

The European Association of Service Providers for Persons with Disabilities (EASPD) promotes the equalisation of opportunities for people with disabilities through effective and high quality service systems in Europe. EASPD represents over 8,000 service provider organisations across Europe and across disability. EASPD believes in interdependence and partnership of user organisations, providers and authorities at all levels to tackle the challenges ahead. More information about us is available at www.easpd.eu.

EASPD welcomes the Commission's initiative on promoting a sustainable workforce for health in Europe. As a representative of organisations providing social and health services it appreciates the opportunity to contribute to the debate and to highlight issues of concern that are specific for service providers for people with disabilities.

General remarks:

EASPD welcomes the initiative to promote a sustainable workforce for health in Europe and would like to underline the importance of promoting a holistic approach that simultaneously deals with workforce employed in the health care sector, workforce employed in the social care sector, and informal carers. This is because the issues identified in the Green Paper apply to all of these sectors and a common and integrated approach would prove beneficial for public care systems in general.

EASPD agrees with the main issues identified in the Green Paper and would like to provide input on each of them separately. EASPD's feedback is based on the UN Convention on the Rights for Persons with Disabilities, a major international covenant that introduces concepts such as empowerment, full citizenship, participation and a rights-based approach for people with disabilities.

Demography and the promotion of a sustainable health workforce:

European population is ageing and going forward, increasing numbers of citizens will need health care or social care for increasing amounts of time. Moreover, though people with disabilities still have a shorter life expectancy than their non disabled counterparts, they are also growing older and consequently will use social and health services for longer. These facts point to the need to invest in health and social care services in a structural way. Active recruitment strategies and strategies to train and retain staff are necessary.

Furthermore, given the high prevalence of female workers in the social care work force (up to 90% front line staff employed in social services are female) urgent action is required to further gender equality through accurate human resources policies and to actively tackle the gender pay gap.

Mobility and global migration of health workers:

Disadvantaged people must be supported by well trained support workers, therefore EASPD is in favour of mobility based on adequate training (including language training) and proper rights for the immigrant workers so that they can work and live as full members of society in their countries of adoption.

It is very important to combat the black market of illegal immigration in the care sector so as to properly care for both people with disabilities and care workers themselves.

EASPD finally points out that the illusion that all shortages of workforce in the care sector can be solved by mobility (and notably from the East to the West) must be given up, as also new Member States have difficulties in filling up all vacant positions in this sector. We must also work on the improvement of societal recognition of social care work in all of our countries, to ensure sufficient amounts of young workers will enter health and social care professions.

It follows that urgent action is needed in terms of promoting the attractiveness of careers in the social care sector and recruiting young workers into this field. Given the rate at which technological and scientific advancements take place, it is also essential to ensure lifelong training opportunities for care staff.

Training:

In order to help the integration of migrant or mobile workers in their countries of adoption, properly established training schemes are requested. One such example is the European Care Certificate, a standard entry level qualification for staff working in the care sector. Such a training scheme would also facilitate the exchange of know-how, best practices and good standards in the care sector across Member States of the EU.

EASPD would also like to stress the importance for disadvantaged people (especially those with high dependency needs) to be supported by care staff that is able to communicate in their own language, so proper language training must be provided to all migrant workers.

Finally, as described in the Green Paper, EASPD agrees on the necessity to make sure that training courses be designed to take into account the special needs of people with disabilities, who have a right to receive the same range, quality and standard of free or affordable health care and programmes as provided to any other person, as outlined in article 25 of the UN Convention on the Rights of Persons with Disabilities.

Data to support decision making:

EASPD strongly favours the collection of Europe wide data and information to map health care and social care in Europe and to be better able to cater for future needs. EASPD strongly suggest agreeing on common definitions and indicators to use across Member States so as to ensure comparability of data.

For what concerns disability, EASPD suggest using the definition of disability as provided in the UN Convention on the Rights for Persons with Disabilities, article 1, paragraph 2.

Eurostat is ideally placed to coordinate action in this area.

Cohesion Policy and European Social Fund:

EASPD applauds the suggestion to use Structural Funds in order to develop health and social care workforce. EASPD would also like to point out the necessity to ensure that all EU public funds are used to promote work towards the de-institutionalisation of people with disabilities through the development of community-based settings and person-centered services.

Furthermore, all EU-funded projects, including those on health and social care infrastructures should be assessed in terms of their accessibility and inclusiveness. No European money must be used for initiatives that will exclude disabled people.

Conclusions:

- The European Commission should promote working in health and social care services, to ensure that increasing demands on these services will be adequately met across the EU;
- Training for health and social care staff should be based on the principles enshrined in the UN Convention on the Rights for Persons with Disabilities, such as empowerment, individualized approach, participation, full enjoyment of human rights;
- Cooperation among stakeholders, i.e. authorities, service providers, representatives of civil society in the fields of health, education and employment is key. These stakeholders should be consulted in all future stages of this initiative to ensure a holistic approach of the initiative on promoting a sustainable workforce for health in Europe.

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