2019	2020
% avarage salary increase	0,5 %	3 %	1,5 %	1,6 %	2,6 %

- In Catalonia in 2021 in the LTC sector there has been a working agreement to increase in 2021 a 6%, in 2022 a 3% and in 2023 a 3% the salaries.
- In 2022, in the LTC sector in Spain must increase a 6,5% the salaries of all workers, the same % of the CPI
- Living costs
  - Average living cost in Catalonia is 11.872 €/person &year (it includes cost-of-living expanses such as housing, food or basic healthcare)

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Working conditions

- Working time
  - 1792 h / year (in the sector)
  - 1725 h / year (average in the country)
- Holidays (in and outside of the social sector)
  - 30 natural days a year (same in the sector and average in the country)
- Work bonuses for the employees depends on each company
- Rates
  - 1 client needs:
    - In nursing homes: 968 h of care / year
    - In day care center: 484 h of care / year

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Work safety

- Sicknesses rates
  - In private sector: 3-7 %
  - In public sector: 15-17 %
- Injuries
  - There is no specific data
- Leaving the social sector due to health problems
  - There is no specific data. During COVID-19 pandemic, some professionals have left the sector, but the exact number is unknown

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Qualification

- Types of contracts
  - 95% are salaried (employed by a company)
  - 5% are freelancers (self-employed)
- Qualification for care staff
  - The usual qualification is *Occupational Professional Training*
- Qualification for managers
  - The required qualification is a Bachelor degree, with preference in social sciences

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Retainment of the staff

- Fluctuation rate of the staff 10% - 20%
  - Reasons:
    - Low-valued sector for society
    - Difficulty to grow as a professional
    - Low salaries
    - Big number of working hours (24/7 service)
    - Hard work (physical and emotional)
    - The pandemic

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Social dialogue

There are 2 main Trade Unions that have a role in the negotiations of the working agreement (working hours, salaries, working conditions…)

In these negotiations also take part the business organizations that have more representation in the sector (ACRA is the main actor in Catalonia and an important actor in Spain)

The labor agreement of a region can never be below the Spanish

Another option is to have a working agreement exclusive within the organization

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Migrant workers

- Although we don't have exact numbers, we estimate that around 30% of working force comes from other countries. Mainly from South America, East Europe and North-Africa (Arabic countries).

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Challenges in the sector

- Unattractive sector
- Low salary
- Poorly trained professionals (especially direct care workers)
- Difficulty to find nurses (1.000 nurses needed just for nursing homes)
- Aging of the workforce (especially direct care workers)
  - Difficulty to find young professionals
- Very high stress and fatigue due to COVID-19 pandemic
  - Almost 50% of workers suffer from anxiety or post-traumatic stress)

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Ideas what to do - to change that !

- How to make the sector more attractive for workers?
  - Take care of workers mental health
  - Build loyalty
  - Personal and group recognition
  - Incorporate flexibility and conciliation policies
  - Emotional salary
  - Professional career
  - Changing the perception of society
- Start measuring in GDH (Gross Domestic Happiness)
  - Happiness at work is key to make companies more resilient
- We always put the focus on Person Centered Care, we need also to put the focus on Professional Centered Care
- We need to change from workers (workforce) to fans (fandom)
- Key concepts:
  - Inform, listen, engage, mobilize

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Thanks for your attention.

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EAN workforce summit

Jiri Horecky

Czech Rep.

April 5th, 2022

Malmö

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Basic facts, Czech Rep. 10,6 mil. inhab.

- Capacity of care sector in the country
  - 60.000 beds in nursing homes
  - 36.000 flats in assisting living
  - 106.000 clients in home care
- How many people are working in the LTC sector
  - 110.000 workers (in all social services)
- How many are still missing/needed
  - 500 – 1000 (nurses, care givers)
- Full time versus part time jobs
  - Approx. 93 – 94 % full time jobs

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Salaries/wages

- Average salaries in the care sector (2021) – taxation rate 40 %
  - Care giver 1.280 EURO (total cost for employer 1.700 EURO)
  - Nurse - 1.840 EURO (total cost for employer 2.450 EURO)

- Minimum salary in the country
  - 608 EURO
- Average salary in the country
  - 1.600 EURO
- Salary development in the last 5 years – care givers
  - + 66 %
- Living costs

Rental flat in cities between 20.000 – 50.000 inhabitants. All costs in 2021.

3+1, 75m2 – 588 EURO

2+1, 60 m2 – 470 EURO

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Working conditions

- Working time
  - One shift – 40 hours a weeks
  - Two shifts – 38,25 hours a week
  - Three shifts – 37,5 hours a week
- Holidays (in and outside of the social sector)
  - Mandatory holiday in private sector 4 weeks (most have 5)
  - Mandatory holiday in public sector 5 weeks
  - While working with people with psychiatric diagnoses – 6 weeks
- Work bonuses for the employees
  - Public sector 2 % of the total personal costs
    - Lunches, retirement insurance, holiday, children summer camps, vitamins
  - Private sector - tax benefits
    - 140 EUROs/month for accommodation
    - 2000 EUROs/year for retirement insurance
    - 5,5 EURO for a lunch
- Rates in 2018
  - 2,34 care givers (not nurse and social worker) per client, may be under 2 now

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Retainment of the staff

- Fluctuation rate of the staff
  - Differs from 0 % in some regions (expect for maternity leaves and retirements) to 20 – 25 % in bigger cities
  - Czech rep. - lowest unemployment rate in Europe fo almost 10 years (2,5 % Eurostat)
    - 300.000 vacancies
  - Reasons
    - Demanding work, burn out, pressure, stress, salaries (x health care), night shifts, etc.
  - How to stop that
    - Raise work safety, reduce workload, provide health and mental care programmes for the staff (prevention and intervention), salaries raises, etc.

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Attractiveness of the sector

- How attractive is the sector in comparison to others
  - Still not sufficient attractive
- Changes in attractiveness (pandemic)
  - It’s better
  - + 22 % students in nursing schools

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Work safety – no relevant data

- Sicknesses rates
- Injuries
- Leaving the social sector due to health problems

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Qualification

- Types of contracts
  - Employed x self-employed (freelancers)
    - Freelances are not allowed
- Qualification for care staff
  - Basic school, clean record, 150 hours qualification within 18 months
- Qualification for managers
  - None

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Good practices examples

- Associations‘ activities
- Governments‘ activities
- Digitalization

Promotional campaigns

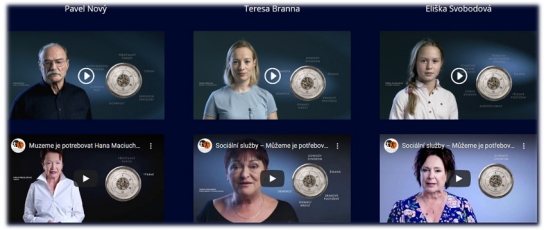
Established in 1991

2016: **„Dokážeme slyšet i to poslední přání…?“**

- Perception of the needs and wishes of people in the terminal phase
- 8 135 viewers in the cinemas

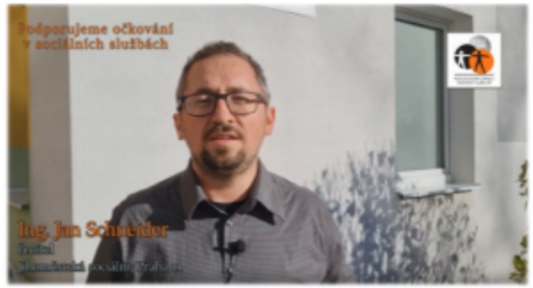
2019: **„Můžeme je potřebovat“**

- point out that social service providers are key entities which help solve difficult situations
- 150 000 viewers in cinemas + 30.000 FB



2020/2021: **„Pandemie covid-19“**

- Special thanks and support for workers during the covid-19 pandemic
  - Printed media, internet, FB – 2.600.000 views
- APSS CR support vaccination



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Social dialogue

- The role of Trade Unions
  - Bargaining
  - Part of social dialogue
- The role of social dialogue
  - Financing
  - Changing in laws
  - Renumeration
  - Work conditions
  - EU funding
  - others

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Migrant workers

- How many (in %)
  - Estimate of 5 – 7 %
  - Will raise from UA
- Outside or inside of EU (what countries)
  - Inside – Slovakia only
  - Outside – Ukraine, Belarus
- Main problems/challenges
  - Qualifications acceptance, bureaucracy, language (not so much)

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What is needed:

- Renumeration
  - COVID bonuses
- Attractivity of the profession/of the sector
- Work load
- Campaigns (staying in the field, come and join us, become a nurse, using informal caregivers)
- Recruitment abroad
  - Ethical issues
  - Recognition of qualification
- Recognition of foreign qualifications/informal carers
- Aiming at groups demanding party time jobs
- Stay in the sector – intern jobs
- Digitalisation and technologies

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EAN workforce summit

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Arja Kumpu
Finland

April 5th, 2022

Malmö

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Basic facts

- Capacity of care sector in the country

Social and health care sector together 2021 410 000 employees (2020 402 000), the numbers include all staff at social and health care sector (incl. hospitals, health care centers, services for the elderly)

- How many people are working in the LTC sector

About 29 600 (2018) , qualified nurses 2 600 and practical nurses 22 000

- How many are still missing/needed

Program: Towards Age-Friendly Society
Working group report on reforming the services for older people (www.stm.fi)

-> + 80 300 by 2030 (ageing society and the new program above)

- Full time versus part time jobs

Most are working at full time jobs, somebody can work

shorter week (for ecxample about 30 hours by week)

about 14% from employees work at part time jobs (2020)

many nurses want to work as temporary staff (by staffing agencies)

- 40% of nurses will retire by 2030 (this is big challenge)

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Salaries/wages

- Average salaries in the care sector (, basic salary, public sector)

Qualified nurses 2 600€ / month (private 3 096€)

Practical nurses 2 206€/ month (private 2 586€)

Assistant care 1 814€/month

-> personal bonus, separate allowances in addition to the salary (evening, Saturday, Sunday)

Director of the Elderly Services 4000€/ month

- Minimum salary in the country 1 300€/ month
- Average salary in the country

2 992€/ month (incl. full time and part time jobs), 3 291€/ month (full time jobs)

- Salary development in the last 5 years

at period 7/2020 – 7/2021 +2% (average), at care sector +1,7%

- Living costs

Consumer price index change 2020-2021 +2,2%

- What is needed -> better wages and develop the new benefits for the staff and new solutions to do your work

The nursing strike in Finland (www.helsinkitimes.fi/nursingstrike)

- Trade unions yesterday rejected a settlement proposal submitted by the national conciliator, guaranteeing that some 25,000 healthcare professionals, such as nurses, practical nurses and radiology nurses, will go on strike in six hospital districts across Finland on Friday (1.4.2022).
- The strike will affect the hospital districts of Helsinki and Uusimaa (HUS), Pirkanmaa, Central Finland, North Savo, North Ostrobothnia and Southwest Finland.
- The proposed terms and conditions of employment would have applied to a total of 420,000 municipal-sector employees, including nurses, physicians, social care personnel, teachers and educators.
- Wages have been the main bone of contention in the labour dispute. The Union of Health and Social Care Professionals (Tehy) and Finnish Union of Practical Nurses (Super) have demanded that the wages of social and health care workers be raised by 3.6 per cent a year over the next five years in addition to regular raises. Their demands were dismissed as too expensive by Local and County Government Employers (KT).
- KT response -> the contract for 2 years, together +3,9%
- Negotiations continue….

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Working conditions

- Working time

  38,15 hours/week, 3 weeks period 114,45 hours

- Holidays (in and outside of the social sector)

  public sector 36 days by year, private sector about 32 days by year

  (at summer time 3-4 weeks, at winter time the rest of holiday)

- Work bonuses for the employees

E-pass (value 100-200€ by year, possible to buy tickets, culture, wellfare or exercise services). Private sector -> pizza-Friday, free morning or afternoon coffees

- Rates LTC-care (minimun rates)

  1.10.2020 0,50 nurse/ client; 1.1.2021 0,55 nurse/ client; 1.1.2022 nurse 0,60/ client;

  1.4.2023 0,7 nurse/ client

  Homecare -> no accurate rates yet, it is difficult to define closely

The RAI Assessment System have to take in use at the care units at the latest 1.4.2023 (www.thl.fi/en)

Towards Age-Friendly Society Working group report on reforming the services for older people (STM025:00/2019) -> include the new goals of LTC-care and home care, minimum rates

Retainment of the staff

- Fluctuation rate of the staff
  - Reasons

Homecare -> too much clients/ nurse, clients need very much help and support. Employees feel, that they haven`t enough time to do their work, Covid-19

LTC -> Covid-19 restrictions, not enough nurses, clients have many diseases and need of care is high, not enough medical support for nursing homes

The level of wages, unclear responsibilities and job descriptions at workplaces,

dissatisfaction with leadership, feeling of being able to make an impact to the development of work

Employees feel, that they their work is not enough valued (employers, society, relatives)

  - How to stop that

Good cooperation with the schools is important (training courses), positive coverage of nursing work at all, every employee have to see his/ her work as nurse valuable

Listen to the ideas and feedback of staff

There is any specific way to raise the profile of nursing, it is important to find the new ways to do it

Attractiveness of the sector

- How attractive is the sector in comparison to others

It varies, always there is coming new nurses. But the expectations from one's own job and workplace are high. The hopes, salaries/ wages and reality do not meet! As nurse you have high responsibility about clients.

- Changes in attractiveness (pandemic)

Covid 19 and tight restictions have been challenge,

many nurses have difficulties to motivate themselves at work (hurry, the clients need of care is high).It have been developed the new ways to do the care and new task areas during the pandemic time.

- Campaigns to raise the attractiveness

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Work safety

- Sicknesses rates

Qualified and practical nurses -> at 2020 about 21-29 days/ year (about +1,5 – 3 days more than 2019)

At administration the level sickness rate is lower

Young employees have higher sickness rates that employees over 50 year and older

- Injuries

2020 injuries at workplaces together 5 639 and injuries at the trip to workplaces together 1 453

- Leaving the social sector due to health problems

Musculoskeletal disorders (back, knees), mental disorders, burn out and fatigue

- .....

Qualification

- Types of contracts

The most part of care staff is employed

At homecare there is some self-employed (based at the contract with municipalities or with joint municipalities)

The municipalities and joint municipalities also buy the care services from private sector

- Qualification for care staff

Qualified Nurses -> the degree from University of Applied Sciences

Practical Nurses -> the upper vocational degree in Social and Health Care

Care Assistant -> the vocational degree in Social and Health Care

All nurses have to be registered Valvira`s (National Supervisory Authority for Welfare and Health) public register Terhikki and Suosikki (www.valvira.fi/en)

- Qualification for managers

University degree (Master of Social Sciences or Master of Health Sciences)

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Good practices examples

- Associations‘ activities

Cooperation with the ministry of Social Affairs and Health and with Trade Unions, Statements

Discussions with the members of Association

- Governments‘ activities

Health and Social Reform (1.1.2023), new Wellbeing Service Counties (21), main focus is to improve the availability and quality of basic public services throughout Finland

The new program for the adequacy and availability of social and health care personnel (STM 13:2022)

Towards Age-Friendly Society
Working group report on reforming the services for older people (STM Reports 2020:16)

(www.stm.fi/en)

- Digitalization

Digital services (remote receptions and service needs assessment, virtual care), new digital solutions, which support to live at own home as long as possible

Telephone and wellbeing services (Service Center Helsinki)

- Transportation services for disabled and elderly
- Contact Center 24/7
- Virtual care - 200.000 contacts/month

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Social dialogue

- The role of Trade Unions

  Talentia The Union of Professional Social Workers (www.talentia.fi/en)

  TEHY The Union of Health and Social Care Professionals Finland (the union for qualifies health and social care and early childhood education and rehabilitation professionals, students) (www.tehy.fi/en)

  SUPER The Finnish Union for Practical Nurses (social and health care services with an upper secondary level qualification, students) (www.super.fi/en)

  JHL The Finnish acronym for Trade Union for the Public and Welfare Sectors (Julkisten ja hyvinvointialojen liitto) (www.jhl.fi/en)

The basic role of trade unions is to affect the level of wages, working conditions, well-being at work and increase the attractiveness of the sector . Most important are wage negotiations with employers

- The role of social dialogue

there must be a balance between work, working conditions, training and own resources, working team meetings, a sense of inclusion and influence, the directors have to have time for employees

Migrant workers

- How many (in %)

  qualified nurses 3,3%

  practical nurses 3,8%

- Outside or inside of EU (what countries)

  Most of them are coming from Spain and Estonia

  Russian (not anymore), different countries of Asia

- Main problems/challenges

difficult to adapt to the finnish society and work culture,

language problems, missing social and safety net, previous examination demands studies in Finland

Many want to go back home after a couple years

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Ideas what to do - to change that !

The new total system to hiring nurses:

- supporting the spouse's employment opportunities
- assistance with housing arrangements (where to live)
- better opportunities for families to find day care places, schools
- to market your area's services as a whole (all services, culture, exercise opportunities, public transport and so on)
- support person/ family for migrant workers

-> we need the new ways to hire nurses, better benefits for them and enough salary

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EAN workforce summit

Pascal CHAMPVERT

Didier SAPY

FRANCE

April 5th, 2022

Malmö

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Basic facts

- 1 500 000 elders cared for

→600 000 in nursing homes

- 630 000 workers

→ 400 000 in nursing homes

→1,5 client per worker

- Home services = 2 hours of daily care

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Lack of staff

- Rate of absenteeism : 12% (other social services = 10%)

- Turn-over :

→ 15% in nursing homes

→ 20% in home services

- Over 80% of all facilities declare a lack of staff

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Salaries/wages

- Average salaries :

→ Home services : 1370 € / month

→ Care workers : 1750 €

→ Nurses : 2026 €

→ All French workers : 1837 €

- Poverty line in France : 1102 €

→ 17,5% in elderly care under the poverty line

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Working conditions

- Full time working time in FR : 35 hours / week
- 5 weeks holidays / year

- 20% of part-time jobs in elderly care

- Rates :

→ 0,6 worker / client

→ 1,5 client / worker

→ @home : 2 hours of average daily care

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Work safety

- Working accidents rates :

→ 3 x the national average
→ Raise of 45% in the past 10 years

→ 94,6 / 1000
→ 60 / 1000 in the buiding sector
→ 33,5 / 1000 in France

Retainment and Attractiveness

- Absenteeism is lower where qualification is higher
- Absenteeism is higher when turn-over is higher

- How to meet the new expectations of our workers ?
  1. Meaning of their jobs
  2. Working conditions
  3. Trust / Recognition
  4. Responsibility
  5. Wages

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Current actions and policies

- Decision of the Government of a 10% raise for all the salaries in elderly care → not sufficient
- National communication campaign, including tv advertisements, to promote the sector (and raise attractiveness ?)
- National plan of investment to improve living and working environments (1,5 billion € / 5 years)
- Design by our professional organizations of new training programs for new workers without any qualification

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What shall be done

- A budget to recruit immediately 2 more workers in every nursing home and home service
- Raise the staff rate from 0,6 to 0,8 per client
- Improve the image of the elders by struggling ageism
- Improve the brand-image of the sector by focusing on freedom, rights, citizenship, social life, at home as in nursing homes : attractiveness for the workers starts with attractiveness for the clients

→ A GLOBAL TRANSFORMATION OF THE SYSTEM

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Thanks for your attention.

Italy – ANSDIPP paper - Critical issues in staff management

The issue of the shortage of professionals is one of the themes highlighted in the recent annual report of the italian National Observatory on Long Term Care.

The Long Term Care Observatory was created in 2018 at Bocconi University in Milan with the aim of promoting research activities and opportunities for comparison in the Long Term Care sector in Italy. We recall that in Italy, out of 3.8 million non-self-sufficient elderly people, about 300,000 are accommodated in residential facilities. The current system has little capacity to cover the needs: public welfare reaches a maximum of 30% of the elderly in *long-term care.*

Once again this year, the Observatory's Annual Report gave a voice to the most important Italian managers in the sector and collected evidence of what we are experiencing.

Companies in the sector are trying to innovate, as evidenced by the success stories collected in the Report.

But how can we think about innovation if the main critical success factor - people - is missing? Without people, change cannot happen.

The report first of all takes a snapshot of the elderly care sector in Italy and highlights the scarcity of central figures (professionals) in the care and assistance of the elderly. Let us first of all look at some data.

In residential services for elderly LTC, 85% of the people working in the sector are women and 12% have a migrant *background.* Salaries in the sector are lower than in the public health sector: while the average hourly wage in public hospitals in Italy is about 15€, in the LTC social and health care sector it drops to about 11€. Workers with external contracts in cooperatives in the sector amount to 380,000, reaching in some structures 75% of the total. The average Italian figure is two operators for every 100 over 65. The OECD (Organisation for Economic Co-operation and Development) average is 5 operators for every 100 people over 65.

In conclusion, at the end of the year 2021, the LTC sector was short of 13% of health and social workers, 18% of doctors and 26% of full-time equivalent nurses (60,000!) due to a structural shortage of professionals and competition between the health and social care sectors in attracting new recruits.

The main consequences of this state of affairs are the overloading of the staff already in service, the difficulty in managing holidays and shifts, and a high risk of burnout. 100% of the managers of Italian residential care homes declare that they experience a critical situation in the management of their existing staff due to staff shortages (94%), unsatisfactory contractual and salary conditions (56%) and cases of burnout (38%).

Those who lose out the most from this situation are the dependent elderly in old people's homes and all the other frail persons: if there is a lack of staff, the care is less.

There is a lack of personnel because the state and the regions have not trained enough of them. In 20 years, universities have provided 100,000 fewer places to graduate in nursing than are needed. Courses for social and health workers are often scarce, or lacking in enrolment. By 2027, 35,000 doctors will retire, and probably not all of them will be replaced.

A concrete commitment is needed to ensure that in future there will be sufficient health, social, care and volunteer staff to cover the workload and to provide the most vulnerable people with care and assistance.

But how to respond to staff shortages? Organisations, the Report argues, have ABSOLUTELY understood that in order to retain staff and attract new ones they need to invest in their organisational identity and culture, and to communicate this.

The fourth report devotes an entire chapter to personnel, **first of all outlining the specificities of the social and health sector and its criticalities, again with reference to the staff employed**.

Among the specificities of our sector, that of **multi-professionality** is central, because the needs of users are highly diversified and it is necessary to take care of them in a multidimensional way at 360° (team work involves different cultures and professional ethics with equal importance. In this sense, multi-professionalism generates richness but also complexity. And this complexity must be managed with GREAT competence not only by those in charge of the services, but also by the individual professionals in the field, for whom specific training courses must be provided. Even the best professionals in technical terms need training and learning time to be able to operate at their best in a multi-professional context.

The issue of **outsourcing of services** is also still relevant. By acting on staff as a mere cost factor, outsourcing can lead to a weakening of the services themselves, negatively affecting the creation of corporate and service cultures, and the attractiveness of LTC services for workers and professionals.

Finally, there is a lack of feeling of sectorial identity, with the world of the elderly seen as **a second best or a transit sector** before moving on to better perceived and valued worlds (such as healthcare). Working in the elderly sector is not economically viable because in health care it is possible to aspire to better salaries and guarantees, and it is perceived as less qualifying and less complex, highly demanding: a second class choice compared to the alternative of employment in hospitals or in local health services.

All these issues contribute to aggravate the crisis of the sector caused by the structural shortage of professionals (nurses, doctors and operators). If there are few professionals and the LTC sector is unattractive because it is highly complex, in search of a professional centre of gravity, without a clear identity, a vicious circle is created whereby there are few professionals available at all, fewer and fewer for the sector and therefore an increasingly weakened sector.

The strategies implemented so far and already adopted by managers can be summarised in four different approaches:

1.short-term: the search for personnel in foreign countries by entering into agreements directly with foreign consulates, building strategic alliances concentrated in certain geographical areas (former Yugoslavia, North Africa, Central America). They look for countries that offer profiles with training courses similar to those provided in Italy or that do not pose particular cultural and social barriers to relocation for work purposes;

2.short-term: increased use of intermediaries such as employment agencies or similar, relying on the ability of these actors to intercept candidates. This strategy does not solve the problem but is suitable for managing contingent situations;

3.in the medium to long term: work on the attractiveness of job offers, both in terms of remuneration, contractual protection and benefits, and with respect to the attractiveness of the position and the organisational context with respect to the health sector (which is also experiencing staff shortages...). In other words, by focusing on the characteristics of the LTC sector (multi-professional mix, modular care services);

4.in the medium term: focusing on in-house training offer in order to train their staff and then retain them. With respect to the less qualified figures of the socio-healthcare workers: making the structures for the elderly and their managers become training subjects who place themselves on the market to offer not only work but also professional training. With regard to nurses and doctors: by focusing on university traineeships, investing in agreements and stable partnerships that can spread a culture in the sector. Without forgetting that in addition to more operators, we need better and more trained operators who are ready to manage service models that are different from the past.

Strategies for the future can be summarised in three possible ways:

1.in the medium term: to increase the number of operators available in the LTC sector, a possible driver of employment and therefore economic growth, by working at system level (and not at the level of individual operators) on various issues:

-directing university and vocational training courses to the elderly sector;

-defining common recruitment paths in the public and private sectors (which currently follow different logics and processes) in order to select valuable profiles and be able to make equally valid job offers;

-acting on contractual and pay leverage, trying to standardise contracts, career and pay proposals, because in the medium term differences become detrimental to the system.

2.in the short term: change the mix of professionals. The current system of tariffs or similar simplifies the offer so much that the work done with and on individual professionals is overshadowed. If the critical issue is the shortage of certain profiles, and these are not the core ones for the service, we can review the way the services work (as a mix of staff and investments made on individual professions). The rationalisation and systematisation of team work can lead to the identification of other professionals (by profile) who can participate in the services, redefining the numerical balance between operator and staff;

3.in the medium term: remodelling of services. A reflection on "what" is being done, with whom and for whom is always a good thing and makes it possible not to take for granted that we should continue to perpetuate unchanged models and on the basis of administrative-normative standards;

4.Short-term: a team effort at system level (managers' representatives and policy makers) as well as at the level of individual managers. In the first case, acting on strategies in unison; in the second, also working on the quality and satisfaction of LTC workers.

For further information please contact:

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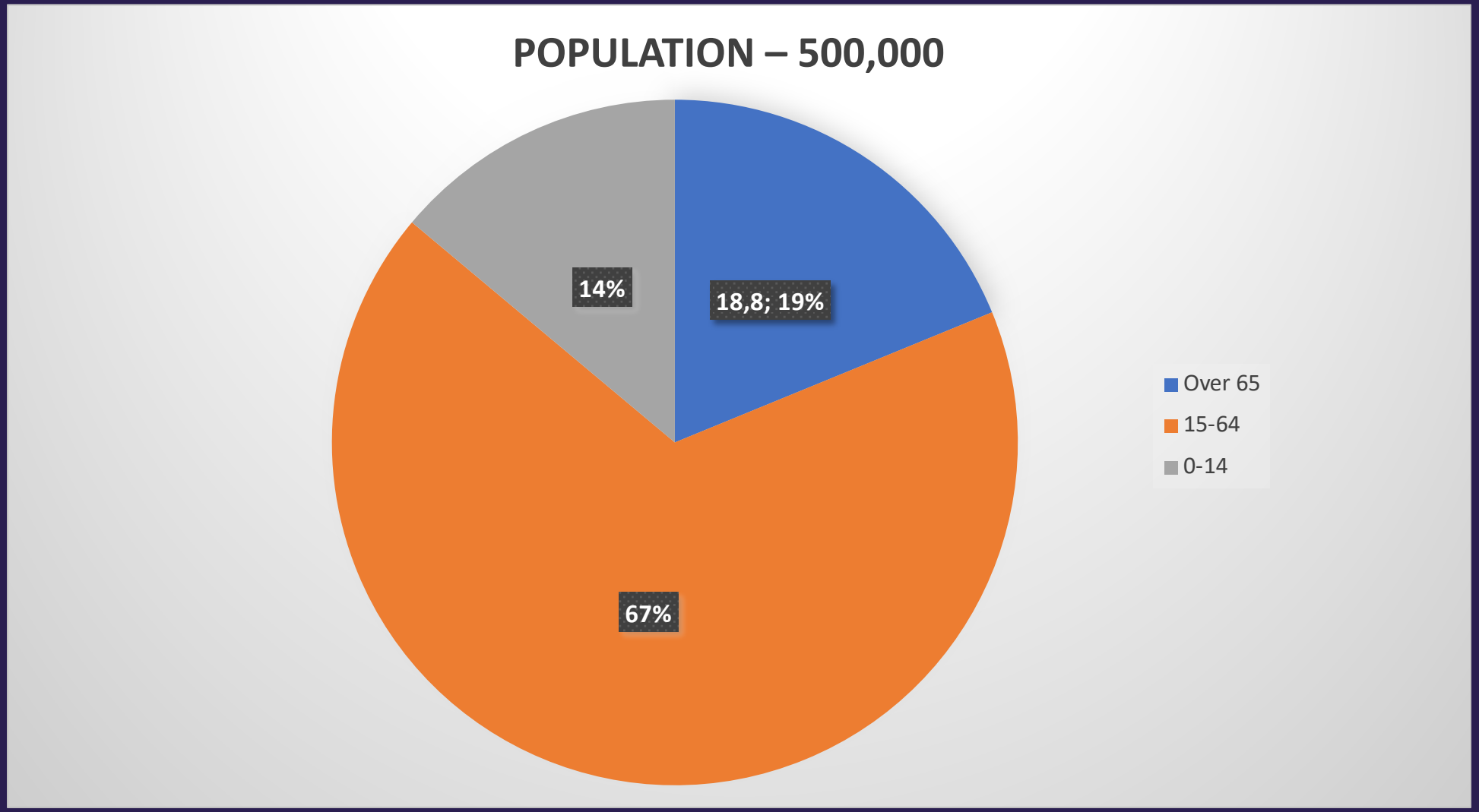
Basic facts



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Long Term Care

- Community Care
  - ✓Domiciliary Caregiving
  - ✓Domiciliary Nursing
  - ✓Day Centres
  - ✓Geriatrician
  - ✓Respite Care
  - ✓Allied Health Professionals
  - ✓Continence Care
  - ✓Dementia Intervention Team
  - ✓Live-in Care
- Residential Care
  - ✓State – Private Public Partnership Model (60%/80% of pension entitlements and 60% of any other income)
  - ✓Church
  - ✓Private

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- In 2016 the number of people depending on others to carry out activities of daily living stood at 17,000, and is projected to increase to 37,000 by 2070, accounting for 6.2% of the total population.
- In 2018, the capacity for residential long term care was that of approximately 5,300.
- 75% of workforce working with older persons works in Residential Sphere.
- In 2019, 7,256 staff members worked in LTC – 26% working in the public sector, 74% working in the private sector.
- In 2018 there were 209 Live-in carers (174 of which were Filipinos).

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Salaries/Wages

	EURO
Average Salary in Care Sector	6.21/ Hour or 16,609/ Year
Minimum Salary in Malta (2021)	4.95/Hour or 792/Month
Average Salary in Malta	18,660/ Year
Living Costs	700/Month, excluding Rent

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Working conditions

- Full- time working hours should not exceed 48 Hours per week.
- Staff in care sector normally work 12 hour shifts.
- Staff Ratios (In accordance with the older person's level of dependency)
  - ✓ Minimum level of care for low to medium dependency should not be less than 2.38 hours of nursing/caring per resident per day with at least 0.38 hours nurse supervision per resident per day.
  - ✓ Minimum level of care for high dependency should not be less than 2.85 hours of nursing/caring per day with at least 0.45 hours nurse supervision per resident per day.
- Live-in carers – work 6 days per week 24/7 with one day off and one month leave per year (Becoming increasingly difficult to find).

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Retainment of the staff

- High staff turnover, particularly due to the STRESSFUL nature of work, combined with LOW WAGES.
- Staff are overworked, and staff ratios are not abided to, leading to staff burn-out and a decrease in quality of care due to the increase in demand.
- The physical work environment plays an important role in staff satisfaction also, and this is often overlooked.
- The role of staff in the care sector is not always recognized and appreciated. People are becoming more demanding.

Attractiveness of the sector

- In comparison to other sectors, the care sector is not attractive, especially with the upcoming generation.

- Working in the Care Sector involves a lot of responsibility; however, the salary does not reflect this.
- This sector is often depicted in a negative way, due to the poor working conditions and job precariousness. Therefore, leading to shortage of staff.

- The COVID-19 Pandemic increased staff burn-out and further decreased attractiveness of the sector.

- No particular focus on campaigns for staff in specific areas of the sector (such as working with older persons). Campaigns focus on professions, for example nursing.
- In Malta, employers tend to opt to employ third-country nationals.

- Reforms in Malta to increase training programmes in the sector of care for older persons.

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Work Safety

- Understaffing leads to increased incidents and possibilities of errors, such as medication errors.
- Due to deceased nursing ratios, carers are asked to administer medications.
- Due to staff being overworked, this might make staff become agitated easily in highly stressful situation, leading to client agitation.

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Qualifications

- Care Workers - MQF (Malta Qualifications level Framework) Level 3 minimum.
- Nurses – Hold a nursing degree, recognized by the University of Malta.
- Home Manager – Minimum of 2 years experience in a management role related to geriatric care, as well as a qualification of at least Masters level in management and/or health related science and/or geriatrics

8	Doctoral Degree	
7	Master's Degree Post-graduate Diploma Post-graduate Certificate	
6	Bachelor's Degree	
5	Undergraduate Diploma Undergraduate Certificate	VET Higher Diploma Foundation Degree
4	Matriculation Certificate Advanced Level Intermediate Level	VET Diploma (iv)
3	General Education SEC Grade 1-5	VET Level 3 (iii)
2	General Education Level 2 SEC Grade 6-7	VET Level 2 (ii)
1	General Education Level 1 School Leaving Certificate	VET Level 1 (i)
B	Introductory Level B*	
A	Introductory Level A*	

* These are not yet included in legislation

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Annotations

i. A Full VET Level 1 qualification should enjoy the same parity of esteem as a Full

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Good practices examples

- Associations‘ activities
  - ✓Promotion of professions in the care sector.
  - ✓Promotion of the Care Sector on media.
  - ✓Exhibitions at events.

- Governments‘ activities
  - ✓ Scholarships for masters' programs by the Ministry of Active Ageing.
  - ✓Careers days for students in secondary school.
  - ✓Work Placements.

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Social Dialogue

- Trade Unions - Malta Union of Midwives and Nurses (MUMN), General Worker's Union (GWU) and UHM Voice of the Workers.
- Public Service Collective Agreements for workers in the public sector.
- No sectoral Agreements for workers in the private sector.
- Work Regulation Orders, that employers should abide by.

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Migrant workers

- 43% of Foreign Workers in Malta work in Long Term Care Sector. 46% of which are migrants (Filipinos, Indians, Pakistani), and 54% from EU countries (2018). Main problems/challenges
  - ✓Language and Cultural Barriers.
  - ✓Culture shock for persons coming from outside EU.
  - ✓Approach to care.
  - ✓Decreased stability.
  - ✓Obtaining Residence Permits.

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Ideas what to do - to change that !

- ✓ Promote Volunteering.
- ✓ Undertake constant research to be able to assess needs on the basis of facts and not mere impressions.
- ✓ Establish clear codes of conduct for gate-keepers that ensure an equitable allocation and distribution of resources that manifestly does not depend on political patronage.
- ✓ Ensure that quality of care is monitored on a regular basis in both private and public sector institutions.
- ✓ Enforce standards by the Social Care Standards Authority, and introduce penalties.
- ✓ Develop Targeted Outreach Strategies.
- ✓ Promote Peer Support amongst staff - Peer Mentorship.
    - Support new staff as they transition into their care roles
    - Encourage an organizational culture of collaboration, learning and problem solving.
    - Establish trusting relationships.

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- ✓ Ensure Effective Supervision – Person-Centred
  - Support workers growth
  - Gather information on the workers perspective
  - Engage to worker in generating possible solutions.

- ✓ Develop Advancement opportunities.
  - Specialty training opportunities
  - Creating advanced roles ex: senior care assistants, Peer mentors, Assistant trainers etc

- ✓ Invite Participation of Staff.
  - Cross-functional teams.
  - Learning Circles.
  - CPD’s being carried out nu staff members.

- ✓ Recognize and Reward Staff.
  - Recognise staff for specific actions and outcomes
  - Implement formal recognition programmes.
  - Encourage peer – to – peer recognition.

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EAN workforce summit

Tim Kind
Policy Advisor
ActiZ
The Netherlands

April 5th, 2022

Malmö

WWW.EAN.CARE

The Netherlands

- Population of 17,44 million inhabitants
- LTC Capacity of 17,2 billion euros
- Workforce of 468.000 care professionals in LTC
- 2 million clients in LTC, 4,5 million clients in 2040
- 152.000 beds in nursing homes
- 9/10 works parttime (<36 hours a week).
- Generous welfare system under pressure: how many care services can we publicly finance through taxes?

The Netherlands

LTC system consisting of three pillars

Act	Responsibility	Services
Social Support Act	Municipalities	Household Assistance, Individual Support, Group Activities, Mobility
Care Insurance Act	Care Insurance Companies	Home Care, Hospital Care
Long Term Care Act	Regional Care Offices	Institutional Care, Nursing Home Care

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Labour Market Challenges

- Currently a shortage of 60.000 workers in LTC
- 2030: 150.000 workers will leave the sector due to their age (>55) (replacement challenge)
- 2030: Additional 150.000 workers are needed as a result of the ageing society in The Netherlands
- 2030: 300.000 additional workers needed in LTC
- 2040: 25% of Dutch labour market will work in LTC

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Labour Market Challenges

- Additional challenge 1: Shift from institutional care to home care
- Additional challenge 2: potential of kinship/informal support will decrease dramatically (10/1 → 4/1)

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Salaries

- Minimum monthly salary in the Netherlands (1725 before taxation (37%)
- Average Living Costs: 1385-1412 euros (before inflation and rising energy and housing costs)
- Average salaries in LTC: 2840 euros (before taxation 37%)
- Compensation for the developments of loans in other Markets by the state: standard annual indexation
- Salary development over the last 5 yeary: 2017 (1%) 2018 (4%) 2020 (3,5%) 2021 (3%) 2022 (2%)

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Working conditions

- Full time workweek of 36 hours
- 6,5 weeks of holiday spending (4 weeks is mandatory)
- Irregular hours contribution: eveningshift 122%, nightshifts 144%, sunday and holidayshifts 160%
- Bonuses: 13th month (8,33%) and holiday contribution (8%)
- Extras: lunches, bicycles
- 1,02 workers per client in Nursing Homes (2020), approx.. 1,2 workers per client is mandatory

Retainment of staff

9% of workers leave the LTC sector every year (approx. 45.000 workers)

Influential reasons (56%)

managementstyle (19%), lack of challenges (17%) career opportunities (17%) work environment and cooperation with other professionals (15%) type of clients (12%) salary (9%)

Non-influential reasons (44%)

pensions, sickleave, workstudents etc.

Attractiveness

- Hard to compete with hospitals (more challenging work)
- Hard to maintain workers who transferred to LTC during COVID-19

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Workers' safety

- Sickness rates: 8,3 % (Q4 2021), main reason is the high workpressure (44% of workers) and impact of COVID-19
- Injuries: increasingly stress related
- Leaving the LTC sector due to health problems (3,7% of workers)

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Types of Contracts

Total of 468.000 workers in LTC:

- Permanent contracts: 321.000
- Temporary contracts: 107.000
- Self-employed: 22.000 workers
- Temporary contractors: 18.000 workers

** We see a rapid increase in self-employed workers in the Dutch economy.*

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Qualifications

Qualification of Care Staff

- Level 7: Specialist Nurse (6 years of education) Msc Nursing
- Level 6: Higher Nurse (4 years of education): BSc Nursing
- Level 4: Middle Nurse (4 years of education)
- Level 3: Care Worker Individual Health (3 years of education)
- Level 2: Care assistant (2 years of education)

Qualifications for managers

- No standard education mandatory
- In practice many managers have a management degree

Good practices examples

National programs

- Digital competent in care: Free digital skills training for all workers in LTC.
- Covid-19 jobs: full loan compensation for new workers in LTC.
- The Care Inspirator: Platform aiming at enticing workers to stay in the care sector
- The National Care Class: Free and flexible education for all new workers in LTC.

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Social dialogue

- Dialogue based on equal knowledge and access to information: informed negotiation
- Relatively good relations with trade unions
- New collective agreement for the whole LTC sector expected in the following months: ‘the worker first’

1. More influence on working times
2. More influence on working environment
3. More influence on organizational policies
4. More influence on work-life balance

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Migrant workers

- Approx. 1200 workers in the Netherlands: 0,2 % of the workforce
- Both within Europe (Spain, Portugal) and outside of Europe (Philippines, Surinam and Indonesia)

Main problems/challenges:

1. Legislation concerning migration and working permits
2. Legislation concerning professional registration e.g. Nurses
3. Lack of financial security among investors/organizations who deal with care migration (transferring risks to?)
4. Working conditions, WHO guidelines, Preventing Care Drains and ethical standards

Future directions for LTC in the Netherlands

- Curtailing non-necessary services (e.g. household support)
- Investing in informal care innovations
- Investing in prevention
- Investing in technology
- Investing in innovative living concepts
- Investing in modular and flexible care education
- Reducing overhead costs and administrative burdens
- Reducing fiscal barriers (e.g. loaning personnel)
- Increasing opportunities for (ethical) care migration

** But still: This won't be enough….*

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EAN workforce summit

Line Melby
Norway

April 5th, 2022

Malmö

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Basic facts I

- Capacity of care sector in Norway
  - Long term care (institutions, e.g., nursing homes) and home care services are municipal responsibility
  - Universal access with formalized national patient rights, but (even) Norway has limited resources. Municipalities decide who gets which primary care services: applications, formal decisions/contracts, measuring need for services
  - In practice: all patients will be given services if they have measurable need for services, but some patients must wait for institutionalized long-term care

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Basic facts II

Norway has 5,4 mill inhabitants

- How many people are working in the LTC sector?
  - 146 059 working in all care services
  - Approx 300 full time equivalents per 10 000 inhabitants
  - 30% of municipal budget
- How many are still missing/needed
  - Recent trend with increased vacancies
  - Expected very large increase in demand for staffing in the coming years (+46% from 2017 to 2035)
- Full time versus part time jobs
  - Very large extent of part time work, but focus on increasing full time share

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Salaries/wages (2020)

- Average salaries in the care sector Approx 4600 EUR per month
- Minimum salary in the country
  - No formal national minimum salary
- Average salary in the country
  - Average salary across all sectors is approx. 5025 EUR per month
- Living costs
  - A family of two adults and two children have estimated running costs of 2750 EUR per months, excluding housing
- Changes
  - The increase in income in the sector from 2015 to 2021 was *marginally* higher for health care than overall for entire workforce

Working conditions

- Working time
  - Strongly regulated
  - Working day considered as 9 hours per 24 hours
  - Working week considered as 40 hours over 7 days
  - Full time very commonly 37,5 hours per week
- Holidays (in and outside of the social sector)
  - 25 days each year, 5 extra for age >=60
- Work bonuses for the employees
  - None

Retainment of the staff

- A 2017-report estimated to be at around 14 % annual turnover. No difference was found between different health and care services
- Increased problem in the sector over the past few years of increased turnover, particularly after the pandemic years 2020-2021

Attractiveness of the sector

- How attractive is the sector in comparison to others?
  - In general, not considered an attractive sector
  - High workload; not high wages

- Changes in attractiveness (pandemic)
  - Importance of work has been made clear, but not yet sure if attractiveness has increased – or if the pandemic has revealed the hard work

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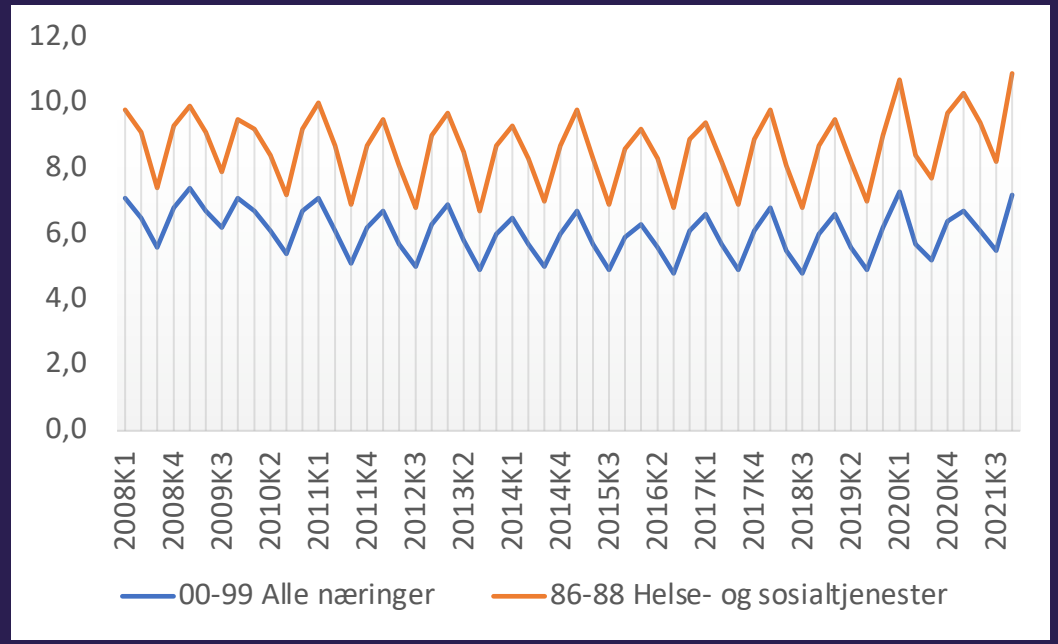
Work safety

- Sickness rates
  - Very high sickness absence rate compared to other sectors
  - Hard work, and exposure to infections, workforce cuts, vacancies



All sectors

Health and social

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Qualification

- Types of contracts
  - Highly regulated
  - Usually permanent employment contracts in municipalities
  - Only small amount of services are privately provided (non-profit and for-profit), wherein there may be a larger share of temporary contracts

- Qualification for care staff
  - 77 percent of all employees in sector have relevant health- or social education. Of those with relevant education, 68% are on college or university level
  -

Practice example I

FOR ALLE: Folk i nabolaget er velkomne til Sandsli bo- og aktivitetssenter, både innenfor og utenfor. *Foto: Marit Fonn*

[Krav om heltid endret turnusen på det nye sykehjemmet (sykepleien.no)]

- New nursing home in Bergen municipality
- Only full time posititons
- Long shifts during weekends
- Nurse team serves all the departments
- Departments led and run by health care workers (helsefagarbeidere)

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Practice example II

Sluttrapport HELTOM

Helsetjenesteteam og omsorgsteam

Bilde: Byantikvaren

- Bergen municipality tried out new organisation of home care services
- Project 2020-2021
- Teambased organisation: nurses in one team (min. 3 years edu.), staff with less education in other teams
- Purpose: utilise staff's competence in the best possible way + clients should relate to fewer healthcare workers
- Results: increased responsibility, and better use of competence, but more expensive than traditional organisation

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Social dialogue

- Ongoing dialogues between the trade unions organizing nurses, the one organizing health care workers and assistants, and the one organizing physicians about organization of work, task shift, etc.

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Social dialogue

- Norwegian Nurses Organisation:

  Salaries up – workload down!

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Migrant workers

- How many (in %)
  - *No available statistics for share of migrant workers within health- and care.*
- Outside or inside of EU (what countries)
  - *No available statistics for share of migrant workers within health- and care.*
- Main problems/challenges
  - *Formal restrictions: approved education and Norwegian language skills.*
  - *Even though Norway has the highest rate of phsycians and nurses in OECD, there is still a large demand for health care workers.*

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Scottish social care workforce

Dr Donald Macaskill
CEO, Scottish Care

Malmo, 5th April 2022

Scottish Care
Voice of the independent care sector

Basic Facts

- Scotland's: pop. **5.45 million**. **19%** over 65 (rising fast 50% increase by 2033.)
- **1 in 20** received social care support and services at some point during 2020/21.
- **91,810** people received **home care**.
- **45,845** people received funding towards a long stay **care home** place in Scotland a further **5,760** people were supported during a short stay.

- **209,690** (8% of all employed Scots) work in social care. (**66%** by IS)
- 74,870 in homecare; 52,920 in care homes; 3,270 older people nurses. = total in aged care = **137,710**
- Vacancies in 2021 **– 30% nurses; 9 out of 10** orgs had vacancies; hard to estimate homecare. Est around **30,000**
- In care homes **44%** are Part-time; **56%** Full Time ; in homecare **59% PT; 41% FT.**

Salaries and wages

- From April 2022, care worker minimum is **£10.50 ph**. Often paid more.
- Minimum wage in Scotland **is £9.50**; Scottish Living Wage £9.90
- Minimum care salary in the country c**£19,100**
- Average salary in Scotland typically around £99,600 per year. Salaries range from 25,200 (lowest average) to 445,000 (highest average).
- Gradual increase in care salaries from Government commitment – from 9.50 ph to 10.50 ph in one year. Living costs
- Huge current increases in living costs – energy, travel, food.
- Issues in homecare – not paid travel time.
- Still huge gap between salary and other sectors; no differential payments; loss of management and experience.

Working conditions

- All organisations still adhere to European Working Time Directive BUT
- Working time – typically **35** hours a week.
- Huge increase in double time during pandemic
- Statutory minimum typical – **28 days** for a 5-day week. Fairly typical outside sector.
- Very few organisations deliver bonus payments
- Typical homecare has **6-8 visits** per shift can rise to 20 in some 'checks.'
- Issues over electronic call monitoring tied to pay
- Travel time.

Retention of staff

- Pre pandemic retention rates – 76%; during 85% since (est **65-67%**)
- Recruitment is a massive cost to the sector as providers are advertising for openings on a rolling basis. Almost **75%** recruit on a daily and weekly basis.
- Almost **a quarter of staff** leave within the first 3 months of joining an organisation.
- **60%** leave in first six months.

Reasons for leaving:–

- Reality of job
- Emotional and psychological stress
- Regulatory, qualification and registration requirements
- Better pay and conditions elsewhere
- Societal regard

Attractiveness of sector

- Social care is the 4th economic contributor to the Scottish economy so has huge potential
- Draw of retail, hospitality and tourism is immense
- More money and better conditions, including access to education.
- Challenges re rural and remote locations
- Sector less attractive due to perceived risk and victimisation
- National Government campaign to raise awareness.

Work safety

- An **older workforce** – predominantly female and therefore more at risk of absence.
- **Over 40% of providers** report sickness levels being higher than the pre-pandemic average**.**
- Sickness absence level known is estimated to sit at **16%** nationally.
- High levels of mental health and burnout absence.

Qualification

- Small self-employed personal assistant sector in Scotland
- Majority of staff employed – 9% on short term contracts.
- All staff are required to register and to gain a qualification within a stipulated time-period. Annual registration fee.
- Qualification to National standard.
- All managers required to register and be qualified – University degree level.

Good practice examples

- Scottish Care has a Workforce Development and Nursing Leads
- Local development officers to support providers.
- Work around recruitment, retention, partnership etc.
- Developing the **care technologist and care navigator** roles – using design research to create care worker roles of the future – using technology.

Social dialogue

- The Trade Unions have a growing role.
- Growth of employee-owned co-operatives.
- Debate over profit-non-profit sector
- The role of social care little valued.

Migrant workers

- Before the pandemic **6-8%** of workforce in social care came from outwith UK (mainly Europe) especially in care homes. Around **4-6%** from outwith the EEA.
- Since Brexit and new immigration till Jan 2022 dramatic drop in recruitment and loss of international staff.
- Changes since Jan 2022 to make social care visa options easier – but not suitable for small and medium sized providers.
- Huge issue re nurse recruitment and ethical issues around migration.

Ideas what to do/change

- Creation of a National Care Service – run centrally with a diversity of providers.
- Resources all from centre
- Considering issues of taxation and affordability
- Need to change image of ‘care’
- Address gender and age discrimination and segregation.
- Use technology to build interest in future roles.

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EAN workforce summit

Slovenia

April 5th, 2022

Malmö

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Schedule proposal

- 6 speakers x 10-15 minutes = 60-90 minutes

Coffee break 15 minutes

- 6 speakers x 10 -15 minutes = 60-90 minutes

Coffee break 15 minutes

- Discussion 60 minutes

TOTAL 210 – 270 MINUTES

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Basic facts

- Capacity of care sector in the country

Data as of 31.12.2020: 21,321 beds, of which 13,501 beds in 54 public homes for the elderly, and 5,476 beds in 43 homes with a concession in the private sector.

There are 2,344 beds in 5 public special units for the people with mental health problems.

- How many people are working in the LTC sector

On 31 December 2020, 13,033 persons were employed in care homes, of which 9,674 in Public Sector and 3,359 in care homes with a concession to carry out activities

- How many are still missing/needed

Currently the biggest problem is in obtaining medical staff, we estimate that at least 1,000 would be needed or more.

- Full time versus part time jobs - No data, but most employees have a contract for an indefinite period and work full time.

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Salaries/wages

- Average salaries in the care sector

Average monthly gross earnings in the care sector (PUBLIC SECTOR only) 1788 EUR (dec21)

- Minimum salary in the country - 1.074,43 EUR bruto (2022) (2017: 804,96 EUR, 2018: 842,79 EUR, 2019: 886,63 EUR, 2020: 940,58 EUR)
- Average salary in the country - 2.064,12 EUR bruto (dec21)
- Salary development in the last 5 years (dec20: 2.021,21 EUR; dec19: 1.855,25 EUR; dec18: 1.782,12 EUR; dec17: 1.723,13 EUR
- Living costs – increased by 4,9 %
- What is needed

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Working conditions

- Working time – 40 hours a week (unevenly distributed working hours), maximum 56 hours a week
- Holidays - minimum 4 weeks in social care from 4 to 6 weeks
- Work bonuses for the employees –

- reimbursement of transport costs
- payment of food allowance for each working day
- the employer in the public sector allocates 2% of the wage bill to employee performance

- Rates
  - How many clients per 1 care worker - 1,64 – 2 (31. 12. 2020)

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Retainment of the staff

- Fluctuation rate of the staff – No data
  - Reasons - working conditions and working hours, higher wages in another sector (hospitals, trade)
  - How to stop that -

Among the urgent measures to solve the personnel crisis, the Association of Social Institutions of Slovenia emphasizes the improvement of working conditions by raising staffing standards, a significant increase in employees' salaries to make them more stimulating and competitive in other industries, and easier employment of workers from other countries. language, and the certification of the national professional qualification of long-term care nurse and the establishment of an appropriate educational program.

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Attractiveness of the sector

- How attractive is the sector in comparison to others
- Changes in attractiveness (pandemic)
- Campaigns to raise the attractiveness

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Work safety

- Sicknesses rates - In 2021, 7.94% of workers with health problems or disabilities were employed in care homes. 7.66% of employees were absent for a long time (long-term sick leave, maternity leave and the like).
- Injuries – No data
- Leaving the social sector due to health problems – No data
- …..

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Qualification

- Types of contracts – No data - Most employees have a contract for an indefinite period and ver
- Qualification for care staff
- national professional qualification - national professional qualification - caregiver, three years and 3769 hours
- secondary vocational education (3 years)
- high school (4 years)
- Registered nurses (RNs) are required to have a minimum of an Associate Degree in Nursing
- Qualification for managers – minimum higher professional (1st Bologna level)

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Good practices examples

- Associations‘ activities
- Governments‘ activities
- Digitalization

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Social dialogue

- The role of Trade Unions

- Public sector unions is very strong and employers must respect collective bargaining agreement in Collective agreement for the activity of health and social care in Slovenia

- The role of social dialogue - The social partners are representatives of labor interest groups (employees - trade unions) and capital (employers - Employers' Associations, chambers) and the state. Social dialogue takes place between the two social partners and the state at the state level, the main aim of which is the adoption of a social agreement.

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Migrant workers

- How many (in %)

About 11% of persons in employment in Slovenia are foreigners. Most of them are from Bosnia and Herzegovina (49% or about 49,600), followed by citizens of Serbia (13% or about 12,900) and Kosovo (9% or about 9,600). 96% of these persons were employed and 4% self-employed.

- Outside or inside of EU (what countries)

Outside of EU - former republics of the common state of Yugoslavia

- Main problems/challenges

- administrative barriers to obtaining work permits
- knowledge of the language
- education verification

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Ideas what to do - to change that !

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EAN workforce summit

Spain
LARES

April 5th, 2022

Malmö

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Basic facts

- Capacity of care sector in the country

11,6% Lares

20% public
80% private

€4.500 mill. turnover | 0,7% GDP | 5.600 nursing homes | 389.000 placements

- How many people are working in the LTC sector

Care Sector – January '21	
CNAE87 "Assistance in nursing homes"	279.836
Other affiliation codes or regimes that will be related to the care sector	
CNAE88 "Social service activities without accommodation"	324.509
CNAE97 "Household activities as an employee"	41.185
CNAE 86 "Health activities"	1.203.470
Non-professional caregivers of people in situations of dependency	60.579 (89%F – 11%M)

- How many are still missing/needed

-Placements → WHO (5) X SPAIN (4.2) → deficit of around 66.000 placements

- Workers → new agreement establish the ratio would increase from 0.41 (2023) to 0.48 (2025) in nursing homes for the elderly; in residences for people with disabilities it would be established at 0.50 (2032) until reaching 0.58 (2025)

- Full time versus part time jobs

Type of contracts in the LTC sector – (TGSS) January '22	Full time jobs	Part time jobs	Others
CNAE87 "Assistance in retirement homes"	70,1%	27,8%	2,1%

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Salaries/wages

1.000 € monthly
14.000 € per year (14)

Minimum salary in the country
January '22

2.032 € monthly
24.396 € per year (12)

/ Average salary in the country
January '19

Increase
1.538€ per year

/ Salary development in the last 5 years /
(2014-2019)

HICP
107.04
109.18

Living costs
Annual 2021

• Average salaries in the care sector

According to the current collective agreement on the sector revised in 2019 the basic wages are:

This base salary depends on the professional category and could be improved in each region of the country.

	Nursing homes, Daycare centers,..	Home help service	Tele-assistance service
1a. Directors	1.808 €	2.018 €	1.500 €
1b. Higher qualifications and Experts	1.540 €	-	-
2. Middle Management	1.213 €	1.411 €	1.347 €
3. Qualified staff	1.013 €	-	1.267 €
4a&b. Assistant staff	986 €	1.037 €	1.046 €
4c. Assistant staff	904 €	-	-

• What is needed

A new collective agreement is necessary for the LTC sector. An agreement that improves better working conditions, adjusted to the needs of the new working relationships, which takes into account the rise in the CPI and which contributes to enhancing this important sector.

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Working conditions

- Working time

-Annual limit of working hours of 1792

-9h or 10h?

-The specific sector of home help has its own limits and a different reality.

- Holidays (in and outside of the social sector)

-30 calendar days as established by the workers' statute.

- Work bonuses for the employees

-Salary bonuses: Seniority, for covering night shifts, or for working on bank holidays or Sundays

- Rates
  - How many clients per 1 care worker . Depending
    - Region
    - Degree of dependency

-The real ratio in Spain ranges between 0.3 and 0.42. Each professional attends to between 2.5 and 3 people.

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Retainment of the staff

- Fluctuation rate of the staff

31,0%

CNAE87 “Assistance in Nursing homes”
2021

23,8%

Spain average
2021

13,6%

UE27 average
2020

  - Reasons
    - Working conditions
    - Occupational health problems
    - Worker's motivations: qualification and calling
    - Geographic mobility of workers: differences between regions
    - …
  - How to stop that

Improving conditions would mean more motivation, and more motivation would mean less fluctuation.

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Attractiveness of the sector

- How attractive is the sector in comparison to others

Full employment

Improvements in the sector with the new model (CPCC)

Motivations / calling

Others

- Changes in attractiveness (pandemic)

Precarity

Anxiety

Stress

Social awareness

Visibility

Valued

- Campaigns to raise the attractiveness

Entities have been generating their own campaigns to dignify the sector. But there is no explicit intention of the authorities in this sense, which model structure the change in the LTC sector.

The effort of all the actors is necessary to achieve a true cultural change. In Spain, the culture of care had been abandoned, without giving much importance to caring and who cares, and perceiving care as an expense. The campaigns must fight to change this vision and value that the care is perceived as an investment.

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Work safety

- Sicknesses rates

2020 - Incidence in code CNAE87 "Assistance in nursing homes"			
	With Sick leave	Without sick leave	Totals
Occupational sickness. CEPROSS	178	224	402 (89,8%F - 10,2%M)
Non-traumatic pathologies caused or aggravated by work. PANOTRATSS	97	62	159 (85,5%F – 14,5%M)
Occupational accidents	11.527	-	-

- Injuries



RISK FACTORS / ERGONOMIC RISK FACTORS / PSYCHOSOCIAL RISK FACTORS

- Leaving the social sector due to health problems

As we have seen, a job as demanding as long-term care has a high fluctuation rate. The constant exposure to psychosocial risks that make daily work difficult, having to face constant mobilizations with the ergonomic consequences that it has, and the material conditions of precarious work (salary, shifts and hours) give rise to a high number of sick leave in the sector.

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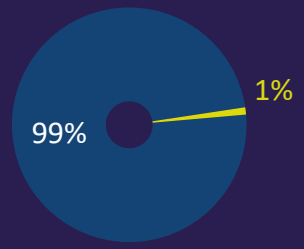
Qualification

- Types of contracts
  - Employed
  - Self-employed



- Qualification for care staff

-The collective agreement establishes a fairly low minimum qualification requirement for care professionals.

-Professional qualification in Social and Health Care for people at home

-Professional qualifications in Social and Health Care for Dependent Persons in Social Institutions

-Of all the personnel who work in the residential sector or home help, it is estimated that approximately 35% do not have official and compulsory training (AESTE)

- Qualification for managers

-University degree and specialized qualification on dependency, disability,

geriatrics, gerontology, management of Residential Centers, or other related.

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Good practices examples

- Associations‘ activities

-Personalization is a central dimension to move towards a new model of care and support

-Person-centered care represents a new relationship between people, professionals and the community

All actions carried out from the associative level aim to apply the perspective of care or support centered on the person

- Governments‘ activities

-Ministry of Social Rights - Government's commitment

-Alliances between care, business and associative networks

- Digitalization

-Technologies applied to care can improve the quality of life

-Its correct use helps the work of professionals

-Some good examples

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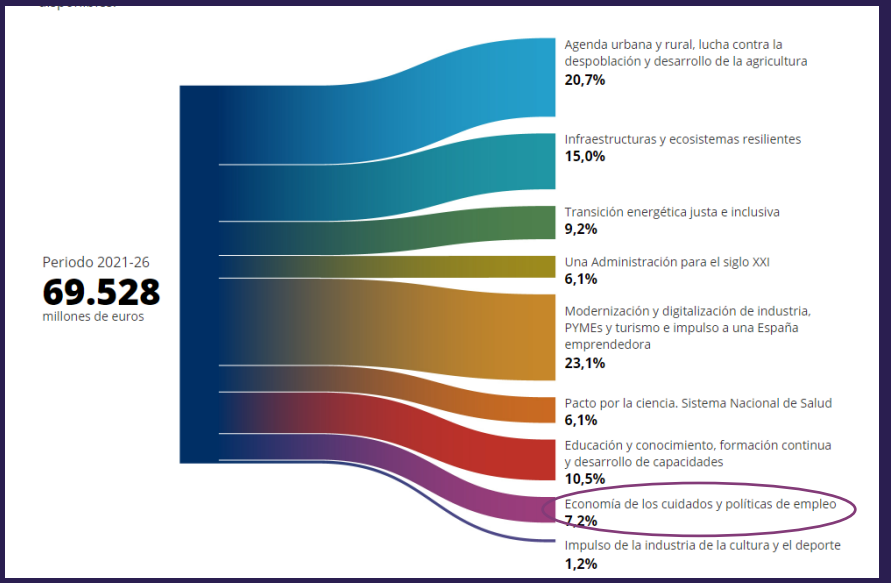
Social dialogue

- The role of Trade Unions
- The role of social dialogue
  - Government
  - Companies
  - Unions
  - Civil society



Agreement on Common Criteria for accreditation and quality of the centers and services of the System for Autonomy and Care for Dependency (SAAD)

- Collective bargaining agreement
  - Provisional extended validity until a new is signed
  - ⚠ Renegotiations of salary tables in accordance with the increase in the CPI

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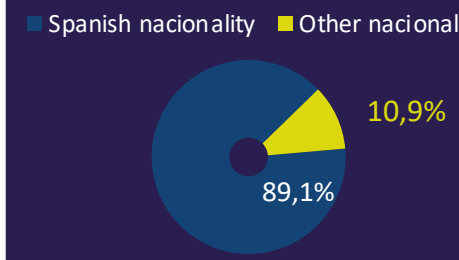
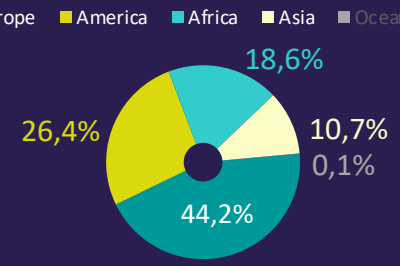
Migrant workers

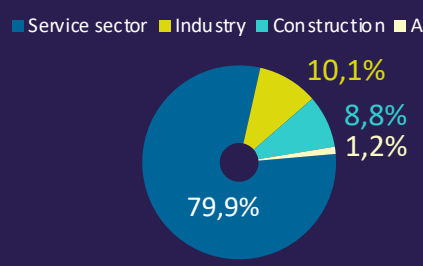
• How many (in %)



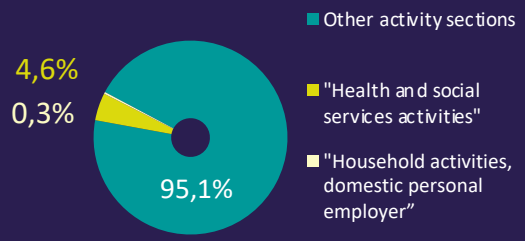
Affiliated workers in Spain by nationality



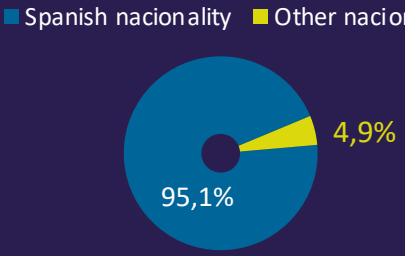
Origin of foreign workers affiliated in Spain



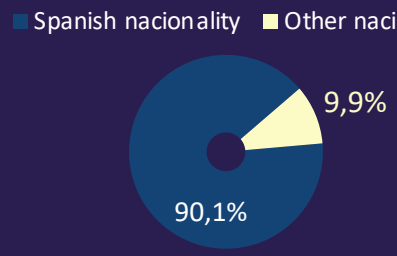
Foreign workers affiliated in Spain distributed according to branch of activity



% of foreign workers affiliated to care-related activity sections



% foreign workers affiliated in "Health and social services activities"



% foreign workers affiliated in "Household activities, domestic personal employer"

• Main problems/challenges

With the aging of the caregiver workforce in Spain, we should integrate the new young workforce that migrants represent for the sector. Initiatives such as those launched by LARES and the Colombian consulate to offer training in care to migrants arriving in our country are a good way to integrate migrants and ensure generational change in the sector.

With the new model and new culture of care, the professions related to the sector must abandon the stigma of precarity and make it visible in order to dignify it. Faced with the demographic challenge that Spain will experience in the coming years, migrant women, the main figures of this precarious in the care sector. They will be the principal character of change in the sector. For this reason, inclusive policies are necessary, through training, and allow the migrant population to integrate effectively into the sector and allow them to effectively improve their living conditions.

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Ideas what to do - to change that !

- Demographic challenge
- Active aging policies
- Change in the culture of care
- Evolution of the sector towards new model (CPCC)
  - Professionals
    - better working conditions
    - qualification and training
- Specific challenges
  - staff shortages
  - co-responsibility policies
  - social imaginary
- LTC Sector specific statistics

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Thanks for your attention.

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EAN workforce summit

Mrs Maria Mannerholm
Sweden

April 5th, 2022

Malmö

WWW.EAN.CARE

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Basic facts

- **Capacity of care sector in the country:**
  Care sector - Sweden's largest professional group
- **How many people are working in the LTC sector?**
  Nurse: 14 000, 93 % women.
  Assistant nurses - educated: 132 300, 91 % women
  Assistant nurses - not educated: 78 600, 77 % women
- **Full time versus part time jobs?**
  Part time in all sectors: 22 %. Part time in care sector: 45 %
- **How many are still missing/needed?**
  Shortage in supply for nurse and assistant nurse
  Lack of experienced staff in particular
  52 000 more assistant nurses needed by 2040

all sectors

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Salaries/wages

- **Average salaries in the care sector:** Nurse: 3.500 Euro. Assistant nurse: 2.500 Euro
- **Minimum salary**: No statutory minimum wage, determined in collective agreements
- **Average salary in the country**: 3.260 Euro, all sectors
- **Salary development in the last 5 years**: + 370 Euro, all sectors
- **Living costs:** 1 adult: 1.030 Euro, 2 adults/no kids: 1.600 Euro, housing costs not included

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Working conditions

- **Working time**:
  40 hours per week is the longest statutory regular working hours
- **Holidays:**
  Minimum25 days of holiday leave per year, regardless of your age or form of employment.
- **Work bonuses for the employees:**
  Not municipal care providers, may occur for managers in private companies
- How many clients per 1 care worker
  No official data, approx. 0,75-1,0 care worker per client in nursing homes

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Retainment of the staff

- **Fluctuation rate of the staff**
  Higher in LTC-sector than in other sectors in Sweden.
- **How to stop that?**

Four areas appear crucial to people wanting to start working in the sector – and wishing to continue.

✓Refresh, maintain and develop skills.

✓Strengthen leadership.

✓Create safe employment conditions and a good working environment.

✓New technologies in the service of health and care.

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Attractiveness of the sector

- **How attractive is the sector in comparison to others**
- Negative image - criticism of the work environment, organization and leadership is quite sharp.
- **Changes in attractiveness (pandemic):**
  The problems have been obvious for a long time, just accentuated with the pandemic
- **Campaigns to raise the attractiveness**
  To attract young persons to choose education in health and care, for example pods, humor films on social media to show all good things that not everyone knows about care. Or free driving licence-education, employers visit the schools, information campaignes etc etc…

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Work safety

- **Sicknesses rates**
  Assistant nurses, among others - highest level of sick leave. Women: average 18 days per year, twice as much as male
- **Injuries**
  Pain in the back, shoulders and neck, reactions to severe stress.
- Leaving the social sector due to health problems

  Early retirement due to helth problems

Qualification

- **Types of contracts**
- Permanent employment: 74 %, Temporary employees: 6 % , Employees paid by hour: 20 %

- **Qualification for care staff**
- Upper secondary school focus on health and social care. Adult education with focus assistant nursing. But also shorter courses -some only 12 weeks long.
- **Problem:** non-regulated degree or content of the education - great variation in competence. Lack of knowledge of Swedish is common.
- **Qualification for managers**

The absolut majority have some form of university education.

Good practices examples

Governments‘ activities

- Free eduction on paid working hours.
- Monetary compensation for local authorities to increase staff number

Digitalization

- Hand held devices for planning the work and for documentation

Information in real time for relatives

Sensors and infrared light to monitor clients

Alarm systems

Social dialogue

- The role of Trade Unions

  Strong trade unions monitor working conditions and negotiate salaries

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Migrant workers

- High percentage of the carers and assistant nurses
- Citizens in Sweden with a foreign background are 25,5 %. Outside of EU. Primarily Syria, Iran, Irak, Somalia.

- **Main problems/challenges**
- Many are hired without knowing the language
- The level of education in care is not sufficient

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Thanks for your attention.

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