

Report

Care in the 21st century – expanding the social care workforce for people with disabilities

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IMPROVING SERVICES
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1. Introduction

Europe has an ageing population which will require increased social care services to meet the needs of people with limiting long term conditions and disabilities. In the last two decades, the nature of formal care has been changing from institutional to personalised care. Care can cover both physical care but also includes 'enabling' people to be independent and as active as possible, which depends on some form of relationship between carer and person being cared for (Moss, 2004: 6). There is a growing focus on 'enabling' people to live their lives and away from 'doing things to people'.

Increasingly, care is delivered in people's homes as well as in community and residential settings. Care services contribute to: supportive living environments; providing protection and; supporting citizenship. As a result, a care worker plays a number of roles, which draw from a wide range of skills, as:

- An ethical human being;
- A mentor;
- A professional person with judgement;
- A service provider (Hansen & Jensen, 2004).

These are all complex and demanding roles which are not widely valued by European societies. They all demand a level of 'emotional' labour and are most often performed by women.

High quality care benefits those being cared for by contributing to their quality of life, their autonomy and independence and in maintaining their well-being. For society, good quality care contributes to a society which has a shared sense of responsibility for the needs of different groups within society. Often the value of care is difficult to quantify because it creates feelings of support and independence which are intangible. For people with disabilities, adequate care can determine whether they can participate within the labour force and take part in community/social activities.

Across Europe, there are a range of different types of care services for older people provided by public, private and not-for-profit providers. There are also some significant country differences in the approaches to care work, which are influenced by national welfare state developments, the move from institutional care to community and home based care, as well as different philosophies of care. Institutional care may cover nursing homes and care homes run by public, private or not for profit providers. Home care, an expanding type of long term care, covers both nursing care and basic living services delivered at home. Informal care covers care that is provided by family or friends or a situation where a disabled/ older person does not receive any care from formal providers of care.

Care work is often seen as something that is done by women in the household and this is reflected in the formal care workforce, which is predominantly female. In some countries over 90% of workers are women with many working part-time, e.g. Finland, Germany, Greece, Lithuania, the Netherlands and Poland. Many countries have problems with the recruitment and retention of workers. A large percentage of care workers are aged 40 or older. In several countries, a relatively high proportion of social services workers are migrant workers, for example, Austria, Netherlands. In some Central and Eastern European countries, care workers leave to work in other European countries in search of higher wages.

As the population ages and levels of limiting long term conditions and disabilities increase, the demand for health and social services is growing but there is no parallel supply of labour to meet these growing needs. The privatisation of services, the introduction of public procurement processes and the lack of regulatory frameworks in the social services sector are resulting in low pay and the deskilling of the workforce, which also threaten the values that inform the delivery of social care services.

In 2010, the European Commission reported that social care workforces were being affected by the cuts in public spending that many governments introduced after 2008. Many care services for older people are publicly funded and how these can be maintained during a period of budget cuts continues to be a major challenge for national and local governments. This is affecting the negotiation of wages and working conditions.

2. EOHR Research

In 2014, the European Observatory for Human Resources (EOHR) published a Report 'Strengthening the workforce for people with disabilities – Initial mapping across Europe', the results of a survey of disability service providers. This research showed that the disability sector faces several challenges in securing the future of service provision. These include recruitment, training, funding and workforce mobility and these issues are inter-linked.

The supply of a well-trained, experienced workforce will be essential to secure future services.

A large number of respondents identified shortages of skilled staff as a major problem but there was no consistent view that these shortages would be resolved in the near future. Although new qualifications are being introduced which will contribute to improving the quality of basic grade care workers, many hands-on care workers can still obtain a job without experience. However, they still need training in appropriate attitudes and values as well as more specific training in basic care, which is often done by their employing organisation.

There are extensive training needs at all levels of the workforce, which will require future training programmes. It is not just unqualified care workers who need training but also middle and senior management. The transition from a medical to a social model of personalised care requires changes in skills and attitudes at all levels of the workforce. The implications of this transformation are only slowly being addressed. No country has finished this transition and in many countries, the process of transformation has slowed down.

The need for more training should also be understood in the context of changes in the way in which training courses are funded. There are still countries in Europe where higher education is free but increasingly organisations are unable to fund all the training required and workers have to pay for their own training.

Mobility of the workforce needs to be seen in two ways. For countries with a trained and well-established workforce, opportunities to work in neighbouring countries were welcomed. For countries which have limited resources and struggle to maintain a well-trained workforce, mobility of the workforce is seen as a major problem. Staff who are qualified and experienced leave the country to find higher paid work in other European countries and this results in countries losing valuable human resources.

The survey found that for many organisations, the future looks bleak. Funding for services for people with disabilities is not a priority for many governments, especially those which have adopted austerity policies. The migration of young people in the search for jobs affects the ability of service providers to recruit. The sector is characterised by low pay and status in most countries. The few countries which do not experience shortages of staff have well-established vocational training qualifications which attract young people.

Delivery of care services in future will depend on the future of the social care workforce, which needs to be sustainable. Countries which do not face recruitment and retention problems, have higher pay, better terms and conditions and a recognised system of vocational training for social care work. Solutions to the problems of recruitment and retention will have to involve improved pay and working conditions, more training and support for professionalisation.

3. Economic and social value of social care sector

Although the care sector faces some major problems, the health and social services sector is one of the fastest growing economic sectors in terms of employment and value in Europe. This sector saw the highest rise in employment between 2008 and 2015, with over 2.6 million new jobs created. Of these new jobs, 42% of jobs were in residential care, 33% in human health and 25% in non-residential social work (EC, 2015). This sector is already large and is growing rapidly.

Table 1: Human health and social sector jobs

Types of care	Total jobs in EU	Increases 2008-2015
Residential care	4,965,600	42%
Human health	13,283,700	33%
Non-residential social work	5,141,200	25%
Total	23,400,500	

Source: EC (2015) European Semester Thematic Fiche Health and Health Systems

As a labour intensive sector, in a period of rising unemployment, the social services sector is making a significant contribution to employment provision as well as to social value added activities. Although in 2010, the European Commission reported that “spending on social services creates jobs and contributes effectively to poverty reduction” (European Commission, 2010: 20) and the EC 2016 Jobs Growth Strategy reported that “health systems contribute to individual and collective welfare and economic prosperity”, there is not yet a full recognition of the potential of the sector at either national or European levels.

The employment growth of this sector, during a period of rising unemployment, has important implications for its place within national economies. Table 2 shows that the sector is growing at national level and that it contributes to GDP. More systematic data needs to be collected at national level to demonstrate how much the care sector actually contributes to economic growth and social value.

Potentially, Europe has the capacity to create millions of well-paid, good jobs delivering much needed services to older people and people with disabilities. A regulated, formal care sector has the advantages of achieving high employment rates, quality jobs with decent working and employment conditions.

Table 2: Number of workers in social services and value/ growth of sector

Country	Population (million) (2015)	% population aged 65+ (2014)	Number of workers in social services	Value of sector/ growth rate
Austria	8.5	18.3	385,000	3.35% pa
Belgium	11.2	17.8	330,000	Value of sector €7.8million Non-market sector growth rates 5.00% p.a.
Bulgaria	7.2	19.6	30,000	n/a
Czech Republic	10.5	17.4	100,000	0.7% GDP
Finland	5.4	18.0	185,800	3.7% jobs growth
France	66.6	18.0	980,000	7% jobs growth rate 2000-2007
Germany	81.1	20.8	1,788,656 and	€1.5 billion Gross added value 6.7%

			222,943 (without social insurance)	16.2% jobs growth and 8.1% jobs growth (without social insurance)
Greece	10.5	20.2	37,822	Lack of evidence
Ireland	4.2	12.6	155,000	€4,509 million
Italy	60.7	21.4	480,634	Economic impact of not-for-profit sector estimated at 4.3 GDP
Lithuania	2.9	18.4	14,900	n/a
The Netherlands	16.9	17.3	694,000	2004-9 Disabled 3.2% jobs growth
Poland	38.2	14.9	775,400 jobs in health and social services	5.4% of workforce (161,300 FTE in social services = 1.2% workforce)
Slovenia	2.0	17.5	9,508	n/a
Spain	46.4	18.1	568,000	€12,322 billion value added 1.17% of GDP (2010)
Sweden	9.6	19.4	416,100	n/a
United Kingdom	63.4	17.5	1,700,000	6% of workforce

Sources: Eurostat, National Statistics (Scotland) and PESSIS/ PESSIS 2 /PESSIS 3 project- country reports

4. Young people in the European labour force

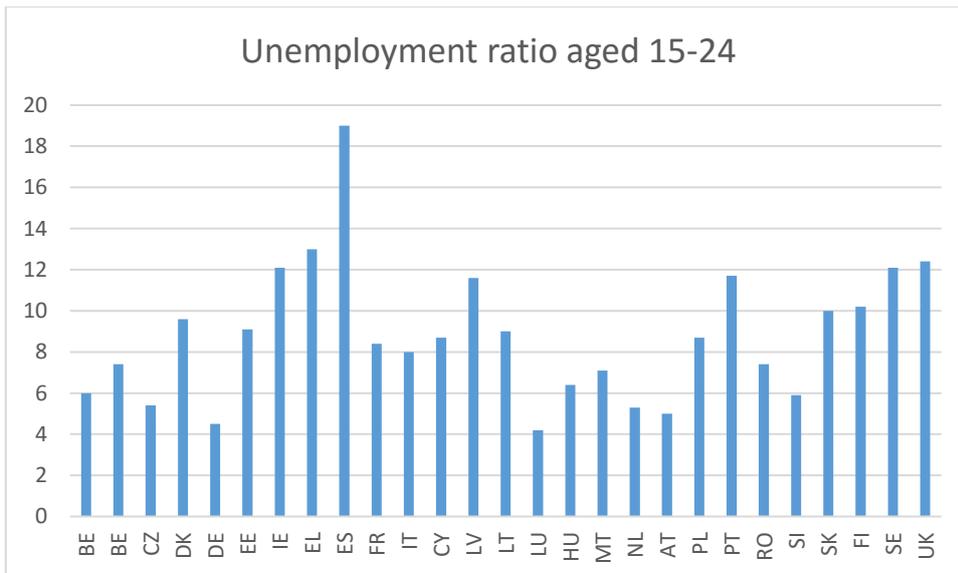
There are 5.5 million young people unemployed in Europe. The impact of the recession in Europe has affected young people most strongly, with growing levels of unemployment among young people. Austerity policies have contributed to this increasing level of unemployment.

Unemployment rates for young people (15-24) are higher than for the adult workforce (Eurostat, 2015). Although youth unemployment rates have declined slightly since 2013, overall levels remain high (Joint Employment Report 2016). Not all countries have experienced a decrease in unemployment.



Source: Eurostat

The unemployment rates for young people aged 15-24 years show that only five countries have rates of less than 15%. Spain and Greece has rates of over 40%. The unemployment ratio for young people (number of unemployed young people 15-24 in relation to total population of that age) shows a slightly different pattern. Rates are 9.1 for the EU but Ireland (12.1), Greece (13.0), Spain (19.0), Sweden (12.1) and United Kingdom (12.4) have higher ratios (Eurostat, 2013).



Source: Eurostat, 2013

5. Addressing the problems of the social care sector within EU policies

Since the financial crisis of 2008, there have been a range of policies and initiatives at EU level which seek to address the problems of slow economic growth and slow rates of job creation. There are indications that these policies are being adjusted to include a wider recognition of how to create jobs in the social sector but there is still more to be done.

The European Semester provides a detailed analysis of the economic and financial plans of EU Member States which informs country specific recommendations for the next 12- 18 months. These contribute to the Europe 2020 strategy for jobs and growth. The recent decision (2015) to streamline the European Semester, so that it has a stronger focus on employment and social performance with enhanced democratic dialogue and promoting convergence by benchmarking and pursuing best practices could provide an opportunity to highlight the importance of the social care sector in economic growth. This would encourage national governments to include social care services as a priority sector for growth.

The Annual Growth Survey (2016) sets out what can be done at EU level to support national level strategies for supporting growth, creating jobs and strengthening social fairness. It acknowledges the problems faced by the EU where overall public expenditure on education has fallen 3.2% and almost half of Member States recorded a decline in expenditure on education. It points out that “Modernisation, better alignment of skills and labour market needs and sustained investment in education and training, including digital skills, are essential for future employment, economic growth and competitiveness in the EU” (EC, 2015: 3).

The 2016 Annual Growth Survey recognises that reforms are needed in the health and social care systems in Europe. Sustainable financing and “encouraging the provision of and access to effective primary health care services, thus reducing the unnecessary use of specialist and hospital care.... And improving health promotion and disease prevention” are three of the priorities for 2016 (EC, 2015: 43). Although national governments are asked, as part of a strategy to improve patient centred care service, to promote “the transfer from institutional care to community-based care, by developing and assuring new quality standards and by increasing staff levels”, there are no clear recommendations about how to achieve this. Although some Member States have improved support for informal carers, formal care workers will be needed and measures have to be put in place to recruit, train and retain new care workers.

The European Structural Investment Funds (ESIF) are to invest in the “skills and adaptability of Europe's workforce” and provide opportunities for young people, refugees and legal migrants to train, retrain, or start businesses. Some countries are facilitating the transfer of people from institutions to community based care and independent living with the use of European Structural and Investment Funds. For example, Finland has reduced the number of persons with intellectual

disabilities living in long-term institutional care and replaced this care by 24 hour services. More initiatives like this could encourage the social care sector to create jobs (EC, 2015: 45).

The Youth Employment Package (2012) outlined three proposals as a way of solving the problems of youth unemployment. All young people should be offered a job, continued education, apprenticeship or traineeship within four months of leaving formal education or becoming unemployed. This action would be supported by consulting European social partners about a quality framework for young people to acquire high quality work experience under safe working conditions. A European Alliance for Apprenticeships would work towards improving the quality and supply of apprenticeships. The health and social services sector offers great job creation potential and could contribute to the implementation of the Youth Employment Package.

An EU report, published in 2013, entitled 'Working Together for Europe's young people – a call to action' asked national governments to develop strategies to reduce youth unemployment together with other stakeholders. The use of apprenticeships has been traditionally been one way of supporting young people to enter the labour market. The current unemployment crisis for young people is again emphasizing the importance of apprenticeships. European countries have different policies towards apprenticeships, influenced by the effectiveness of vocational education and training systems, but they are being encouraged to promote apprenticeships for young people in many different sectors.

The high rates of unemployment for young people are a major problem facing the majority of countries in the EU. Although there are many employment initiatives aimed at young people at EU, national and local levels, there are still more connections to be made about how to attract and recruit young people into the social care sector and how to exploit the potential of this sector to promote job creation.

6. Service providers and young care workers

As a response to the challenge of securing a sustainable workforce for the disability sector, in 2015, the European Observatory for Human Resources (EOHR) initiated a research project to explore the attitudes of service providers towards young care workers and how young care workers perceived their work (Appendix 1: Methodology). This research built on the EOHR research that mapped the social care workforce in 2014.

Young care workers made up about 10% of the workforce of the service providers in this survey which reflects a similar percentage of young care workers in Europe (10%). This is a relatively low percentage of the workforce and shows how there is scope for expanding the contribution of young care workers to the social care workforce.

Over 50% of service providers reported that they had employed between 1 and 5 young care workers in the last year although 20% reported that they had not employed any young care workers at all. This suggests that there is a slow process of recruitment of young care workers. Half of respondents reported that the rate of turnover was considered the same as for older care workers but just over 20% reported a slightly higher turnover. Service provider respondents reported that low pay, low status and the problems of working with people, who are sometimes difficult, unpredictable and aggressive, were the most important factors that dissuaded young people from applying for care jobs.

Although the overall picture of the young care workforce shows a poorly paid and low status group, service provider managers also thought that young people brought some benefits to social care work. Many respondents reported that young people brought great enthusiasm and energy to an organisation, with a great capacity for learning. They were not marred by “years of being told No”. They rarely had any preconceptions about how people with disabilities should be treated. Because they were unhindered in assumptions about how to treat people, they brought new ways of thinking, an open-mindedness and new ways of solving problems. Many respondents found young care workers to be creative, “lovely to work with”, and flexible. The presence of young care workers provided more diversity in care teams and helped to move away from a more parental presence that older care workers might create. Many were willing to help with everything and wanted to get to know their clients and learn more skills. They are not necessarily motivated by money and did not work with “eyes on the clock”.

Many of the strengths of young care workers identified by service providers could be used to improve the care sector. The 2014 EOHR report found that the implementation of disability discrimination policies had been slow in the majority of European countries. The presence of young care workers who did not have pre-conceived views about how to operate, could be used to change attitudes and practice, especially combined with an awareness that training at all levels of the care workforce was needed.

Young care workers were also felt to have some weaknesses, which stemmed from a lack of experience, a lack of ‘life’ experience and an inability to deal with difficult situations. Some respondents felt that working with clients at home was more difficult for young people than working in a building-based environment, such as a nursing home. However, these weaknesses could be addressed through training, mentoring and support. This was dependent on organisations having available resources to devote to this form of strengthening the workforce. Sometimes a high turnover of young care workers could make this form of investment more difficult to justify. With increased pressure on resources, the provision of mentoring and support may become more restricted. This would be a short-sighted reaction which could undermine the longer term development of the care workforce.

6.1. Encouraging young people into the care sector

Another way of interpreting the weaknesses of young care workers is that they reflect some of the weaknesses of the sector. The lack of training and a recognised programme of vocational education make it more difficult to prepare young people for care work. Young people are aware that care work requires commitment, but if care work is not valued by society, then the risks involved in making this commitment are much greater.

In total, 86% of service providers did not have a specific recruitment programme for young people. In addition, services providers had a limited awareness of the proportion of their workforce that are either under 25 or under 30. A more systematic collection of data about the young care workforce would help to identify whether the percentage of young care workers was expanding, contracting or remaining the same. In workforce planning, an accurate analysis of the existing demographic structure of the workforce needs to be inform future strategies.

Although the large majority of service providers did not have specific recruitment programmes there were several examples of how individual service providers try and increase their engagement with young people. Some organisations work closely with local universities and encourage young people to volunteer or undertake placements with them. This helps to provide some young, qualified applicants for new jobs. Other service providers had been involved in schemes to encourage young people with experience of the 'care' system to work in social services. Young people were supported to fill in application forms, attend 'open' days at a service provider and speak to staff about the nature of the work.

There were also some negative factors that led to young people choosing other careers. Countries in Central and Eastern Europe reported that the pressure to work in the business sector or to leave the country influenced the number of young people entering care work. Another respondent from Eastern and Central Europe reported that the existing educational system did not prepare young people for the world of work because much of the learning was theoretical with no opportunities to practice. As a result, young people were not aware of the possibilities of different types of work. In addition, jobs are not awarded in a transparent way and young people require extensive social networks to get access to jobs. The public sector has limited opportunities and the private or not-for-profit sector, which may be more flexible, often has short term funding which can result in a young person losing their job. The solutions to these problems lie in reforms of the educational system and the labour market.

6.2. Views of young people

A total of 43% of young care worker respondents had been employed between 1 and 3 years and 30% had been employed over 3 years. About 40% of respondents were employed in not for profit organisations with about third employed in the public sector. Young people reported that they had a range of different job titles that covered many aspects of care work. This can be interpreted as partly a result of different country systems of social care which designate different job titles to describe

care. However, the responses of young care workers to the type of work that they are responsible for, again covered activities which ranged from the more conventional images of care, such as bathing and washing, to taking clients shopping. The combination of the range of job titles and range of activities points to a fundamental question of what constitutes care. It also shows that in some countries, the concept of a care worker is not well defined. This is supported by some of the results from the in-depth interviews with service providers who argued that there was a need to define a specific care worker role.

About 35% of young care workers reported that they did not receive any regular training. 17% reported that they received training every 7-12 months. The nature of training that they received was mainly focused on understanding disability issues but training also covered different types of care and the management of care delivery. As well as the sporadic nature of training, just over 40% of respondents reported that they received regular supervision with about the same percentage reporting that they did not receive regular supervision.

Low pay is considered by both service providers and young care workers to be a major problem for the sector. About 38% of young care workers thought that they were poorly or very poorly paid and about 38% though they were paid an average wage. An average wage for a young worker in many countries is much lower than the adult average wage.

Interestingly, about 64% of young care workers respondents reported that they were planning to stay in the sector. About 18% were undecided. These responses should be related to the large number of German and Austrian responses, where the system of care has a more formal recognition. Of these staying in the sector, 43% were looking forward to further training and specialisation and 20% to increased pay. The respondents who were not planning on staying in the sector felt that there was a lack of new opportunities, a lack of pay and a lack of status.

Young care workers consider that working in the care sector requires commitment. Although low pay was mentioned by both young care workers and service providers as the main reason why young people do not want to enter the care sector, the difficult nature of the work, both emotionally and physically, were mentioned frequently. Care work could be made more attractive by increasing pay but also by providing a recognised vocational qualifications and making care work recognised as skilled work.

7. Conclusion

Young care workers form a relatively small part of the care workforce but the future sustainability of the care workforce depends on drawing more young people into care work. The potential of young care workers to bring new energy and insights into the social services sector is recognised by many social care providers. Attitudes to caring and the status attached to it are important factors that

affect how young people view care work. Young care workers in countries which have adequate training and support shows positive attitudes towards working in the sector although continuous professional development is needed. Service providers have a lack of awareness of the size of the young care workforce at organisational level and so are not in a position to identify changes in the young care workforce. The relatively weak position of young people aged 15-24 in the workforce is one reason why strategies to increase the contribution of young people to the care sector should be put in place at European, national and local levels, which would support and strengthen existing policy initiatives to address the high rates of unemployed young people.

8. Recommendations

European institutions to:

- Systematically collect data on the size and characteristics of the young care workforce by country;
- Incorporate the workforce needs of the social care sector into the framework of the European Semester;
- Consider using the recommendations of the Annual Growth Survey to promote greater social dialogue within the social care sector;
- Consider the use of the Youth Employment/ Youth Guarantee at EU and national levels to involve the social care sector in the creation of jobs;
- Consider ring fencing part of the Youth Employment Initiative funds to the care sector through national schemes;
- Work towards the creation of strong European vocational training programme to be a national minimum requirement for the care sector across Europe;
- Establish a European Sectoral Social Dialogue Committee for the Social Services Sector.

National policy makers to:

- Recognise and value care work and its contribution to social well-being and social inclusion
- Promote the value of care work and reflect this through social policies and the allocation of supporting financial resources;
- Support the creation of effective social dialogue structures in the care sector, with adequate systems of representation for both employers and employees;
- Promote and encourage educational and training institutions to develop training schemes for young people in the care sector;
- Create and sponsor schemes that encourage young people to enter the care sector, e.g. apprenticeships, traineeships;

- Recognise the importance of pay and working conditions in the social care sector, which is part of a society that acknowledges that resources have to be found to pay for high quality care and that respects the contribution that care workers make towards society.

EASPD and social services providers to:

- Encourage EASPD members, other service providers and public authorities to collect more systematic data on the size and qualifications of the young care workforce.
- Encourage EASPD members and other service providers to build on existing links with universities and other training institutions to develop strategies for recruiting young care workers
- Work with EASPD members and other stakeholders to raise the profile of the multi-faceted nature of care work in order to create a strong public understanding of what is involved in being a care worker and the value of this work.
- Lobby national governments to recognise the importance of pay and working conditions in the care sector, which is part of a society that acknowledges that resources have to be found to pay for high quality care and that respects the contribution that care workers make towards society
- Lobby for education and employment policies which help young people enter the workforce so that they include specific measures to encourage young people into the care sector.
- Lobby to make the value of young care workers more widely understood in different countries across Europe
- Lobby for a strong vocational training programme to be a national minimum requirement for the care sector across Europe.

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Appendix A. Research methodologies

The 2015 research was designed to complement the research which informed the 2014 [Report](#). An on-line survey in English, French and German was launched in late August 2015, targeted at EASPD members and related networks. There were more in-depth interviews with respondents who took part in the 2014 research as well as interviews with new respondents.

The 2014 EOHR [Report](#) concluded that the few countries which do not experience shortages of staff have well-established vocational training qualifications which attract young people. The 2015 research was designed to have a specific focus on young people, defined as younger than 25 years of age, as care workers. Providers of services for people with disabilities were asked about the strengths and weaknesses of young care workers, whether organisations had strategies for attracting them and how they perceived the barriers to recruiting and maintaining young people in the care workforce. A new survey targeting young care workers was launched and questionnaires circulated via the European Care Consortium and other networks. This survey gathered the views and experiences of young care workers in a group of European countries. Surveys were translated into Bulgarian, English, German, Hungarian, Italian, Romanian and Russian.

Table A1: Responses

Responses	English	French	German	Total
On-line questionnaire	27	9	18	54
Semi-structured questionnaires	14	2	0	16

Table A2: Young care worker questionnaire

Country	Responses
Germany	9
Austria	15
Hungary	8
Finland	2
Italy	3
France	1
Romania	1
Bulgaria	1
Total	40

Although the response rates to the on-line survey and the survey of young care workers are relatively low, the results show they provide some useful indicators for how service providers view young care workers as well as how young care workers view their own position. These views cannot be considered representative of either all service providers for people with disabilities or for all young care workers.

EASPD is the European Association of Service providers for Persons with Disabilities. We are a European not-for-profit organisation representing over 10,000 social services and disability organisations across Europe. The main objective of EASPD is to promote equal opportunities for people with disabilities through effective and high-quality service systems.



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