



## ANALYTICAL HIGHLIGHT

### FOCUS ON

# Skills for social care

- The care sector is multi-faceted, including provision for children, older people and people with disabilities in both residential settings and in the home. **Social care provision is increasingly integrated with community-based healthcare.**
- The care sector has generated **significant employment growth in recent years**. However, the sector suffers from a negative image and perceptions of poor working conditions, which can lead to recruitment challenges.
- Demand for care services is also shaped by demographic change, migration flows and moves towards **different models of service delivery**, such as individuals sourcing care privately.
- Evolving service delivery models influence the skills needed in the care workforce. These range from **client-centred services, technological expertise, communications skills** and more ‘traditional’ care-related competencies, such as **empathy and interaction** with patients and the ability to deal with physical and mental stress.

### What is the care sector?

The social care sector can be defined as providing help to ‘any person of any age with a social care need, which hampers the person in some of his/her daily activities’<sup>1</sup>. This broad definition reflects that, in practice, the sector is organised quite differently on a country by country basis, often depending on how it is financed.

Terms such as social services, social welfare, social protection, social assistance, social care and social work are often used interchangeably<sup>2</sup>. Service users can include children, people with disabilities and elderly people. The provision of social care to older people has been at the heart of the expansion of the sector in many countries. It is estimated that half or more of all users of long-term care are aged 80 and over<sup>3</sup>.

Social care may be provided in a residential setting (e.g. a nursing home), a day or community centre or in a service user’s home (known as ‘home care’). In many countries, the balance of long-term care has shifted towards home care, as many governments pursue the concept of ‘ageing in place’.

Care workers provide help with so-called daily-living activities, such as shopping and food preparation. They may also provide help with personal care, such as bathing, dressing, etc. In some countries, elements of nursing activity provided in a social care setting are considered part of the sector, while in other countries these activities are seen to be part of the health sector<sup>4</sup>. A long-term trend with important skills implications has been the increasing integration of health and social care provision.

Social care services are provided either by public authorities, or by for-profit and not-for-profit organisations. The characteristics of the non-profit context for delivery are important for understanding priority skills. Here, while the provider is private, ‘service provision is values-based with the objective of developing the quality of services, responding to the needs of users and respecting their dignity and not to the needs of the market’<sup>5</sup>.

### A growing and increasingly complex sector

It is widely expected that demand for long-term care services will grow significantly in the coming decades. While there are currently four people

▼ Table 1 – EU-28 medium-term employment forecast 2013 to 2025

	Employment levels		% change	2013-2025		
	2013	2025	2013-2025	Change in total employment (jobs created/lost)	Replacement needs	Total number of job openings
Personal care workers in the health and social work sector	5,978,000	6,025,000	0.8	48,000	2,227,000	2,275,000
Health and social work	22,206,000	24,009,000	8.1	1,802,000	9,759,000	11,561,000
All sectors	223,763,000	231,241,000	3.3	7,598,000	96,623,000	104,221,000

Source: Cedefop (2014)

of working age for every person in the EU aged over 65, by 2050 there will be only two<sup>6</sup>.

The integration of health and social care services means that a discrete social care workforce can be hard to delineate. This is further complicated by the provision of ‘informal’ care services by family members, friends and unpaid volunteers – who may not be employees, but who might receive an allowance from government.

In future, the demand for formal care might increase as a result of the reduced availability of informal carers due to the changing family patterns (an increase in the number of single households; the growing participation of women in the labour market; and increased workforce mobility).<sup>7</sup>

Estimates have put the size of the care sector at from 5% to 10% of the total workforce by country<sup>8</sup>, but the structure and composition of the workforce is difficult to pin down comparatively. For example, there were estimated to be 1.63 million adult social care jobs in England in 2012<sup>9</sup>. This includes personal assistants who are employed by social care users and who may be family members, but it does not represent all informal carers.

In 2013, an estimated 6 million out of the 22.2 million total health and social work workforce were in personal care occupations (27% of the health workforce)<sup>10</sup>. The sector has been an important source of job creation over the last 10-15 years. Personal care workers (in health and social care) are among the top 10 growth occupations in Italy, Belgium, The Netherlands, Czech Republic and Hungary<sup>11</sup>.

Table 1 shows that personal care employment is expected to be flat over the period from 2013 to 2025, reflecting that care services across Europe face economic pressures and reduced budgets.

However, while the personal care occupational group provides a rough definition of the social care workforce, it does not reflect the scale of administrative, professional and managerial jobs in the sector. Where growth is indicated, it is typically not in the personal care occupations. For example, in Hungary, in the period from 2010 to 2020, while demand for personal and specialised care workers is forecast to be stable, demand for social care associate professionals is predicted to increase by 79%<sup>12</sup>. This is in line with moves to increasing professionalise the care workforce, reflecting the increasing complexity of some job roles as day-to-day tasks increasingly incorporate medical or rehabilitation assistance.

### Recruitment challenges and priority skills

The social care sector is affected by the prevalence of part-time work and temporary contracts, which reduces the stability and sustainability of employment across the sector. It remains a female-dominated sec-

tor. There are a number of identified factors which serve to reduce the supply of available labour, including:


- the negative image of the sector, especially at entry level due to perceptions of poor working conditions, and a stressful working environment;
- a high rate of staff turnover and significant numbers of people leaving the sector to pursue alternative careers;
- a lack of clearly-defined career paths, limited career mobility and a perceived lack of development opportunities and education provision for people within the sector.

Whilst the mobility of care professionals can offer a solution to supply side issues, this can simply displace the problem. For example, the Czech Republic has ‘lost’ substantial numbers of care workers to nearby Germany and conducted recruitment campaigns in Slovakia and the Ukraine<sup>13</sup>.

The sector also requires an increasingly diverse skill set among the workforce. In addition to ‘traditional’ care-related competencies, such as empathy, interaction with service users and the ability to deal with physical and mental stress, there is increased focus on:

- the importance of providing client-centred services in the context of shifting delivery models;
- technological expertise – especially related to the growth in health technologies ;
- communications skills (increasingly in a foreign language);
- other ‘soft’ skills such as brokerage skills, awareness of multicultural diversity and the promotion of human rights; and
- multi-disciplinary team-working skills. ■

1 Eurofound (2006), Employment in social care in Europe  
 2 *ibid.*  
 3 Eurofound (2012), White jobs? Employment potential of the care sector  
 4 European Observatory on Health Systems and Policies (2012), Home care across Europe: Current structure and future challenges (Observatory study series 27)  
 5 Social Services Europe (2012), Job creation potential in the health and social service sector  
 6 *ibid.* 4  
 7 *ibid.* 5  
 8 *ibid.* 1  
 9 Skills for Care (2013), The size and structure of the adult social care workforce in England, 2013  
 10 Cedefop (2014)  
 11 European Commission (2013), European vacancy monitor (Issue number 10)  
 12 Institute of Economics of the Hungarian Academy of Sciences (2012), SR0P project: Demand for labour by profession, qualification, gender and region  
 13 European Association of Service Providers for Persons with Disabilities (2010), Employment in the social care sector in Europe



Please quote this Analytical Highlight as:  
**EU Skills Panorama (2014) Skills for social care Analytical Highlight**,  
 prepared by ICF GHK and Cedefop for the European Commission