Theoretically informed case study accompanying the film

European Care Certificate - Europe

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Link to the video: http://inno-serv.eu/ecc

This report is part of the research project „Social Platform on innovative Social Services“ (INNOSERV). INNOSERV investigates innovative approaches in three fields of social services: health, education and welfare. The INNOSERV Consortium covers nine European countries and aims to establish a social platform that fosters a europeanwide discussion about innovation in social services between practitioners, policy-makers, researchers and service users. This project is funded by the European Union under the 7th Framework Programme (grant agreement nr. 290542).

1. Short profile: The European Care Certificate (ECC)

The main idea behind the ECC was to create and promote an "award" for entry level staff in the care sector which will be recognised anywhere in the EU and which has a place on the European Qualifications Framework and in the National Qualification Frameworks of Member States.

Specific innovative elements of ECC

Agreement on a shared definition of what basic knowledge is needed:
The representatives of participating countries could agree on the content of the Basic European Social Care Learning Outcomes (BESCLO) and both workers and employers confirmed that its contents were directly relevant to their job.

The creation of a reliable test for that knowledge in a worker/applicant:
The ECC exam has been used in 16 different EU countries with over 3,500 candidates, with an overall pass mark of around 61%. Employers have also used the ECC exam for screening applicants and report that it is a useful and reliable way of separating out apparently similar candidates.

Being able to demonstrate basic knowledge helps workers and employers:
Anecdotal evidence from employers and exam candidates demonstrates that holding the ECC does help get staff into interviews, does improve employment prospects and does help employers to have confidence that the worker/applicant has the basic knowledge to work safely in care and understands fundamental care principles.

Key characteristics of the service

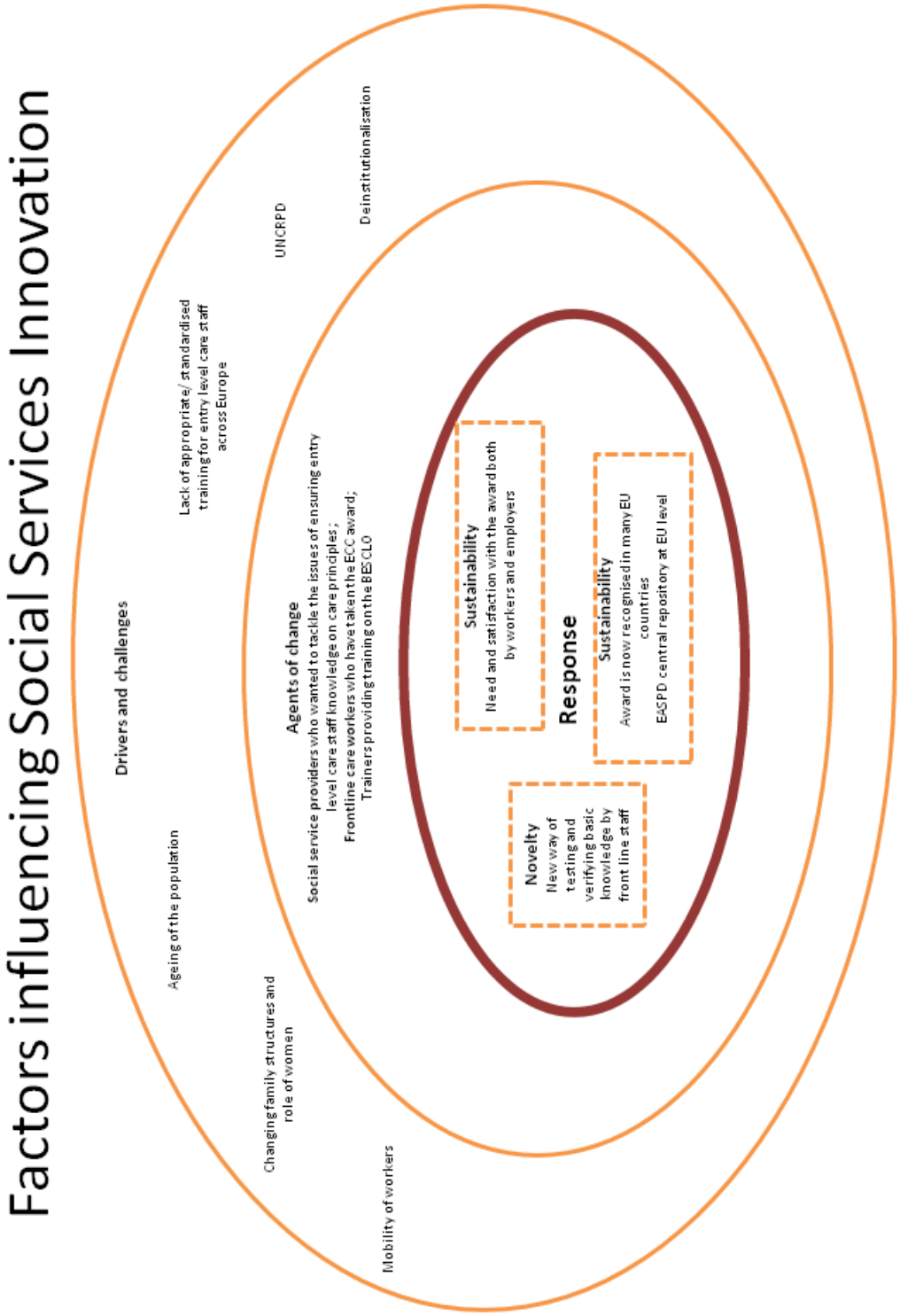
User groups:

- Frontline workers providing social care to disabled and elderly people, either in a social care service or as a domestic worker in a family context;
- Employers: either larger social care services or a single family;
- Trainers and regulators: who need to look at qualifications and ensure that adequately trained staff are employed to provide frontline social care services.

Principle:
The strategy involved agreeing on a shared definition across EU Member States of what care staff on entry into the care profession need to know in order to work safely and then being able to test for that knowledge (via an exam) and offering a Certificate (the European Care Certificate) for those who pass the exam. This creates a common foundation for care services based on the priniciples of user centred services, human rights and the rights enshrined in the UN Convention on the Rights of Persons with Disabilities, and facilitates worker mobility.

Driver(s):

- The driver for this innovative project is the fact that the social care workforce in the EU is "largely female, poorly paid and poorly led". This is particularly the case at entry level.
- Changing family and societal structures are another driver behind the ECC.
- The new policy drivers exemplified by the principles of the UN Convention on the Rights of Persons with Disabilities are in fundamental conflict with the old approach typified by the 'medical model' of long term care for people with disabilities


Factors influencing Social Services Innovation
Drivers and challenges
Ageing of the population
Changing family structures and role of women
Mobility of workers
Lack of appropriate/ standardised training for entry level care staff across Europe
UNCRPD
Deinstitutionalisation
Agents of change
Social service providers who wanted to tackle the issues of ensuring entry level care staff knowledge on care principles ;
Frontline care workers who have taken the ECC award;
Trainers providing training on the BESCLO
Novelty
New way of testing and verifying basic knowledge by front line staff
Response
Sustainability
Need and satisfaction with the award both by workers and employers
Sustainability
Award is now recognised in many EU countries
EASPD central repository at EU level

2. Policy framework related to employment in the care sector in Europe

Principle/ Guidelines	Key organisations and actors
1. **Ratification of UNCRPD by the EU and two thirds of its Member States:** Sanctions the shift from a medical to a social vision of disability and sanctions rights and equal opportunities for disabled people; 2. **Deinstitutionalisation: from institution to community-based settings:** implies a radical shift in the way in which care for disabled people is provided towards an individualised, user-centred approach. It necessitates training and re-training of care staff; 3. **Mobility:** EU legislation promotes a free market for workers which fosters movement of workers across EU Member States.	**1. Frontline care staff** who take the ECC exam to receive a qualification of their knowledge of care sector work; **2. Employers**, who understand the need for a qualification to recruit frontline care staff based on their knowledge of care principles; **3. Trainers,** who develop training courses that are ECC compliant and that aim at providing training and qualifications to entry level staff in the care sector, thus increasing and improving their employment prospects.

3. The social, political and institutional context

Employment in the care sector in Europe
Employment levels in the EU rose consistently since the beginning of the "Lisbon Strategy" in 2000: overall employment rates reached 65.9% in 2008, a 4% increase on pre-Lisbon figures; employment levels of female and older workers also significantly improved in the same time span, reaching 59.1% and 45.6% respectively.

Similar trends can be observed looking more specifically at the broad care sector, which was the biggest source of job creation in Europe in recent years, with health and social care services being a "particularly dynamic sub-sector"[1] which contributed to the creation of 3.3 million new jobs between 2000 and 2007, i.e. one sixth of the jobs created in the services sector as a whole.

More recent data shows that in 2011, the number of workers in the health and social care sector aged 15 to 64 stood at 22.3 million, i.e. 10.5% of the total in all sectors. This means that the sector has grown by 5 million jobs since 2000, but the growth has been unequal across Member States. It has been highest in countries such as Denmark, the Netherlands, Finland and Sweden and lowest in Cyprus, Romania and Latvia.

The job creation in this sector has been particularly relevant for women and older workers. Considering the demographic trends in the EU, where life expectancy is on the increase in all Member States, it is essential to improve labour market participation of underrepresented groups in order to ensure the financial sustainability of social insurance schemes. This is all the more urgent for the social sector in the context of changing family life patterns and of increasing numbers of women joining the labour market, meaning that informal care work traditionally performed within the family will result in growing demands on the formal care sector.

[1] European Commission, Biennial report on social services of general interest, Brussels, European Communities 2008, p. 15.

There are significant weaknesses in terms of both labour supply and demand: demand for social services across the EU is higher than the resources available to provide them, especially in terms of labour supply and financial resources. This situation can only worsen considering the current demographic trends described earlier, unless action is taken to make the most of the growth potential of the sector to create new jobs. It is estimated that, at current rates and needs, 2 to 3% extra jobs could be created in the "old" Member States", and 5 to 7% in the new ones.

Employment creation in this field has been driven by 3 key elements: the **ageing population in Europe**, which brings with it an increase of ill health and dependency, **changing societal structures**, mainly smaller family units, greater participation of women in the labour market and decreased availability of informal carers, and an **expansion of services** to better meet quality requirements and rising demands.

Employment in the care sector has some structural weaknesses that can be summarised as follows:

- The workforce is dominated by women (representing 78% of total workers in the sector in the EU);
- The wage difference between women and men is greater in this sector than in other sectors of the economy;
- The workforce in this sector is ageing rapidly;
- Workers in this field have, on average, a medium or high level of education, but large imbalances in skills levels can be observed;
- The prevalence of temporary or part-time work is higher than in other economic sectors;

4. Challenges and drivers of innovation

Structural weaknesses of the pre-ECC situation:

- Many frontline care workers in the health and social care sectors had no qualification, and little or no opportunity to access training;
- Those care staff who were capable had no means of having their knowledge and skills recognised at entry level;
- Many countries had no clear entry requirements for staff entering the sector. Whilst most had qualifications / awards 'higher up' the awards scale for qualified staff, there was nothing for the very large numbers of hands-on care staff right at the bottom of the scale;
- Large numbers of staff from other countries were being employed as carers in some EU Member States, with no clear method of quality control or means to quantify knowledge or basic attitudes to disability or principles of care. This was especially true for people employed in the "grey economy", working directly for families or elderly people/people with disabilities;
- There was no clearly accepted view as to the place of people with disabilities in society and the fundamental principles which should govern their care. The medical model of care was the default norm, but this was being challenged by ideas such as 'inclusion' and 'person centred' services.

Innovation: Ideas, criteria, levels and added values
Innovation: using the ECC to turn large scale policy shifts into facts on the ground
Research has shown that the need for personal health and social care staff has and will continue to increase. Recently adopted changes in the approach to the position of people with disabilities in society, the kind of life they should expect to lead and the level of personalisation of the services they receive (as in the UNCRPD) will produce additional demands for

care support staff. The EU has now formally ratified the UNCRPD and Member States are committed to implement it in their health and social care services.

These policy changes will also increase the likelihood of support staff being directly employed by people with disabilities and/or their families. This in turn will require this new tide of 'direct employers' to have a means of sifting applicants and testing for knowledge and basic attitudes. The EU wide policy of 'de-institutionalisation' is taking longer to implement than many would like, but one effect is to increase the numbers of people with disabilities living in the community, needing personalised support services. The UNCRPD is clearly based on the principles of human rights and a social model of disability. The medical model of care is explicitly rejected as inappropriate and backward looking.

The ECC award will provide a shared common basic set of principles underpinning all care services in the EU, and help workers holding the ECC to find employment in any country. It is important to remember that this award is at entry level and defines the **minimum common knowledge** which care staff should have. This makes the ECC unique in that it is the **only** such award offered at this level across the EU. At entry level (where staff numbers are at their highest but qualifications and training opportunities are at their lowest) many countries have no entry requirements at all. Those requirements that do exist are frequently ignored or easily circumvented: the result is that many millions of vulnerable people are receiving direct hands-on care from staff with little or no formal training, recognition or support.

Given all the above - how do we re-equip a huge workforce to deliver a different model of care? The ECC has adopted the approach of trying to ensure all new entrants to the sector are provided with basic knowledge and attitudinal training. It has:

1. Defined what needs to be known
2. Provided a means to test for that knowledge
3. Shown how to formally certify this when candidates demonstrate they do know the basics
4. Defined the common knowledge in a series of learning outcomes – the BESCLO
5. Started work to provide a shared means of delivering that knowledge via a common training programme
6. Develop means to ensure that ECC trainers understand and can help candidates understand how the UNCRPD principles should guide the way in which they work and the kind of services which need to be provided
7. Seek EQF and NQF recognition for the ECC award

Sustainability:

Research shows that there is increasing mobility and migration of workers in the care sector: Many workers move across EU Member States to seek employment in the social (and health) care sectors, and the EU also welcomes many health workers from developing countries. In the latter example, there are clear links between the country of origin of migrant workers and that of destination: often times linked to the colonial past of EU Member States. In terms of intra EU movements; this increasing mobility can play an important role in alleviating imbalances between demand and supply of care workers, but it has been increasingly noted, in recent years, that mobility is often linked to the opportunity of earning higher wages elsewhere, and that it doesn't necessary solve the problem of an overall lack of care workers, it merely "shifts" from a country to another. What is clear is that the mobility of health and care sector workers will only grow in years to come, and therefore tools such as the ECC, that make it easy to certify knowledge of basic care principles will be increasingly relevant.

The ECC is currently used in 18 countries, but it hasn't yet been acknowledged by relevant governmental bodies in all of them; largely because of the different ways in which social care is managed in each of these countries. It has been recognised at municipal level in Romania, and in the Czech Republic the award is on a list of courses approved by the Ministry and is

used to get long-term unemployed people back into work. These are only a few examples, more information will be available later this year.

To this date, no “hard data” is available on possible improvements in wages or user satisfaction because of the ECC.

Drivers and challenges

The driver for this innovative project is the fact that the social care workforce in the EU is “largely female, poorly paid and poorly led”. This is particularly the case at entry level. Social care is a common way for workers to find employment in other countries, but many states have little or no means of recognising (or even requiring) basic knowledge or skills on entry into the care workforce. Even when ‘requirements’ exist, they are often ignored or overlooked by inspectors and can be satisfied at the stroke of a pen by a home or workforce manager certifying that the worker has a satisfactory level of knowledge – with no need to justify that statement with evidence.

Changing family and societal structures are another driver behind the ECC.
In many Member States, families employ carers directly to work in the family (with minimal supervision provided or understanding of what is needed) and care staff have poor access to training and development opportunities.

The new policy drivers exemplified by the principles of the UN Convention on the Rights of Persons with Disabilities are in fundamental conflict with the old approach typified by the ‘medical model’ of long term care for people with disabilities
(i.e. – such people need medically based care, supervised by a doctor, delivered by a nurse or healthcare assistant in a hospital or other institutionalised health setting). Changing the ‘mindset’ of staff (and staff trainers) is a necessary first step to changing the way in which services are delivered, so that people with disabilities may be enabled to take their rightful place in society and enjoy their human rights on an equal basis with all other citizens.

Agents of change

Up to 2011, the ECC has been developed through two Leonardo da Vinci projects and a third project (see above) has just begun to deliver training support packages for the ECC.

The idea of developing the European Care Certificate came from the UK, and it stemmed from the realisation that great benefits could come from all care workers having standardised induction training in the sector. The next step was working on this at EU level as other countries might have been in the same situation. Anecdotal evidence backed up that in other countries, front line staff received little or no training, something that was confirmed by the first project research. Additionally, there was a clear translational dimension because of the high numbers of foreign workers in the sector. Two organisations, (ARC – and Skills for Care – the sector skills council in England) were instrumental in developing this idea and getting the first project off the ground.

5. Key innovative elements of this example

Field of service	Welfare
Establishment of organization	2009
Type of organization	Non profit
Financing	Financed by European Funds, through the Leonardo da Vinci programme
Size of the organisation	N/A
Members and participation	18 lead delivery partners
Contact Name of the innovative example Homepage	http://www.eccertificate.eu/

Delivery, development and organisation: ECC
The ECC was born out of a recognition of the fact that there's a high demand for care staff to look after elderly or disabled people in Europe, either in their own homes or in care settings. At the same time, there is a lack of a recognised qualification that would reassure employers of the value of a prospective employee's qualifications, or enable workers to seek employment in another country.

The ECC is relevant to services for all adult user groups. It was principally developed with adult services in mind, but we know that some people have used it with staff working in services for children. Whilst the BESCLO was in development, partner agencies were asked to consult with users in their countries about the content of the BESCLO. All the elements within the ECC were endorsed via a large scale consultative process within the UK involving users, workers and employers when induction standards were being developed within that country. The ECC is aimed at trainers, employers and staff in the sector.

The European Care Certificate was developed through 3 EU funded projects:
LdV project – Not Patients but Citizens with Rights 2012- 2014
LdV Project – Creating a Common Foundation in Care 2009-11
LdV Project – European Care Licence 2006-8
EASPD as the European umbrella body for service providers for persons with disabilities in Europe is the appropriate repository for the ECC award. Up to 2011, the ECC has been developed through two Leonardo da Vinci projects and a third project (see above) has just begun to deliver training support packages for the ECC.

With its extensive membership base, EASPD has access to providers in many countries and understands the difficulties staff and employers face. EASPD provides the administrative home for the ECC and supports its governing body – the Board of the ECC. The current ECC Board acts as a Special Interest Group (SIG) within EASPD and reports to the EASPD Board on HR and training issues. The ECC Board counts representatives of all the 16 EU countries where the ECC is currently offered and is responsible for its future development and management.

In terms of delivery, we currently have 18 Lead Partner agencies who work with around 20 more Delivery Partner Agencies, all training/ delivering or examining for knowledge of the BESCLO in a very diverse user base. EASPD holds a central database of all candidates and results and promotes the award in European institutions (e.g. the EU and the Council of Europe) and in new countries.

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