

# Care in the XXI century: expanding the social care workforce for people with disabilities

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Year: 2015

Commissioned by: EASPD

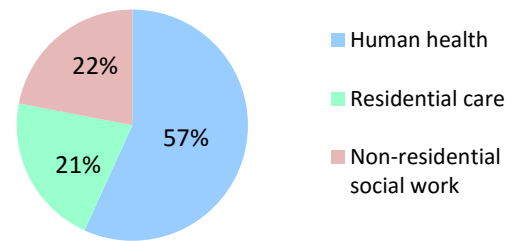
Based on desk research into Europe in general and a survey of providers of services for persons with disabilities in 8 countries: AT, BG, FI, DE, HU, IT, RO, FR

## Social services and employment

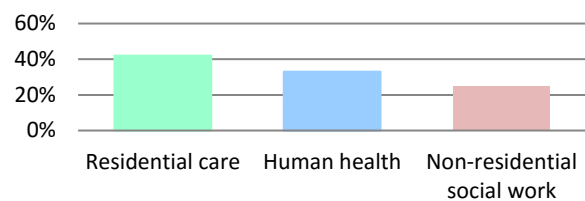
Health and social services sector is one of the fastest growing economic sectors in terms of employment and value in Europe, accounting for over 23.4 million jobs in the 2nd quarter of 2015<sup>1</sup>. This sector saw the highest rise in employment between 2008 and 2015, with over 2.6 million new jobs 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)<sup>2</sup>.

The ageing of the population in Europe and the transition of formal care from institutional to personalised care will require increased social care services. However, there is no parallel supply of labour to meet these growing needs.

Human Health and social sector jobs



New jobs created between 2008 and 2015



## Workforce-related challenges in social services

- 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.
- Social care workforces were being affected by the **cuts in public spending** that many governments introduced after 2008. **Funding** for services for people with disabilities is not a priority for many governments, especially those which have adopted austerity policies.
- **Shortage of skilled staff** is a major problem. 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. There are extensive training needs.
- Mobility of the workforce - 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**.
- 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.

<sup>1</sup> [http://ec.europa.eu/europe2020/pdf/themes/2016/health\\_health\\_systems\\_201605.pdf](http://ec.europa.eu/europe2020/pdf/themes/2016/health_health_systems_201605.pdf)

<sup>2</sup> Ibid.

## Service providers and young care workers (based on a survey of young people)

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.

**Slow process of recruitment of young care workers:** 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.

**Low pay, low status** and the problems of **working with people who are sometimes difficult**, unpredictable and aggressive, are the most important factors that dissuade young people from applying for care jobs.

About 35% of young care workers reported that they **did not receive any regular training**.

About 38% of young care workers thought that they were **poorly or very poorly paid** and about 38% thought 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.

## 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.

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This position paper has been produced with the financial support of the European Union Programme for Employment and Social Innovation "EaSI" (2014-2020). The information contained in this publication does not necessarily reflect the official position of the European Commission.