The State of Disability Workforce in Europe: needs in training, qualifications and skills

Final report

policy impact lab

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1. Introduction

Commissioned by the European Association of Service Providers for Persons with Disabilities (EASPD), the Policy Impact Lab (PIL) prepared a report on the state of the disability support workforce in Europe. The report is based on desk research of literature on the topic, an online survey of disability service providers (mostly EASPD members) and several interviews with relevant stakeholders. In accordance with the key objectives set out in the Terms of Reference (ToR), the report overviews:

- **challenges** faced by disability service providers in recruiting staff;
- **hiring intentions**;
- **qualifications and skills** in highest demand for disability service providers;
- most pressing **training needs** of the current disability support workforce;
- planned **training** for the next two years;
- current and planned use of **new/innovative technologies**; and
- the **impact of new/innovative technologies** on work organisation/efficiency, staff and service users.

The report starts with a brief overview of data collection methods (see Chapter 2), followed by findings and conclusions. First, we present findings from the desk research in Chapter 3 and then overview the key trends uncovered by the online survey in Chapter 4. The report ends with concluding remarks in Chapter 5. The questionnaire used for the online survey is presented in the Annex.

2. Data collection methods

Findings presented in this report (see Chapters 3 and 4) are based on the data collected via desk research of relevant literature, an online survey of disability service providers (mostly members of EASPD) and several interviews with representatives of disability service providers and experts in the field. We discuss briefly each of the data collection methods below.

2.1. Desk research

The desk research presented in Chapter 3 overviews previous findings on trends in the disability support workforce in Europe, against the backdrop of the larger social care sector. The analysis is based on accessible literature and data on the subject matter, including previous surveys carried out or commissioned by the EASPD. The findings of the desk research were instrumental in developing the questionnaire for the online survey of disability service providers (see Annex). It also served as important contextual information for analysing and reporting survey findings.

2.2. Survey

PIL carried out an online survey of disability service providers. The survey was intended for EASPD members who are direct service providers, meaning that umbrella organisations were not surveyed. Eligible organisations included 112 service providers from more than 30 European countries. It is important to note, however, that the actual number of recipients was slightly larger than 112 organisations as some of the EASPD members forwarded the invitation email to other disability service providers who are not members of the EASPD.

Each organisation in the target group received an email invitation to participate in the survey, including a link to the questionnaire. The email invitation also contained instructions and contact information in case the respondents had any questions or technical issues with the questionnaire. To ensure the privacy of the recipients, email invitations were sent out by the EASPD policy officer.

The questionnaire (in English) included 32 questions that were sub-divided into five broad categories (see Annex: Draft questionnaire for online survey): general questions; recruitment challenges; recruitment intentions; training needs; and the use of new/innovative technologies. Most of the questions were closed-ended in order to facilitate data collection by reducing the time needed to complete the questionnaire as well as enabling data analysis by types of possible answers. The questionnaire also had three open-ended questions to provide deeper insights into recruitment intentions of disability service providers and the impact of new/innovative technologies on work organisation and service provision in the sector. The questionnaire allowed comparison of data between respondents from different countries and sub-sectors.

The questionnaire was largely based on information collected during the desk research phase. The draft version of the questionnaire was tested by four representatives of EASPD member organisations (all of whom were members of the EASPD Interest Group on Workforce Development and Human Resources), who provided comments and suggestions during follow-up interviews.

Respondents had 27 days to complete the survey (March 6 – April 1, 2019). To encourage participation, EASPD sent out multiple reminders to fill out the questionnaire and offered three fee waivers to its annual conference in May for those who successfully completed the survey. During this period, 30 organisations from 17 countries

submitted their responses. The number of responses, representing only 27% of EASPD membership is too low for the results to be considered as representative of all members. As a result, the survey findings provide a snapshot of the current trends in the disability workforce in Europe.

2.3. Interviews

As indicated above, PIL conducted four interviews with representatives of disability service providers (EASPD member organisations) to test the developed questionnaire. Another three interviews were carried out during the reporting phase to follow-up on the discovered trends and their implications. Respondents for these interviews were selected in coordination with EASPD and included representatives of disability service providers (employers) and experts in the field from different countries and sub-sectors (see Table 1 below).

Table 1. List of interviews.

No.	Name	Position in member organisation	Organisation and title	Membership	Interview date
1.	Andreia Moraru	Coordinator	Dizabnet (Romania)	The EASPD Interest Group on Workforce Development and Human Resources	February 25, 2019 via Skype
2.	Antonio B. García Sabater	Secretary of the Board	Espurna (Spain)	The EASPD Interest Group on Workforce Development and Human Resources	February 22 and April 16, 2019 via Skype
3.	James Churchill	CEO	Social Care Training UK (UK)	The EASPD Interest Group on Workforce Development and Human Resources	February 21 and April 16, 2019 via Skype
4.	Sylvain Renouvel	Director of European Affairs	Nexem (France)	The EASPD Interest Group on Workforce Development and Human Resources	February 25 and April 16, 2019 via Skype

3. Desk research findings

In this chapter we present findings from the desk research of relevant literature on the topics explored this study. This includes recruitment challenges faced by disability service providers across Europe; availability of skills and qualifications; the most pressing training needs for social care/support workforce; and various aspects associated with the use of new/innovative technologies in service provision and work organisation in the sector.

3.1. Introduction

Information on the disability support workforce in Europe is rather scarce (with more information to be found on social care and support in general), which substantiates EASPD's focus on this highly important area. Ensuring a high quality of service provision is essential for safeguarding a quality of life for disabled people, that is comparable to that of persons who do identify themselves as having a disability.

Evidently, countries differ in how they approach care work. There are also different types of care services provided by public, private and non-profit entities. However, one commonality across Europe is that the care workforce is mainly female, with some countries (such as Finland, Germany, Greece, Lithuania and the Netherlands) having women making up over 90% of this workforce, many of them working on a part-time basis. A large percentage of those who work in the care services are also aged over 40. In countries, such as Austria and the Netherlands, a large percentage of the social services workforce are migrants; while in some Central and Eastern European countries, workers from care services leave in search of higher salaries in other European countries[1].

3.2. Recruitment challenges

A survey of social care providers and umbrella organisations (the majority of which are not-for-profit and work with people with mental health problems and learning /intellectual disabilities), exploring the recruitment of staff, found that staff shortages are a major problem in the disability sector, particularly for those providers with smaller workforces. Staff shortages were felt to be largely a consequence of low wages and an increasing proportion of workers attaining retirement age[2]. Furthermore, the privatisation of social services and lack of regulations also resulted in the deskilling of the workforce. This jeopardises the values on which social care services are based[3].

In contrast to the employment trends in the social care sector in Europe (which continues to expand), around half of respondents in this survey felt that there would not be a change in the number of staff in the next five years, while around 40% indicated there would be a growth of around 25%. Of note was the finding that the majority of respondents felt that it was difficult (or very difficult) to recruit young people. Among reasons cited

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[1] Lethbridge, J. 2015. *Report: Care in the 21st century – expanding the social care workforce for people with disabilities.* European Association of Service Providers for Persons with Disabilities (EASPD). Available at: http://www.easpd.eu/en/content/publications

[2] Lethbridge, J. 2017. *More Action Needed to Recruit Young People into the Social Sector.* European Association of Service Providers for Persons with Disabilities (EASPD). Available at: http://www.easpd.eu/sites/default/files/report_-_more_action_needed_to_recruit_young_people_with_layout.pdf

[3] Lethbridge, J. 2015. *Report: Care in the 21st century – expanding the social care workforce for people with disabilities.* European Association of Service Providers for Persons with Disabilities (EASPD). Available at: http://www.easpd.eu/en/content/publications

for this difficulty were low pay, low status, and working with people who are difficult, aggressive and challenging. The study reports that other reasons affecting this are the perception of social care as 'women's work', great physical demands, and the necessity to provide intimate care, findings which point to the need for a wider understanding of social care work among young people[4]. The importance of recruiting young people is evident in light of the fact that the social care/support workforce in the EU is, as previously indicated, ageing[5].

Other challenges facing the social care/support workforce in the EU are poor conditions of service and increasing atomisation of the workforce (reducing number of secure labour contracts). Furthermore, budget constraints resulting from the economic crisis in Europe impacts on the financing of services[6]. High qualifications needed are also a barrier for young people wanting to work in the sector[7].

Meanwhile, Blackburn (2015) reports that residential care and social work services grew by 15% during the period 2008-2013, making it "one of the fastest growing sectors in European economies" (p. 21). As Blackburn notes, however, the term "social work" needs "unpicking" (p. 21) in the sense that, whilst in some countries the differences between social work and social care/support are small, they should be separately defined. The author cites definitions which indicate that while social work is a profession and academic discipline, social care/support work (which has a lower status – and usually lower pay – than social work) provides assistance and fosters independence of the service user[8].

3.3. Profiles and qualifications

To a certain extent, the Bologna process[9] has standardised academic qualifications regarding social work across the EU. However, professions relating to social work are still highly regulated within countries, and the necessary qualifications have not been formalised in all Member States[10].

More specifically, a study conducted on behalf of the European Observatory of Human Resources presents various concerns relative to the workforce of disability service providers across Europe. For instance, more than one third of the service providers and umbrella organisations taking part in the research report that no qualifications are required to work as a social care worker at entry level. The study also shows that a shortage

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[4] Lethbridge, J. 2017. *More Action Needed to Recruit Young People into the Social Sector*. European Association of Service Providers for Persons with Disabilities (EASPD). Available at: http://www.easpd.eu/sites/default/files/report_-_more_action_needed_to_recruit_young_people_with_layout.pdf

[5] Blackburn, J. 2015. *Report: Initial research on in-work poverty in the social service provision sector.* European Association of Service Providers for Persons with Disabilities (EASPD). Available at: http://www.easpd.eu/en/content/interest-group-workforce-development-and-human-resources-0

[6] Ibid.

[7] Lethbridge, J. 2017. *More Action Needed to Recruit Young People into the Social Sector*. European Association of Service Providers for Persons with Disabilities (EASPD). Available at: http://www.easpd.eu/sites/default/files/report_-_more_action_needed_to_recruit_young_people_with_layout.pdf

[8] Blackburn, J. 2015. *Report: Initial research on in-work poverty in the social service provision sector*. European Association of Service Providers for Persons with Disabilities (EASPD). Available at: http://www.easpd.eu/en/content/interest-group-workforce-development-and-human-resources-0

[9] European Commission. n.d. *The Bologna Process and the European Higher Education Area*. Available at: https://ec.europa.eu/education/policies/higher-education/bologna-process-and-european-higher-education-area_en

[10] European Social Network (ESN). 2017. *Investing in the social services workforce: A study on how local public social services are planning, managing and training the social services workforce of the future*. Brighton: European Social Network

of care workers, at times, resulted in recruiting individuals with no qualifications and experience. Evidently, these aspects pan out differently in different countries, but are also dependent on geographical locations in-country: in Austria and Moldova, for example, there are less (qualified) care workers in rural areas than in urban ones, increasing the probability of employing unqualified workers in the former. Other concerns include the lack of coherence in requirements for recruitment across European countries[11].

At the same time, the sector is also characterised by over-qualification, where care workers feel overqualified or receive a higher education than necessary for their work[12]. A survey conducted in 2017 found that the majority of participating social care providers and umbrella organisations required either a vocational qualification or university degree in social/health care to work in the disability social care sector[13].

3.4. Skills

There seems to be very little research on the actual skills European disability service providers look for in their workforce. A brief analysis of relevant job posts in different countries in Europe revealed that while academic qualifications (or hard skills) are an obligatory requirement to apply to work with persons with disabilities as support workers, soft skills are usually considered as assets rather than requirements in some countries like Malta and Lithuania. In other countries like the UK, soft skills are given more importance.

For example, a vacancy advert for a support worker with *Aġenzija Sapport*, the national government agency providing residential and community services for disabled people in Malta, sets down education and/or experience as required criteria to apply for the post, while skills such as experience in working with people with challenging behaviour, physical ability to deal with aggressive behaviour, and a driving license are considered as assets[14]. Meanwhile, for an administrative support worker, the same agency requires only academic qualifications and experience in clerical duties[15]. In Lithuania, a post for an entry-level position to work with persons with mental disabilities, includes both hard and soft skills as assets: at least a bachelor's degree or equivalent professional training; familiarity with legal acts about social protection and support; knowledge of social work methods and their application with families; knowing the regulations regarding documentation and accounting; excellent communication and computer skills (a plus being knowledge of Russian); a driver's license and experience working with families[16].

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[11] Lethbridge, J. 2015. *Strengthening the workforce for people with disabilities: Initial mapping across Europe.* European Association of Service Providers for Persons with Disabilities (EASPD) – European Observatory of Human Resources (EOHR). Available at: http://www.easpd.eu/en/content/european-observatory-human-resources-getting-job-social-care-sector-what-trends-exist-europe

[12] Kadyrbaeva, A. 2018. *Social care & support workforce & new delivery demands for disability service delivery.* European Association of Service Providers for Persons with Disabilities (EASPD). Presentation at the EASPD Development Workshop, June 13, Varna. Unpublished.

[13] Lethbridge, J. 2017. *More Action Needed to Recruit Young People into the Social Sector*. European Association of Service Providers for Persons with Disabilities (EASPD). Available at: http://www.easpd.eu/sites/default/files/report_-_more_action_needed_to_recruit_young_people_with_layout.pdf

[14] Aġenzija Sapport. 2017. *Support Worker.* Available at: https://sapport.gov.mt/en/Public-calls-and-vacancies/Documents/Full%20time%20Support%20Worker.pdf

[15] Aġenzija Sapport. 2017. *Administrative Support Worker (ASW).* Available at: https://sapport.gov.mt/en/Public-calls-and-vacancies/Documents/Administrative%20Support%20Worker.pdf

[16] Vilniaus Miesto – Socialines Paramos Centras. *Job offer*. Available at: http://www.spcentras.lt/Darbo-pasiulymai-825.html

In the UK, on the other hand, adverts for support workers indicate that applicants need to be "caring, trusting…creative…have a passion for helping others….be a great listener"[17]. Other job posts require risk management skills[18]; while still others require the applicant to be "enthusiastic, physically active with good communication skills and have a positive outlook". The latter post, however, requires also experience of care work and knowledge of disability[19].

Lethbridge (2015) found that several respondents (service providers and umbrella organisations) emphasised the importance of language skills in employees working with people with disabilities[20]. Similarly, in the support worker vacancy in Malta mentioned above, one of the requirements is that the applicant is able to communicate in both Maltese and English (the official languages of the country)[21]. The job advert for a social worker for the Social Support Service the city of Vilnius also emphasised knowledge in Russian to be an asset given that the city has a sizeable Russian speaking minority population. Furthermore, disabled people with communication difficulties felt that effective communication was an important skill for a care worker to have[22].

3.5. Training needs

The 2017 EASPD survey found that the majority of respondents (service providers and umbrella organisations working with people with mental/intellectual/learning difficulties) felt that there was an urgent/major need for workforce training. However, while service providers identified the skilled workers group as the one most in need of training, umbrella organisations felt that unskilled workers were the ones with most training needs[23].

Factors like the beliefs and values of social service providers affect the services they provide to people with disabilities. For example, Bazzo et al (2007)[24] found that considerable attention needs to be paid to the training of managers in residential services for people with intellectual disabilities in Italy, where Catholic values and traditions relating to sexuality of people with intellectual disabilities still exist. Factors such as these might

[17] Indeed. 2019. *Support Worker.* Available at: https://www.indeed.co.uk/cmp/Active-Prospects/jobs/Support-Worker-6c5b1c44090e53ba?sjdu=QwrRXKrqZ3CNX5W-O9jEve9LkW6ADkAyIa9Vf2pHdxbhARkRXMw-7EwD6IYLvTa9BgkTRItiBoRuDcK8TthLsw&tk=1d2i16c281483004&adid=223143261&vjs=3

[18] Indeed. 2019. *Support Worker/Carer.* Available at: https://www.indeed.co.uk/cmp/Network-Healthcare-(Herts)-Ltd/jobs/Support-Worker-Carer-b1d4d5a1fa59b545?sjdu=QwrRXKrqZ3CNX5W-O9jEve9LkW6ADkAyIa9Vf2pHdxbKZwnqr3rjFdBLgnYn4ZREqgqYsuEQuv0-XSw2FHTGkzQ2b9Il319ZICwwVIqdchs&tk=1d2i16c281483004&adid=262579390&vjs=3

[19] Fish4Jobs. 2019. *Care Support Worker.* Available at: https://www.fish4.co.uk/job/8636077/care-support-worker/?LinkSource=PromotedJob

[20] Lethbridge, J. 2015. *Strengthening the workforce for people with disabilities: Initial mapping across Europe*. European Association of Service Providers for Persons with Disabilities (EASPD) – European Observatory of Human Resources (EOHR). Available at: http://www.easpd.eu/en/content/european-observatory-human-resources-getting-job-social-care-sector-what-trends-exist-europe

[21] Aġenzija Sapport. 2017. Support Worker. Available at: https://sapport.gov.mt/en/Public-calls-and-vacancies/Documents/Full%20time%20Support%20Worker.pdf

[22] Lethbridge, J. 2015. *Strengthening the workforce for people with disabilities: Initial mapping across Europe*. European Association of Service Providers for Persons with Disabilities (EASPD) – European Observatory of Human Resources (EOHR). Available at: http://www.easpd.eu/en/content/european-observatory-human-resources-getting-job-social-care-sector-what-trends-exist-europe

[23] Lethbridge, J. 2017. *More Action Needed to Recruit Young People into the Social Sector.* European Association of Service Providers for Persons with Disabilities (EASPD). Available at: http://www.easpd.eu/sites/default/files/report_-_more_action_needed_to_recruit_young_people_with_layout.pdf

[24] Bazzo, G., Nota, L., Soresi, S., Ferrari, L. and Minnes, P. 2007. *Attitudes of Social Service Providers towards the Sexuality of Individuals with Intellectual Disability.* Journal of Applied Research in Intellectual Disabilities, 20, 110-115.

impinge on the services provided, such as those relating to teaching service users sexuality-related competencies and supporting them in expressing their sexuality. Although this example relates to only one specific aspect of disabled people's lives which might be affected by service providers' training (or lack thereof), such factors have implications on multiple facets of the experiences of people with disabilities.

As Lethbridge (2015) notes, many hands-on workers are able to obtain a job without having any experience. However, they need training in "appropriate attitudes and values as well as more specific training in basic care" (p. 4)[25]. Furthermore, the quality of training focusing on human rights in the sector are low[26].

3.6. Impact of digitalisation

Digitalisation comprises a wide range of technological developments and can be defined as "the use of tools converting analogue information into digital information" (p. 5). As a consequence, there are now a larger number of connected databases and software applications for technological devices[27].

The move towards digitalisation is having an effect on the labour market, including the content and quality of work. It is expected to result in job losses and also job creation. According to the European Foundation for the Improvement of Living and Working Conditions (2016), the main concern is how economies in Europe will adapt to capitulate from digitalisation and at the same time "minimise potential disruptive effects"[28]. Unfortunately, the impact of digitalisation is often left out of social dialogue and policies[29].

With regards to digitalisation in the social services, van der Schans (2018) identifies three areas: automation (e.g. the use of robotics in assisting elderly, artificial intelligence), digitisation (e.g. internet of things, virtual reality supporting children with neurodevelopmental disorders), and coordination by platforms (e.g. P2P, Blockchain). At the time of writing (early 2019), Eurofound was conducting research to gauge the how technologies can support fairer access and higher quality of social services and how service users and service providers are affected[30].

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[25] Lethbridge, J. 2015. *Report: Care in the 21st century – expanding the social care workforce for people with disabilities.* European Association of Service Providers for Persons with Disabilities (EASPD). Available at: http://www.easpd.eu/en/content/publications

[26] Blackburn, J. 2015. *Report: Initial research on in-work poverty in the social service provision sector*. European Association of Service Providers for Persons with Disabilities (EASPD). Available at: http://www.easpd.eu/en/content/interest-group-workforce-development-and-human-resources-0

[27] Peña-Casas, R., Ghilani, D. and Coster, S. 2018. *The Impact of Digitalisation on Job Quality in European Public Services: The Case of Homecare and Employment Service Workers.* European Social Observatory (OSE) and European Public Service Union (EPSU). Available at: https://www.epsu.org/sites/default/files/article/files/FINAL%20REPORT%20EPSU%20DIGITALISATION%20-%20OSE%20June%202018.pdf

[28] European Foundation for the Improvement of Living and Working Conditions (Eurofound). 2016. *Programming document 2017-2020.* Available at: https://www.eurofound.europa.eu/publications/work-programme/2016/programming-document-2017-2020

[29] Peña-Casas, R., Ghilani, D. and Coster, S. 2018. *The Impact of Digitalisation on Job Quality in European Public Services: The Case of Homecare and Employment Service Workers*. European Social Observatory (OSE) and European Public Service Union (EPSU). Available at: https://www.epsu.org/sites/default/files/article/files/FINAL%20REPORT%20EPSU%20DIGITALISATION%20-%20OSE%20June%202018.pdf

[30] Van der Schans, C. 2018. *The Impact of Digitalisation on Social Services.* 2nd Thematic Meeting Federation of European and Social Employers & EPSU. Available at: http://socialemployers.eu/files/doc/1%20Corine%20van%20der%20Schans_Eurofound.pdf

The Zero project (an initiative of the Essl Foundation, Austria and EASPD) identified 15 technologies believed to be of great interest to disability service providers. These technologies include a platform for job seekers with disabilities, an app which connects bank staff to an interpreter for people who have a hearing impairment, an augmentative and alternative communication system (AAC) to train people with intellectual disabilities, an app which aids disabled people in humanitarian emergencies, and a welcome app to improve services for people with disabilities[31].

Peña-Casas et al (2018) found that digitalisation in the homecare sector in Europe[32] mostly relates to using digital programmes on mobile devices (e.g. smartphone or tablet) to manage the daily agenda, recording performance and working time on tasks, and communicating with employers and co-workers. However, the researchers found that digitalisation had little impact on the core of the jobs of homecare employees. One positive aspect recorded was related to better work planning through digital tools, which also enable a better follow up of service users. Negative aspects reported include inconsistences in the planning of tasks that are harder to rectify through a digitalised process; and problems encountered with recording working time. Other issues reported were adverse effects on communication with co-workers and supervisors, lack of training in using digital tools, and negative effects on mental and physical health. The former is due to such aspects as increased stress due to regularly needing to consult a schedule, responding quickly to requests made by email/telephone to supervisors, colleagues and service users; while effects on physical health include increase in traffic accidents due to telephone consultation/use while driving[33].

3.7. Conclusion

These results point to the need for further research into the needs in training, qualifications and skills required of the disability support workforce, as well as the differences that exist in recruitment and qualification requirements between countries across Europe, and the trends that are influencing this workforce. The survey which was carried out as a part of this research study (see chapter 4) aimed at filling gaps in knowledge relevant to the state of the workforce of disability service providers.

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[31] European Association of Service Providers for Persons with Disabilities (EASPD) and ESSL Foundation. 2018. *Zero Project Analysis: Dedicated Research of Innovative Practices. Digital Technologies for Service Providers: 15 Innovative Practices to advance Social Care.* Available at: https://zeroproject.org

[32] The research was conducted in France, Spain, United Kingdom and Italy.

[33] Peña-Casas, R., Ghilani, D. and Coster, S. 2018. *The Impact of Digitalisation on Job Quality in European Public Services: The Case of Homecare and Employment Service Workers*. European Social Observatory (OSE) and European Public Service Union (EPSU). Available at:
https://www.epsu.org/sites/default/files/article/files/FINAL%20REPORT%20EPSU%20DIGITALISATION%20-%20OSE%20June%202018.pdf

4. Survey findings

Having discussed some of the key aspects on the topic available in relevant literature above, in this chapter we turn to findings uncovered by the online survey of European disability service providers carried out as a part of this study. We start with a brief overview of all respondents and continue with a discussion of recruitment trends, challenges and intentions in the next two years. We then present the most pressing training needs identified by the surveyed disability service providers and their plans to meet those needs. The chapter ends with an overview of the current and planned use of new/innovative technologies in the sector and their effects on work organisation and service provision.

4.1. Respondents: an overview

The survey questionnaire was completed by **30 organisations from 17 different European countries**. Most responses came from France (four), followed by Greece, Romania and Spain, each of which had three respondents (see Figure 1).

Figure 1. Map of respondents' distribution across Europe.
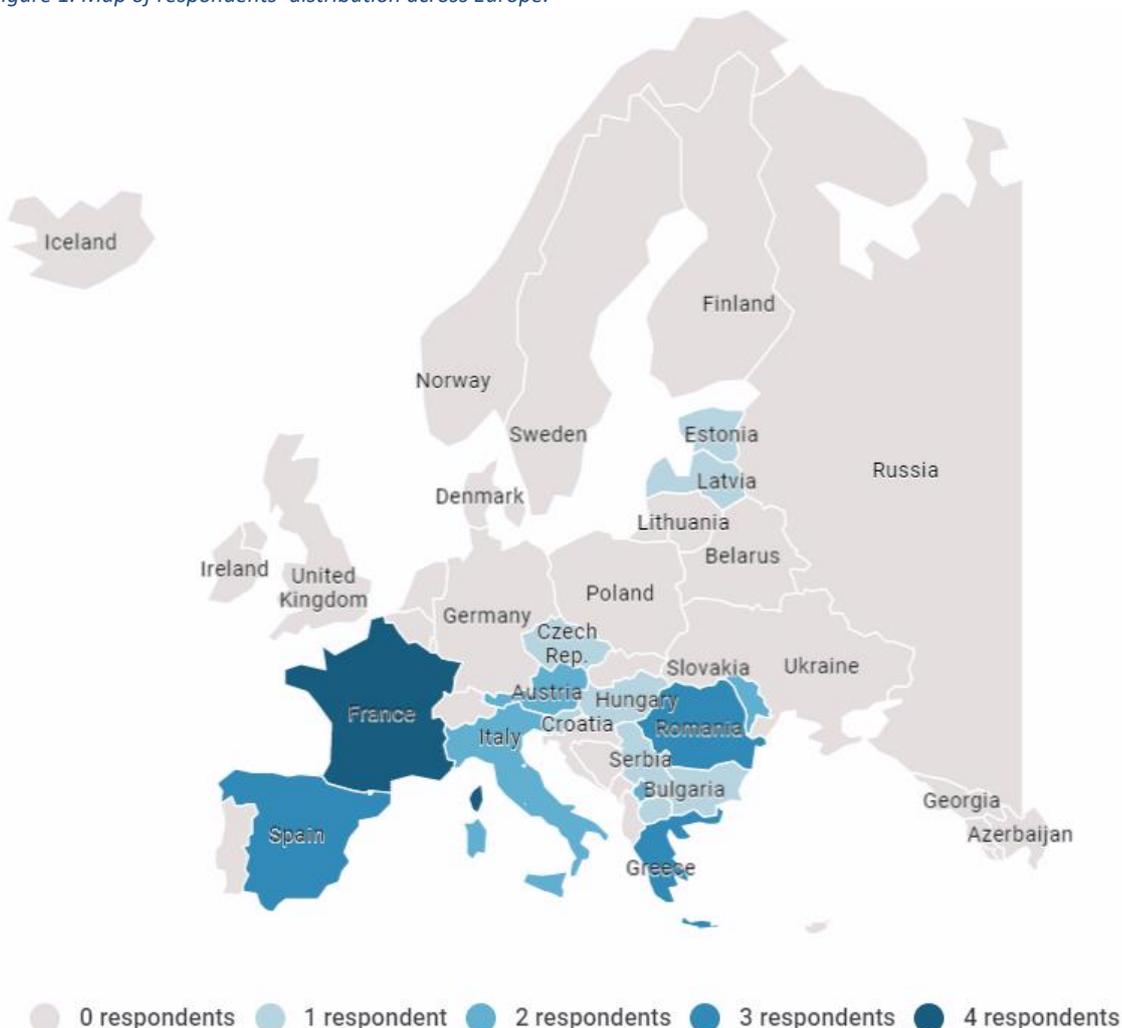
The surveyed organisations **varied greatly in terms of size**. The smallest one had only four full-time employees, while the four largest ones employed more than 500 full-time workers. **In general, the surveyed organisations**

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have been growing, since around half of them saw the number of staff growing during the past two years (see Figure 2). Providers of education support services stood out in this respect, as more than 80% of them reported an increase of staff in this period. Meanwhile, around 28% of the respondents kept the number of employees stable and another 21% reported that the staff number in their organisations declined during the same period.

Figure 2. Changes in overall number of staff during the past two years.
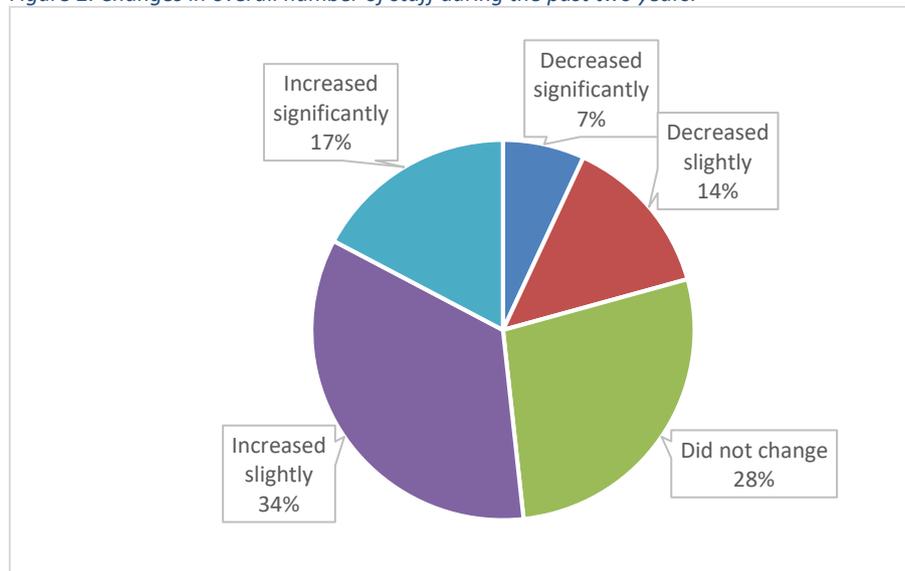
It is noteworthy that the **surveyed disability service providers relied considerably on volunteers and interns**, who, on average, comprised around 18% of their total workforce[34]. Interestingly, in some organisations the number of volunteers/interns exceeded the number of regular staff. The reliance on volunteers/interns was considerably higher in smaller organisations.

Most of the surveyed service providers operated in the areas of work integration/employment support and day care (see Figure 3). Around one third of the respondents provided education support, long-term residential care, support in daily living at home and early childhood intervention services. The least popular areas of activity were assistive technology/equipment and leisure, arts and sports, each selected by only two organisations. None of the respondents indicated that respite services was a key area of their activities.

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[34] This figure is based on 23 respondents (not 30), because it was not possible to calculate the average number of volunteers/interns for the organisations with "500+" employees or "100+" interns.

Figure 3. Distribution of respondents by the area of activity.

Area of activity	Percentage
Work integration/employment support	63%
Day care	53%
Education support	37%
Long-term residential care	33%
Support in daily living at home	33%
Early childhood intervention	33%
Assistive technology/equipment	7%
Leisure, arts and sports	7%
Other	3%
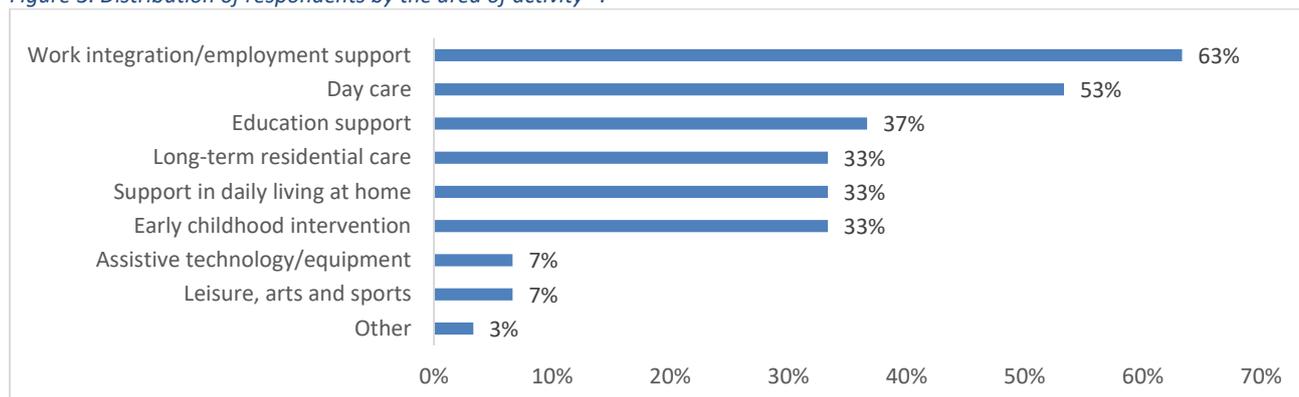
Around **two-thirds of workers employed in the surveyed organisations held standard full-time permanent contracts** and the remaining one-third of employees were on part-time or fixed-term contracts. This distribution of contractual arrangements was similar for both frontline staff (working directly with service users) and office-based staff. That said, organisations engaged in education support and provision of assistive technologies/equipment had relatively more frontline staff on part-time or fixed-term employment contracts (as opposed to full-time and permanent contracts) compared to organisations working in the other areas.

More than 83% of respondents reported a shortage of staff in at least one of the listed occupational groups (see Figure 4). This finding is consistent with the previous studies (see Chapter 3), which reported staff shortages in the disability sector[36]. Collected data revealed that staff shortages were most common in healthcare[37], frontline support[38] as well as education and training[39]. Some interview respondents believed that the shortage of healthcare professionals was not specific to the care sector, but prevalent in other sectors too[40]. Meanwhile, only around 20% of all surveyed service providers reported experiencing a shortage of employees in administration[41], management[42] and maintenance and housekeeping[43] occupational groups.

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[35] The percentages do not add up to 100%, because a single respondent could choose up to three areas of activity.

[36] Lethbridge, J. 2017. *More Action Needed to Recruit Young People into the Social Sector.* European Association of Service Providers for Persons with Disabilities (EASPD). Available at: http://www.easpd.eu/sites/default/files/report_-_more_action_needed_to_recruit_young_people_with_layout.pdf

[37] This occupational group includes healthcare professionals such as psychiatrists, doctors, paediatricians, nurses, occupational therapists, speech pathologists, physiotherapists, psychologists, therapists, counsellors etc.

[38] This occupational groups includes staff (excluding education & healthcare professionals) having daily direct contact with service users: e.g. care workers, personal assistants, support staff, supervisors.

[39] This occupational group includes tutors, learning support educators, early childhood interventionists, job coaches, vocational trainers, life-skills coaches.

[40] Interview with a member of the EASPD Interest Group on Workforce Development and Human Resources from the UK.

[41] This occupational group includes office administrators, administrative assistants, human resources staff, accountants, public relations staff, ICT professionals etc.

[42] This occupational group includes CEOs, service managers etc.

[43] This occupational group includes kitchen staff, laundry staff, cleaners, maintenance staff, drivers etc.
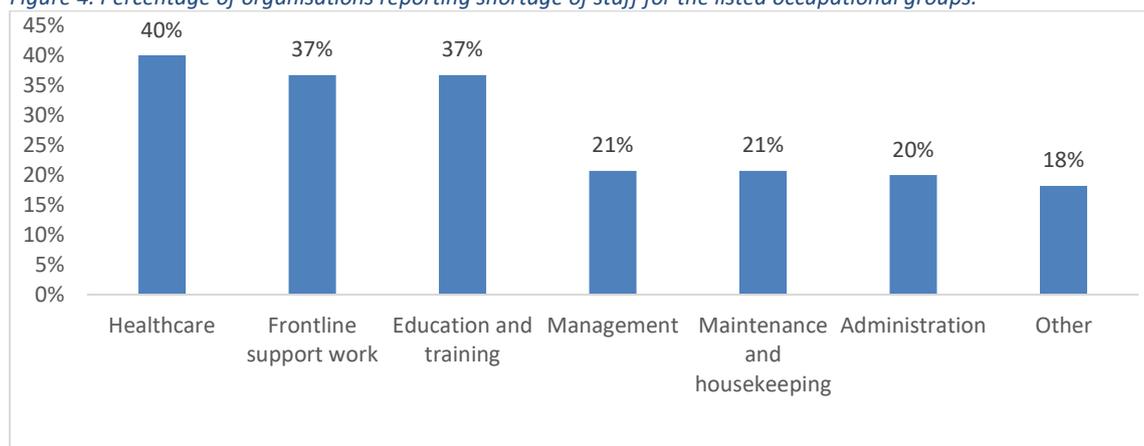
Exploring the results by different areas of activity, the shortage of healthcare professionals appeared particularly acute in organisations providing early childhood intervention, education support and long-term residential care services (see Table 2). Meanwhile, the lack of frontline support workers was notable in the areas of early childhood intervention, day care, leisure, arts and sports as well as assistive technology/equipment. Finally, it is noteworthy that service providers in all but one (leisure, arts and sports) areas of activity indicated a shortage of education and training professionals as an issue.

Table 2. Shortage of professionals in listed occupational groups by area of activity.

Area of activity	Top 3 occupational groups (in terms of shortage)
Early childhood intervention	1. Healthcare (60%)[44] 2. Frontline support work (50%) 3. Education and training (40%)
Education support	1. Healthcare (54%) 2. Education and training (45%) 3. Maintenance and housekeeping (30%)
Work integration/employment support	1. Healthcare (32%) 2-3. Frontline support work (26%) and education and training (26%)
Day care	1. Frontline support work (50%) 2-3. Healthcare (44%) and education and training (44%)
Support in daily living at home	1-2. Healthcare (40%) and education and training (40%) 2. Administration (30%)
Long-term residential care	1. Healthcare (50%) 2. Frontline support staff (40%) 3-4. Education and training (30%) and management (30%)
Leisure, arts and sports	1. Frontline support staff (100%) 2-3. Administration (50%) and education and training (50%)
Assistive technology/equipment	1-2. Frontline support staff (50%) and maintenance and housekeeping (50%)

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[44] The percentage denotes the share of organisations within the indicated area of activity that reported shortage of staff in this occupational group.

4.2. Recruitment trends and challenges

> *"The biggest challenge we face at present is the recruitment of local staff that have both the specific skill set, educational background, as well as the local language skills to be able to communicate more effectively with our local client groups."* [45]

Nearly all (around 97%) of surveyed **disability service providers faced at least some challenges in recruiting staff** during the past two years. Importantly, nearly three-quarters of all respondents found it *"moderately" or "very"* challenging to hire new employees (see Figure 5).

Figure 5. Percentage of respondents indicating how challenging it was for them to recruit staff during the past two years.
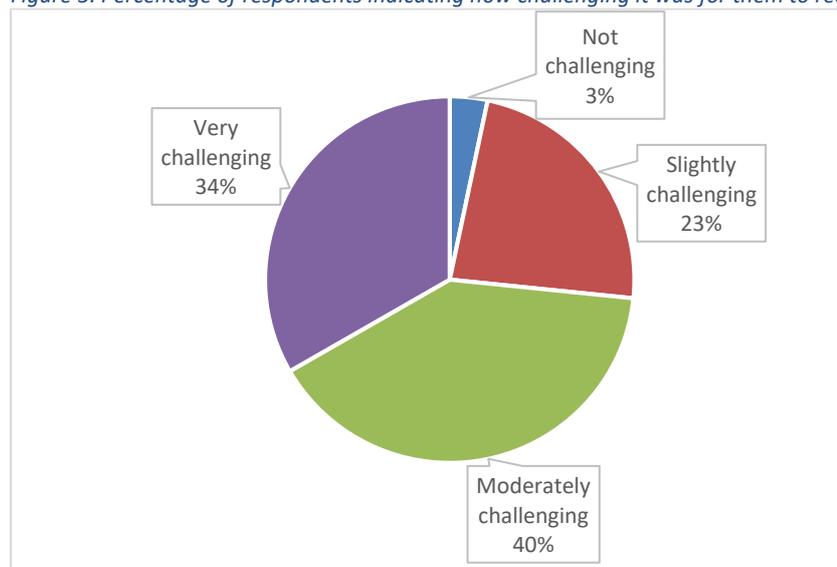
While a limited number of respondents across different European countries did not allow for a reliable analysis from the geographical perspective, it appeared that disability service providers from Central and Eastern European (CEE) countries – including Kosovo, Romania, Estonia, Moldova and Serbia – found it most challenging to hire new employees. At the same time, service providers in some southern European countries, such as Greece and Malta, also faced significant difficulties in this respect. Moreover, collected data revealed **notable challenges in recruiting across various sub-sectors**. In fact, more than 80% of disability service providers working in the areas of early childhood intervention, education support, day care, support in daily living at home, as well as leisure arts and sports, reported that it was *"moderately"* or *"very challenging"* to recruit staff during the past two years. This figure was slightly lower in the work integration/employment support sector (68%) and the long-term residential care sector (60%). Finally, 90% of organisations that worked with persons with intellectual and learning disabilities (including Autism Spectrum Disorder) said it was *"very challenging"* for them to hire employees. Reasons for this could include, as found in the study by Lethbridge (2017)[46], the difficulty of hiring young people due to the fact that such jobs involving working with people who are difficult, aggressive and challenging.

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[45] Quote from the survey.

[46] Lethbridge, J. 2017. More Action Needed to Recruit Young People into the Social Sector. European Association of Service Providers for Persons with Disabilities (EASPD). Available at: http://www.easpd.eu/sites/default/files/report_-_more_action_needed_to_recruit_young_people_with_layout.pdf

The key issues for disability service providers in recruiting staff during the past two years were related to the **shortage of applicants with right/enough qualifications, skills or experience**. Nearly 97% of the surveyed service providers reported that "*lack of applicants with right skillset and personal qualities*" was a significant issue for them (see Figure 6 below). At the same time, around 90% of service providers indicated shortage of applicants *"with right/enough experience"* or *"right/enough formal qualifications"*. This finding was largely consistent across all countries and areas of activity. One potential explanation for the shortage of suitable applicants could be **unattractive working conditions in the sector** as around 67% of respondents mentioned this as a notable hindrance to recruiting new staff. Correspondingly, one of the findings of a study carried out in 2015[47], and those of the survey of 2017[48], found that factors such as the reduction of secure labour contracts in the social care/support workforce in the EU, together with poor conditions of service, low pay and low status rendered recruitment challenging. According to interviewees from France and the UK, low salaries are a deterrent to potential employees to work in the sector[49]. Low salaries also play a role at the studying stage, that is, students do not opt to study courses which will lead to working in the social care sector[50].

Another potential explanation for difficulties in recruiting staff can be **insufficient administrative/HR capacity of disability service providers themselves for recruitment**. More specifically, even if there was an evident need for staff, disability service providers' administrative, managerial or HR staff did not have sufficient time for recruiting new employees. In fact, almost two-thirds of all surveyed organisations reported that this issue was "*significant*" to them. An interview with an expert in the area of social care from the UK confirmed that quite often small disability service providers do not have dedicated staff for recruitment and this becomes an additional task for other employees at the organisation (for example managers or administrative assistants)[51].

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[47] Blackburn, J. 2015. Report: Initial research on in-work poverty in the social service provision sector. European Association of Service Providers for Persons with Disabilities (EASPD). Available at: http://www.easpd.eu/en/content/interest-group-workforce-development-and-human-resources-0

[48] Lethbridge, J. 2017. More Action Needed to Recruit Young People into the Social Sector. European Association of Service Providers for Persons with Disabilities (EASPD). Available at: http://www.easpd.eu/sites/default/files/report_-_more_action_needed_to_recruit_young_people_with_layout.pdf

[49] Interviews with members of the EASPD Interest Group on Workforce Development and Human Resources from France and Spain.

[50] Interview with a member of the EASPD Interest Group on Workforce Development and Human Resources from France.

[51] Interview with a member of the EASPD Interest Group on Workforce Development and Human Resources from the UK.
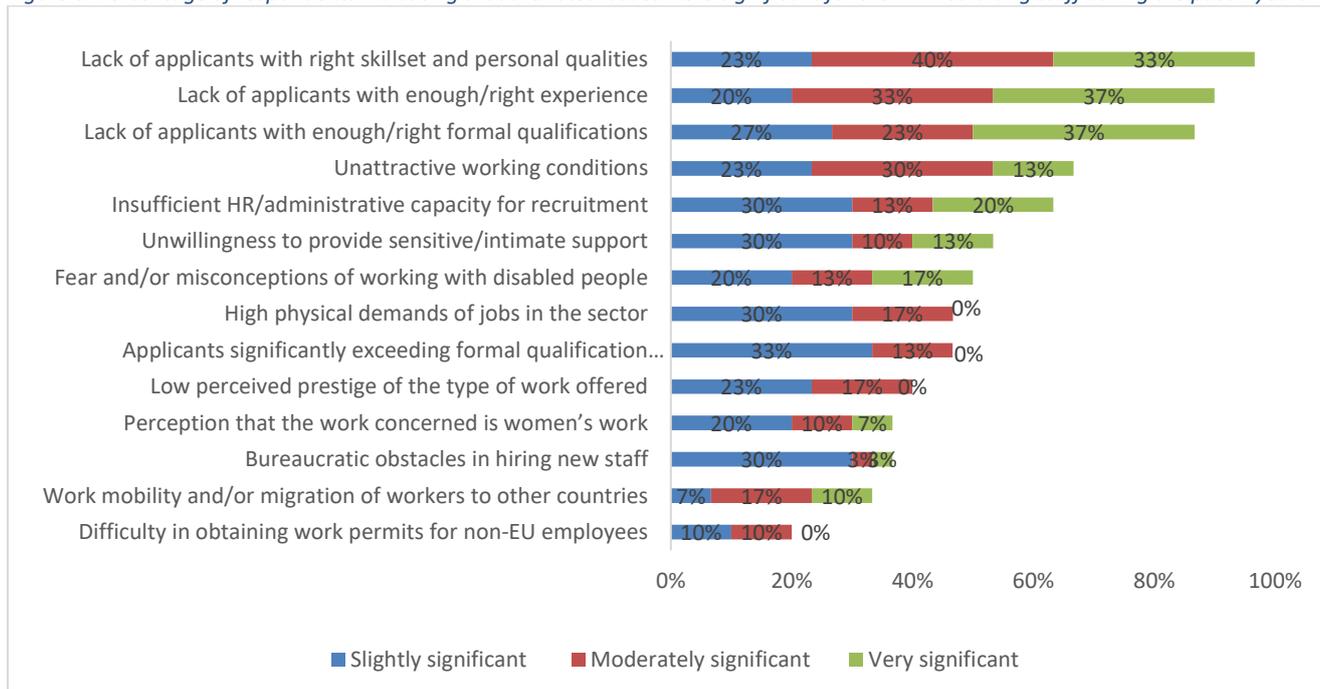
Considering a rapidly growing number of care workers in the EU from third countries[52], Figure 6 reveals an interesting fact that obtaining work permits for non-EU nationals was not considered a very significant issue for the vast majority of respondents. This finding is consistent with the previous survey on the subject matter carried out by the European Social Network, which found that reliance on migrant workers was not a major challenge among EU organisations working in the social care sector[53]. Aside from work permits, other bureaucratic obstacles were not considered as very challenging, as around 30% of respondents indicated this to be "*slightly significant*" for them.

Looking at the different **occupational groups that disability service providers found most difficult to recruit** during the past two years, **healthcare professionals** and **frontline support workers** stood out in particular (Figure 7). Unsurprisingly, disability service providers also felt the greatest shortage of employees in these occupational groups (see Figure 4). While service providers across most surveyed European countries reported challenges in hiring healthcare professionals, France stood out in this respect: all four respondents from this country faced shortages of healthcare staff and all four of them found it "*moderately*" or "*very*" challenging recruit employees for this occupational group. According to an interviewed disability service provider in France, a potential reason for this is an existing limit on the number of students who can enrol in degrees to become doctors and nurses, which contributes to a shortage of these professionals[54]. Furthermore, since disability service providers tend to pay less than hospitals, such professionals prefer to work in hospitals[55].

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[52] Franklin, B., Brancati, C.U, 2015. Moved to care: the impact of migration on the adult social care workforce. The International Longevity Centre-UK. Available at: https://independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2016-05/IA%20Moved%20to%20care%20report_12%2011%2015.pdf

[53] Baltruks, D., Hussein, S. and Lara Montero, A. 2017. Investing in the social services workforce. Brighton: European Social Network. Available at: https://www.esn-eu.org/sites/default/files/publications/Investing_in_the_social_service_workforce_WEB.pdf

[54] Interview with a member of the EASPD Interest Group on Workforce Development and Human Resources from France.

[55] Ibid.

Similarly, more attractive pay and working conditions in other sectors than care was also mentioned as key factors contributing to challenges in recruiting in Spain or the UK[56].

At the same time, **disability service providers in CEE countries**, such as the Czech Republic, Estonia, Kosovo, Moldova, North Macedonia, Romania and Slovenia, **faced comparatively greater challenges in recruiting frontline support staff**. One explaining factor can be the fact that in CEE countries, social care sector and healthcare workers are well trained but earn low wages, thus they prefer to migrate to western European countries, such as Austria, France, Italy or Spain, where wages are much higher[57]. In Spain, however, disability service providers have ample potential employees with relevant degrees (such as psychology) to choose from. Furthermore, according to an interviewed member of the EASPD Interest Group on Workforce Development and Human Resources, a lot of foreigners employed by disability service providers tend to come from Latin America, since they speak the same language[58].

Figure 7. Percentage of respondents that found it challenging to recruit the listed occupational groups during the past 2 years.
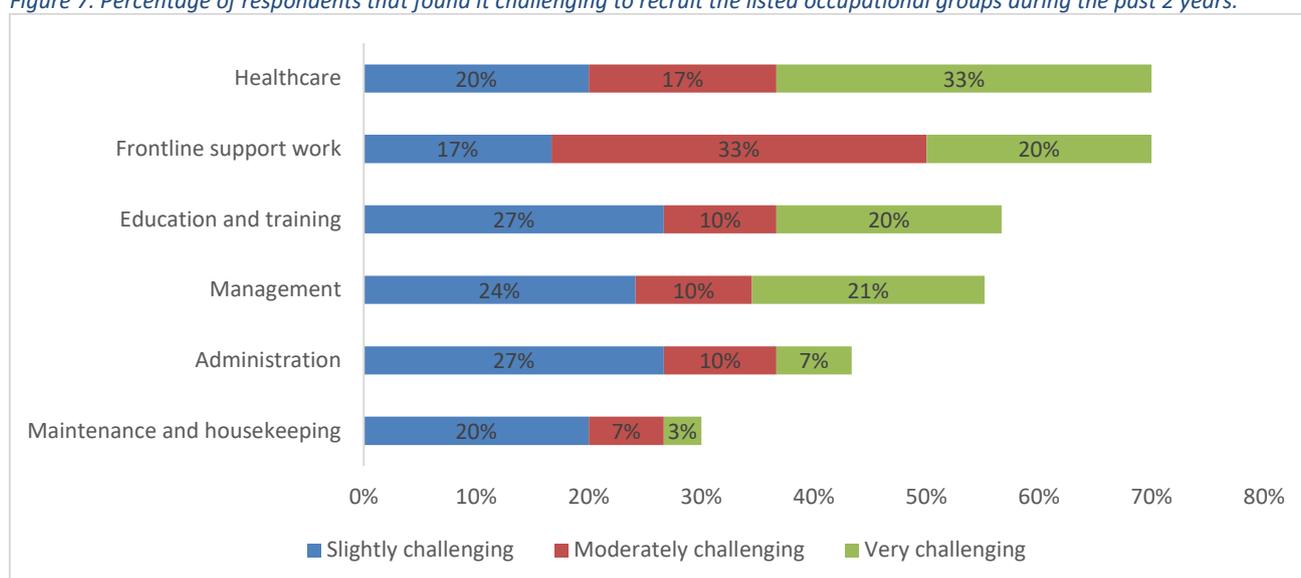
Table 3 below lists occupational groups that were the most challenging to recruit during the past two years in each area of activity. Disability service providers working in the areas of education support, work integration/employment support, long-term residential care and support in daily living at home found it relatively more challenging to recruit healthcare professionals. Meanwhile, organisations operating in the areas of day care as well as leisure, arts and sports faced somewhat greater challenges in recruiting frontline support staff. Moreover, disability service providers in nearly all areas of activity said it was challenging to recruit education and training professionals. Generally, the most challenging occupational groups in terms of recruitment were the ones that disability service providers reported the greatest shortages of (see Table 2 above).

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[56] Interview with a member of the EASPD Interest Group on Workforce Development and Human Resources from Spain and the UK.

[57] Interviews with a member of the EASPD Interest Group on Workforce Development and Human Resources from Spain, France and the UK.

[58] Interview with a member of the EASPD Interest Group on Workforce Development and Human Resources from Spain.

Area of activity	Top 3 occupational groups (in terms of recruitment challenges) [59]
Early childhood intervention	1. Education and training (80%) 2. Frontline support work (70%) 3. Management (50%)
Education support	1. Healthcare (81%) 2-3. Education and training (72%) and frontline support work (72%)
Work integration/employment support	1. Healthcare (32%) 2-3. Frontline support work (26%) and education and training (26%)
Day care	1. Frontline support work (50%) 2-3. Healthcare (44%) and education and training (44%)
Support in daily living at home	1-2. Healthcare (40%) and education and training (40%) 2. Administration (30%)
Long-term residential care	1. Healthcare (50%) 2. Frontline support staff (40%) 3-4. Education and training (30%) and management (30%)
Leisure, arts and sports	1. Frontline support staff (100%) 2-3. Administration (50%) and education and training (50%)
Assistive technology/equipment	1-2. Frontline support staff (50%) and maintenance and housekeeping (50%)

Zooming into the skills and qualities disability service providers found the **most challenging to recruit** during the past two years, five categories came to the fore (Figure 8). It is important to highlight that 37% of respondents said that it was very challenging to recruit employees with an "***ability to deal with stressful environments***". Meanwhile, "***cultural sensitivity***", "***physical strength***" and "***enthusiasm***" were the least challenging skills and/or personal qualities to recruit during the same period.

Figure 8. Top five skills/qualities that were most challenging to recruit during the past 2 years.
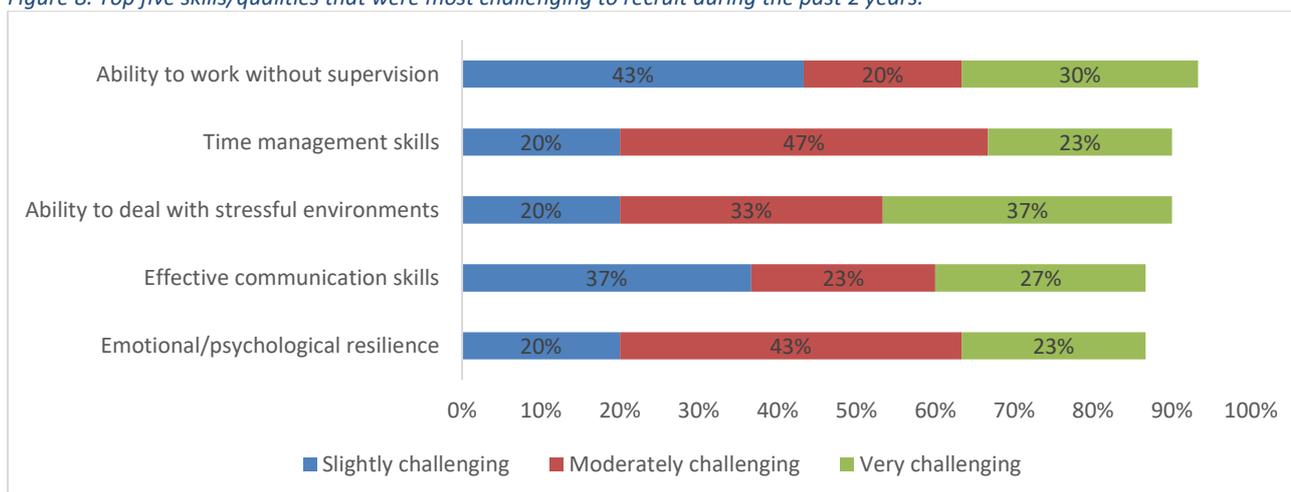
The skills and/or personal qualities listed in Figure 8 were particularly difficult to recruit in organisations working with persons with intellectual and learning disabilities (including Autism Spectrum Disorder). Also,

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[59] The percentage denotes the share of organisations within the indicated area of activity that reported at least slight challenges in recruiting staff in the listed occupational groups.

day care service providers found it relatively more challenging to find employees with the "*ability to deal with stressful environments*" and "*emotional/psychological resilience*" when compared to organisations working in other areas. Once again, since day care services are usually targeted at people with intellectual disabilities, difficulties in finding young/new employees with these skills might relate to the fact that, as found in other studies, work requires dealing with people who may be difficult, aggressive and challenging[60]. Meanwhile, organisations engaged in work integration/employment support reported comparatively greater challenges in finding employees with "*time management skills*" and "*ability to work without supervision*" during the past two years.

Key findings:
- Three quarters of respondents faced "*moderate*" or "*significant*" challenges in recruiting staff in the past two years. Significant challenges in recruiting were reported across all sub-sectors.
- Shortage of applicants with right/enough qualifications, skills or experience appeared to be the key issue for surveyed disability service providers.
- The most difficult to recruit occupational groups were healthcare professionals and frontline support staff. Conversely, administration and maintenance and housekeeping staff were the least challenging to hire.
- The most challenging to recruit skills and personal qualities included "*ability to work without supervision*", "*time management skills*" and "*ability to deal with stressful environments*"

4.3. Recruitment intentions

According to the survey results, most disability service providers held rather optimistic recruitment intentions for the coming two years. Around **63% of the organisations** planned to **increase the number of staff in the next two years**, which constitutes a 13 percentage point increase compared to the share of organisations that reported an increase in the number of their workforce during the past two years (see Figure 9). However, it is noteworthy that a smaller percentage of respondents intended to increase their staff '*significantly*' during the next two years compared to the previous two years. Service providers in the areas of **early childhood intervention** and **education support** stood out in this respect as 80% and 90% of them respectively had **intentions to increase their workforce**.

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[60] Lethbridge, J. 2017. More Action Needed to Recruit Young People into the Social Sector. European Association of Service Providers for Persons with Disabilities (EASPD). Available at: http://www.easpd.eu/sites/default/files/report_-_more_action_needed_to_recruit_young_people_with_layout.pdf

The respondents' intentions to increase the number of staff in the next two years could be associated with the key three reasons: (1) **plans to expand the range of services offered** (58% of respondents); (2) **plans to increase the number of service users/clients** (53% of respondents); and (3) **plans to improve the quality of services** (47% of respondents). This is also well-reflected in Figure 10 below, which shows a word cloud of 50 most common words used by the service providers to explain the reasons behind their intentions to increase the number of staff.

Figure 10. Word cloud of 50 most common words explaining the reasons behind the planned increase of the number of staff

Besides those intending to grow their workforce, around one-third of the surveyed organisations planned to keep the number of staff stable in the next two years. Unsurprisingly, most of these organisations were generally satisfied with the size of their workforce during the past two years and did not report major shortages or surpluses.

Finally, only one organisation operating in the area of long-term residential care revealed its intentions to reduce the number of staff in the same period. This was due to organisational restructuring and an expected reduction in the number of its service users/clients.

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Frontline support workers will be the **most sought after occupational group** by the surveyed disability service providers during the next two years (see Figure 11). Around 47% of respondents planned to '*increase slightly*' the number of staff in this group, while another 13% intended to increase the number of frontline support workers *"significantly"*. However, recruitment intentions of frontline support workers were not uniform across all areas of activity. Data showed that around 80% of organisations providing early childhood intervention services and 70% of service providers in the area of support in daily living at home planned to hire employees in this occupational group.

Figure 11. Planned staff changes according occupational group in the next two years
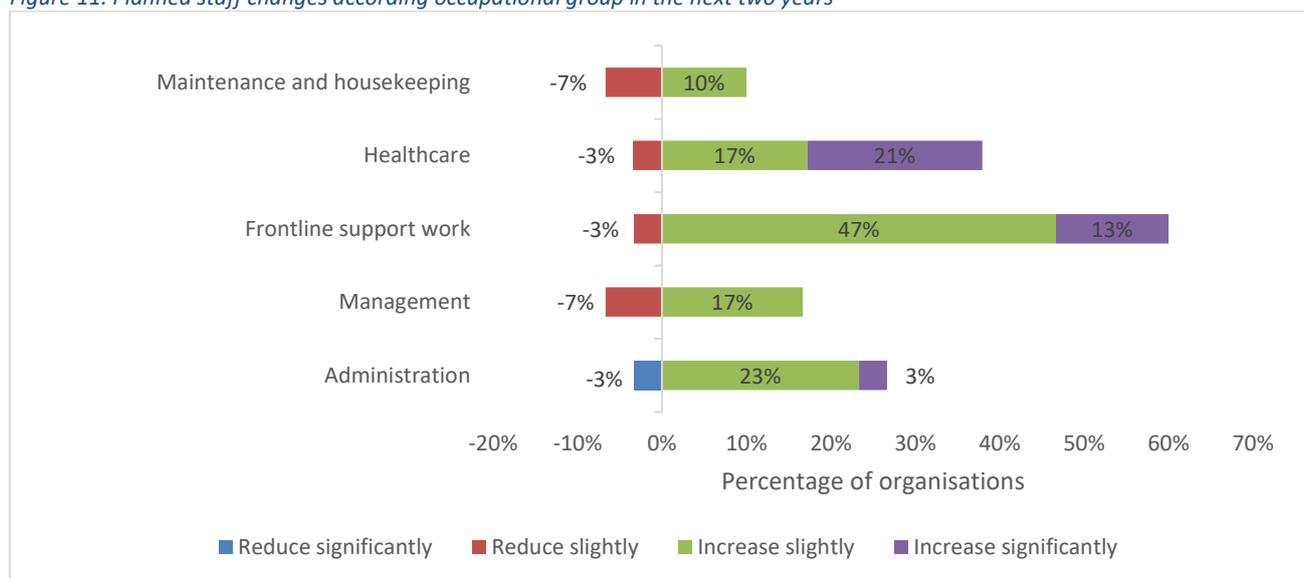
Similarly, a significant share (38%) of surveyed disability service providers planned to hire more healthcare professionals in the next two years. This was particularly evident in the organisations providing education support and work integration/employment support. More generally, plans to significantly increase the number of healthcare professionals correlated with the considerable shortage of healthcare professionals among disability service providers (see Figure 4) as well as their intentions to expand the range and quality of their services (see Figure 10). Despite these ambitious hiring intentions, this will be no easy task as frontline support staff and healthcare professionals are two occupational groups proved to be the most challenging to recruit during the past two years (see Figure 7).

Looking at the **skills and qualities** that surveyed disability service providers will be looking for when **filling vacancies during the next two years**, soft skills/qualities topped the list. Most respondents mentioned "***time management***", "***ability to work in a team***", "***empathy/listening***" and "***enthusiasm***" as the most important ones (see Figure 12). Also, it is noteworthy that "*ability to work in a team*" and "*empathy/listening skills*" were mentioned as "*very important*" more than three quarters of respondents. Other skills and qualities such as "*effective communication*", "*ability to deal with stressful environments*", "*emotional/psychological resilience*", "*ability to work without supervision*" and "*appropriate attitudes and respect to others*" were also mentioned by a very high share (97%) of respondents. The latter one deserves highlighting as 83% of surveyed organisations said that "*appropriate attitudes and respect to others*" were very important to them.

In general, these skills and qualities disability service providers considered most important in the next two years to a large extent overlapped with those that were the most challenging to recruit for during the past

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two years (see Figure 8). As a result, finding employees with the "*right skillset and personal qualities*" will likely remain a significant issue in the sector (see Figure 6).

Figure 12. Share of respondents marking the listed skills and qualities as important in filling in vacancies during the next two years
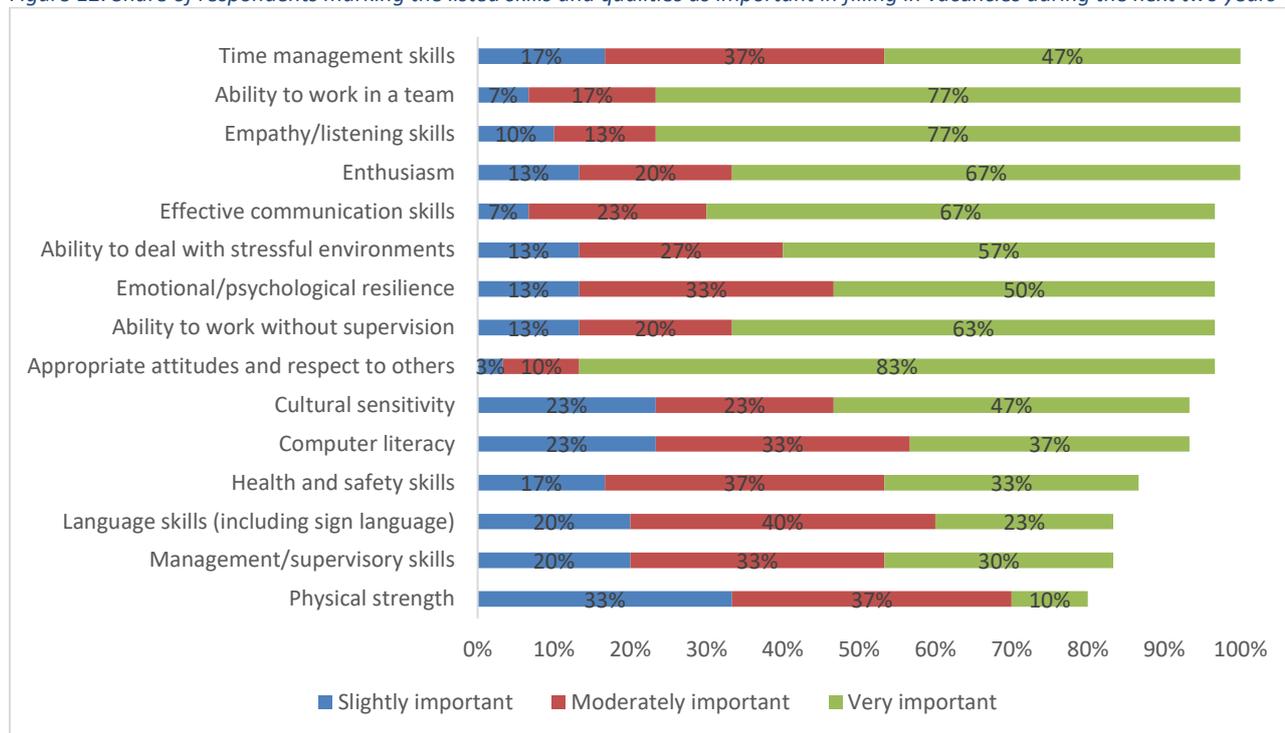
In comparison, **hard skills** – such as computer literacy, languages or management – **were mentioned by fewer organisations**. However, this does not mean that they are not relevant for disability service providers as **more than 60% of respondents listed them as "*moderately*" or "*very*" important** ones for filling out vacancies in the next two years.

Key findings:
- Around two thirds of the surveyed disability service providers intend to increase the number of staff in the next two years. Service providers in the areas of early childhood intervention and education support stood out in this respect.
- The key reasons behind the intended workforce expansion are plans to expand the range of services offered, increase the number of service users/clients and improve the quality of services.
- Frontline support workers and healthcare professionals will be most sought after occupational groups during the next two years. In contrast, relatively few disability service providers will be looking for management and maintenance and housekeeping staff.
- Soft skills/qualities, such as "*time management*", "*ability to work in a team*", "*empathy/listening*" and "*enthusiasm*" will be the most sought after by disability service providers in the next two years.

4.4. Training needs

> *"A well trained staff within a correct balanced number of professionals will guarantee the best services possible to be offered to the users."[61]*

Collected data indicated that the **most pressing staff training need** among disability service providers was the "***ability to work in a team***", which was mentioned by nearly 47% of respondents (see). Teamwork appeared to be comparatively more important for organisations providing day care, support in daily living at home and long-term care services. Other most pressing training needs included the "***ability to deal with stressful environments***", "***management/supervisory skills***", "***time management skills***" and "***effective communication skills***". It is important to note that the most pressing training needs correlated with the skills/qualities the respondents will be looking to hire in the next two years (see Figure 12).

Figure 13. Five most pressing training needs.
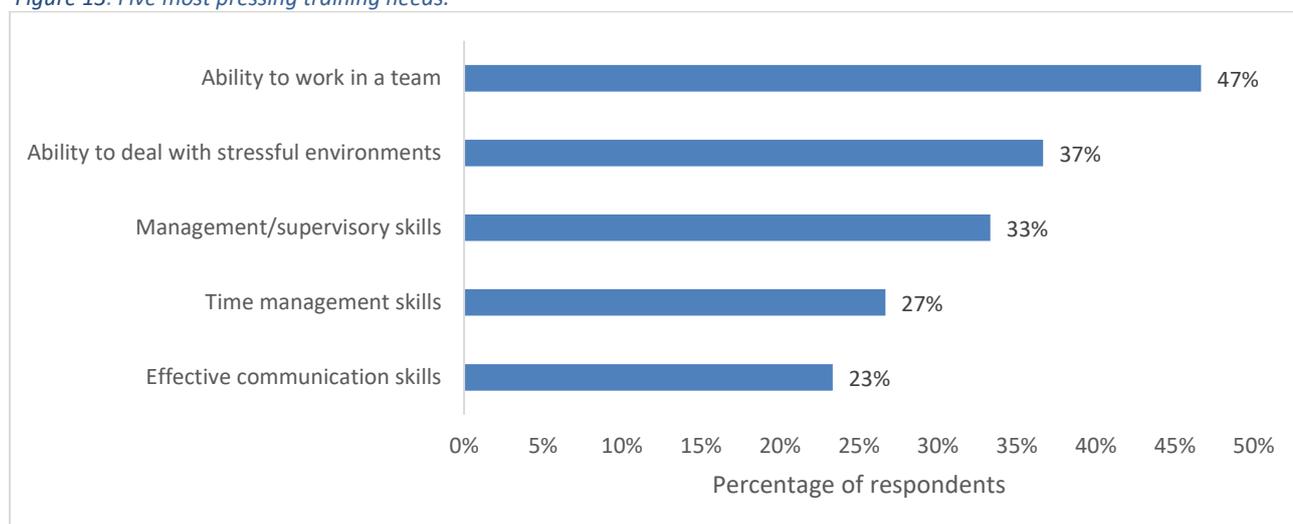
Conversely, very few respondents mentioned "*health and safety*" (10% of all respondents), "*computer literacy*" (7% of all respondents) and "*lifting skills*" (3% of all respondents) to be in great need during the next two years.

Looking at the occupational groups with the **greatest training needs** in the next two years, **frontline support staff** emerged as by far the most important one – mentioned by 80% of respondents (see Figure 14). This stands rather in contrast to findings from the earlier-mentioned survey held in 2017[62] which found that service providers identified skilled workers (as opposed to unskilled workers) as the group most in need of training.

Other noteworthy occupational groups in this respect in the present survey were education and training professionals (mentioned by 43% of respondents) and management professionals (indicated by 33% of

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respondents). Meanwhile, very few respondents believed that their administration and maintenance and housekeeping staff needed any training.

Figure 14. Occupational groups in greatest need of training.
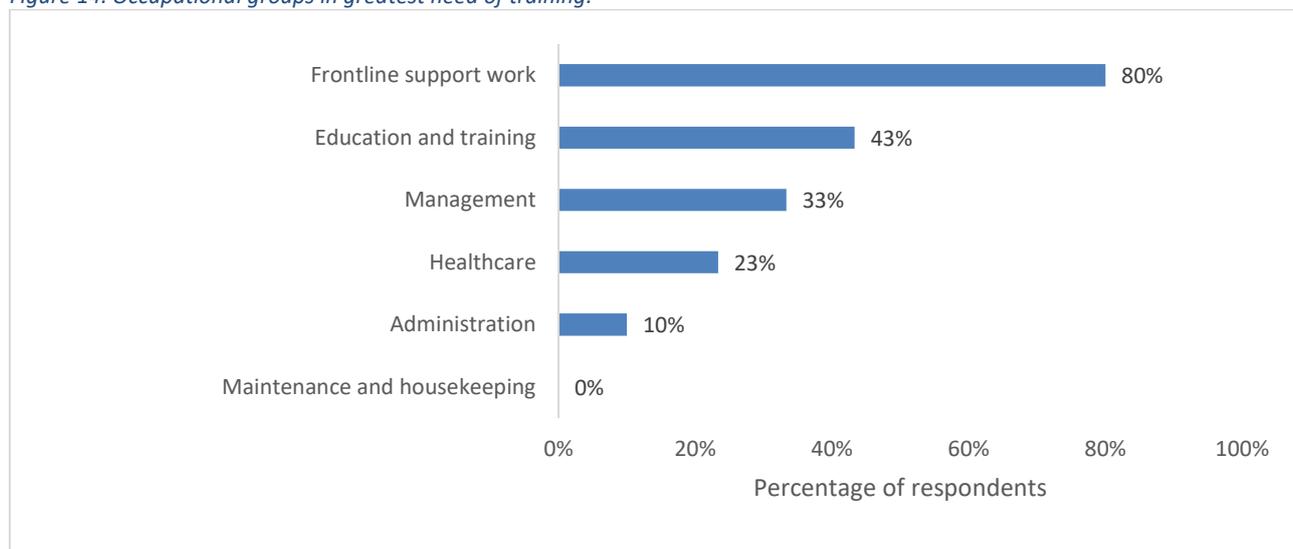
The view that **frontline support staff** will be in greatest need of training in the next two years was indicated by **disability service providers all over Europe**, denoting that this is a pan-European concern, rather than specific to particular countries or regions of Europe.

Interestingly, the view that frontline support staff will have the most training needs in the next two years was also shared by **disability service providers across sub-sectors**. As Figure 15[63] shows, more than two-thirds of service providers in all sub-sectors indicated this, with the largest percentages being among those working predominantly in **early childhood intervention** and **long-term residential care**.

Figure 15. Share of disability service providers per area of activity that deem that frontline support staff are in greatest need of training.

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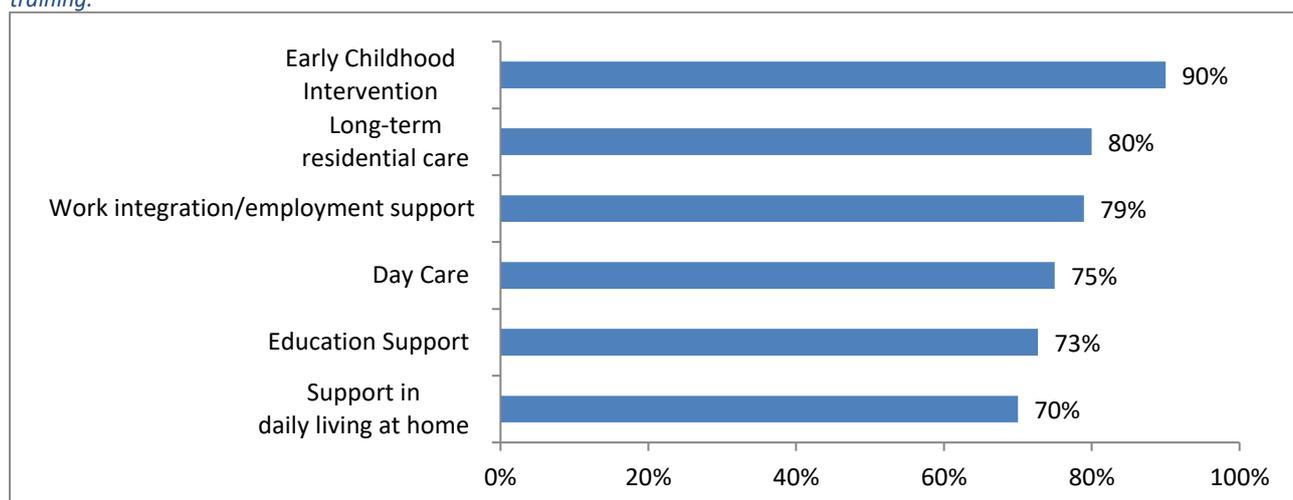
[63] Figure 15 shows only the sub-sectors in which the respondents predominantly work. The other two sub-sectors (leisure, arts and sports; and assistive technology/equipment) are not shown due to the small number of respondents. However, all disability service providers working indicating leisure, arts and sports (half of those indicating assistive technology/equipment) as one of their key areas of intervention indicated that frontline support staff is the occupational group which will have the most training needs in the next two years.

The view that frontline support staff will have the most training needs in the next two years was also shared by **disability service providers working with people with different types of disabilities**. As Figure 16 below shows, this view was particularly prevalent among organisations working predominantly with people with multiple disorders and those working with people with intellectual and learning disabilities, including autism.

Figure 16. Share of disability service providers per target group that deem that frontline support staff will need most training.
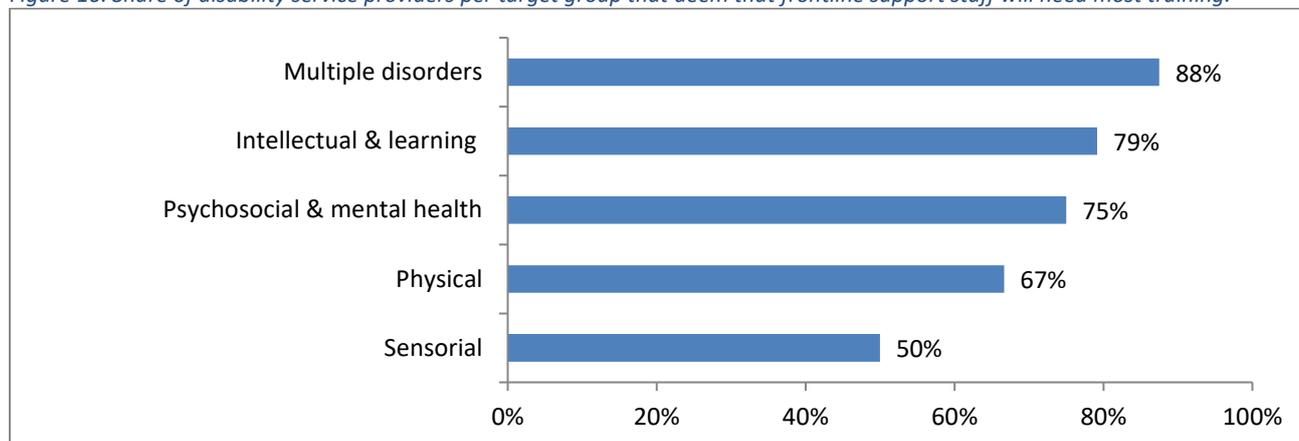
Half of the service providers indicating that **frontline staff** is the occupational group with the most training needs chose "***ability to work in a team***" as the most pressing training need, followed by the "***ability to deal with stressful environments***" (42%). These were followed (albeit with a gap) by "*time management skills*" (indicated by more than 29%) and "*management/supervisory skills*" (25%).

Similarly, those disability service providers who indicated that **education and training staff** will need most training in the next two years, work in different sub-sectors and with people with different types of disabilities. Once again, "***ability to work in a team***" (54%) was by far the most pressing training need for those providers that thought **education and training staff** will need most training. Other important training needs for this particular occupational group was the "*ability to deal with stressful environments*" and "*management/supervisory skills*", both of which were indicated by nearly 31% of respondents.

Around 60% of disability service providers that viewed their management staff in greatest need of training said this occupational group needed additional ***"management/supervisory skills"*** *and* ***"time management skills".*** Interestingly, around 40% of respondents in this cohort indicated the "***ability to work in a team***" as one of the most pressing training needs for the management staff. This indicates that teamwork is important not only for frontline support staff and staff working directly with people with disabilities, but also for those managing the organisations.

Key findings:
- The most pressing staff training needs in the next two years are the "*ability to work in a team*" and the "*ability to deal with stressful environments*" as well as "*management and supervisory skills*".
- Very few respondents mentioned "*health and safety*", "*computer literacy*" and "*lifting skills*" as pressing training needs during the next two years.
- Frontline support staff are the occupational group with the most training needs. This view is consistent across different European countries, different sub-sectors and organisations working with people with all kinds of disabilities.

4.5. Training plans

> *"There is a need to…. offer constant vocational education and training."*[64]

Nearly all (97%) of disability service providers indicated that were **"likely"** or **"very likely"** to offer training (either internally or externally) for their staff in the next two years. Such findings recall the earlier mentioned 2017 survey which found that service providers working with people with intellectual disabilities felt that there is an urgent/major need for workforce training[65]. Findings from our survey indicated that 96% of disability service providers working predominantly with people with intellectual and learning disabilities indicate that they are likely or very likely to offer training in the next two years.

While this is a promising finding, one of the key factors that might prevent the surveyed organisations to realise their plans in this area is "*insufficient financial resources*". As shown in Figure 17, around 80% of respondents indicated this as the key challenge to providing training. According to the interviewed disability service provider in France, training involves high costs due to the fact that a portion of employees working with disabled people are hired without the necessary qualifications. Thus disability service providers need a substantial budget for training[66]. An expert in social care training added that high staff turnover was another factor boosting the need of training and the costs associated with it[67].

Other potential challenges to organising training included "*insufficient staff to replace those who are in training*" (mentioned by nearly 37% of respondents) and "*lack of sufficient quality training providers*" (indicated by more than 23% of respondents). On the positive side, the fact that management and employees are reportedly committed to providing and attending training is a promising finding, as is the fact that staff turnover does not seem to be a barrier to organising training.

Figure 17. Key challenges to organising training.

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[64] Quote from the survey.
[65] Lethbridge, J. 2017. More Action Needed to Recruit Young People into the Social Sector. European Association of Service Providers for Persons with Disabilities (EASPD). Available at: http://www.easpd.eu/sites/default/files/report_-_more_action_needed_to_recruit_young_people_with_layout.pdf
[66] Interview with member of the EASPD Interest Group on Workforce Development and Human Resources from France.
[67] Interview with member of the EASPD Interest Group on Workforce Development and Human Resources from the UK.

Looking at the respondents' plans for the next two years, **most training will be directed at frontline support staff** (see Figure 18). This corroborated our findings that this occupational group was considered to have the greatest training needs (see Figure 14). Compared to frontline support staff**, other occupational groups are set to receive – on average – much less training in the next two years.** For example, only 17% of respondents indicated that education and training professionals were included in their training plans for the next two years; this figure was even lower for management (16%), healthcare (6%) and administration (6%). According to an interviews with the representative of disability service provider in France, one reason that healthcare staff is given less importance in training plans concerns the fact that healthcare staff jobs (such as nurses) are not in evolution like those of frontline support staff, who need to be constantly trained on service delivery and provision for disabled people (for example, on new models of service delivery)[68]. Furthermore, in countries like Spain or the UK, training of healthcare professionals would be carried out by specialised and accredited training institutions and would not be the disability service providers' concern[69].

Figure 18. Percentage of respondents that mentioned the listed occupational groups in their training plans in the next 2 years.
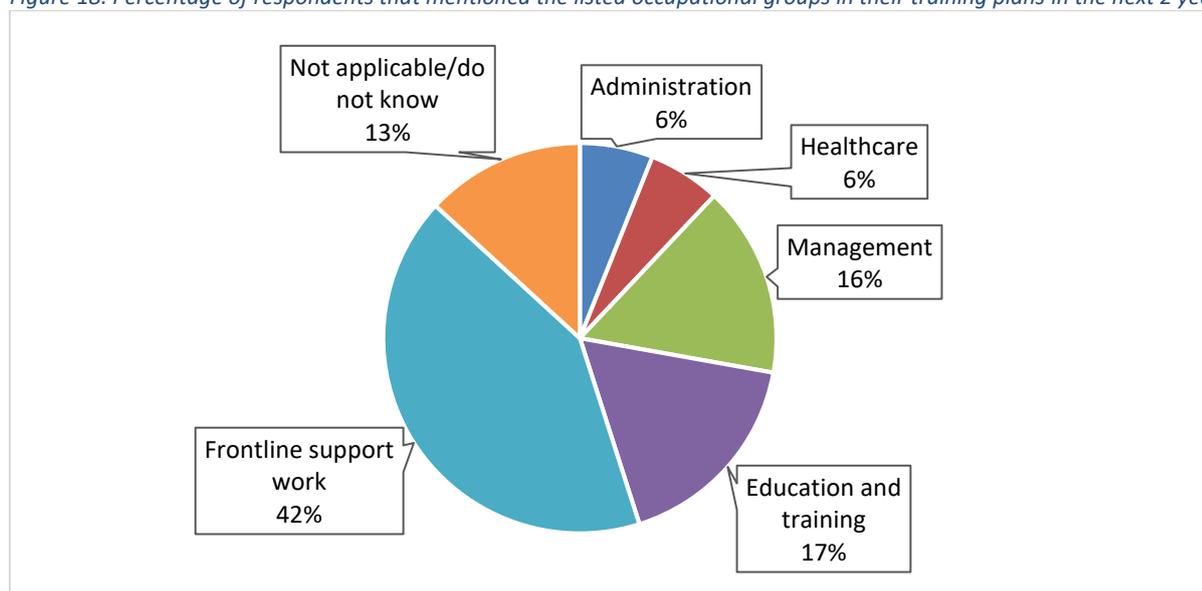
The surveyed disability service providers indicated different training aspects as the most important ones for each of the listed occupational groups (see Table 4).

Table 4. Key training aspects foreseen in the respondents' training plans for the next two years for each of the occupational group.

	Administration	Education and training	Frontline support staff	Healthcare	Management
1.	Digital skills (35%)	Models of service delivery (28%)	Direct support related skills[70] (66%)	Health and safety (31%)	Capacity building (47%)

[68] Interview with a member of the EASPD Interest Group on Workforce Development and Human Resources from France.

[69] Interview with a members of the EASPD Interest Group on Workforce Development and Human Resources from Spain and the UK.

[70] Direct support related skills refer to training in communication skills, providing basic care, dealing with challenging behaviour, language skills (including sign language) etc.

2.	Capacity building[71] (7%)	Cultural awareness (25%)	Disability related theories/concepts (50%)	Intervention-specific skills (10%)	Models of service delivery (21%)
3.	- Models of service delivery[72] - Health & safety (3% each)	Disability-related theories/concepts[73] (23%)	Intervention-specific skills[74] (47%)	- Capacity building - Disability-related theories/concepts (3% each)	Disability-related theories/concepts (17%)
4.	Not available	Direct support-related skills (21%)	- Models of service delivery - Health & safety (41.4% each)	Not available	Digital skills (15.3%)
5.	Not available	Intervention-specific skills (20%)	Cultural awareness (36%)	Not available	Intervention-specific skills (10%)

For example, the key training aspects planned for **frontline support staff** in the next two years revolve very much around **direct support-related skills**, **disability-related theories/concepts**[75] and **intervention-specific skills**[76]. Interestingly, training on models of service delivery and health & safety were given less importance. In general terms, it is interesting to note that training on **intervention-specific skills was planned for all occupational groups (except administration)**. **Training on models of service delivery featured as a planned training aspect for all occupational groups except healthcare staff**.

When asked about the different ways disability service providers **identified training needs for their staff**, the majority (80%) of them said it came from **employee feedback**; in addition, nearly 67% of respondents indicated that **training needs were also identified by management/supervisors**. Only slightly more than 33% of disability service providers said that they identified staff training needs through feedback from service users or their carers.

> **Key findings**:
> - The majority of disability service providers are likely/very likely to offer training to their staff in the next two years.
> - Most training will be directed at frontline support staff and cover aspects such as "*direct support-related skills*" and "*disability-related theories/concepts*".
> - However, insufficient financial resources are a major challenge in providing training.

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[71] Capacity building refers to training in supervisory and management skills, human resources management, time management, stress management, fundraising/marketing etc.

[72] Models of service delivery refers to training in integrated care, person-centred approach, personalised budgets, case management, new models of service delivery etc.

[73] Disability-related theories/concepts refer to training on disability rights, social model of disability, disability knowledge & awareness etc.

[74] Intervention-specific skills refer to training relating to specific interventions, depending on which sub-sector your organisation works in. It might include training in early childhood intervention skills; specific skills relating to jobs that service users are engaged in.

[75] Training on disability-related theories/concepts includes, but is not limited to: training on disability rights, the social model of disability, disability knowledge and awareness.

[76] Training on intervention-specific skills depends on which sub-sector the disability service provider works in. It might include training in early childhood intervention skills; specific skills relating to jobs that service users are engaged in, etc.

4.6. Use of new/innovative technologies

> *"Incredible chances for users through new technologies in the field of independent living."*[77]

The **vast majority** (87%) of disability service providers indicated that they (their staff, their service users, or both) **used new/innovative technologies in organising work and providing services** (see **Error! Reference source not found.**19). Looking at the type of new/innovative technologies used by disability service providers, **digital programmes/online platforms**[78] **was by far the most popular one used by 77% of surveyed organisations.** In addition, around 30% of disability service providers said their staff used **mobile/tablet apps**[79]. Other technologies, such as **electronic surveillance systems**[80], **digitisation**[81] **and automation**[82] were considerably less popular.

Figure 19. Percentage of organisations reporting the use of new/innovative technologies by type used by staff[83].

Digital programmes/online platforms — 77%
Mobile/tablet apps — 30%
Electronic surveillance systems — 17%
Digitisation — 13%
Automation — 7%
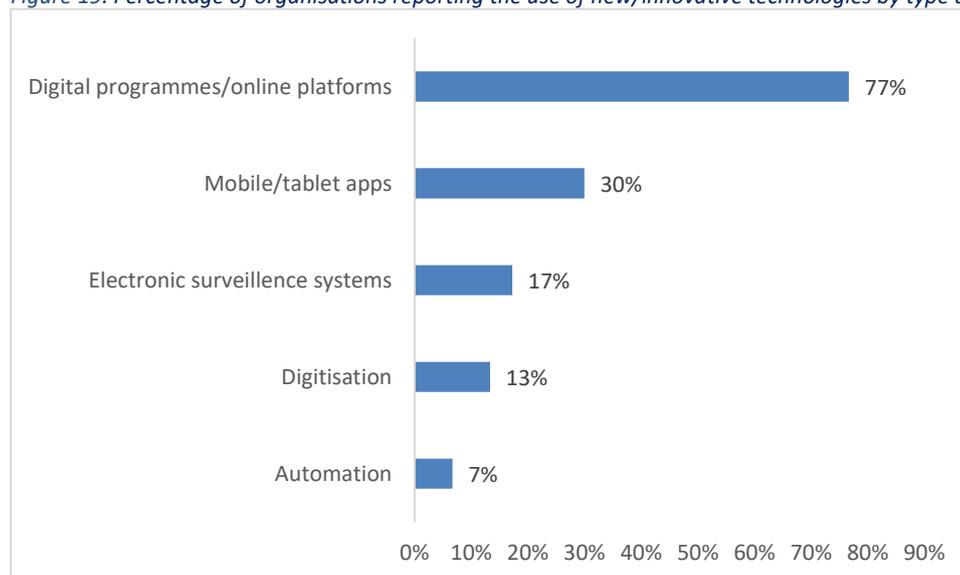
Disability service providers across multiple sub-sectors reported a notable use of **digital programmes/online platforms** among their staff, with the range being between 80% (those providing support in daily living at home and long-term residential care) and 100% (those working in leisure, arts and sports, and assistive technology/equipment sub-sectors).

The use of new/innovative technologies among service users was much less prevalent. Around 43% of disability service providers reported that their service users/clients used such technologies. Within this group, mobile/tablet apps were the most popular ones ((indicated by 33% of respondents), followed by **digitisation** (20%) and **automation**[84] (13%) (see Figure 20).

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[77] Quote from the survey.

[78] Digital programmes/online platforms include those which assist staff in managing daily agendas, recording working time, managing projects, and communicating with employers and co-workers.

[79] Mobile / tablet apps include apps providing support for people with disabilities.

[80] Electronic surveillance systems include systems tracking the physical location of service users, sensors to detect service users falling out of bed, etc.

[81] Digitisation includes virtual/augmented reality for children with neurodevelopment disorders; internet of things, etc.

[82] These can include the use of robotics in assisting people with mobility impairments, artificial intelligence etc.

[83] Percentages do not add up to 100%, because respondents could select more than one response option.

[84] Automation includes the use of robotics in assisting people with mobility impairments, artificial intelligence, etc.

Figure 20. Percentage of organisations reporting the use of new/innovative technologies by type among their service users[85].
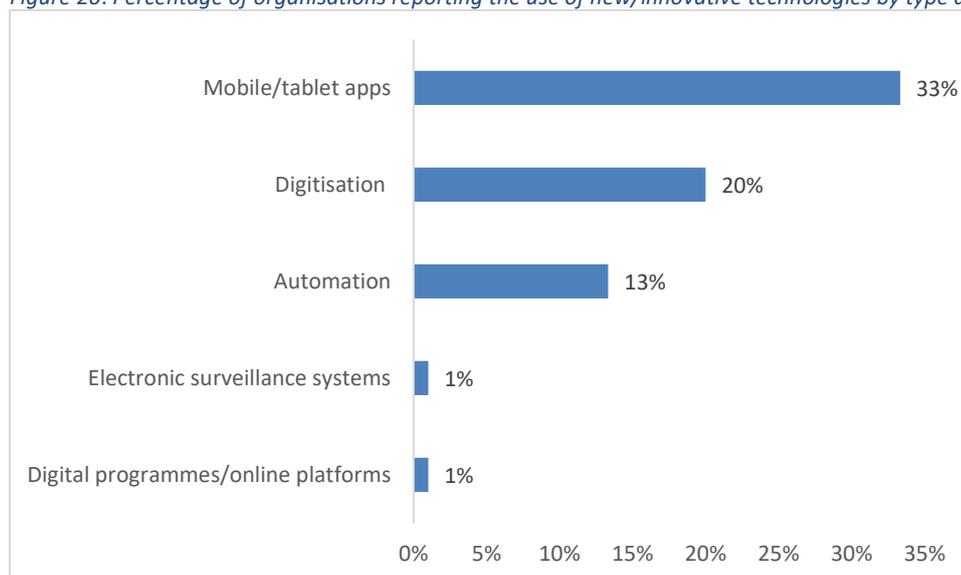
However, two disability service providers commented on the fact that since they worked with people with severe disabilities, they had no time or finances to deal with new technologies and their users could not use them.

Looking at future plans, the **majority** (63%) **of disability service providers were likely/very likely to introduce** new/innovative **technologies** for work organisation/efficiency and service provision **in the next two years**. Only 13% said that they were unlikely/very unlikely to do so.

Interestingly, those providers that were already making use of innovative technologies were more likely to introduce such technologies in the next two years, with 73% of them indicating that they planned to introduce more of them in the next two years. In comparison, only 25% of providers that did not use these technologies said that they were likely to introduce innovative technologies in the next two years.

Looking at the plans to introduce new/innovative technologies by sub-sector, the results were rather similar across the board (see **Error! Reference source not found.**1[86]). Nonetheless, disability service providers in education support were the most likely to introduce such technologies, while organisations providing work integration/employment support services were least likely to introduce such changes.

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[85] Percentages do not add up to 100%, because respondents could select more than one response option.

[86] Figure 23 shows only the sub-sectors in which the respondents predominantly work. The other two sub-sectors (leisure, arts and sports; and assistive technology/equipment) are not shown due to the small number of respondents. However, all disability service providers working in these sub-sectors indicated that they are likely / very likely to introduce new/innovative technologies in the next two years.

Figure 21. Share of disability service providers per area of activity that are likely/very likely to introduce new/innovative technologies in the next two years.
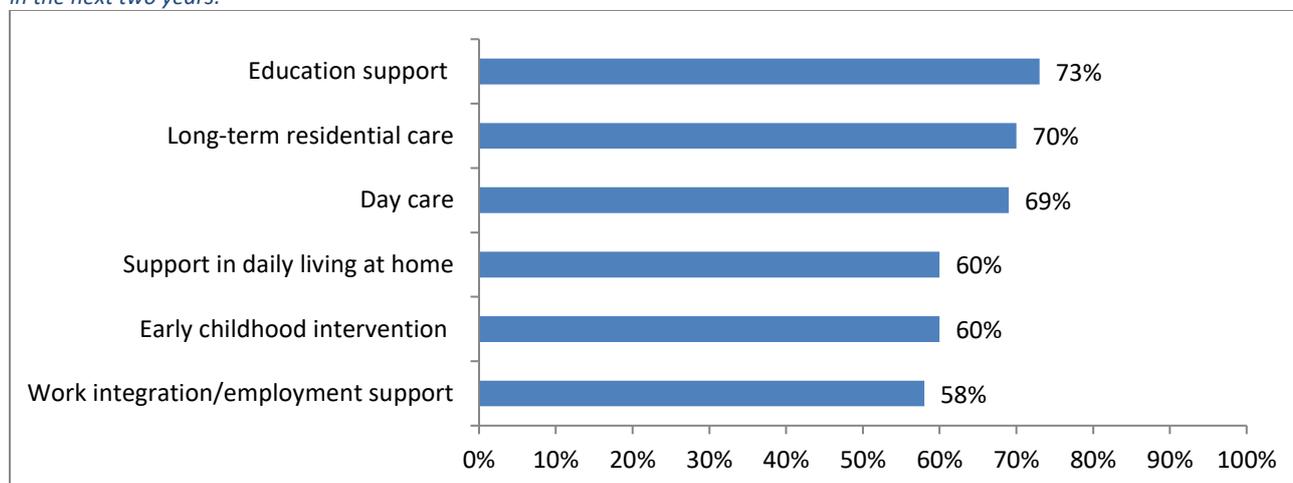
Interestingly, one disability service provider noted that while they did not make much use of new technologies, they would have liked to increase this use in all of their services and areas of work:

> *"We believe there is a lot of potential and, if well implemented, the potential on all areas of quality of life (both for staff and service users) can be very positive"*[87].

Another disability service provider specifically noted that they have invested in new technologies through European projects and other collaborations; and another said they are in the process of developing a CRM (Customer Relationship Management) system. Yet another noted that they have piloted online consultation services through webpage, smart phones and tablets apps, and that in consultations with beneficiaries they were developing new ideas for potential uses of new technologies in their work in future.

Key findings:
- The majority of respondents' staff, service users (or both) make use of new/innovative technologies in organising work and providing services.
- In general, the use of new/innovative technologies is higher among staff when compared to service users.
- While digital programmes/online platforms are the most popular among staff, service users/clients use mostly mobile/tablet apps.
- The majority of service providers are likely/very likely to introduce new/innovative technologies in the next two years.

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[87] Quote from the survey.

4.7. Effects of digitalisation

> *"The impact of new technologies is considered positive by all of the stakeholders."*[88]

These new/innovative technologies were largely deemed to have a **positive or very positive effect on work organisation/efficiency** (indicated by 80% of disability service providers), on **staff well-being** (70%), and on **service users** (70%). Interestingly, only 3% indicated that these technologies had a negative impact (on staff well-being).

Looking at the positive comments on the impact of new technologies on work organisation and efficiency, respondents mentioned things like "*optimisation of work in the sense of reduction of administration time*", "*faster completion of tasks*", "*better planning and more work efficiency*", "*immediate detection and solution of problems*", "*reducing paper use and share data more efficiently*". In terms of staff well-being, innovative technologies facilitated communication (amongst employees and between employees and employers), made work easier and reduced physical strain. Service users reported better chances for independent living, better quality of life and relationships, more access to information, as well as better service provision as a result of digitalisation (including more time and attention given to service users and the enablement of provision of remote services). As noted by some respondents, quite often these effects are interrelated (see **Error! Reference source not found.**2).

Figure 22. Word cloud of reasons given for the positive impacts of new technologies on work organisation/efficiency, staff and service users.

These findings corroborate some of those by Peña-Casas et al (2018)[89], who found that the positive impact of digitalisation in the home care sector was related to better work planning through digital tools (which also

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enable better follow up of service users). However, our findings contradict some others of the same 2018 study, which recorded adverse effects on communication with co-workers and supervisors (see section 3.6). As indicated above, findings from our survey indicated a largely positive effect on communication among employees and also between employees and employers.

> **Key findings**:
> - New technologies are deemed to have a positive or very positive effect on work organisation/efficiency, staff well-being and service users by the majority of service providers.
> - Work efficiency, better communication among staff, and better quality of life for service users were among the cited positive impacts associated with the use of innovative technologies.

5. Concluding reflections

This research study aims to explore trends and challenges encountered by disability service providers in different countries and sub-sectors in Europe, focusing on recruitment, profiles and qualifications, skills, training and digitalisation.

A sufficient and well-qualified staff is essential for the provision of high quality social services that meet specific needs of persons with disabilities. However, the results of this study point to multiple challenges in this area. More than three quarters of surveyed organisations report notable shortages of staff and significant difficulties in recruiting, particularly healthcare professionals and frontline support staff. These challenges seem to be predominantly related to poor working conditions in the sector (such as low pay, irregular working hours, stressful working environment etc.). As a consequence, skilled workers often choose or transition to employment in other sectors that offer comparatively better working conditions. This is a fundamental issue that needs to be addressed to tackle shortages of employees and skills in the sector.

Relatedly, the majority of disability service providers indicate difficulties employing people with the right skillsets and personal qualities for the job, enough experience, and the right formal qualifications. These findings underscore the need to encourage more young people to study and train as healthcare professionals and disability support workers. One way this could be done is by introducing incentives for students interested in studying these areas, such as reducing student fees for particular degrees/courses.

The importance of continuous professional development to refine the necessary soft skills also cannot be understated. The results of this study show that soft skills, such as the ability to work without supervision, time management and effective communication, are the ones that disability service providers across Europe find the most challenging to recruit. Moreover, they are considered as the greatest training need. Therefore, soft skills need to be fostered earlier in the teaching process, that is, while the future disability support workforce is still studying. Students in this area need to be oriented towards both practical and theoretical skills that will enable future employees to provide the best services possible.

Mental wellbeing of employees in the sector is another element of crucial importance. A considerable share of surveyed disability service providers indicate difficulties in recruiting employees with the ability to deal with stressful environments or sufficient emotional psychological resilience. These aspects need to be taken into account by employers in order to ensure that the true potential of their workforce is being utilised whilst also ensuring that their workforce is able to cope with the challenges of the job. This holds especially true for frontline support staff, which is very difficult to recruit and at the same time in greatest need of training.

It is a promising finding that the vast majority of disability service providers plan to organise training for its staff in the near future. Admittedly, this requires sufficient financial resources, the lack of which is cited by as the key barrier to providing training. This emphasises the need of sufficient funding of the social sector, and the disability services in particular.

The way training budgets are spent is no less important. The majority of disability service providers make their training decisions based on feedback from employees, which is commendable. However, this denotes lack of involvement of service users in deciding what are the greatest training needs of staff. However, the importance of listening to the needs of service users (who are experts on their own lives) and their relatives cannot be overstated in ensuring the most beneficial services for disabled people.

Our findings indicate that the uptake of new/innovative technologies – particularly digital/online platforms – is considerable among surveyed disability service providers. These technologies have an overwhelmingly positive impact on work organisation, staff well-being and service users/clients. Moreover, technological innovations will play an increasingly greater role in work in the sector during the next few years. If fact, such innovations may offer important tools to alleviate some of the negative consequences associated with staff shortages in the sector. As a result, it is important to make sure that disability service providers have enough resources and knowledge to make the best possible use of them.

Finally, it is important to acknowledge that this research was conducted with employers and thus incorporates mostly their perspectives. In order to obtain a more holistic picture, perspectives of both employees and service users on issues such as recruitment challenges, training needs and the impact of digitalisation need to be taken into account. Thus while this research study is important in its own right, it also lays down the path for future research in order to continue improving services for people with disabilities.

Annex: Draft questionnaire for online survey[90]

Instructions and guidance before filling out the questionnaire.

- This survey is designed for **disability service providers only**. If your organisation is not a disability service provider, please **do not** take the survey and notify Policy Impact Lab about this via email: andrius@policyimpactlab.com
- The questionnaire should be filled out by a member of senior management or human resources team, who is familiar with the organisation's recruitment and training activities.
- The questionnaire is available in English only. If needed, please consult an English-speaking colleague to help you complete the survey.
- The estimated duration of the survey is 15-20 minutes. The deadline for completing the survey is *March 18, 2019*.
- The collected data will be treated in a confidential manner and in line with the requirements set out in the EU General Data Protection Regulation (GDPR).
- Should you encounter any technical issues or have any queries, please contact Policy Impact Lab via email: andrius@policyimpactlab.com

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[90] The questionnaire will be admintered through the Survey Monkey tool. The MS Word version provided in this report is for illustratration purposes only.

General questions about your organisation

1. **In which (main) country does your organisation operate?** *One possible answer. Mandatory response.*

   ☐ Drop-down list of all countries in Europe.

2. **Please indicate the (full time equivalent) number of staff currently employed at your organisation. Please include all staff, excluding volunteers/interns.** *One possible answer. Mandatory response.*

   ☐ Drop down list up to 500. Last option 500+.

3. **Please indicate the (full time equivalent) number of volunteers/interns currently employed at your organisation.** *One possible answer. Mandatory response.*

   ☐ Drop down list up to 100. Last option 100+.

4. **For the following groups of workers, what type of contractual arrangements are most commonly applied?** *Mandatory reposnse. One possible answer per row.*

	Full-time permanent contracts	Part-time and/or fixed term contracts	Self-employed	Other	Not applicable/do not know
Frontline staff (working directly with service users)					
Office and other staff (not working directly with service users)					

If you selected 'Other' in the table above, please specify.

5. **How did the overall number of (full-time equivalent) staff employed at your organisation change during the last two years?** *One possible answer. Mandatory response.*

Decreased significantly	Decreased slightly	Did not change	Increased slightly	Increased significantly	Not applicable/do not know

6. **Please indicate for each of the listed occupational groups the extent of staff shortage/surplus in your organisation**. *Mandatory response. One possible response per row.*

	Shortage	Neither shortage nor surplus	Surplus	Not applicable/do not know
Administration[91]				
Management[92]				
Frontline support work[93]				
Education and training[94]				
Healthcare[95]				
Maintenance and housekeeping[96]				
Other (please specify)				

Other: please specify.

7. **What is the ownership structure of your organisation?** *One possible answer. Mandatory response.*

☐ Fully public (fully owned/controlled by central, regional or municipal government)
☐ Mostly public (majority-owned/controlled by central, regional or municipal government)
☐ Owned/controlled in equal shares by public and private shareholders
☐ Mostly private (majority-owned/controlled by private individuals or companies)
☐ Fully private (fully-owned/controlled by private individuals or companies)
☐ Other (please specify)

8. **Is your organisation for-profit or non-profit?** *One possible answer. Mandatory response.*

☐ For-profit
☐ Non-profit
☐ Hybrid (a mix of profit and non-profit)

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[91] Administration: includes office administrators, administrative assistants, human resources staff, accountants, public relations staff, ICT professionals etc.
[92] Management: includes CEOs, management, service managers etc.
[93] Frontline support work: includes staff (excluding education & healthcare professionals) having daily direct contact with service users: e.g. care workers, personal assistants, support staff, supervisors.
[94] Education and training: includes tutors, learning support educators, early childhood interventionists, job coaches, vocational trainers, life-skills coaches.
[95] Healthcare: includes psychiatrists, doctors, paediatricians, nurses, occupational therapists, speech pathologists, physiotherapists, psychologists, therapists, counsellors etc.
[96] Maintenance and housekeeping: includes kitchen staff, laundry staff, cleaners, maintenance staff, drivers etc.

9. **Please indicate the key area of your organisation's activity. If your organisation operates in multiple areas, please select _up to three main ones_.** *Three possible answers. Mandatory response.*

☐ Early childhood intervention[97]
☐ Education support[98]
☐ Work integration/employment support[99]
☐ Day care[100]
☐ Support in daily living at home[101]
☐ Respite services
☐ Long-term residential care[102]
☐ Leisure, arts and sports[103]
☐ Assistive technology/equipment[104]

10. **Your organisation works with persons with what types of disability(ies)? Please select _up to two most common ones_.**

☐ Physical
☐ Sensorial
☐ Intellectual and learning (including Autism Spectrum Disorder)
☐ Psychosocial and mental health
☐ Multiple disorders (persons with more than one type of disability)
☐ Other (please specify)

Recruitment challenges

11. **Overall, how challenging did your organisation find it to recruit staff during the past two years?** *One possible answer. Mandatory response.*

Not challenging	Slightly challenging	Moderately challenging	Very challenging	Not applicable/do not know

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[97] Early childhood intervention: targeting children from pre-natal to 8 years & their families/carers.
[98] Education support: supporting people with disabilities of compulsory school age in their education.
[99] Work integration/employment support: supporting adults with disabilities at looking for, finding and sustaining employment (supported employment, employment in sheltered settings, integration in open labour market).
[100] Day care: Day care centres for adults with disabilities who are past school age but are unemployed.
[101] Support in daily living at home: support for people with disabilities in independent living at home/in community-based small units, including daily activity support/personal assistance, social housing etc.
[102] Long-term residential care: services for people with disabilities who reside in large residential settings (rather than in their home).
[103] Leisure, arts and sports: leisure, arts & sports centres targeted at people with disabilities; sexual support; community/cultural activities; accessible tourism etc.
[104] Assistive technology/equipment: provision of assistive technology or supportive equipment (e.g. mobility aids, hearing aids, cognitive aids, physical modifications in built environment).

12. From your organisation's perspective, how significant were the following issues in recruiting staff during the past two years? *Mandatory response. One possible answer per row.*

	Not significant	Slightly significant	Moderately significant	Very significant	Not applicable/do not know
Insufficient HR/administrative capacity for recruitment					
Bureaucratic obstacles in hiring new staff					
Difficulty in obtaining work permits for non-EU employees					
Work mobility and/or migration of workers to other countries					
Lack of applicants with enough/right formal qualifications					
Applicants significantly exceeding formal qualification requirements					
Lack of applicants with enough/right experience					
Lack of applicants with right skillset and personal qualities					
Unattractive working conditions					
Low perceived prestige of the type of work offered by your organisation					
Perception that the work concerned is women's work					
Fear and/or misconceptions of working with disabled people					
High physical demands of jobs in the sector					

Unwillingness to provide sensitive/intimate support (personal hygiene, intimate care, sexual support etc.)					

13. How challenging was it for your organisation to recruit staff for the following occupational groups during the past two years? *Mandatory response. One response per row.*

	Not challenging	**Slightly challenging**	**Moderately challenging**	**Very challenging**	**Not applicable/do not know**
Administration[105]					
Management[106]					
Frontline support work[107]					
Education and training[108]					
Healthcare[109]					
Maintenance and housekeeping[110]					
Other (please specify)					

If you selected 'Other' in the table above, please specify.

14. Looking at all the vacancies your organisation filled during the past two years, which skills/qualities were the most challenging to recruit/find? *Mandatory response. One response per row.*

	Not challenging	**Slightly challenging**	**Moderately challenging**	**Very challenging**	**Not applicable/do not know**
Management/supervisory skills					
Effective communication skills					

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[105] Administration: includes office administrators, administrative assistants, human resources staff, accountants, public relations staff, ICT professionals etc.

[106] Management: includes CEOs, management, service managers etc.

[107] Frontline support work: includes staff (excluding education & healthcare professionals) having daily direct contact with service users: e.g. care workers, personal assistants, support staff, supervisors.

[108] Education and training: includes tutors, learning support educators, early childhood interventionists, job coaches, vocational trainers, life-skills coaches.

[109] Healthcare: includes psychiatrists, doctors, paediatricians, nurses, occupational therapists, speech pathologists, physiotherapists, psychologists, therapists, counsellors etc.

[110] Maintenance and housekeeping: includes kitchen staff, laundry staff, cleaners, maintenance staff, drivers etc.

Ability to work in a team					
Ability to work without supervision					
Ability to deal with stressful environments					
Emotional/psychological resilience					
Time management skills					
Enthusiasm					
Empathy/listening skills					
Appropriate attitudes and respect to others					
Physical strength					
Language skills (including sign language)					
Health and safety skills					
Computer literacy					
Cultural sensitivity					
Other (please specify)					

If you selected 'Other' in the table above, please specify.

Recruitment intentions

15. **Which of the following statements best corresponds to your organisation's overall recruitment intentions for the next two years?** *One possible answer. Mandatory response.*

☐ Increase the number of staff significantly (answer Qestion 16, skip Question 17)
☐ Increase the number of staff slightly (answer Question 16, skip Question 17)
☐ Keep the same number of staff (answer Question 19, skip Question 17 and Question 18)
☐ Reduce the number of staff slightly (skip Question 16, answer Question 17)
☐ Reduce the number of staff significantly (skip Question 16, answer Question 17)

16. **What are the <u>main</u> reasons behind your organisation's intentions to <u>increase</u> the number of staff in the next two years?** *Mandatory response. Up to two possible answers.*

☐ More funding available for staffing purposes
☐ Plan to increase the range of services offered
☐ Plan to increase the number of service users/clients
☐ Plan to improve the quality of services
☐ Changes in regulation/policy affecting your organisation
☐ Organisational restructuring
☐ Other (please specify)

17. What are the <u>main</u> reasons behind your organisation's intentions to <u>reduce</u> the number of staff in the next two years? *Mandatory response. Up to two possible answers.*

- ☐ Less funding available for staffing purposes
- ☐ Plan to reduce the range of services
- ☐ Plan to reduce the number of service users/clients
- ☐ Changes in regulation/policy affecting your organisation
- ☐ Organisational restructuring
- ☐ Other (please specify)

18. Please provide a short explanation why you intend to increase/reduce the number of staff in the next two years. *Optional response. You can answer in any language.*

Open-ended response.

19. How does your organisation intend to change the number of staff for the listed occupational groups during the next two years?

	Reduce significantly	Reduce slightly	Keep the same number of staff	Increase slightly	Increase significantly	Not applicable/do not know
Administration[111]						
Management[112]						
Frontline support work[113]						
Education and training[114]						
Healthcare[115]						
Maintenance and housekeeping[116]						
Other (please specify)						

-If you selected 'Other' in the table above, please specify.

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[111] Administration: includes office administrators, administrative assistants, human resources staff, accountants, public relations staff, ICT professionals etc.

[112] Management: includes CEOs, management, service managers etc.

[113] Frontline support work: includes staff (excluding education & healthcare professionals) having daily direct contact with service users: e.g. care workers, personal assistants, support staff, supervisors.

[114] Education and training: includes tutors, learning support educators, early childhood interventionists, job coaches, vocational trainers, life-skills coaches.

[115] Healthcare: includes psychiatrists, doctors, paediatricians, nurses, occupational therapists, speech pathologists, physiotherapists, psychologists, therapists, counsellors etc.

[116] Maintenance and housekeeping: includes kitchen staff, laundry staff, cleaners, maintenance staff, drivers etc.

20. Looking at all the vacancies you will likely need to fill in the next two years, which skills/qualities will be the most important? *Mandatory response.*

	Not important	Slightly important	Moderately important	Very important	Not applicable/do not know
Management/supervisory skills					
Effective communication skills					
Ability to work in a team					
Ability to work without supervision					
Ability to deal with stressful environments					
Emotional/psychological resilience					
Time management skills					
Enthusiasm					
Empathy/listening skills					
Appropriate attitudes and respect to others					
Physical strength					
Language skills (including sign language)					
Health & safety skills					
Computer literacy					
Cultural sensitivity					
Other (please specify)					

Training needs

21. For which of your organisation's occupational groups do you foresee the greatest need for training during the next two years? Please select up to two most pressing ones. *Mandatory response. Two possible answers.*

- Administration[117]
- Management[118]
- Frontline support work[119]
- Education and training[120]

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[117] Administration: includes office administrators, administrative assistants, human resources staff, accountants, public relations staff, ICT professionals etc.

[118] Management: includes CEOs, management, service managers etc.

[119] Frontline support work: includes staff (excluding education & healthcare professionals) having daily direct contact with service users: e.g. care workers, personal assistants, support staff, supervisors.

[120] Education and training : includes tutors, learning support educators, early childhood interventionists, job coaches, vocational trainers, life-skills coaches.

- Healthcare[121]
- Maintenance and housekeeping[122]
- Other (please specify)

22. What are the <u>most pressing</u> staff training needs in your organisation? Please select <u>up to three</u> most pressing ones. *Mandatory response. Three possible answers.*

- ☐ Management/supervisory skills
- ☐ Effective communication skills
- ☐ Ability to work in a team
- ☐ Ability to work without supervision
- ☐ Ability to deal with stressful environments
- ☐ Emotional/psychological resilience
- ☐ Time management skills
- ☐ Empathy/listening skills
- ☐ Appropriate attitudes and respect to others
- ☐ Lifting techniques
- ☐ Language skills (including sign language)
- ☐ Computer literacy
- ☐ Health and safety
- ☐ Cultural sensitivity
- ☐ Other (please specify)

23. How likely is it that your organisation will offer training (either internally or externally) for its staff during the next two years?

Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely	Not applicable/do not know

If you select 'Very unlikely' or 'Unlikely' → skip Q24.

24. What aspects of training are covered in your organisation's training plan vis-a-vis specific occupational groups during the next two years? *Mandatory response. Multiple answers per row/column possible.*

	Administration	Management	Frontline support work	Education and training	Healthcare	Maintenance and housekeeping	Not applicable/do not know

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[121] Healthcare: includes psychiatrists, doctors, paediatricians, nurses, occupational therapists, speech pathologists, physiotherapists, psychologists, therapists, counsellors etc.

[122] Maintenance and housekeeping: includes kitchen staff, laundry staff, cleaners, maintenance staff, drivers etc.

Capacity building[123]							
Models of service delivery[124]							
Direct support-related skills[125]							
Intervention-specific skills[126]							
Disability-related theories/concepts[127]							
Digital skills[128]							
Health and safety							
Cultural sensitivity[129]							

Other (please specify)

25. In your view, what are the key challenges your organisation faces in providing training to staff? Please select <u>up to two most pressing ones</u>. *Mandatory response. Two possible answers.*

- ☐ Insufficient financial resources
- ☐ Insufficient HR/admin capacity to organise training
- ☐ Insufficient interest/commitment from employees
- ☐ Lack of sufficient quality training providers
- ☐ High staff turnover
- ☐ Insufficient commitment from management

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[123] Capacity building: training in supervisory & management skills, human resources management, time management, stress management, fundraising/marketing etc.

[124] Models of service delivery: training in integrated care, person-centred approach, personalised budgets, case management, new models of service delivery etc.

[125] Direct support-related skills: training in communication skills, providing basic care, dealing with challenging behaviour, language skills (including sign language) etc.

[126] Intervention-specific skills: training relating to specific interventions, depending on which sub-sector your organisation works in. It might include training in early childhood intervention skills; specific skills relating to jobs that service users are engaged in.

[127] Disability-related theories/concepts: training on disability rights, social model of disability, disability knowledge & awareness etc.

[128] Digital skills: training in the use of technology such as use of disability-related or work-related apps, assistive devices etc.

[129] Cultural sensitivity: training which improves the awareness and understanding of the impact of cultural differences.

☐ Insufficient staff to replace those who are in training

☐ Other (please specify)

26. How does your organisation identify staff training needs? Please select up to two most relevant options. *Mandatory response. Two possible answers.*

☐ Feedback from service users/their carers

☐ Feedback from employees

☐ Identified by management/supervisors

☐ Policies and collective agreements

☐ Official recommendations from national/international bodies

☐ Feedback from disabled people's organisations/civil society

☐ Other (please specify)

The use of new/innovative technologies

27. What type of new/innovative technologies does your organisation currently use in organising work and providing services? Mandatory response. *Multiple answers per row/column possible.*

	Used by staff	Used by service users	Not applicable/do not know
Digital programmes/online platforms[130]			
Mobile/tablet apps[131]			
Automation[132]			
Digitisation[133]			
Electronic surveillance systems[134]			
Other (please specify)			

If you selected 'Other' in the table above, please specify.

28. How would you gauge the overall impact of new/innovative technologies used by your organisation on the following? *Mandatory response. One response per row.*

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[130] Digital programmes/online platforms: includes programmes/platforms assisting staff in managing daily agendas, recording working time, managing projects, communicating with employers & co-workers; platforms for job seekers with disabilities.

[131] Mobile/tablet apps: includes apps providing support for people with disabilities.

[132] Automation: includes the use of robotics in assisting people with mobility impairments, artificial intelligence etc.

[133] Digitisation: include virtual/augmented reality for children with neurodevelopment disorders; internet of things, etc.

[134] Electronic surveillance systems: includes systems tracking physical location of service users, sensors to detect service users falling out of bed etc.

	Very negative	Negative	Neither negative nor positive	Positive	Very positive	Not applicable/do not know
Service users						
Work organisation/efficiency						
Staff well-being						

29. Please explain briefly why you consider the impact of new technologies as negative/positive/ neutral on service users, work organisation/efficiency and staff well-being. *Optional response. You can answer in any language.*

Open-ended response.

30. In your opinion, how likely is it that your organisation will introduce new/innovative technologies for work organisation/efficiency and service provision in the next two years? *Mandatory response.*

Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely	Not applicable/do not know

31. If you have any comments or reflections on the topic of disability workforce needs/challenges, please write them in the text box below. *Optional response. You can answer in any language.*

Open-ended response.

32. If you would like to participate in sweepstakes for one of three fee waivers to attend the EASPD International Conference 2019 'Investing in Social Services, Investing in People' to be held on May 16-17 in Romania, please indicate the name of your organisation below.

Open-ended response.