The Disability Workforce in Europe: A dynamic agent for change

Professor Shereen Hussein
Associate Director, PSSRU
University of Kent
The workforce as an active agent for change

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

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

• A labour intensive and emotionally taxing line of work
  – Burnout and stress issues and management strategies
• Predominantly female
  – Both horizontal and vertical structural differences by gender
• Wages, high turnover and vacancy rates; working conditions and structure & delivery of work
• Flat hierarchy of work, little room for career development/progression
  – Supervision; training opportunities
• Migration and mobility
The disability workforce: role and key activities

① Providing personal care
② Coordinating services
③ Empowering Service user
④ Creating an inclusive society
⑤ Building relationships with informal carers and other agencies

Source: Baltruks, Hussein and Lara Montero (2017)
What attracts and retains staff

• Mainly altruistic motivations
  – Links to own personal experience
• Social exchange theory
  – Reciprocity and hope
  – Observed more in relation to certain client groups (Stevens et al. 2019a)
• Some pragmatic aspects
  – Varies for certain groups (migrants, men, BME)
• Retention
  – Economic (pay, work (in)security)
  – Organisational (reliable shifts, flexibility, autonomy, communications)
  – Work role (satisfaction, stress, support)
MOVING FORWARD: KEY ISSUES TO ADDRESS
Direction of travel

- De-institutionalisation of care
- Increased focus on choice and control (personalised care)
- Service integration
- Digital innovations
- Data and research
- Life-course concepts
- Mixed-economies of care (cost contained strategies)
Fiscal challenges

• Increased demand
  – Population ageing
  – Choices and expectations
  – Growing diversity

• Pressures to do more for less

• Refocusing policies to support and facilitate informal care

• Financing of social services are organised differently across Europe

• Some care reforms have been delayed due to financial pressures
Workforce planning

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

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

• Integrated services
  – Potential for: tailor-made, flexible and responsive services; cost effective and efficient; capacity building and innovation
  – Implemented either vertically or horizontally
  – Finland is a comparatively good example of clearly allocated roles

• The role of technology

• Addressing a growing diversity in needs, preference and expectations
The changing nature of the workforce: a dynamic process

- Understanding empowerment and choice mechanisms while maintaining key skills in health and social care
- Interacting with other professionals and actively influencing the broader range of support offered to users
- Effectively using new technologies and innovative tools
- Enabling social change, including participation in its broader terms
Conclusion and Discussion

• Clear direction of travel:
  – Deinstitutionalisation; choice and control; empowerment
  – Technology and innovation
  – Integration and communications

• A dynamic workforce is evolving

• Continuous, training, support and capacity building is needed

• Yet, shortages and fiscal challenges might compromise quality and aspiration
References


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• *Contact details:*

  S.a.Hussein@kent.ac.uk
  @DrShereeHussein