Overview of Social Services Workforce Activities & Regulation in Europe With Examples from Latin American

Dr Shereen Hussein
Director, Middle East and North Africa Research on Ageing Healthy, MENARAH

Professor of Health & Social Care Policy
London School of Hygiene and Tropical Medicine
United Kingdom
Social Services Workforce: European context

<table>
<thead>
<tr>
<th>Proactive development of the workforce</th>
<th>Social Services Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Social Investment Package</td>
<td>• Providing personal care</td>
</tr>
<tr>
<td>• New Skills Agenda</td>
<td>• Coordinating services</td>
</tr>
<tr>
<td>• Digital Innovations</td>
<td>• Empowering service users</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Help to create an inclusive community</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mobility and qualification recognition</td>
<td>• Building relationships with informal carers and other agencies including</td>
</tr>
<tr>
<td>• Labour shortages</td>
<td>• community-based and voluntary organisations.</td>
</tr>
</tbody>
</table>
Social Services Workforce activities

• In Southern Europe and Central and Eastern Europe, preventative work is less prevalent
• Preventative work is highest in Nordic countries and Western Europe
Main Professional Roles

Occupational therapists & nurses least included in the Social Services workforce in Southern Europe

Source: Baltruks, Hussein & Lara Montero (2017)
Social Services Workforce Regulations

• Regulations and laws vary across Europe
• There are regional and national organisations responsible for regulating social workers and social care workers
  • But not in all countries
• Responsibilities of the regulatory bodies include for most countries:
  • Ensuring workforce competence
  • Monitoring quality standards in education, training & skills development
  • Monitoring professional qualifications
• For some countries, regulatory bodies also
  • Oversee of risk management systems
  • Ensure training standards are met
  • Provide g support to managers

In CEEC the laws regulating the social services workforce are not well defined.

However, some Western European countries (Austria) were late in regulating SW profession (2015)
Case study: France

**Social work reform in France**

France has been working on a major reform of social work since 2014 with the Covenant of Social Work (Etats généraux du travail social – EGTS). For two years, politicians, social partners and professional associations have discussed all matters related to social work, including stakeholder coordination, training, the role of service users, social development and collective social work, in five working groups. Five reports were published to inform the ‘Inter-ministerial plan for social work and social development’ (Ministry for Social Affairs and Health France, 2015). The plan laid out key components of the reform, which will be implemented in the coming years:

- A common set of core learning for all social work professionals with specialisation foreseen later in their career
- Raising the status of social workers
- Adopting a person-centred approach with multidimensional support.
Qualifications and Skills

• A clear distinction between Professional workers and ‘less-qualified’ workers

Professional workers who in general require accredited qualifications in areas, such as social work or comparable formal programmes

Less-qualified workers who provide personal assistance and care in different settings for which they may be required to undertake vocational training, short training courses or only on-the-job training
Professionalisation of Social Care Workforce

Care workers' registration and regulations are much less developed than social workers.

New developments: Social Care registers in Northern Ireland and Wales.
Qualifications for Professional Workers Vary

• In Austria and France, university graduates with degrees that cover the required ‘components’ of training are considered suitable for social work roles.

• In UK, Ireland, Spain and Italy there are specific social work degrees that social workers are expected to hold before they can practice.

• In Denmark, several postgraduate studies are considered suitable for social work, e.g. family therapy or psychotherapy.

• In Sweden, some specific tasks, especially child protection, are reserved to workers with specialist social work qualifications.
Components of Social Work Education in Europe

• Identified Gaps:
  • The need to update social workers’ training contents
    • to acknowledge social changes and
    • developments in areas such as the role of technology
  • The need to establish effective communication and knowledge exchange mechanisms between different universities offering social work training
Involving Service Users in Training

• To close the gap between theory and practice
  • Involving service users systematically in the educational structures and processes

• Promote the active participation of those drawing on social services

• Service users can assume different roles:
  • Assist in the students’ selection process
  • Co-teaching through participating in workshops, seminars or role-playing
  • Working groups with students

• Largely untapped in Eastern and Central European countries
Social Care Workers Training

• In some countries, e.g. Austria and Denmark, there are specific training routes for social care workers including specialised training courses or apprenticeships.

• In other countries, e.g. the UK, such training is provided after recruitment and includes various components that are delivered ‘in house’ as well as in supervised placements.

- Person-Centred Care
- Health and Safety
- Communication Skills
- First Aid
- Child Development
National System for Early Intervention in Portugal

In Portugal, the National System for Early Childhood Intervention (SNIPI) is coordinated between the Ministries of Labour and Social Solidarity, Education and Health and involves families and communities. The programme targets children aged 0 to 6 with, or at risk of, suffering from developmental problems. It seeks to enable better social participation of children with disabilities and developmental delay in early childhood as well as later in school and as adolescents. Local Intervention Teams, consisting of doctors, nurses, therapists, psychologists, childhood educators, teachers and social workers from local authorities, identify children and families to be supported by SNIPI. The teams develop and implement an Individual Plan of Early Intervention together, involving resources in the community and informal networks as well as formal care support, kindergartens and schools.
Case Examples from Latin America

Children and Family Social Services
Service Co-ordination & Multi-Agency Working: Colombia

• In Colombia, 50% of children in the care system are institutionalised
  • Most with at least one failed adoption/fostering
• Collaboration between four universities and the Colombian Institute for Family Welfare
• Implementing the attachment-based relational intervention
• Evidence-based intervention contextualised to the Colombian protection system
• Aims to change the culture of abuse
• Providing support to children & young people in care institutions → reintegration or adoption
  • By reinforcing positive behaviour and empowering the young person
Peru: Fostering programmes

• Started in 2007 under the Women’s Ministry

• High success rate in locating biological families and in reintegrating children and adolescents

• Family Hope Centres, since 2011
  • Programmes to prevent separation and reduce violence through a human development approach
  • Promoting a virtuous circle of support (a collaboration between the families and social services)
  • Significant reduction in family separation and domestic violence
  • Cost-effective and savings on more expensive residential care centres
COVID-19 and Emerging Needs

A decline in protective factors: higher levels of vulnerability to loss of income, illness and mortality

Gaps in connectivity and technology infrastructures

Competing policy priorities

Impact of infection control measures (e.g. lockdowns) on individuals’ mental health, especially children and young people

On a positive note, the re-emergence of community roles and local support

Innovations in care provision (including virtual processes for fostering)
1. Analyse
Understand the national vision for your area of work, employment initiatives and legislation, as well as local and organisational policies and priorities. What are the implications for your organisation or your team?

2. Plan
Identify financially viable, manageable steps to achieving your organisation’s goals in a certain timeframe, taking into account workforce needs, new ways of working, costs, risks, resources and organisational culture.

3. Implement
Develop and manage the implementation plan. Communicate and engage with all those involved in implementing it. Monitor and review your plans and adjust where necessary.

4. Review and evaluate
Review outcomes for the people supported by your service. Share your findings with staff, leaders, managers, service users, carers and commissioners. Learn from mistakes and rethink where the process where necessary and celebrate successes.

Social Services Workforce Planning

- Social services workforce is very diverse
- Many roles, tasks and activities
- Professional and in-house training
- Multi-sectoral and multi-disciplinary work
- Building community links
Opportunities & Challenges for the MENA Region

• Education and training
  • Empowering and enabling – rights-based and person-centred approach
  • Embedded in practice and specific to the cultural and religious context
  • Involving communities and individuals in the learning process – bridging from theory to practice

• Professionalisation
  • Regulations and standards
  • Establishing career ladders (from para-professional to professional roles)

• Collaboration and interdisciplinary working
  • Government departments and the community/NGOs

• Workforce planning
  • Project local and national demand for job creation purposes
Thank you for listening

Shereen.Hussein@lshtm.ac.uk
@DrShereeHussein
WWW.MENARAH.ORG
@MENARAH3