

Social Services Workforce Recovery after COVID-19 Pandemic-readiness:

Good Practice Examples from Finland, Romania, Spain, Ireland and Germany





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Executive Summary

The COVID-19 pandemic has accentuated the already existing workforce-related challenges in the social services sector for persons with disabilities. The studies conducted by the European Association for Service Providers for Persons with Disabilities (EASPD) showed that during the first phase of the pandemic the main issues that needed to be resolved were in the field of working conditions, workforce retention, and digitalisation. While in the first phase the service providers had to find solutions to short-term issues, one and a half years later they are concerned with more systemic – i.e. mid- and long-term – issues concerning the workforce. Based on national statistics, the report explored the workforce developments in Residential care (NACE Q87) and Social work activities without accommodation (NACE Q88) in Spain, Germany, Finland, Romania, and Ireland, representing different types of European welfare states. In the next steps, workforce-related challenges and possible solutions were explored in narrative expert interviews with service providers or organisations representing their interest in these five countries.

The analysis of national statistics showed that the number of employed persons in Residential care (NACE Q87) and Social work without accommodation (NACE Q88), which in most countries had been slowly, but steadily growing during 2019, dropped considerably in Q2 2020 compared to the previous quarter. The recovery in the subsequent months had to do with the governments' efforts to stabilise these sectors and keep service provision at a necessary level. As a result, employment in both sectors has recovered, but is still subject to somewhat higher fluctuations than before. In particular, the strongly fluctuating entries into unemployment demonstrate the increased instability in the sectors.

The interviews showed that during the first phase of the COVID-19 pandemic the organisations' focus had been on continuing the service provision as well as ensuring the safety of their workforce and service users. However, these efforts required a significant adjustment and additional resources from the workforce, meaning that in the mid- and long-term the organisations would have to cope with the effects of the continued strain on their staff. The employed strategies included strengthening the role of the management, addressing the emotions of the workforce by psychologists and improving the communication channels/patterns between those involved in the service provision arrangements (e.g. place of residence, workplace, daytime activities, healthcare, and relatives). Many interview partners feared that workforce retention was going to be a major issue in the coming years, as the reputation of the whole sector had worsened during the COVID-19 pandemic. The interviewed organisations saw the necessity to demonstrate the attractiveness of the particular niche of service provision that they were active in. Furthermore, they considered it important to demonstrate organisational continuity by engaging in the development of services, workforce and organisational structures as well as reenforcing the sense of community through strengthening the inter-organisational ties. The use of





digital tools/formats was seen as a topic that supported the processes of inter-organisational and cross-sectoral dialogue, but as something that required additional efforts to make it work in contexts where on-site formats had been used for communication and exchange before. In particular, this concerns organisational development processes, inclusive and integrated activities for service development as well as learning processes.

At the level of individual organisations, the providers of services for persons with disabilities will need to adequately address the emotional wellbeing of their staff, engage in inclusive processes of organisational development, as well as pursue further person-centred approaches in service provision by establishing and maintaining cross-organisational/sectoral ties to other providers. Furthermore, it will be important to re-skill their staff to cover the changed patterns communication, use of digital technologies, and infection protection and hygiene. As these organisational fields of activity are complex and have a structural component, they can only really take effect if they are defined and supported on policy level. There, concepts will need to be developed for meeting the replacement and extension demands in the sector and changing the training of the workforce so that it reflects the changed skills profiles. This would potentially make the professions in the social care sector more attractive for the young generation.





1. Introduction

In the one and a half years that the COVID-19 pandemic has accompanied us, it has re-enforced the insight that care workforce is key to the development and further functioning of the social service sector for persons with disabilities. The much-required services can only be provided if well-trained workforce is available in sufficient numbers. This requires both recruitment efforts, but also the retention of the existing workforce through good working conditions and additional training offers. Individual providers can do a lot in the field of staff retention and development. However, the COVID-19 pandemic showed that the framework in which the providers are operating, makes it increasingly difficult for them. Therefore, individual efforts need to be complemented by larger political initiatives at national and European level, which systemically tackle the challenges inherent to workforce attraction, development, and retention.

The aim of this report is to present the developments of workforce in social support services for persons with disabilities since the outbreak of the COVID-19 pandemic. It will start by briefly presenting the findings of five studies that cover the developments in its initial phase (Section 2):

- The Impact of COVID-19 on Disability Services in Europe (EASPD 2020a and EASPD 2020b);
- The Short-term Impact of COVID-19 on the Social Support Services Sector (EASPD 2020c);
- Promising Practices in the Use of Technology in Disability Services' Response to the COVID-19 Pandemic (EASPD 2020d);
- Harnessing the Digital Momentum for Persons with Disabilities and Support Services Post-COVID-19: Opportunities, Risks and Research Needs (EURECO 2021).

For the subsequent phase of the COVID-19 pandemic, these developments are explored in more detail for five countries representing the variety of welfare regimes among the European Union's Member States: Spain, Germany, Finland, Romania and Ireland. Here, selected statistics help to throw light on the effects of the COVID-19 pandemic on the social support service workforce in these countries. Time series from Q1 of 2019 to Q2 2021 are presented for the number of employed and unemployed persons in the Human health and social work activities (NACE Q), in particular Residential care activities (NACE Q87) and Social work activities without accommodation (NACE Q88 (Section 3). ¹

¹ NACE (Nomenclature des Activités Économiques dans la Communauté Européenne) is a standard system for classifying business activities. This classification scheme allows economists and others to compare companies' economic activities (Eurostat 2008).





However, the statistics constitute only a starting point for looking more closely at the developments concerning the workforce providing services for persons with disabilities. These services vary greatly, ranging from residential care to supported employment. To represent the variety of experiences in the sector, interviews were conducted with representatives of residential care facilities, sheltered workshops, and employment support in the countries studied. This report presents the common themes that were common across the individual experiences (Section 4). Based on these insights, the main fields of action for tackling the challenges concerning the workforce in the social services sector for persons with disabilities are discussed (Section 5).

2. Workforce-related Research Highlights

During the first phase of the COVID-19 pandemic, there was urgent need for information on its effects on the service providers in terms of funding and workforce. Furthermore, the availability and quality of services as well as the existing and changing needs of service users were of major concern. EASPD sought to understand the most immediate effects by carrying out surveys among their member organisations (EASPD 2020a and 2020 b), but also commissioned further research that traced the impact of the COVID-19 pandemic in statistics and through qualitative interviews (EASPD 2020c and 2020d). Also in the EURECO network, extensive exchange on the advantages and challenges of digitalisation in the sector took place (EURECO 2021). This research showed that the most relevant topics were working conditions, retention of workforce, and digitalisation of services.

Working conditions: already before the outbreak of the COVID-19 pandemic, working conditions in the social support sector had been a much-discussed topic in many EU Member States. However, especially at the early stage of the pandemic they received special attention due to the lack of protective equipment and the way that services had to be delivered under lockdown conditions. The surveys among the EASPD member organisations revealed that during the first phase of the pandemic, most of the respondents experienced lack of access to personal protective equipment (PPE) and testing for disability service professionals as well as service beneficiaries (EASPD 2020a). Due to the additional tasks related to hygiene measures, re-organisation of service delivery and extended (sick) leaves of colleagues or familiar duties the service professionals had to work longer hours — especially in residential care services. At the same time, staff from sheltered workshops or day-care centres were deployed in other units of the organisation (EASPD 2020a and 2020c). In this situation, guidance and support from public authorities was insufficient, even if most countries issued extensive worktime re-compensation schemes for those having to work reduced hours. However, within half a year the surveyed service providers had made considerable progress in the provision of care and support since





the first wave of the COVID-19 pandemic by acquiring PPE, applying digital means and developing concepts for hygiene and physical distancing (EASPD 2021b).

Workforce retention: as early as in April 2020, there was indication that a significant share of the workforce in social services for persons with disabilities was experiencing burn-out and had resigned or was going to resign (EASPD 2020a and 2020b). Due to the continuing development of the COVID-19 pandemic, opportunities for recreation remained scarce and in some countries, staff were required to postpone their holidays to compensate for colleagues who were on sick leave or had left the organisation (EASPD 2020c). Since the outbreak of the COVID-19 pandemic, there have been concerns that changes in the working conditions as well as funding available to the sector will have a considerable effect on the retention of the workforce, adding to the shortages of skilled labour in the sector (Ibid.). However, in October 2020 the EASPD study (2020b) found out that in some areas the sector had successfully adapted to the new conditions posed by the COVID-19 pandemic short-term by employing digital tools and developing concepts that enable physical distancing. The question still remained as to the mid-term effects on workforce retention in the sector.

Digitalisation of services: as confirmed by previous research, the COVID-19 pandemic facilitated the digital transition in the social services sector, changing the way that services are delivered, the communication channels as well as modes of cooperation (EURECO 2021, EASPD 2020d). However, to a large extent the digitalisation efforts in the sector depend on the ability of service users and providers to incorporate digital tools and practices in their daily routines. In this respect, the hindering factors are manifold: among the service users, there is a large group who do not have access to digital devices and infrastructure or have an impairment that limits their use of digital tools. Similarly, the workforce providing services needs to be additionally trained to be able to take into account the specifics of digital service provision (EASPD 2020d).

These research findings constituted the starting point for the research presented in Section 4. In the second half of 2021, the research collected more specific and up-to-date information on:

- The ways that service providers attempted to improve the working conditions in the social service provision for persons with disabilities during the COVID-19 pandemic;
- The extent to which employment in the Residential care (NACE Q87) and Social work
 without accommodation (NACE Q88) had been stabilised after the considerable drop in
 the number of persons employed in Q2 2020, reflecting the effects of the COVID-19
 pandemic on the sector. Moreover, it explored which strategies for workforce retention





the service providers employed against this background; Under which framework conditions digitalised services were successfully adopted by service providers and users.

Insights into these topics further our understanding of how the challenges in these fields can be addressed by organisations providing services for persons with disabilities, but also by decision-makers at national and European level.

3. Selected Workforce-related Statistics during the COVID-19 Pandemic

As a general pattern, the number of employed persons in Residential care (NACE Q87) and Social work without accommodation (NACE Q88) dropped in Q2 2020, while the number of jobseekers and unemployed persons increased (EASPD 2020c). To balance out the effects of the COVID-19 pandemic on the labour market and avoid long-term effects on employment, governments reinforced their short-time work compensation schemes and extended them to sectors where they had previously not been used. Statistics demonstrate that in Spain, Germany, Finland, Romania, and Ireland the labour market in NACE Q87 and NACE Q88 was largely stabilised during 2020 as a result of these efforts, but the question remains to what extent the fluctuations in the level of employment and entries into unemployment persisted also in 2021.² In the following sections, the corresponding figures are presented as a time series between Q1 2019 and Q2 of 2021.³

3.1. Spain

At the beginning of COVID-19 pandemic in early 2020, Spain was one of the most affected European Member States. The strict national lockdown that took effect on 15 March 2020 impacted the entire sector and, to sustain the functionality of social services, supplemental financial resources were allocated to regions, including hiring more staff for social services and residential centres.⁴ Despite these measures, the number of employees in the Residential care (NACE Q87) and Social work activities without accommodation (NACE Q88) fluctuated strongly during the pandemic. In the field of Residential care (NACE Q87), in Q1 2020 the highest number of employed persons in the analysed

⁴ The Government of Spain set up an Extraordinary Social Fund of 300 million Euros to help with COVID-19 related needs in the field of Social Care (https://www.mscbs.gob.es/ssi/covid19/ccaa/home.htm (last accessed on 1 February 2021).



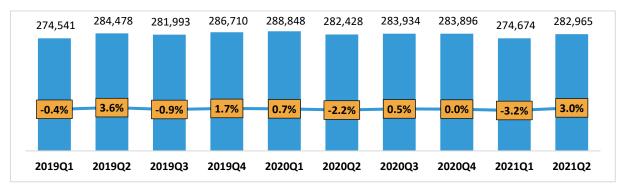
² The course of the COVID-19 pandemic and political decisions at the basis of these developments are described in more detail for the studied countries in the EASPD report (2020c).

³ The category "entry into unemployment" refers to persons whose labour market status changes from employment subject to social security contributions (excluding self-employed persons) to unemployment.



period was recorded, which decreased by 2.2 % at the offset of the pandemic (Figure 1). While the government measures helped to stabilise the number of persons employed in the sub-sector in Q3 and Q4 2020, a further drop of 3.2% occurred in Q1 2021 to then stabilise again in Q2 2022. Even though the number of persons employed in the sub-sector is lower than before the offset of the pandemic, the fluctuations remain minor.

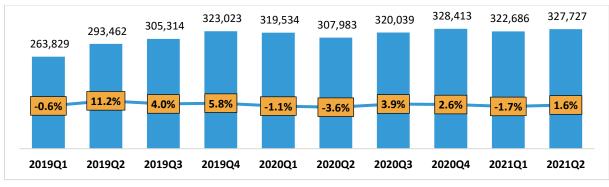
Figure 1: Employed persons in Residential care (NACE Q87), Q1-Q4 2019 and 2020, Q1-Q2 2021; change in % compared to the previous quarter



Source: own illustration based on Servicio Público de Empleo Estatal (SEPE) (2021).

In the field of Social work activities (NACE Q88), a noticeable drop in the number of employed persons occurred in Q2 2020 (Figure 2). Despite the fluctuations in the number of employed persons during the COVID-19 pandemic, the number of persons employed in the sector is higher than before its offset.

Figure 2: Employed persons in Social work activities without accommodation (NACE Q88), Q1-Q4 2019 and 2020, Q1-Q2 2021; change in % compared to the previous quarter



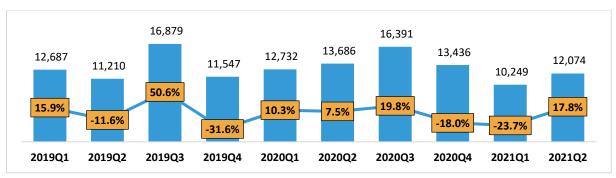
Source: own illustration based on Servicio Público de Empleo Estatal (SEPE) (2021).





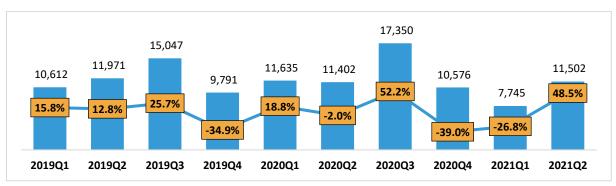
On the contrary, entries into unemployment during the observation period fluctuate considerably more in NACE Q87 and Q88, while they are more prominent in the latter (Figure 3 and Figure 4).

Figure 3: Entry into unemployment in Residential care (NACE Q 87), Q1-Q4 2019 and 2020, Q1-Q2 2021; change in % compared to the previous quarter



Source: own illustration based on Servicio Público de Empleo Estatal (SEPE) (2021).

Figure 4: Entry into unemployment in Social work activities without accommodation (NACE Q88), Q1-Q4 2019 and 2020, Q1-Q2 2021; change in % compared to the previous quarter



Source: own illustration based on Servicio Público de Empleo Estatal (SEPE) (2021).

The presented data indicate that there was more stability in the field of Residential care (NACE Q86) during the COVID-19 pandemic, the field of Social work without accommodation (NACE Q87) displayed both higher growth rates as well as higher fluctuations concerning the entries into unemployment. It needs to be observed further if this sub-sector keeps providing increasing employment opportunities and if entries into unemployment are stabilised.

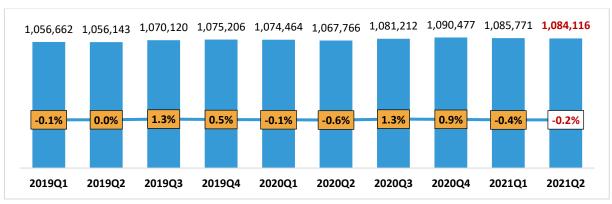




3.2. Germany

In Germany, the different services for persons with disabilities and the way that they work together constitute a complex structure, which is further complicated by the involvement of various authorities and institutions in the funding, administration and provision of services. Hence, it was a major achievement to guarantee all service providers a continuation of their funding during the pandemic times, even if their services deviated from the stipulated scope and form. The number of employees in the Residential care activities (NACE Q87) decreased in the first half of 2020, but the employment recovered in the second half of 2020 (Figure 5). It is notable that the number of employed persons in Residential care activities (NACE Q87) during the first two quarters of 2021 is higher than in the pandemic-free 2019.

Figure 5: Persons employed in Residential care activities (NACE Q87), Q1-Q4 2019 and 2020, Q1-Q2 2021; change in % compared to the previous quarter; Q1-Q4 2020 and Q1-Q2 2021*.



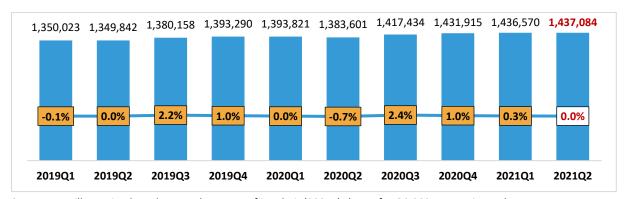
Source: own illustration based on Bundesagentur für Arbeit (2021a). *Data for Q2 2021 are estimated.

Also in Social work activities without accommodation (NACE Q88), the decrease in the number of employed persons by about 10,000 people in Q2 2020 was exceptional. After that, the number of persons has been slowly increasing. However, the prolongation of the pandemic could stop this trend or even reverse it, as in Q1 and Q2 2021 the data already show a slowdown of the increase.





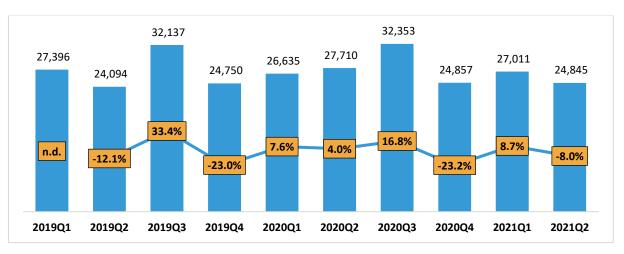
Figure 6: Persons employed in Social work activities without accommodation (NACE Q88), Q1-Q4 2019 and 2020, Q1-Q2 2021; change in % compared to the previous quarter; Q1-Q4 2020 and Q1-Q2 2021*.



Source: own illustration based on Bundesagentur für Arbeit (2021a). *Data for Q2 2021 are estimated.

The number of entries into unemployment constitute a combination of seasonal effects and the influence of COVID-19 on the labour market (Figure 7). The latter becomes visible in Q2 and Q3 2020 where the number of entries into unemployment was much higher than in the previous quarter and also much higher compared to the previous year.

Figure 7: Entry into unemployment in Residential care and Social work activities without accommodation (NACE Q87 & Q88), Q1-Q4 2019 and 2020, Q1-Q2 2021; change in % compared to the previous quarter



Source: own illustration based on Bundesagentur für Arbeit (2021b).

While different support measures kept the overall employment loss limited to 1.1% in 2020 (European Commission 2021), it is difficult to capture the impact of these measures on unemployment in the field of Residential care and social work without accommodation sector.





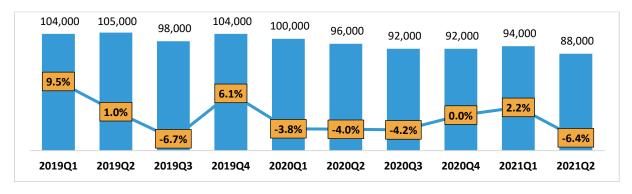
Based on the current data, the number of persons entering into unemployment in Q2 2021 is 8.0% less compared to Q1 2021 and also much lower than in the similar period of 2020.

3.3. Finland

The Finnish health and social care system is one of the most decentralised in Europe as local authorities are responsible for the planning and provision of social care services. However, during the COVID-19 pandemic, efforts were made to centralise the response. Ministry of Social Affairs and Health (STM) had the responsibility for the general planning, guidance, and monitoring of the prevention of infectious diseases. The Finnish Institute for Health and Welfare (THL) was responsible for providing guidance and supporting municipalities, hospital districts and regional state administrative agencies in their work to prevent infectious diseases.

In Residential care activities (NACE Q87), the number of employed persons declined very conspicuously by about 4,000 persons per quarter (Figure 8). Even though Q4 2020 constituted an exception and a modest increase was recorded in Q1 2021, the number of employed persons decreased further in Q2 2021 by 6.4% compared to the previous quarter. Consequently, the number of employed persons in Residential care activities in Q2 2021 was at the lowest level recorded in the last two years with 17,000 persons less than in Q2 2019 and with 8,000 persons less than in Q2 2020.

Figure 8: Persons employed in Residential care activities (NACE Q87), Q1-Q4 2020 and Q1-Q2 2021; change in % compared to the previous quarter



Source: own illustration based on Statistics Finland (2021).5

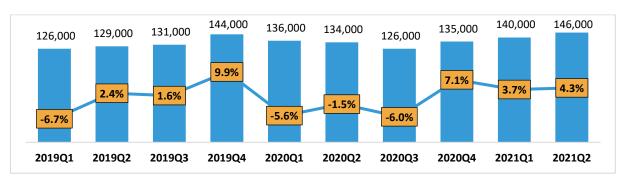
⁵ The information is based on the Labour Force Survey, which was renewed at the beginning of 2021. Therefore, time series were corrected retrospectively in accordance with the new estimation method. They can differ from those analysed before 2021 (https://www.stat.fi/til/tyti/rev_en.html).





In the Social work activities (NACE Q88), the number of persons employed in the sub-sector did not increase in Q2020 as it had done in Q2 2019. Rather, it declined by 1.5% compared to Q1 2020 and declined further by 6.0% also in Q3 2020 compared to Q2 2020. However, in Q4 2020 the number of employed persons increased and Q2 2021 displayed the highest level recorded in the last three years (Figure 9).

Figure 9: Persons employed in Social work activities without accommodation (NACE Q88), Q1-Q4 2020 and Q1-Q2 2021; change in % compared to the previous quarter



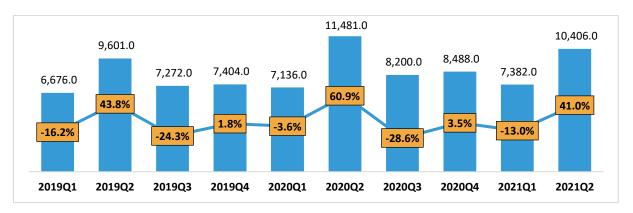
Source: own illustration based on Statistics Finland (2021).

The trend in unemployed persons in the category of Nursing and Social Care Professionals⁶ highlights the impact of COVID-19 pandemic. In Q2 2020, it increased by 60.9% compared to the previous quarter, being at the highest level for the whole analysed period (Figure 10). From Q3 2020 to Q1 2021, the number of unemployed persons decreased, but remained above the level recorded in the similar period of the previous year. However, in Q2 2021, a further increase of 41% was recorded.

⁶ In this analysis, the Nursing and social care professionals comprise the following sub-groups of ISCO-08 occupational classification: 3221 Nurses, 3412 Social work associate professionals, and 5311 Childcare workers.



Figure 10: Unemployed persons by occupational groups in the category of Nursing and Social Care Professionals, Q1-Q4 2019 and 2020, Q1-Q2 2021; change in % compared to the previous quarter



Source: own illustration based on Statistics Finland (2021).

Finland's Recovery and Resilience Plan is expected to improve the situation within the health and social services, the estimated funding for this sector being 400 million Euros.

3.4. Romania

In Romania, both public and private providers of social care services exist, including services for persons with disabilities. Public social services are provided by local authorities through the county directorates and local offices of Social Assistance and Child Protection (DGASPC). The private providers are not-for-profit non-governmental organisations, religious denominations recognised by law, for-profit enterprises, or registered self-employed persons. Their activities are funded from their own resources, but also from the state or local budgets.

During the COVID-19 pandemic, the Romanian Government adopted measures that particularly targeted the health and social services workforce, allowing employment of additional staff in the health and social care sectors. For instance, the Presidential Decree No. 195 (Romanian Presidency 2020) stated that "[h]ealth and social assistance services can hire for a period of six months (fixed-term contract) medical staff, auxiliary staff, pharmacists, laboratory staff and other necessary contractual staff without competition"⁷.

The impact of the COVID-19 pandemic on the social care workforce in Romania is demonstrated by the declining number of employed persons in Residential care (NACE Q87) and Social work activities

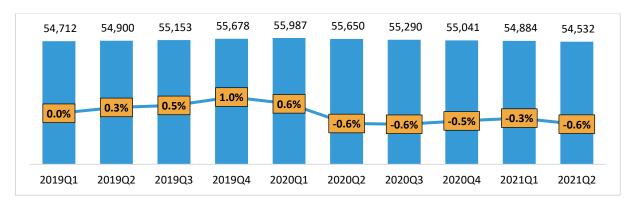
⁷ Normally, for permanent or fixed-term contracts an open competition must be organised, but the procedures take a long time (at least 30 days). The decision to suspend the competitions aimed to speed up the procedures of hiring medical staff. However, all vacancies still had to be publicly announced and general requirements to fill in the job have remained in use.





without accommodation (NACE Q88) in Q2 2020, (Figure 11 and Figure 12). This drop is remarkable, as most of the social services are provided by public institutions and the fluctuation of personnel is usually very low. In the field of Residential care (NACE Q87), a moderate increase in the number of employed persons took place in 2019 (Figure 11). With the start of the COVID-19 pandemic, the number of employed persons started slightly but constantly decreasing.

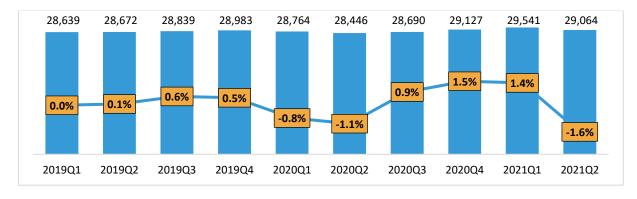
Figure 11: Persons employed in Residential care (NACE Q87), Q1-Q4 2019 and 2020, Q1-Q2 2021; change in % compared to the previous quarter



Source: own illustration based on the Romanian Labour Inspectorate (2021).

In the field of Social work activities without accommodation (NACE Q88), a decrease of 1.1% in the number of employed persons took place in Q2 2020 compared to the previous quarter and since then, a consistent and higher than usual increase was registered (Figure 12). However, Q2 2021 saw a drop in the number of employed persons again.

Figure 12: Employed persons in Social work activities (NACE Q88), Q1-Q4 2019 and 2020, Q1-Q2 2021; change in % compared to the previous quarter



Source: own illustration based on the Romanian Labour Inspectorate (2021).





These developments in these two sub-sectors should be treated with caution given that the current policy in Romania focused on closing large residential centres and reducing the number people in residential care through transferring them to community-based services, home-care settings or to foster parents in case of children.

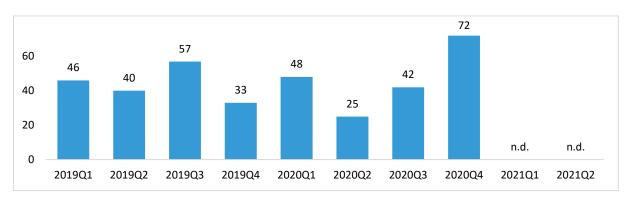
Similarly, interpretations of data on unemployment in the sector of Human health and social work (NACE Q) should take into account the overall unemployment in Romania. In 2019, the unemployment rate was 3.9%, which is much lower than the EU average at 6.3% (Eurostat 2019). However, due to the COVID-19 pandemic, the general unemployment rate increased with every month. The total unemployment rate was 5.0% in 2020 and 5.3% in March 2021 (Eurostat 2021), but with strong disparities between economic sectors. As the Human health and social work sector (NACE Q) is one of the sectors with pronounced labour shortages, the level of unemployment is low. The National College of Social Workers (CNASR) claims that the deficit of social care workers in Romania is about 20,000 people (Buzducea 2018). There are about 8,000 social care workers in the country, 75% of them employed in the public sector and the others mostly in NGOs. On this context marked by labour shortages and predominance of the employees in the public sector, the number of unemployed persons is very low and does not reflect the real impact of the COVID-19 pandemic on the social care sector.

Nevertheless, some data provided by National Employment Agency shows an increase in number of new entries into unemployment, particularly in Q4 2020, compared to the similar period of 2019. This could be a delayed impact of the COVID-19 pandemic on the social care sector. At the beginning of the pandemic, the uncertain situation and measures taken by authorities kept people into the system, but once the crisis advanced and some service providers started to lose beneficiaries, the increase in unemployment was inevitable. In the field of Residential care (Q87), the number of new entities into unemployment was more than double in Q4 2020 compared to Q4 2019 (Figure 13).





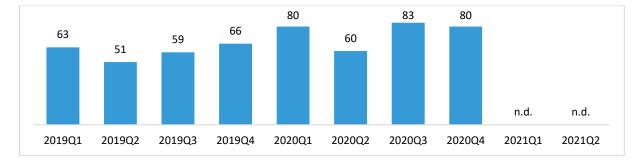
Figure 13: Entry into unemployment in Residential care (NACE Q87), Q1-Q4 2019 and 20208



Source: own illustration based on the National Employment Agency (2021).

Also, in the field of Social work activities (NACE Q88), new entries into unemployment were about 1.5 times higher in Q4 2020 than in Q4 2019 (Figure 14).

Figure 14: Entry into unemployment in Social work without accommodation (NACE Q88), Q1-Q4 2019 and 2020



Source: own illustration based on the National Employment Agency (2021).

However, as the total number of registered unemployed people at this level is very low, the results should be interpreted with utmost caution. Moreover, it should be taken into account that most of the workers in social care sector are state employees and dismissing them is difficult. On the other hand, significant labour shortages exist in this sector and an unemployed person can easily find a job in private residential care as many private facilities were opened in the sector during the last years, particularly in the field of elderly care.



⁸ National Employment Agency have not provided data for 2021 yet

⁹ For this reason, Figure 13 and Figure 14 do not display the relative change in the number of employed persons compared to the previous quarter.



3.5. Ireland

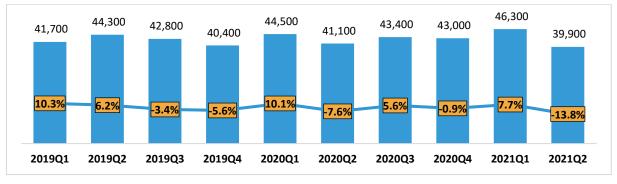
In Ireland, families are the main providers of care for the elderly and persons with disabilities and they are supported by formal home care services. Most of these services are arranged and financed by the public sector but are provided by the private sector upon the approval and contracting by public authorities. Private and voluntary (i.e., non-profit) organisations dominate also the care home landscape, accounting for roughly 3/4 of the care homes in Ireland.

The social service workforce was profoundly impacted since there were considerable changes concerning work practices and deployment of staff (e.g., from day services to residential services). For example, the staff of day care services were slow to return to their original jobs, leaving the services understaffed and not able to respond to the needs of persons with disabilities (EASPD 2020c).

In the field of Residential care activities (NACE Q87), the number of employees fluctuated across the whole period analysed. In Q1 2020, the total number of employed persons was 10.1% higher than in the previous quarter (Q4 2019) but then declined by 7.6% during the first stage of the pandemic in Q2 2020.

However, this decrease is not much higher than those recorded during 2019 (for example, Q4 2019 saw a 5.6% decrease in the number of employed persons compared to Q3 2019). Moreover, Q3 2020 and Q4 2020 displayed a higher number of employed persons compared to the similar period of 2019. On the other hand, a strong decrease can be noticed in Q2 2021: even though Q1 2021 started with the highest number of employees for the whole analysed period, it dropped by 13.8% in Q2 2021, indicating that the labour market is not yet stable (Figure 15).

Figure 15: Persons employed in employment in Residential care activities (NACE Q87) (aged 15-89 years), Q1-Q4 2019 and 2020, Q1-Q2 2021; change in % compared to the previous quarter



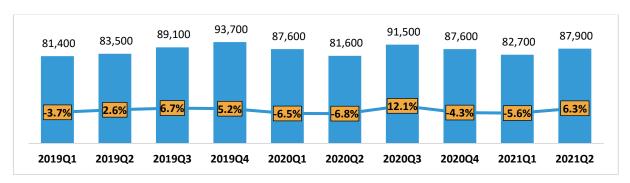
Source: own illustration based on CSO (2021a).





In the field of Social work activities without accommodation (NACE Q88), the evolution in number of employees was slightly different. While 2019 saw a stable increase in the number of employees, it seems that the COVID-19 pandemic stopped this trend: the number of employed persons has been fluctuating below the peak in Q4 2019 (Figure 16).

Figure 16: Persons aged 15-89 years in employment in Social work activities without accommodation (NACE Q88), Q1-Q4 2019 and 2020, Q1-Q2 2021; change in % compared to the previous quarter



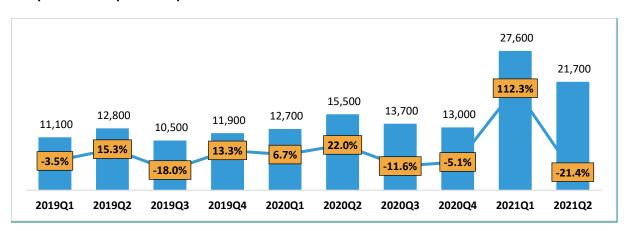
Source: own illustration based on CSO (2021a).

Compared to the other countries in the study, the number of employed persons has been fluctuating more strongly in the sub-sectors NACE Q87 and Q88. While in Social work without accommodation (NACE Q88) the absolute the number of employees in Q2 2021 exceeds that in Q1 2019, in Residential care activities (NACE Q87) the number of employees in Q2 2021 was below that of Q1 2019. At the same time, the number of persons assisting relatives sharply increased in the same period (Figure 17). For example, in Q2 2020 displayed an increase of 22%, compared to the previous quarter. In Q1 2021, the increase was as high as 112.3% compared to Q4 2020. Even though in Q2 2021 a decrease of about 21% was recorded, the number of persons assisting their relatives considerably higher level than in Q1 2019.





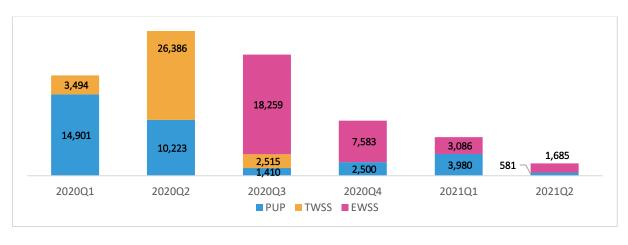
Figure 17: Persons aged 15-89 years assisting relatives, Q1-Q4 2019 and 2020, Q1-Q2 2021; change in % compared to the previous quarter



Source: own illustration based on CSO (2021a).

No data about unemployment at the subsector level was available but a large number of persons in Human health and social work activities (NACE Q) benefitted from the Pandemic Unemployment Payment (PUP), Temporary Wage Subsidy Scheme (TWSS) and of the Employment Wage Subsidy Scheme (EWSS)¹⁰, especially in Q2 2020 and Q3 2020 (Figure 18).

Figure 18: New entrants to the PUP, TWSS or EWSS in Human health and social work activities (NACE Q); Q1-Q4 2020 and Q1-Q2 2021.



Source: own illustration based on CSO (2021b).

¹⁰ On 26 March 2020, the Revenue introduced the Temporary COVID-19 Wage Subsidy Scheme (TWSS), lasting until 31 August 2021 (CSO 2020c). It was replaced with Employment Wage Subsidy Scheme (EWSS). In addition, employees and self-employed people who lost all their employment due to the COVID-19 pandemic qualified for the COVID-19 Pandemic Unemployment Payment (PUP) linked to previous average weekly earnings.





Even though the EWSS and PUP programs are still running in 2021, the number of recipients decreased consistently. For example, in Q2 2021 only 2,266 benefited from either of these support schemes. This downward trend could be related to the implementation of various policies to build a dedicated workforce for COVID-19, particularly for testing and vaccination (Government of Ireland 2021).

3. Good Practice Examples for Retaining the Social Support Service Workforce during the COVID-19 Pandemic

The sectoral structures of social services for persons with disabilities differ greatly, for example by the type of provider, field of activity or structure of service users. This affected considerably the organisational response of the service providers during the COVID-19 pandemic. In addition, it was influenced by the welfare state model in a particular country as well as the regulatory and policy processes. However, common themes in the fields working conditions, workforce retention and digitalisation emerged.

4.1. Working Conditions

At the offset of the COVID-19 pandemic, the interviewed organisations were primarily concerned with maintaining the scope and quality of their services. In larger organisations, this involved re-deploying staff from sheltered workshops to residential centres or from day-care to residential care; in smaller organisations it entailed the shifting of interaction structures into online formats. In Ireland, largescale re-deployment of staff from essential to non-essential services took place. For the staff, this meant changes in their workplace environment and their daily routines: if they had been working in a sheltered workshop before, they were not familiar with the setting and work processes of residential homes; if they were providing assistance in specific situations (e.g., services related to workplace and independent living), they were in some cases required extend their services. In some cases, the service providers were trying to compensate the cancelled home visits by health and other social care staff. According to the interview partners, this offered the staff the opportunity to acquire a fresh perspective on their work and the services that they were providing. In Germany, for example, many of the social work staff from sheltered workshops who were deployed in residential care homes experienced for the first time the private environment of the persons who they assisted at workplace. This enabled them to acquire a new understanding of the everyday realities of their service users as well as their colleagues in the residential centre.





Furthermore, as the routines changed and many activities were not available anymore, it was necessary to take a closer look at the service users and re-assess their needs. The interview partners in Finland described how they considered individually what the alternatives to usual daytime activities that were suddenly restricted could be. The interview partners in Spain pointed out that an individual approach was needed at many different levels: when instructing and training their service users to follow the new hygiene rules, it needed to be considered how to present the information so that it would not unnecessarily worry them or lead to compulsive behaviour in the worst case. In Germany, it was observed that changed shifts and rules of distancing lead to less friction between the service users in sheltered workshops. Also the need to use digital technologies prompted service providers to engage with their service users' access to digital infrastructure as well as with their skills. Even though this individualised approach was in line with the interviewed service providers' activities so far, the pandemic-induced requirements took it to a whole new level. In Ireland, these developments were framed in reference to the CRPD and thus drew attention to the vulnerability of persons with disabilities as a group, but also as individuals.

In all countries, the COVID-19 pandemic brought with it the new task of managing information, involving its collecting, filtering, and distribution to different target groups (co-workers as well as persons with disabilities and their families). To some organisations, this was a new task as it involved processing medical information. Furthermore, it required intensified contacts with the service users and their families. These new tasks took up additional resources but resulted in improved competencies of staff.

However, despite these encouraging stories of organisational and personal growth, it is necessary to keep in mind how much strain the coping with the pandemic put on the workforce. While the activities of the providers of social services for persons with disabilities were considered essential, in some countries they did not receive the same attention or recognition as medical health care providers. For example, a recent document of the Sanitas trade union representing health and social care workers in Romania points out that they were not given enough support from the authorities and that their contribution was socially not as recognised as the performance of doctors. In Ireland, on the contrary, the HSPC was seen to provide a reliable framework for stabilising the sector and ensuring the continuation of services through extensive deployment of personnel and issuing clear guidelines. Despite these efforts, the interview partners reported widespread burnout and fatigue among the workforce.

While the additional stress on workers was not widely discussed during the first stage of the COVID-19 pandemic, it was increasingly addressed as the pandemic progressed and the resources of the





workforce were starting to get depleted. In the observations of some interview partners, the general feelings of anxiety or discontent that have been dismissed by the workers and their managers for a long time have already started manifesting themselves or are likely to do so in the future. The role of management was considered crucial in dealing with this situation: for the Finnish interview partners, who operate residential homes across the country, it was a conscious decision to keep managers working on-site at all times to convey to the workforce that they could rely on their leaders in the difficult situation. Consequently, the annual evaluation of the well-being of staff displayed very high levels of satisfactions, with staff indicating that they considered their job meaningful and were able to work according to their values. In addition, the important role of advice provided by management boards was mentioned in Ireland (NESC 2021) and Germany.

The worsened/changed working conditions experienced especially during the first period of lockdown put an immense pressure on the social care staff. It needs to be taken into account that burnout did not just result from workers having to cope with excessive workload – they were also drawing on their personal resources to improve the situation for the service users. This was the case especially in smaller and more familiar organisations where workers shared their Netflix passwords with the service users so that they could overcome the boredom during the lockdown, for example. In the case of NGOs in Romania, there were occasions where workers used their personal cars in situations where public transport was not available to access crucial services. Feeling this level of responsibility over a longer period of time takes a toll on the staff and needs to be addressed. In Romania, NGO representatives reported that psychologists were employed to help personnel to deal with burnout. To avoid additional costs, volunteers were used to offer psychological support to staff.

4.2. Staff Retention

In many European Member States, the population is ageing, leading to an increasing need for social care workers. Indirectly, this affects also services for persons with disabilities, which compete for the same skills profiles in the social care sector. In addition, the care sector in many countries experiences decreasing supply of care workers as less young people decide to train in the relevant professions. General scarcity of social care workers or their high fluctuation was addressed in the interviews with the Finnish, Romanian, Spanish and Irish representatives of the sector. In Finland, a recent study points out that young carers do not see their career in the sector and nearly every employee under the age of 30 considers leaving it (Aula Research 2021). This finding was corroborated by interview partners who were worried that the declining reputation of the social care sector during the COVID-19 crisis was also affecting the specific niches of disability services where the working conditions were generally better and the staff-to-resident/service user ratio was more favourable.





Particularly for Romania and Ireland it was stressed that the COVID-19 pandemic exposed further the systemic weaknesses of the sector in the field of staff recruitment and retention. In Romania, the National College of Social Workers (CNASR) claims the shortage of social care workers to be as high as 20,000 persons. Consequently, care workers are rarely dismissed and can choose to switch employment between the public and private sectors, making it difficult to find workers. As a result of the COVID-19 pandemic, the situation worsened, since some workers who had to register for temporary unemployment benefits chose not to return to work. This was due to the risks associated with COVID-19 and low remuneration in the sector. Furthermore, the interview partners assumed that the dissatisfaction with the way that the Romanian Government or the management handled the situation was going to cause further workers to leave the sector. In Ireland, the voluntary sector found it particularly difficult to compensate for staff that were ill or had to self-isolate. Challenges related to personnel planning were reported also for other interviewed organisations, as it was difficult to find substitute staff for short periods of time.

Most of the interview partners considered availability of staff to be an important challenge in the future. In Finland, the short-term organisational strategy for dealing with COVID-19 involved centralising some management tasks (e.g., compiling guidance information, buying protective equipment) to free up manager's capacities for addressing staff-related issues. Furthermore, they provided continuity in organisational and service development, assuring their staff that not everything had changed and that their employer was still offering them a mid-term and long-term perspective. Also the Spanish interview partners engaged in personnel development through online courses on topics that had been discussed in the organisation before, such as strategies for decision-making processes with clients or gender violence.

During the COVID-19 pandemic, communication and cooperation emerged as important fields of activity. In the inter-organisational dimension, the interviewed organisation in Finland worked on connecting residential homes across the country in a tandem initiative, offering them a framework for exploring how others were coping with the crisis and re-enforcing the sense of community. Initiatives focusing on retaining high levels of internal exchange were expected to improve staff commitment during the COVID-19 pandemic. Further coordination needs emerged in the intra-organisational dimension, requiring organisations across the sector to share their resources, experiences or knowledge (NESC 2021). Also here, digital infrastructures and competencies were crucial, giving an advantage to those organisations who already had invested in the necessary infrastructures and skills.





4.3. Digitalisation of Communication, Services and Learning

Across the countries, the interview partners pointed out that the COVID-19 pandemic had made it necessary to consider new ways of organising work and providing services. In all interviewed organisations, the use of digital tools and formats played an important role. For internal communication in different constellations WhatsApp and Facebook groups were set up. Digital tools were used for maintaining ties with the communities (e.g., service users and their relatives). In Ireland, good practice examples were collected and distributed at an early stage to show how activities usually carried out at day-care centres or even in therapy could be transformed into digital formats (e.g., sports or physiotherapy) (see NESC 2021 for specific examples for Ireland). There was a clear advantage for organisations where the digital infrastructure was built up and digital formats had already been used for communication or were an integral part of service provision (e.g., the interview partners in Finland). In organisations where the digital communication with the users had not been in the focus before, additional money was needed for building up the infrastructure – also on the side of the users who often did not have the kind of devices or access to internet that would have enabled them extensive online-communication. It was possible to successfully digitalise formats that required intensive communication and exchange and had involved extensive on-site activities before, such as organisational or service development. However, it was considered necessary to return at least partially to on-site activities again in order to ensure the inclusion of different groups (e.g., service staff and users) or integrate different stages of service provision (e.g., exploring how social care and health care can be better connected). Also developing learning formats (e.g., in workplace training context) encountered their limits, as persons with intellectual disabilities need specific support in the learning process. Therefore, the interview partners pointed out that developing suitable learning formats with some digitalised elements and training the users for participating in them was to be explored further in the future. To this end, it is necessary to prepare also the staff so that they are able to design/modify the learning offers and are able to adequately accompany the learning processes of the learners with intellectual disabilities as well as assess their progress.





5. Summary and Recommendations

The research conducted on the impact of COVID-19 on the workforce in the social care sector for persons with disabilities identified fields that will need to be addressed at the **level of individual organisations/networks**:

- Social care staff often experienced a discrepancy between their professional understanding of providing social care services and the kind of service delivery that was possible or necessary during the COVID-19 pandemic. In addition, longstanding personnel shortages worsened by the pandemic as well as changing work organisation and tasks put an enormous pressure on the staff. After two years of pandemic, the social care providers will need to adequately address the emotional wellbeing of their staff;
- During the COVID-19 pandemic, ensuring organisational coherence and pursuing strategic organisational development were not considered a clear priority in the face of scarce resources such as funds and time. However, good practice examples have shown that organisational unity and continuity contribute to employee satisfaction and can help to retain the workforce in the long run. Therefore, it will be necessary to engage in inclusive processes of organisational development;
- The interview partners considered the enhanced understanding of other service providers' perspective be it in the same or in a different sector (such as healthcare) enriching, as well as something that had been facilitated during the COVID-19 pandemic. Maintaining and reinforcing these cross-sectoral ties created during the pandemic would help to pursue the person-centred approach that is gaining further importance in the provision of services to persons with disabilities. Furthermore, integrating in-person and digital services for an optimised covering of the individual needs of service users will need to be explored further;
- During the COVID-19 pandemic, the scope and structure of interactions changed, as did the form of service delivery. This requires re-skilling of staff at various skills levels and different positions in the fields of communication and digital technologies, as well as infection protection and hygiene.





However, these fields of activity are complex and have a structural component, i.e., they are defined by the larger framework conditions. Therefore, organisational activities can only really take effect if they are defined and supported on policy level:

- Alleviating staff shortages will need to be made policy priority in the coming years, making sure that the replacement and extension demands in the sector will be met – the former resulting from the existing staff retiring and the latter from the growing need for services.
- In the mid-term, the changing skills profiles of social care staff delivering services to persons with disabilities will need to be reflected in the training of workforce. This will enhance the visibility of the changed skills profiles, potentially making the professions in the social care sector more attractive for the young generation. The increased attention to skills would be aligned with the European Pact for Skills, which was launched in November 2020 and aims at upskilling and reskilling people in Europe.
- In the mid- and long-term, it would be important to explore the use of innovative technologies (e.g., augmented reality) in the fields of disability services, consider possible funding schemes for such investments and set up plans for the corresponding skills development in the sector.





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EASPD is the European Association of Service providers for Persons with Disabilities. We are a European notfor-profit organisation representing over 20,000 social services and disability organisations across Europe. The main objective of EASPD is to promote equal opportunities for people with disabilities through effective and high-quality service systems.



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