EUROPEAN OBSERVATORY OF HUMAN RESOURCES
in the social care sector

Research Paper

Strengthening the workforce for people with disabilities: Initial mapping across Europe

16 January 2015

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EASPD – European Association of Service Providers of Persons with Disabilities
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1. Introduction

In many European countries, ageing populations, with longer life expectancy and higher rates of disability and morbidity, increase the demand for care services (European Foundation, 2009). This is an important economic, social and political issue for the majority of European countries and governments. The social care workforce for people with disabilities and older people is a labour intensive sector which is one of the fastest growing sectors in terms of value and employment expansion. There are signs that the austerity measures, adopted by some European governments, are beginning to impact on this expansion even though the demand for social services will remain high because of the increasing percentage of the population aged 65+. Reductions in social services budgets are affecting the negotiation of wages and working conditions, which will affect recruitment and retention of staff and the quality of services. The majority of workers in this sector are women. Care work is characterised as being low paid, low status and part-time.

Over the last twenty years, there have been changes in the way services for people with disabilities are delivered. Described as moving from a medical model of care to a social model of care called 'person centred care', this has led to the closure of institutions and the move towards more home/ community based care. There is a growing focus on personalised care and how this will be delivered in future. The disability sector faces several challenges to the future of service provision. The supply of a well-trained, experienced workforce will be essential to secure future services.

EASPD has recently established a European Observatory for Human Resources (EOHR) on staffing issues in the disability field, which aims to develop a better understanding of how human resources are currently used. Through the commissioning and use of research, EOHR will facilitate discussions on critical issues of staffing, training and quality of life. More specific objectives of EOHR are set out in Appendix A. In order to inform its future work, EOHR commissioned this research to map the workforce and job creation potential in the disability sector, with a special focus on the entry level requirement for training and qualification of staff.

2. Methodology

Three research methods were used to collect data and undertake the mapping exercise.

First, an on-line survey was sent to all 132 EASPD members. Some EASPD member disseminated the survey to related organisations. There were 89 responses. The questionnaire can be found in Appendix A and the list of respondents in Appendix B.

Second, a semi-structured questionnaire was used in interviews with 16 respondents. The respondents were selected from the on-line survey respondents who had expressed interest in taking part in further research. The criteria chosen for selecting the group of interview respondents was:

- A geographical spread across different types of social services arrangements in Europe;
- Public/for profit/ not for profit organisation;
- Direct provider or umbrella group;
- Size of organisation.
- The question guide is found in Appendix C and the list of respondents in Appendix D.

Third, a focus group, with members drawn from the EASPD board, was held on Thursday 4th December 2014 in Brussels. This served to test out a number of findings and recommendations from the on-line and semi-structured interviews. A list of focus group participants is found in Appendix E.

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The respondents who offered to take part in the semi-structured questionnaire survey were self-selecting. This reflects a high level of motivation to provide information about the experience of their organisations and the responses should be interpreted in this light. The research findings, which include the results of the on-line questionnaire, the semi-structured interviews and the focus group, are not a systematic collection of national experiences of all organisations working with people with disabilities in Europe. However, they do bring together the experiences of a range of different-sized non-governmental organisations within 18 countries in Europe. This research has identified some remarkably similar trends and problems across countries and so contributes to a greater understanding of the sector and the issues that must be addressed to secure a high quality, motivated, trained workforce, which is able to deliver services which are appropriate and sensitive for people with disabilities.

3. Profile of Service Providers/ Umbrella Organisations/ respondents

The profile of the on-line survey respondents shows that they are responsible for providing services at different levels: nationwide, region/ state level and in municipalities. The services provided covered services for people with disabilities, mental health services and multiple disabilities as well as services for people with learning/ intellectual disabilities and, to a lesser extent, services for older people. The majority of the services were either adult services or social and care services. Only 1% of services were specific child care services. 80% of the respondents were direct service providers, with 20% umbrella organisations, which represent federations or groups of service providers. The majority of respondents from both service providers and umbrella groups were not-for- profit organisations, with a smaller group from the public sector or funded directly by the public sector.

4. Getting a job in social care

Of the on-line respondents, 44% of the Service Providers employed over 250 staff and the Umbrella Organisations employed between less than 100 to over 100,000 workers, showing that respondents had extensive employment responsibilities. 36% of respondents reported that no qualification was necessary to start working at entry level social care worker.

But 44% reported needing a vocational qualification in health / social care. If these figures are analysed in terms of country respondents, vocational qualifications in social/ health care are more likely to be required in France, Germany and the Netherlands. These are three countries with well-established systems of vocational education and training. The quickest route into social care in France is to study at an Institute of Social Work or study psychology or take a Master's degree in the Management of Nursing homes. In almost all other countries basic care workers with only a secondary education will be employed. Even in France and Germany, the shortage of social care workers can result in unqualified people being employed (EuroFound, 2013b, 2013c).

Almost all respondents reported that some form of experience of working with people with disabilities is preferred but often the motivation of the individual is as important as experience. A more detailed picture at country level shows that the shortage of care workers dictates that applicants will be accepted without qualifications and often experience. Regional differences in the supply of care workers also affect the levels of qualifications and experience that are accepted. In some countries, new systems of training are being introduced which will contribute to a supply of more qualified and experienced workers in future.

Vocational training

In several European countries there are systems of vocational qualifications for social care work. The Netherlands has an extensive system of vocational care training and specialisation.

Schools provide professional training for 2, 3, 4, and 5 years at MBO (Middle level education) level 3 and 4, which is just below university level 6. Students start MBO levels 3 and 4 training at 16/17, and level 5 training at 18/19. There is a special student college for community care and health assistants with two specialisations: a) nursing/ care and b) accompanying people in society. Training includes a year of practical experience.

In Germany, which has a well-established vocational training system, there are several different types of apprenticeships for care workers, for example care for older people, community based nurses. Attempts to integrate these different types of apprenticeships will require extensive negotiations between stakeholders and discussions have only just begun. However, a national campaign to improve the attractiveness of apprenticeships in caring started in 2012 with initiatives to expand the number of nursing apprenticeships and implement new employee training programmes (EuroFound, 2013c).

The situation in the United Kingdom is mixed. In Scotland, the way to get a job in social care was described as "buy a local paper and apply for social care jobs advertised". However, a new system of vocational qualifications has been introduced for care work, which cover basic adult services (SVQ level 2) and other higher levels of management and supervisory qualifications (for more information see Resources section). In England, although it is also easy to get a job as a social care worker without experience or training, there is not the same trend towards improved levels of training. There are signs that the previous attempts to introduce a national vocational qualification level 2 for all care workers have been abandoned because of the difficulties in recruiting staff. The impact of austerity on local authorities has led to increased competition between providers for care contracts. As care is a highly labour intensive activity, the most effective and direct way to cut costs is through lower wages.

In Scotland, a new system of registration is being introduced which will require all social care workers to be registered within 6 months of starting a care job and may include a requirement to complete training within 3 years. This does not cover basic home care workers but it is expected to be extended to this group in the future. In England, there is no system for registration of social care workers because the Health Care Professions Council (HCPC) rejected a proposed registration system as being too expensive. It was considered unworkable because it would involve the registration of 1.63 million workers, many of them transient and low paid. The HCPC instead proposed a register of 'unsuitable' persons, an exclusion register for social care workers. The government has yet to respond to this proposal. All employees are already subject to a Disclosure and Barring Service (previously Criminal Records Bureau) check which identifies spent and unspent convictions, cautions, reprimands and final warnings as well as convictions which are especially relevant for working with vulnerable people.

In countries, many in Eastern and Central Europe, where there has been a transformation of services for people with disability in the last two decades, there have been attempts to improve the level of qualifications needed to enter care work. In Bulgaria, for basic care work, workers are employed with secondary school education. It was felt better to have experience and motivation because training can be provided later. Skills and attitudes are both important and organisations are always searching for a balance. A 'motivation' letter explaining why an applicant wants to work with people with disabilities is used as evidence for suitability. For care work which requires any form of assessment, a social work degree or specialisation in psychology or

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pedagogy is required.   In Romania, the public sector uses a written test to assess care workers but NGOs use a variety of methods, including interviews, checking CVs as well as written and psychological tests. The level of education is low, so a written test is used by both public and NGO sectors to assess applicants. In Hungary, a few organisations have developed training programmes in cooperation with universities, but generally the standards of recruitment are low.

Regional problems of recruitment
The problems of recruiting staff in rural areas often results in unqualified staff being appointed.

In Austria, it is more difficult to find qualified care workers in rural areas than in urban areas so it is more likely that unqualified workers will be employed. In some areas of Scotland, pay is distorted by the oil industry and care jobs are very low paid. As a result basic grade care workers are in short supply. In England, some regions have particular problems recruiting care workers either because other industries have higher pay rates or because rural areas have a more general shortage of workers. In some areas, care workers will change jobs in order to increase their pay by 10p (€0.25) per hour. In Moldova, a university degree in social work is usually needed but in rural areas there are fewer people available for care work.   Consequently, people without qualifications could take a job with no qualifications or experience and would learn on the job.

New qualifications
In Austria, a new vocational qualification, a certified assistant for people with disabilities, has been introduced, which is a two year training programme. Without this, an applicant would only need to have completed secondary education up to the age of 17 with a school leaving certificate (9 years of school). However, service providers do not like to employ 18 year olds without experience.   Another factor that influences the qualifications of care workers in Austria is that contracts between services providers and regional authorities define the level of qualifications that are required within the workforce. This ratio is increasingly determined by the level of funding. There is also a legal requirement at provincial level for non-state organisations to employ qualified workers (EuroFound, 2013a).

In Norway, a vocational qualification is needed to enter care but there is a move to recommend a BA social work and or training in learning disabilities nursing. Sometimes other formal qualifications, other than those related to the social care sector, are accepted.   In Portugal and Spain, where new social services systems have been set up in the last 20 years, there are new systems of professional training for social workers and social care workers. In Spain a non-university vocational qualification in social care has been introduced and there are new systems for recognising work experience or non-formal methods of training (EuroFound, 2013d). In Italy, a non-university diploma has been introduced for basic care workers, which provides three years study after school but different regions provide different versions of this diploma resulting in labour mobility problems.

These accounts show that although there are some measures in place to improve the level of qualifications that basic grade care workers are required to have, the low pay of the sector makes it difficult to recruit in many countries. The impact of austerity policies on the budgets available for social care are resulting in pressures to reduce staff costs, either through reducing the level of qualifications required or through lower wages. Consequently applicants can enter care work without any relevant qualifications or experience and so organisations have to train them.

Few countries require organisations to inform government authorities when a care worker is employed but of those that do, there are two approaches. In Bulgaria, organisations have to inform authorities about new

services and new teams and the government runs a database of services users but not care workers. In Moldova, legislation dictates that employers inform the authorities about workers employed.

5. Recruitment procedures

Both Services Providers and Umbrella Organisations reported that the most commonly used procedures for recruiting staff were interviews, filling in and analysing a CV, verification of diplomas and a trial working period. Psychological assessments, work samples and work verifications were less often used. CVs still play an important part in the recruitment process although service providers are often most concerned about how to assess the motivation and attitudes of a potential employee, rather than concentrating on a qualification or CV. A new electronic tool which assesses personality and motivation is being introduced in England, developed by Skills for Care, the sector skills organisation (listed in Resources section).

The involvement of service users in recruitment was mentioned by several respondents. This approach was particularly strong in organisations working with people with intellectual disabilities. In Austria, the selection process included an interview but there was also a practical part where applicants made visits to services so that services users could assess their skills. In the UK, some organisations working with people with intellectual disabilities involve users in the recruitment process in three ways: through interviews; asking applicants to engage in a task with a user and; observe how users respond to an applicant. This type of assessment is expected to be used more often in future. If person-centred care is to be fully implemented, users have to play an active role in recruitment of staff.

6. Shortages of staff

Using a definition of a skills shortage as "sector qualified and / or having two or more years of care sector experience", 42% of Service Providers reported that they often had skills shortages and over 61% of Umbrella Organisations reported that they often had skills shortages. These responses from both groups show that there are significant skills shortages in the sector but the majority did not feel that these would necessarily be resolved. The majority of Service Providers felt that there would either be no change in staffing in the next five years (48%) although 41% felt there would be a growth of about 25%. 61% of Umbrella Organisation respondents felt that there would be no change in staff shortages but there were split views as to whether the workforce would grow by 25% or be reduced by 25%. There was a consensus by all respondents that low wages was the most common cause of skilled staff shortages. Low recognition of professionals in the care sector and working conditions were also considered important factors.

All interview respondents felt that any increased recruitment of staff was dependent on obtaining new resources. In Austria, future services were continually being negotiated by the service providers and commissioning authorities, strongly influenced by annual budgets. In Bulgaria, funding for social services is strict and unchanging so the services remain the same with a similar service capacity. The government has written a new strategy but there is no action plan for implementation due to lack of funding and lack of political will. In Spain, FEAFES illustrated the position of several organisations. It had employed three new staff who were funded until the end of the year and was trying to raise funds to keep them. In Portugal, the poor financial position of the public sector dictated that organisations were unable to recruit new staff. People working in social care have poor pay and working conditions. Young people are migrating in order to find employment and are not entering social care.

Several organisations reported plans to develop new projects but their implementation was dependent on receiving extra funds, e.g. Bulgaria ICSS wanted to develop as a training organisation. If it succeeded in

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getting funding then it will use part-time consultants or trainers to provide more training to other service providers and advocacy organisations.

Only in the Netherlands has there been a projection showing that there were too many care workers, until 2018. This was one of the few countries that reported that the status of the social care workforce was good. As a result it is a relatively popular profession, with large numbers of young people choosing it as a profession. It also has a well-defined system of vocational training for care work. However after 2018, the numbers of employees will increase because the number of people with disabilities needing services will increase.

7. Workforce mobility

42% of respondents (Service Providers and Umbrella Organisations) felt that the mobility of the social services workforce was increasing but 37% felt it was staying the same. This suggests that there is a gradual trend for social care workers in some countries to cross borders to find work. The Netherlands respondent felt that social care workers should be able to move to neighbouring countries (Belgium, France, Germany). The main barriers to workforce mobility were identified as a lack of language skills and the transferability of qualifications.

The importance of language skills in providing services to people with disability was observed by several interview respondents. For people with disabilities who already have problems in communicating, it was felt important for a care worker to be able to communicate effectively. Many Service Providers did not recruit migrant workers or would only employ someone with adequate language skills. For organisations using international volunteers, intensive language training was provided by donor agencies. Some organisations assessed applicants from not just their language skills but on the quality of their interaction with the users. If their interaction with users is rated highly by the users, they may be appointed.

In countries which are experiencing a 'care drain', qualified care workers are moving to other countries to find better paid work. This has a damaging effect on existing organisations because resources are used to train and prepare staff but they then move out of the country. The low pay and poor working conditions contribute to this mobility of the workforce. In Bulgaria, there is no great interest in studying social work and working in the social sector so service providers hire people without qualifications and then train them, which takes time and money. Students who do study social work then go onto work in Europe in search of higher salaries and this creates a problem of supply. In Moldova, although there are now more qualified social workers, which creates more demand for jobs, the status of social care work remains low alongside poor salaries. After training, workers leave to work abroad for a decent salary. This impacts negatively on care services and they struggle when trained workers leave. Social care sectors pay levels in Hungary are lower than in the health or education sectors, which results in the migration of social care workers to other European countries. Migration also affects higher income countries, with qualified social workers moving from Austria to Switzerland for higher salaries.

Many countries have introduced care allowances, which are paid by government to either the individual requiring care or to their family. Although in some areas, this allowance is used to pay a member of the family of the person requiring care, in many countries the allowance is used to employ a migrant worker to provide care and live with the family. These are often informal arrangements, with no contract or form of income or employment security. Migrant workers may be trained social work/ health care workers from countries in Central/ Eastern Europe where pay is low and who then move to work as unqualified and often informal care workers in higher income countries.

As well as affecting the size and quality of the care workforce, the migration of care workers from Central/ Eastern European countries is also creating social problems among the families of the migrant workers. In Romania, children are being looked after by grandparents, often with inadequate care. The care workers who leave are taking up informal carer jobs without employment security. As a result, they do not pay taxes or make pension contributions in either their country of origin or the country they go and work in. There is no formal training so that they are not acquiring new skills. In future, they will be the poorest pensioners with minimum incomes.

8. Training needs

The majority of Service Providers (61%) and Umbrella Organisations (78%) reported a 'major' need for staff training. Although 17% of Umbrella Organisations felt an 'urgent' need for training as compared to 32% of Service Providers who identified a 'minor' need for training, reflecting different priorities, training is still an important issue.

Training needs were identified across the different categories of the social care workforce and were not restricted to a single occupational group. Services providers reported skilled workers and middle managers as the groups which most require training. Assistants and unskilled workers requiring training were reported slightly less often. Umbrella Organisations reported that skilled workers, middle managers and unskilled workers all require training with assistants as the group most in need of training. The need for training for unskilled workers and assistants is perhaps not as surprising as skilled workers and middle managers needing training. These responses can be interpreted in several ways; both of which point to a strong need for training in the sector. One view is that the sector is undergoing extensive change and that training is needed for the whole workforce if services are to meet the needs of people with disabilities more effectively. A second view is that the problems of recruitment and retention in the sector result in the promotion of workers who, although trained, still need further training, reflecting problems with the development of the social care workforce.

The in-depth interviews portrayed a sector that has undergone extensive change in the last two decades, with a move from a medical model to a social model of disability, characterised initially by moving people with disabilities from institutional to community/ home care. To achieve 'person centred-care', which provides support for individuals rather than 'delivering' care, takes more than the closure of institutions. Not- for- profit (NFP) service providers have adopted different approaches to preparing staff for a more person-centred approach. Several countries reported that change had been slow and in some cases attitudes had deteriorated, often triggered by the economic crisis.

Norway reported that although it was one of the first countries to close long stay hospitals in 1991, it had become complacent since then and the changes had not trickled down to service delivery. Local councils are now building "ghettos" where people with dementia, problems of substance abuse and people with intellectual disabilities will live together. Services will be council run and cheaper to run then more specific services/ living arrangements in the community. The shift from a medical to a social model takes time and requires a change in mind-set.

In Greece, doctors still work in the same way but there have been changes in attitudes towards people with disability. Access has improved. Health professionals used to behave more respectfully towards people with disabilities but there have been changes in behaviour following the economic crisis. People have become less sensitive to other people's needs, especially in relation to welfare benefits.

Bulgaria illustrates some of the stages of change towards care for children with disabilities. There is no longer any institutional care for children and they live in smaller residential units. The same process needs to take place with adults, who are still living in institutions, run using a medical model. Staff who work in institutions know that they have to respect the rights of people with disabilities but they have to follow regulations. The overall system of care has to change. For children living within residential units, it is unclear what will happen when they become adult. The most difficult issue is about changing practice and accessing new resources. People working in municipal and state institutions need to be trained about inclusive employment so people are not just put into day centres and group housing, instead integrating them into 'real life'. Staff need to be encouraged to develop projects to meet these needs, for example, inclusive employment for young people with disabilities.

The Netherlands illustrates another view of how to provide individualised services for people with disabilities living in their own homes. Since 1995/98 people with disabilities have been encouraged to live a normal life in own house. In 2015, central government is passing the responsibilities for care to municipalities. They will be responsible for employing care workers but increasingly volunteers are expected to be used to do day-to-day support tasks. Care workers have had to adjust to working more in people's homes and individual surroundings and designing care around the disabled person.

9. Provision of training

Although there was widespread acknowledgement that training was needed for all groups within the workforce, access to training is not always easy. There are still countries in Europe where higher education and university education is free. The policy of organisations to fund training for employees seems to be changing due to the more limited funding position of service providers. Access to training depends on national provision and the recognition of the rights of workers to continuous professional training in any sector. In Bulgaria, workers have the right to spend two months a year studying (by distance learning) and to work for the rest of the year. This is supported by legislation and a 'distance learning' university. The Netherlands has a national qualification centre SOSA which monitors the quality of training but not all organisations are members and so not all put their training through this process. Less positively, the UK government is planning to take the responsibility for qualifications away from the Care Sector Skills Council and is making them complete for funding and resources, so weakening their influence.

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Table 1: Access to professional training for social care workers

Country	Government	Private university	Self-funding	Donor	Organisation pays	Part time study/ work	Recognition of qualifications - level
Austria	FREE		Some specific professions e.g. Psychotherapy - expensive but Assistant for people with disabilities course only pay small fee			YES	National
Bulgaria	FREE	Individual pays	Individual pays	For international volunteers	Mix employer pays	YES -**	National and some international
Croatia			Depends on financial situation		Depends on financial situation		
England	Fees with loans		Mix of self-funding and loans		Mix of employer and individual	YES	
France	Low fees		Increasingly individual funding	-	Organisations cutting back on funding training except when legally required to	YES	National
Moldova	FREE			YES			National
The Netherlands	FREE				Employer	YES	National/ EU
Norway	FREE		Rarely				National
Portugal	Some FEES		Sometimes	EU community funds used			
Scotland	FREE		Increasingly individual responsibility		Move away from employer/organisation	YES SVQs done with release time	Scotland to England
Spain	GRANT				Employer pays		National and sometimes European level

Several respondents reported that students training in social work, social pedagogy, psychology and other social care professions had placements in their organisations. In Bulgaria, ICSS has a contract with Sofia University Department of Social Work to have 4-5 students in practice each year. In France, the impact of austerity policies is felt in changes taking place in training and education, which are limiting the scope for placements, or making fewer training places available paid for by government, placing more emphasis on individual funding. This affects the processes of nurturing skills and expertise in organisations and between organisations. Wider social changes, particularly the impact of migration of young people is affecting the body of expertise that is built up by organisations through training.

Organisations reported that training for new employees draws from several approaches. Shadowing, mentoring and on the job training were the most widely used techniques. Some induction training is validated. In France, the quality approval process for care organisations requires them to organise training for staff (EuroFound, 2013b). However, the cost of training in France is acting as a barrier for care workers to become qualified, even with a qualification gained through professional validation of experience. There were examples of organisations which used to provide induction training but have stopped due to budget cuts, for example, FEAFES (Portugal) used to provide a training course on psycho-pathologies. A new 'Care Certificate' for induction to care work, due to be introduced in England as a result of several scandals of care abuse, will not be externally assessed or funded and will not carry any credits. It will take more than two days to complete.

Table 2: Types of induction training provided based on experience of interview respondents

Country	On the job training - shadowing and mentoring	Content of basic/ induction training	Length	Customised training provided
Austria		Awareness raising about personal centred care, values & ethics		
Bulgaria		How to work with users, rights of users, values & ethics	3 days	YES
Croatia	YES with mentor for 1 year			After a year of college education experts take the state exam
England & Wales	Shadowing	2 days training on 'person-centred care' as well as Health & Safety, first aid, … other technical training	2 days plus technical training	
France		Internal programme	2-3 days	
Greece		How to work with users, awareness raising about personal centred care, values & ethics		
Italy	Shadowing			
The Netherlands				Recommend basic training starts with job –depends on qualifications/ competence of employee
Norway	Shadowing			e-learning course created by SOR Foundations
Portugal		Training provided including three months to look and see what others are doing. Probationary period of 6 months to understand job.		
Scotland	Yes work alongside experienced worker	Organisational values, health and safety, moving people, food safety and other more specialised health training		Each organisation has own induction programme SAME ACROSS UK
Spain		Risk prevention in workplace		

In Norway, the SOR Foundation has developed an e-diploma in care which awards a Diploma on successful completion. There are now 6,000 individual users of this course, all in Norway. If a student already has a BA then the diploma can be used as credits towards a Masters course. The training content covers the life cycle, becoming an adult, relationships, nutrition, mental health problems and challenging behaviour. The SOR Foundation has applied for funding with EASPD to combine this e-learning diploma with a European Care Certificate and although unsuccessful, will try again.

Lebenshilfe Strasbourg (Austria) offered training for staff as well as training for its network of service providers, which also attracts and is supported by funding. It offers a learning partnership at EU level and so helps change organisational approaches to introductory training, for example, introducing the concept of the user advocate.

Several respondents had gained important experience from sharing knowledge with other European partners. For examples, CEFPI (Portugal) has worked with a Spanish partner, Miguel Ángel Verdugo Alonso (University of Salamanca), a specialist in independent living, in order to change the organisational culture of CEFPI. Bulgarian organisations have been trained in the use of telecare projects by British and Austrian partners. A Bulgarian respondent identified a need for 'training the trainers' before training more staff.

Several respondents mentioned the European Care Certificate, which is a basic level qualification for entry into the care sector. Developed as part of an EC funded Leonardo Da Vinci project in 2008, it is now available in 17 EU countries. A new phase is under development which will provide a training programme for workers and a course for 'training the trainers' to deliver this new training based on the principles of the UN Convention on the Rights of People with Disabilities.

Some respondents identified a lack of training in specific areas, for example, dealing with abuse, attitudes to support the implementation of the UN Convention on the Rights of People with Disabilities (UNRPD) and the use of new technology. Overall, there was a consensus that training in care work has to be part of a life-long training programme, for each individual worker. This would update workers on changes in legislation and approaches to care as well as providing opportunities to reflect on everyday care work.

10. Volunteers

Both service providers and umbrella groups reported relatively low use of volunteers, with 85% of both Services Providers and Umbrella Organisations having volunteers as less than 10% of the workforce. Only 14% of organisations had volunteers making up 10-30% of the workforce. The reason for the relatively low levels of volunteers in the workforce emerged from several interview respondents, which showed how service providers have a selective approach to using volunteers, describing them as 'added value' rather than a substitute for paid staff.

There were differences in the way in which countries used volunteers. Service Providers or Umbrella Organisations from countries in Eastern and Central Europe, which have limited resources available for services, reported that international volunteers or university students were used as volunteers. AOPD (Moldova) reported that international volunteers were used because they brought new ideas and approaches as well as being a cheap workforce. Some were social work qualified; others had administrative skills or were trained teacher or translators. Training for international volunteers is done by donor agencies. ICSS (Bulgaria) uses volunteers from US and Europe, who receive 3 months language training in Bulgarian before they start as volunteers and this language training continues throughout stay (often 1-2 years). They do some introductory training as new employees and start work with users in their 5th month.

NASO (Bulgaria) uses university students as volunteers because many were highly motivated and wanted to gain a richer experience. The qualifications required to work as a volunteer depended on the type of volunteer work. If the volunteer was working with a specific project, they would be given a short training on project goals. If volunteers worked with service users, then they needed to either have basic social work qualifications or at least be in the 2 or 3rd year of pedagogy, psychology or social work training. Volunteers were prepared by attending special meetings where they would be briefed on the organisation, policies, ethics, and specific work to be undertaken by volunteers. All volunteers would be part of a team and receive special training for a project.

Several countries, Norway, Austria, the Netherlands, Scotland and Spain reported using volunteers to provide something that paid staff could not provide, e.g. befriending, office/ computer work, advocacy, awareness raising and fundraising. In Scotland , Volunteer Development Scotland helps to prepare volunteers. In the Netherlands, volunteers are used to accompany or read to service users because qualified staff do not have the time to do this. They are trained by the VGN. A change in the way in which services for people with disabilities are funded may result in more volunteers being used by local government. Lebenshilfe (Austria) was founded by parents of young people with intellectual disabilities and so the organisation's Board is run by volunteers. FEAFES (Spain) uses volunteers as added value, for example, volunteers, accompanied by professional workers; work in prison with prisoners who have mental health problems.

One service provider, the Institute for Community Rehabilitation (Greece), wholly run by volunteers, supports people with disabilities in the community, promotes employment for people with disabilities in an open labour market and promotes awareness in the community. 90% of the 300 volunteers are women and work for a couple of hours a week. Training is provided through a series of training seminars which include theory and practice of working with people with disabilities. They are delivered by a range of different trainers: a physiotherapist, an occupational therapist, people with disabilities, a lawyer, an organisation for blind people and a psychologist. Red Cross also provides training in different areas of expertise.

The use of volunteers for specific projects or as a form of 'added value' may be threatened by the reduction in resources that governments are providing for social care. United Response (England & Wales) felt that in future, the organisation might have to use volunteers more because of pressure to deliver more with reductions in funding. In the Netherlands, where resources are being transferred from central to municipal government, it is expected that volunteers will be used more often, again due to pressure on resources.

11. Future trends

Service Providers and Umbrella Organisations perceived the future in terms of government attitudes to social policy/ sector, their own access to funds and wider social changes which impact on the social care workforce.

Government attitudes to social policy/ sector
Several countries, which have moved from a medical model to a social model of care, reported that their governments were often unenthusiastic about the social care sector, not seeing it as a priority, for example, Spain, Bulgaria. This results in a lack of action to solve problems of inappropriate services and attitudes to people with disabilities. It also hinders any improvements in the status of the workforce. A lack of government interest slows any form of ratification of the UN Convention on the Rights of Persons with Disabilities and its Optional Protocol.

Organisations have different strategies to deal with governments. The SOR Foundation (Norway) , with a strong tradition of involving services users in all activities, felt that the role of users in the organisation should

increase in future. Its organisational strategy including lobbying of government to set up a safe guarding adult scheme with an emphasis not just on people with intellectual disabilities but bringing action for dealing with different types of abuse together. If there was only a focus on intellectual disabilities, funding would not be made available but by taking a broader view of abuse, more resources would be accessed.

Pay and status of workforce
Scotland reported that the welfare reforms were putting huge pressure on staff and have worsened the status of the workforce. There is now a three tier workforce with public, not for profit (NFP) and for-profit workers on different pay and terms and conditions. NFP workers started with local authority terms and condition but these have gone as a result of cuts in funding and terms and conditions are now worse. Workers in the for-profit sector have even lower pay, many with zero hours contracts.

In Bulgaria, social work is very low paid, with wages little above minimum wages (€200) for up to 12 hours a day, with no extra pay for night shifts and no extra pay for hardship of users (high/ low disability). This is very low pay compared to national standards. There is an urgent need for pay to be increased to levels found in the education and health sectors.

In Spain, if the economic situation continues to improve then there may be more funding for the sector. More widely, there is job insecurity with no stability in jobs, especially in the health and social care sector. Many workers have temporary contracts.

Portugal reported that it didn't know what the future for the social sector was. Within CEFPI there are currently good conditions of work but sometimes it would like to employ more workers, for example, set up a specialised team to work more with people with autism. People who work in the social sector have temporary work and poor conditions and so it is difficult to develop a good team with precarious workers. There is no time to involve them in the mission of the organisation because they are on short-term contracts. Poorer organisations need qualified people for good services. People are qualified but there are no jobs and young people migrate in search of jobs. Internships are now doing work which was previously done by qualified staff because long term unemployment programmes are providing cheaper placements.

Austria reported that it has the problem of an ageing workforce, which will result in more staff being needed in the next ten years. Even now it is difficult to recruit staff as pay is not high and other organisations, such as hospitals, pay better.

Societal expectations
A society should "get a grip on expectations" and understand what compassion and caring require in very demanding conditions. With reductions in welfare benefits, there will be fewer paid services. Workers will be expected to develop community networks to provide care rather than paid staff. With the integration of health and social care, there will be more support services which combine health and social care.

The sector faces two major problems which have to be solved. There is a growing demand for self-directed support and more personalised services. People receiving personalised services expect greater flexibility from staff than before. For staff this means less flexible patterns of work. The expectations of service users and workers will have to be balanced. In the UK, the increase in the number of children with disabilities who are surviving into adulthood provides parents with continuing caring responsibilities which service providers will have to start to work with and 'share the burden' of continuing care.

Austria illustrated some of the tensions between shortages of workers and the need for more person centred approaches. What can be seen as a short term demand for workers also has to be balanced against a more long term need for staff, who are well trained in person centred approaches to working with people with disabilities. Organisations which have been set up by parents sometimes have a tension between being a person centred organisation and following a more cautious approach by parents who are concerned with the short term safety of their children.

Netherlands VGN predicts that in the next four years, because there will be too many employees in social care, some workers will look for other careers in other sectors. From 2018, the number of employees will rise slowly again because the number of people with disabilities or older people will increase and need services. The status of the social care workforce in the Netherlands is good. There is an important link between having a well-established system of vocational education for care work and large numbers of young people choosing care work as a profession.

12. Recommendations for EASPD/ EOHR

- Lobby for training recognised at EU level, with a consensus on the competencies (between countries) that employees need to work with people with disabilities in order to work in different countries e.g. Belgium, Germany, UK. Skills for working with people with disabilities should be validated across Europe, including involving users in training.

- Suggest a general funding standard and quality framework for services at European level and use this opportunity for opening new services designed around the needs of users, although this might only be possible in some countries, at the moment. Quality control and clear measures to define quality in services are needed.

- Share experiences across Europe to improve standards of care services. Sharing innovative practices in recruitment and induction across countries could help define basic minimum standards. More specifically, studies to compare pay, status, rewards and recognition across Europe could be used to set work with countries to improve levels of status and reward.

- Lobby national governments to 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.

- Share experience of what works at policy level and feedback what works/ doesn't work to national level. This has to be a continuous process.

- Help to establish a 'culture of learning' in the sector across Europe so that there is a consensus about the skills needed to work with people with disabilities and these skills would be recognised in every country. This could include the development of person centred care and community values, leading to more inclusive training.

- Development of European Care Certificate and supporting e-learning initiatives would help raise standards across Europe

13. Conclusions

The disability sector faces several challenges in securing future of service provision. The supply of a well-trained, experienced workforce will be essential to secure future services. Although hands-on care workers, with a completed secondary education, can obtain a job without experience in many countries, new qualifications are being introduced that will contribute to improving the quality of basic grade care workers. The aim is to balance qualifications with appropriate attitudes and values. Organisations play a role in this preparation through their own training programmes.

Recruitment processes use conventional methods to assess applicants for care work, including CVs, interviews and three month probationary periods. Some organisations are beginning to involve service users in selection processes, either by having them on selection panels or by inviting applicants to visit services where attitudes and values can be assessed.

Shortages of skilled staff were identified as a major problem facing a large number of respondents but there was no consistent view that these shortages would be resolved in the near future. Any expansion of existing services is dependent on new sources of funding. With many organisations dependent on government funding, austerity policies were impacting on the sector.

Mobility of the workforce needs to be considered 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. This results in countries losing valuable human resources.

There are extensive training needs at all levels of the workforce. This has implications for 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.

The need for more training should 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. Training should be provided for all levels of the social care workforce including informal carers employed in households.

Volunteers are most often used to 'add value' and are not used as a major substitute for paid workers. Training is provided. University students who gain experience for professional training and placement students are important sources of workers but they contribute to a growing trained workforce.

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 low pay and status of the sector affects most countries. The few countries which do not experience shortages of staff have well-established vocational training qualifications which attract young people.

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There was a strong demand for European wide action from EASPD to facilitate the development of a consensus on competencies necessary for care work, on a general funding and quality standards and on pay, status and rewards in the sector. EASPD was asked to contribute to a 'culture of learning' across Europe to establish this consensus.

Research and report done by: **Jane Lethbridge**
Public Services International Research Unit (PSIRU)
University of Greenwich

References

European Foundation for the Improvement of Living and Working Conditions (2009) Demographic change and social services Dublin: European Foundation for the Improvement of Living and Working Conditions

European Foundation for the Improvement of Living and Working Conditions (Eurofound) (2013a) More and better jobs in home-care services: Austria Dublin: European Foundation for the Improvement of Living and Working Conditions

European Foundation for the Improvement of Living and Working Conditions (EuroFound) (2013b) More and better jobs in home-care services: France Dublin: European Foundation for the Improvement of Living and Working Conditions

European Foundation for the Improvement of Living and Working Conditions (EuroFound) (2013c) More and better jobs in home-care services: Germany Dublin: European Foundation for the Improvement of Living and Working Conditions

European Foundation for the Improvement of Living and Working Conditions (EuroFound) (2013d) More and better jobs in home-care services: Spain Dublin: European Foundation for the Improvement of Living and Working Conditions

Resources

Resources	Description	Language	Availability
	Surveys		
1	The impact of welfare reform on the third sector care and support services in Scotland (2012)	English	Institute for Research and Innovation in Social Services (IRISS), Scotland http://www.iriss.org.uk/resources/impact-welfare-reform-third-sector-care-and-support-services-scotland
2	Training and employment in the disability sector in France (2012)	French	UNIFAF, France http://www.unifaf.fr/sommaire.jsp?currentNodeId=508
3	Employment in social care in Europe (2006)		European Foundation for the Improvement of Working and Living Conditions (EuroFound) http://eurofound.europa.eu/sites/default/files/ef_files/pubdocs/2006/50/en/1/ef0650en.pdf
4	The future for employment in social care in Europe Conference Report	English	European Foundation for the Improvements of Living &

	(2006)		Working Conditions (EuroFound) http://eurofound.europa.eu/sites/default/files/ef_files/pubdocs/2007/01/en/1/ef0701en.pdf
5	Care Regimes and National Employment Models (2009) by A. Simonazzi	English	Cambridge Journal of Economics http://cje.oxfordjournals.org/content/33/2/211.abstract
6	Investing in Europe's health workforce of tomorrow: Scope for innovation and collaboration Summary report of the three Policy Dialogues Leuven, Belgium, 26-30 April 2010	English	European Observatory on Health Systems and Health Policies http://www.healthworkforce4europe.eu/downloads/Report_PD_Leuven_FINAL.pdf
7	Care Services for Older People in Europe – Challenges for Labour (2011) J. Lethbridge	English	PSIRU /EPSU http://www.epsu.org/IMG/pdf/Care_Services_Older_People_Europe_ExecutiveSum.pdf
	Training		
8	Workforce Solutions - Materials to support employers and employees in planning and organising for workforce development, including: Workforce Data and Workforce Planning materials, Induction elearning & guidance, a career development toolkit and a learning planning framework.	English	Social Services Scotland Council, Scotland http://www.sssc.uk.com/ http://learningzone.workforcesolutions.sssc.uk.com/course/view.php?id=21
9	Step into Leadership – leadership and management for care homes	English	Social Services Scotland Council, Scotland http://learningzone.workforcesolutions.sssc.uk.com/course/view.php?id=11
10	VGN Competency Box – competencies needed by professionals	Dutch	VGN, The Netherlands http://www.vgn.nl/artikel/21463?q=competentiebox+ http://www.vgn.nl/artikel/14902?q=competentiebox+ http://www.vgn.nl/artikel/13457?q=competentiebox+ http://www.vgn.nl/artikel/6564?q=competentiebox+
11	Workforce development resources e.g. Changing social care: an inclusive approach	English	Social Care Institute for Excellence, England

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			http://www.scie.org.uk/publications/guides/guide29/workforce/
12	Finders Keepers The adult social care recruitment and retention toolkit	English	Skills for Care, England http://www.skillsforcare.org.uk/Document-library/Finding-and-keeping-workers/Practical-toolkits/FindersKeepers.pdf
13	Social Care Governance everyone's responsibility A seven step guide for care workers	English	Northern Health and Social Care Tryst, N.Ireland http://www.northerntrust.hscni.net/pdf/Social_Care_Governance_everyones_responsibility.pdf
14	Guide to qualifications & standards in social care	English	Skills for Care, England http://www.skillsforcare.org.uk/Document-library/Qualifications-and-Apprenticeships/Adult-social-care-qualifications/Guide-to-qualifications-and-standards-in-adult-social-care-201415.pdf
15	European Care Certificate – covering 17 EU countries – provides a basic entry qualification to the care sector	English	European Care Certificate – different country sites http://www.eccertificate.eu/
	Training – e-versions		
16	E-learning course developed by the TOR Foundation (Norway)	Norwegian	The Tor Foundation, Norway http://helsekompetanse.no/sor
17	E-Learning: Getting to Know You	English	Social Care Institute for Excellence, England http://www.scie.org.uk/publications/elearning/person-centred-practice/index.asp
18	E-learning technologies in social care – a guide for employers	English	Skills for Care, England http://www.skillsforcare.org.uk/Document-library/Qualifications-and-Apprenticeships/Learning-technology/Learningtechnologiesinsocialcare-aguideforemployers.pdf

		Training – general resources		
19		Continuous Learning Framework – to improve outcomes for people using social services by supporting the workforce delivering services	English	Scottish Social Services Council http://learningzone.workforcesolutions.sssc.uk.com/course/view.php?id=16
		Recruitment		
20		On-line recruitment tool to assess for values and motivation	English	Profiles4Care, England http://profiles4care.com/participate/
		Volunteers		
21		Quality and Qualification in Volunteering for Disability (QQVD) by Kati Loo, Maria Balli, Filippo Lange, Fr Konstantinos Papanikolaou (2013)	English	EASPD European Conference on Volunteering in the Disability Sector http://qqvd.eu/en/wp-content/uploads/2013/02/Information-Pack-Thessaloniki.pdf
		Employment		
22		Barriers which inhibit the transition from school to employment – an examinination of the barriers which inhibit the transition from school to employment for people with disabilities	English	BITSE Partnership Project http://www.easpd.eu/sites/default/files/sites/default/files/BITSE/Juneevents/2-bitse-barriers_presentation_brussels_updated_may_28th_pdf.pdf

APPENDICES

Appendix A: On-line questionnaire

The Interest Group on Workforce Development and Human Resources within the European Association of Service Providers for Persons with Disabilities (EASPD) aims to promote high standards of knowledge, skill, competence and understanding of the social care workforce in the social sector of the EU.

We seek the development a social care workforce, widely respected and qualified, delivering services based on shared principles of care. To this avail, we are in the process of establishing a European Observatory on Human Resources in the Social Sector to gather data on staff, skills and training needs. This data can be used as a basis for better planning in human resources development and better employment politics on the European and national level.

As a first step, we kindly ask you (Associations of services providers, Directors of service providing organisations, Human resource departments) to complete this survey by the 19th September 2014. Its aim is to get a better picture of the workforce and the job creation potential in the disability sector. The results of the survey will be published in early 2015; they will also serve to lobby the EU institutions and its Member State governments.

The survey contains 20 tick box questions and should not take you more than 5 minutes of your time. N/A stands for "Not Applicable".

Thank you very much in advance. The EASPD Interest Group on Workforce Development and Human Resources
*Required

Do your answers apply to services for disabled people...? *
Please choose one option.
- nationwide
- in your region / state
- in your town / municipality
- N/A
- Other

Do your answers apply to services for disabled people ... ? *
Please tick at least one answer.
- with mental health problems / psychological disorders
- with learning / intellectual disabilities
- with physical disabilities
- multiple disabilities
- older people
- Other:

Do your answers apply to...? *
Please choose one option:
- all social and care services
- services for adults only
- services for children only
- N/A
- Other:

What qualification - if any at all - does a person need to start working as an entry level social and health care worker? *
Please choose one option.
- Secondary school certificate
- Vocational qualification in social / health care
- University degree in social / health care
- No qualification necessary

What type of organisation do you represent? *
Please choose one option.
- Service provider
- Association of service providers

Association of Service Providers

What kind of service providers does your association represent? *

Please tick at least one option.

- Public
- Private not-for-profit
- Private for-profit
- N/A

How many social / health care staff do your members employ? *

Please choose one option.

- Under 100
- 101 - 1000
- 1001 - 10,000
- 10,001 - 100,000
- Over 100,000

What is the procedure for hiring staff in your members' organisations? *

Please tick at least one option.

- Filling our an application form
- Analysis of Curriculum Vitae / CV
- Verification of diplomas
- Interview
- Verification of recommendations
- Written test
- Work sample
- Psychological test
- Working trial period
- No procedure in place
- Other:

Do you foresee a change in the size of your member's total staff number in the coming 5 years? *

Please choose one option.

- At least 75% less staff
- 50% less staff
- 25% less staff
- No change
- Growth by 50%
- Growth by 75%
- Growth by 100% or more

In your sector, how often do shortages of skilled staff occur? (= sector qualified and/or having 2+ years of care sector experience) *

Please choose one option.

- Never
- Rarely
- Often
- Very often

In your sector, do you expect shortages of skilled staff due to: *

Please tick at least one answer.

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- A large group of staff becoming older (baby boomers) and retiring from the labour market
- Lack of interest due to the need for specialized training / qualifications
- Low wages paid in the sector
- Working conditions
- Low recognition of professions in the social / health care sector
- Qualified staff moving to another EU country
- No shortages of skilled staff expected

In your sector, do you think there is a need for training of social / health care staff? Would you consider this need to be: *
Please choose one option

- Non-existent
- Minor
- Major
- Urgent

In your sector, which category of staff might need training? *
Please tick at least one answer.

- Unskilled workers
- Assistants
- Skilled workers
- Middle management level
- Top management level
- N/A

What proportion of your members' workforce are volunteers? *
Please choose one option.

- Less than 10 %
- 10 - 30 %
- 30 - 50 %
- More than 50 %

Service Providers
What kind of service provider is your organisation? *
Please choose one option.

- Public
- Private not-for-profit
- Private for-profit
- N/A

How many social / health care staff does your organisation employ? *
Please choose one option.

- Under 10
- 11 - 50
- 51 - 100
- 101 - 250
- Over 250

What is the procedure for hiring staff in your organisation? *
Please tick at least one option.

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- Filling our an application form
- Analysis of Curriculum Vitae / CV
- Verification of diplomas
- Interview
- Verification of recommendations
- Written test
- Work sample
- Psychological test
- Working trial period
- No procedure in place
- Other:

Do you foresee a change in the size of your total staff number in the coming 5 years? *
Please choose one option.
- At least 75% less staff
- 50% less staff
- 25% less staff
- No change
- Growth by 25%
- Growth by 50%
- Growth by 75%
- Growth by 100% or more

In your organisation, how often do shortages of skilled staff occur? (= sector qualified and/or having 2+ years of care sector experience) *
Please choose one option.
- Never
- Rarely
- Often
- Very often

In your organisation, do you expect shortages of skilled staff due to: *
Please tick at least one answer.
- A large group of staff becoming older (baby boomers) and retiring from the labour market
- Lack of interest due to the need for specialized training / qualifications
- Low wages paid in the sector
- Working conditions
- Low recognition of professions in the social / health care sector
- Qualified staff moving to another EU country
- No shortages of skilled staff expected

In your organisation, do you think there is a need for training of social / health care staff? Would you consider this need to be: *

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Please choose one option.
- Non-existent
- Minor
- Major
- Urgent

In your organisation, which category of staff might need training? *
Please tick at least one answer.
- Unskilled workers
- Assistants
- Skilled workers
- Middle management level
- Top management level
- N/A

What proportion of your workforce are volunteers? *
Please choose one option.
- Less than 10 %
- 10 - 30 %
- 30 - 50 %
- More than 50 %
- N/A

Final questions
Do you think that the mobility of the social services workforce in Europe is... *
Please choose one option.
- Increasing
- Staying the same
- Decreasing
- N/A

In your view, what may be hindering work force mobility? *
Please tick at least one option.
- Preferred employment of nationals
- Lack of language skills
- Lack of qualifications
- Restrictions to the transferability of qualifications obtained in another country
- Legal restrictions to the freedom of movement
- Other:

Do you think results and information coming from a European Observatory on Human Resources in the Social Sector may be of interest to you and/or help support management decisions in your organisation? *
Please choose one option.
- No
- Yes

Concerning workforce development and human resources, which topics are you most interested in? *
Please choose at least one option.
- Statistics

- Political Recommendations
- Advice / Consultancy
- Training
- Exchanging information with peers.
- Being informed about the perceptions of other European colleagues in HR on these issues and how to tackle them
- Conferences and events
- N/A

May we keep you updated on the results of this survey and the European Observatory in the Social Sector?*
Please choose one option.
- Yes
- No

Contact Details Observatory
Please indicate your contact details below.
Please add you name, your organisation and your email-address.

Question Telephone Interview We would like to deepen our understanding and follow up this online survey with a telephone interview in your native language. This interview will take around 15 minutes. May we contact you to arrange such an interview? *
- Yes
- No

Contact Details Telephone Interview
Please indicate your contact details below.
Please add you name, telephone number with country code and your email-address.

Appendix B List of organisations responding who provided details

1. Cornerstone
2. RNIB Scotland
3. Inclusion
4. Viewpoint HOusing Association
5. SAMH
6. G UQ
7. Pineview Housing Association Ltd
8. Loretto Housing
9. The Richmond Fellowship Scotland
10. Loretto Care
11. Finnieston Project"
12. ELCAP
13. Hansel
14. CIC
15. Eildon Housing Association
16. Nansen Highland

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17. Penumbra
18. Carr Gomm
19. Hillcrest Group of Companies
20. URIHO
21. Fylkesmannen
22. Institute for Community-Based Social Services Foundation (ICSS)
23. Associazione Scuola Viva onlus
24. Institute for Community Rehabilitation, Greece
25. Creative and Educationl Centre KEC, Belgrade, Serbia
26. AOPD
27. Nottingham Community Housing Association
28. FAIDD
29. Directia generala de Asistenta Sociala si Protectia Copilului Harghita
30. The SOR Foundation, Norway
31. Foundation ""Angels of Hope", Romania
32. Ozara a.si
33. Symbiosis Foundation
34. Caritas Satu Mare Organization
35. Caritas for people with disabilities
36. Bulgarian Association for Persons with Intellectual Disabilities (BAPID)
37. Cura e Riabilitazione Italy
38. Fundación Carmen Pardo-Valcarce
39. National Alliance for Social Responsibility - Bulgaria"
40. Lebenshilfe Salzburg gGmbH
41. Enable Ireland
42. CEFPI- Centro de Educação e Formação Profissional Integrada- Portugal
43. VGN
44. Coalition of Care and Support Providers in Scotland (CCPS)
45. Alpha Transilvana Foundation, Romania
46. LCEducational
47. CECD MIRA SINTRA
48. ARCIL
49. ASAPME Proyectos Feafes Aragon
50. CHANCE B GRUPPER
51. Diakonie Flöha der Ev.-Luth. Landeskirche
52. BAG WfbM
53. Diakonisches Werk Berlin-Brandenburg-schlesische
54. Vereniging Gehandicaptenzorg, Netherlands
55. ADAPEI des Cotes d'Armor
56. Apei Lons le Saunier
57. AG CAT-FOYER
58. Association A Tire d'Aile MAS Maison des oiseaux
59. APEI de Maurienne
60. AFAEDAM
61. ASSOCIATION TUTELAIRE DES MAJEURS PROTEGES DE L'AIN
62. Fédération Agapsy

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63. Association EVAH
64. Résidence Errepira
65. L'ADAPT
66. Adapei
67. Papillons blancs de Dunkerque

Appendix C: Semi-structured questionnaire

Qualifications

1. How do you check the qualifications of new employees?
   a. What qualifications do they require?
   b. Are the qualifications specific to the group of people the person works with (children, elderly, persons with disabilities, etc.)
   c. Would some other form of formal qualification not related to the social/health care sector be accepted?
   d. Are they required to have some sort of practical experience in social/health care?
   e. Do new employees coming from another country have to speak the language of the persons they will support? If yes, How are their language skills assessed?
   f. Do you need to inform the authorities?

2. If a formal qualification in the social/health care field is necessary,
   a. Who pays for it?
   b. Can the qualification be obtained, while one is already working in the sector? (Full-time / Part-time)
   c. On which level is this formal qualification recognised (local, regional, national, European, international)?

3. Are there groups, such as informal carers, volunteers or family members, that do not need a qualification? Who are they?

Training

4. When you employ a new social / health care staff, are they required to follow a specific introductory training?
   a. If yes, are there different types of trainings for different types of jobs (i.e. home care, staff working with children, etc.)
   b. If yes, what do these trainings encompass?
   5. In what way is this training / induction formalised?

"Hands-On" Employees

6. What is the shortest / most effective route into being able to work in the social/health care sector in your country?
7. If you employ a hands-on care worker, does he or she have to have a qualification in care of some sort? What qualification?
   a. If not, does the "hands-on" worker get some kind of basic practical training in food hygiene, fire safety, moving and lifting people, etc.)? What does this training encompass and who pays for it?

Human rights based approach

8. There has been a shift in paradigm from a more medical approach of care to a human-rights based approach, also called social model. Are you aware of this change?

a. If yes, how has the shift in paradigm changed the way you / your staff works?

9. With regard to the shift in paradigm towards person-centred services and support, is your staff in need of additional training?

Working with volunteers

10. If you are working with volunteers, what are the reasons for this choice (strategic, lack of funding, lack of staff, quality-related, etc.)?

        a. What qualifications do your volunteers have to have?

        b. What tasks do volunteers perform in your organization?

        c. How do you prepare and train your volunteer for the work in your organisation?

Workforce Trends

11. If you are planning to hire new staff:

        a. Why are you hiring new staff?

        b. How will you recruit them?

        c. How will you finance this new staff? (New project funds, government funding, new economic activities, etc.)

12. Please describe any trends you foresee that might impact on your organization and the environment you work in in the near future.

Your recommendations to the political level

13. What is the consensus of you and most of your colleagues on the status of the social/health care workforce in your country?

EASPD and its Interest Group on Workforce Development and Human Resources will develop advice and recommendations to services providers, government authorities and other stakeholders at all relevant levels on recruitment strategies, job profiles, training opportunities, job creation and human resources trends relevant for the disability and social sector. Do you have any suggestions or proposals?

Additional information

14. Please provide resources or databases related to this survey that you can share.

Appendix D: List of respondents (Semi-structured questionnaire)

	Names and Organisation	Criteria			
No	Name	Geographical spread	Public, nfp, for-profit	Direct provider/ umbrella group	Size of organisation
UMBRELLA GROUPS					
1	Dr. Fabrizio Fea Scuola Viva Onlus F.FEA.AISE	Italy	NFP	UG	Under 100
2	Alisa Costin AOPD	Moldova	NFP	DP	Under 100
3	Aart Bertijn VGN	The Netherlands	Public/ NFP	UG	+100,000
4	Judith Midgley	Scotland/ UK	NFP	UG	+100,000

	Workforce Coalition CCPS Scotland				
5	Federation Agapsy	France	NFP	UG	1,001-10,000
SERVICE PROVIDERS					
6	Visnja Majsec Sobota URIHO	Croatia	Public	DP	11-50
8	Steli Peteva Institute for Community Based social work	Bulgaria	Public	DP	11-50
9	Elekes Zoltan DG de asistenta sociala DGASPCHR	Romania	Public	DP	250+
10	Olga Figueiredo CEFPI	Portugal	Public	DP	51-100
11	Trude Stenhammer, The SOR Foundation	Norway	NFP	DSP	250+
12	Silvestro Plumari Cura e Reabilitazione	Italy	NFP	DP	51-100
13	Elisa Gallego Satue, ASAPME Feafes Aragon	Spain	NFP	DP	11-50
14	Fr. Konstantinos Papanikolaou	Greece	NFP	DP	Under 10
15	Karin Astegger Lebenshilfe Salzburg	Austria	NFP	DP	+250
16	Vicki Grieg, United Response	England & Wales	NFP	DP	1,000-10.000

Appendix E: List of focus group members (held on 4 December 2014 in Brussels)

Moderator: Jane Lethbridge, PSIRU
Rapporteur: Patricia Scherer, FEGAPEI

Participants:
Eveert-Jan Hoogerwerf, AIAS, IT
Monika Heitmann, Bulgarisch-deutsches Sozialwerk, BU
Akos Pordan, Hand in Hand, HU
Andreia Morara, Alpha Transylvana Foundation, RO
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