

Summary of advisory report "Working for the Care Sector", SER report 21/04

The Care & Welfare sector is an important one for the Netherlands in several respects. First of all, the people who work within this sector are vital to the well-being of the Dutch population. Having enough qualified, highly motivated people to carry out the work in all branches of Care & Welfare is therefore essential. Secondly, organisations in the sector employ more than 1.4 million people; that represents almost 16 percent of total employment (see).

In the course of their life, every person in the country comes into contact with the care and/or welfare sector and the people who work within it. Committed, skilled, and motivated employees are therefore of great importance to the quality of our well-being and of Dutch society. The COVID-19 crisis has made that even more obvious. Issues have arisen over the past few years that are putting additional pressure on workers in the sector, for example:

- an increasing demand for care, with ongoing shortages of care workers;
- increasing regulatory pressure and the influence of other parties (for example insurers, public authorities) on the content and exercise of the care profession;
- a workload that is perceived as abnormally high;
- a perceived lack of appreciation.

Such issues will need to be resolved in order to retain employees for the Care & Welfare sector and to interest potential new employees in joining it. With the present advisory report, the Council's Ad Hoc Committee on the Care Sector Labour Market ("the Committee") aims to contribute to resolving these issues. In providing its advice, the Committee has built on the many advisory reports that have appeared in recent years. With a view to making work within the care sector better and more attractive, the Committee has drawn up a five-point agenda, with each agenda item comprising recommendations at three levels:

- Care organisations. These recommendations focus on care organisations and their employees;
- Sector. These recommendations address sub-sectors, regions and/or sector organisations, professional organisations and/or trade unions;
- System and public authorities. At this level, the Committee addresses the system parties, public authorities and insurers.

In all its recommendations, the Committee has taken the world of care professionals as its starting point. The concept of "care professional" is a broad one. The Committee emphasises that every care worker makes his or her essential contribution to the provision of care and shows professional commitment in doing so. With a view to the labour market issues on which the request for advice focusses, and thus this report, the Committee understands "care professionals" as being specifically people who work within the primary care process. Although all its recommendations must be considered in mutual coherence, the Committee gives priority to the agenda and possible solutions set out below. It believes that the challenge is so great that it will not be possible to implement this agenda in a budgetary neutral manner. Various components of this agenda require additional investment. That applies in particular with regard to enhancing appreciation of care professionals working within the primary process, retention of employees, and training/development.

Recommendations

Agenda point 1: Professional scope/leeway of/for employees

Care organisations

Care organisations should explicitly invest in trust in and on the part of their employees, both individually and as a team. Only then will they be able to really make use of their professional scope/leeway. This requires:

- critically examining (internal) rules in situations where they limit professional scope/leeway;

- where training, development, and consultation are concerned, that attention is paid to how care professionals can utilise their professional scope/leeway.

Sector

The quality guidelines of professional groups and patient organisations, for example, should be critically evaluated. New forms of organisation should be investigated to determine how they can significantly reduce the administrative and regulatory burden in the care sector.

System and public authorities

The care system is based on trust and professional autonomy. These principles apply to (future) rules and forms of financing and are aimed at achieving, *inter alia*, a significant reduction in the regulatory and administrative burden. The decisive factor is the quality and details of supervision of care (in the sense of the interests of the client/patient).

Agenda point 2: Improving opportunities for training, development, and careers

Care organisations

Organisations should create scope for the comprehensive development of care professionals. The Committee envisages greater attention for personal development, vitality development, and a wider range of knowledge within professionals' own qualifications.

Sector

Sector organisations, care organisations, and training institutions should set up regional learning and career networks. Within these networks, care workers will be encouraged to develop beyond the boundaries of their own care domain, organisation, and position through education, further training, and intervision.

System and public authorities

At the national and system level, priority should be given to facilitating measures to enhance the training, development, and careers of care workers, as well as their ability to actually implement all these. The Committee envisages:

- a broadening of education and training (and the associated funding) to take in the care organisations, for example by making earmarked funds available for the education and training of employees (beyond the legal requirements, for example for the required registration in the "BIG" register) and individual training budgets;
- a greater nationwide emphasis on regionalisation and chain care. Regional cooperation can be severely hampered, however, by a VAT obligation when workers are seconded. Removing that barrier should be a matter of priority. The parties involved have already come up with solutions for this in the past;
- professionalisation at all educational levels not only through formal qualifications (diplomas), but also by recognising knowledge and skills acquired elsewhere and in other ways. This can be facilitated by means of a Personal Professional Portfolio (PPP), as included in the "Care Inspirer" tool (see www.zorginspirator.nl);
- breaking down the traditional separation of education and work within the care sector. In practice, the concept of the "vocational school" where learning and working are combined has a higher intake, faster progress, and fewer people dropping out.

Agenda point 3: Retention of employees

Care organisations

Continue to improve the quality of work placement positions as referred to in the report on *Evaluation of the Grants Scheme for Work Placements in Care II 2016–2019* [Evaluatie subsidieregeling stageplaatsen Zorg II 2016–2019]. In order to achieve this, educational institutions and (larger) care institutions should make long-term arrangements – more often than is currently the case – regarding creating high-quality work placement positions, with sufficient attention to supervision. The Committee emphasises that this guidance must extend to all new employees within a care organisation.

Sector

The work-life balance in the various life phases is not always possible within the organisation where someone works. Greater cooperation at regional level between different care providers will increase the opportunities and range of options for employees in this regard. Ways of

customising the employment relationship with an employee should be utilised so that that relationship matches his or her life phase.

System and public authorities

A new arrangement is needed within or beyond the Work Placement Fund [*Stagefonds*] that guarantees stable funding, with the level of funding being made clear in advance. The Committee recommends that the scope of that arrangement be extended to employees in the care sector who wish to explore a development path within the sector.

Agenda point 4: Appreciation of employees and participation in decision-making

Care organisations

Organisations should make appreciation and participation in decision-making a reality by

- reinforcing and increasing the involvement of care professionals in management and their participation in the organisation's decision-making processes;
- rewarding knowledge and development.

Sector

Social partners involved in the various collective labour agreements in the care sector should use additional required government funds to improve salaries where they lag behind the market, the aim being to achieving a similar level to the market average.

System and public authorities

The Committee recommends making additional funds available, on a structural basis, for investment in care sector pay (in particular where it lags behind the market) so as to achieve a comparable level to that in the market sector. The Committee recommends anchoring care professionals' participation in decision-making in a governance code that extends from advising (directly) at system and public authority level to include management of the care organisation concerned (more directors with a care background).

Agenda point 5: Technological and social innovation

Care organisations

Care organisations should make the involvement of care professionals a key element when new technology is being introduced and implemented within the organisation. New technology should always contribute to the quality of care. This should be one of the priorities within HRM and should have a permanent place in management discussions. This can be guaranteed by appointing a Chief Nursing Information Officer, perhaps combined with the role of Chief Nursing Officer. The success of technological innovation has been shown to depend on social innovation. At the same time as technological innovation, it is therefore necessary for employees to be involved, for example in evaluation of the technology concerned in relation to its added value for their work, changes in work processes, necessary knowledge and skills, and changes in their position.

Sector

Sectors and care organisations should set up regional partnerships (innovation labs) with the aim of sharing and generating knowledge regarding technological innovation, social innovation, and the role and position of care professionals.

System and public authorities

Public authorities and care insurers should assign greater priority to technological and social innovation. They should target specific objectives and combine initiatives in this field. The quality of care and the attractiveness of the sector on the labour market will benefit from investment in technology within the care process. That applies not only to *curing* people but certainly also to *caring* for them.