
EASPD SNAPSHOT REPORT

**THE IMPACT
OF COVID-19 ON
DISABILITY SERVICES
IN EUROPE**



APRIL 2020

This is a report by the European Association of Service providers for Persons with Disabilities (EASPD).

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EASPD SNAPSHOT REPORT

MAIN MESSAGES

This snapshot report provides a first set of data demonstrating the impact of the coronavirus in the field of services for persons with disabilities. It is based on data collected by the European Association of Service providers for Persons with Disabilities (EASPD) in April 2020 in 23 European Countries, the methodology of which is presented in this report.

The main messages from the report include:

- The **lack of personal protective equipment (PPE)** and testing is the **single biggest concern** raised during the survey.
- **Funding has been highlighted as a major concern**, with the significant majority of countries remarking that **funding is unstable or has decreased** (despite increased costs)
- The **lack of planning and guidance from public authorities** regarding disability services in the next phases of the COVID-19 pandemic has also been highlighted as a concern. The lack of voice for persons with disabilities during this crisis is also visible.
- In term of services, **residential care center for persons with disabilities continue to be open** in all responses received.
- **Other forms of services** (homecare, daycare, education, workshops, training and employment) **have generally closed from face-to-face contact**, except for persons with very high support needs or specific situations (children of key workers, ...)
- Rather than closing completely, it has been very common for these services to shift their services and **provide new forms of services online**. Online support has proved useful, but does not replace the need for face-to-face support.
- Many workers in these non-residential services have been **redeployed to support residential care services**, including for elderly persons, to help deal with the increased workload in such services. Job losses in disability services are not generally seen as a concern, especially with the help of partial unemployment measures.

- There are major concerns about the **impact of the crisis on the employment of persons with disabilities**.
- There are still **important staff shortages in Residential Services**, with professionals in most European countries working additional hours to ensure the provision of services.
- The **average rating across Europe** given to support by public authorities to Disability Services is between **“poor” and “satisfied”**; although there is a broad diversity across Europe and even within the same countries. Progress over the last few weeks has been noticeable.

Public Authorities – at all levels – should actively work to bring solutions to these concerns and “shield” care and support services for persons with disabilities from the consequences of the COVID-19 crisis.

EASPD's 5 priorities for Authorities to shield Disability Services from the COVID-19 crisis

1. Have Greater Political Urgency for Disability Services
2. Prioritise access to PPE & Testing for Disability Services
3. Guarantee Sufficient Staffing in Disability Services
4. Ensure No Fall in Income for Disability Services
5. Increase Scenario Planning with Disability Services



Methodology Review

The aim of this study is to provide a first snapshot and anecdotal evidence on the impact of COVID-19 on service providers for persons with disabilities across Europe.

This data was collected by EASPD between the 16th and 23rd April 2020, following a survey shared with EASPD members and a few other partners. The survey aimed to gather as much information as possible, whilst recognizing that EASPD members had major challenges to deal with at national level and within a very small timeframe (1 week).

EASPD received 47 responses, covering 23 countries. Of the 23 countries, 19 are EU Member States, 1 is the United Kingdom and 3 are non-EU Member States. The responses received were from both national Umbrella Organisations and Single Service Providing Agencies, as well as from organisations with different service typologies (for instance, some employment-related services focused on their activities; and primarily care services focusing on those elements). It is important to note that some responses from within the same countries were -at times- very different; in particular -but not only- in highly regionalized or federalized countries. It is also important to note that not all responses were given with the same extent of information; partly because of a lack of data available. Methodological weaknesses, such as the aforementioned, must all be taken into account in the reading of this report.

This being said, the authors of this report believe the responses cover sufficient ground to show a first general snapshot of the impact of the COVID-19 across Europe in April 2020 and bring to light important messages to share.

Recommendations for methodological improvements are welcomed, in view of follow-up reports.

What are the main challenges for Disability Services across Europe during COVID-19 pandemic?

1. Political Urgency for Disability Services

Perhaps the most significant outcome of the studies was the fact that care and support services for persons with disabilities are not considered as an urgency during the COVID-19 outbreak. This is highlighted by the average rating given to Public Authorities as between “Poor” and “Satisfied” (2.5 with 1 being very poor and 5 being excellent).

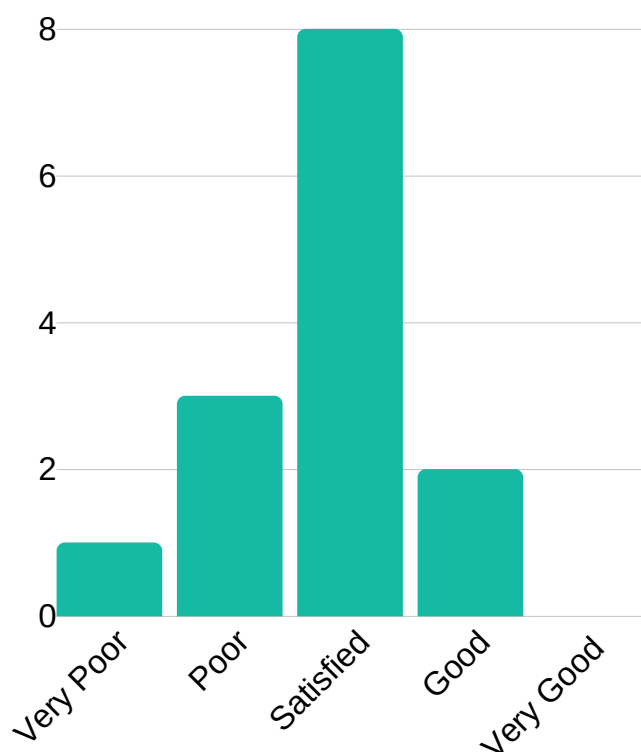


Table 1. Ratings given to Public Authorities for support to Disability Services

This data is based on 14 answers received, with the remaining 9 not giving specific (numeral) ratings.

It is however important to note that there are clear signs of improvements in many countries in the last week or two. Yet many responses highlighted that -still today- persons with disabilities and their care and support networks (both professional and informal/family) did not seem to be at the heart of the political response to COVID-19.

Main Message for Policy Makers

Engage continuously with organisations of persons with disabilities and service providing organisations to ensure that their needs and interests are met in initiatives to tackle the COVID-19 pandemic.

2. Access to PPE & Testing for Disability Services

The single biggest issue presented as a key challenge was lack of access to personal protective equipment (masks, alcohol gel, etc) and testing for staff. Respondents from 17 countries highlighted the lack of such equipment as a major challenge, with only 5 countries not highlighting the lack of PPE as an issue. 1 answer did not talk about PPE.

Ensuring the availability of such equipment and testing will be essential to continued provision of residential services, but also the re-opening of services currently closed; yet still crucial to the day-to-day lives of persons with disabilities and their families (such as day care services, respite services, etc).

Do you have sufficient access to PPE?

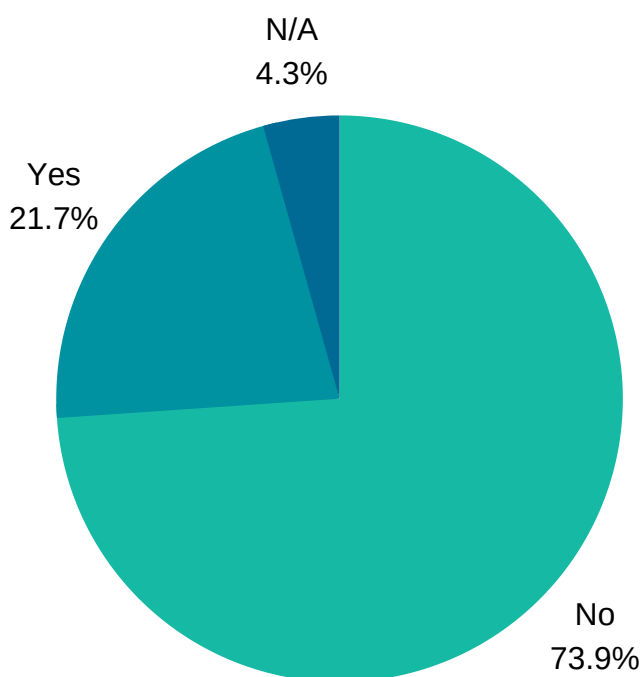
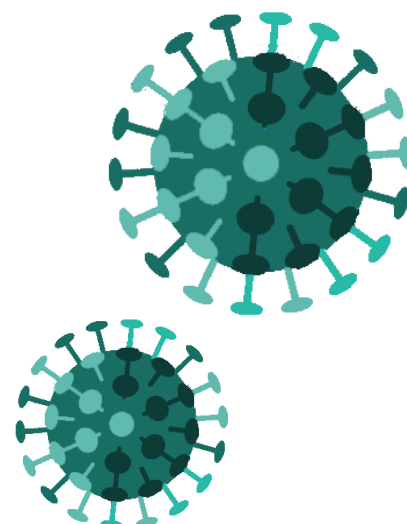


Table 2. Responses raising insufficient access to PPE as a challenge

It is very difficult to organise care and support services for persons with disabilities, who can also be at higher risk of COVID-19 than the average population, without such protection; both in terms of health & safety, as well as psychologically.

Main Message for Policy Makers

Prioritising access to personal protective equipment and testing for disability service professionals and service beneficiaries should be the single most important step – on the short term- to ensure the provision of care and support services for persons with disabilities and their families.



3. Sufficient Staffing in Disability Services

There are important staffing difficulties in the services currently running – primarily residential with professionals in all countries surveyed have to work longer hours to ensure the shifts are provided.

Are you working longer hours than before the outbreak of COVID-19?

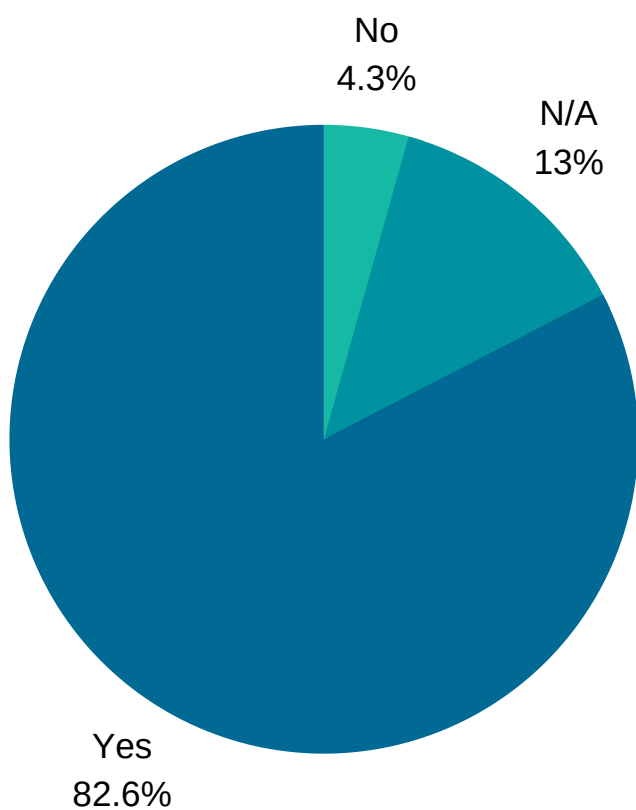


Table 3. The Majority of Disability Services professionals are working longer hours than pre-COVID-19 crisis

Respondents from 19 countries highlighted increased working hours for care and support workers, with only 1 country not highlighting this as an issue and 3 not responding to this specific question.

This is even despite the fact that such

services have often received additional staff from the services which are currently closed. With the uplifting of confinement measures and the planned re-opening of the forms of services currently closed (day care, workshops, training, etc), many of the additional staff will have to return to their day-to-day job. This will cause huge difficulties to ensure appropriate staffing across the different forms of services over the next few months; especially given that there were very often existing staff shortages before the COVID-19 pandemic. This puts at serious risk social service continuity on the short (crisis), medium (transition) and long-term (recovery).

Main Message for Policy Makers

Take pro-active steps to ensure the appropriate levels of staffing across the spectrum of services which exist in the field of disability. This could include facilitating the recruitment of staff; the (re)deployment of students and professionals from regions less touched by COVID-19 or with less staffing issues; as well as the recruitment of those currently on full or partial unemployment due to COVID-19 (covering wages, training, insurances, etc).

4. Fall in Income for Disability Services

Social Care and Support Services across Europe are also struggling to cover the increased costs that the COVID-19 pandemic has brought. In Housing Services -both residential and homecare- for instance, the significant majority of responses referred to increased staff costs (extra time, sick leave, more staff, salary increases to remain attractive, etc) and to adapt services (organizational changes, buying new equipment (PPE, ICT, food delivery, etc).

Has the COVID-19 crisis caused major organizational changes in your services?

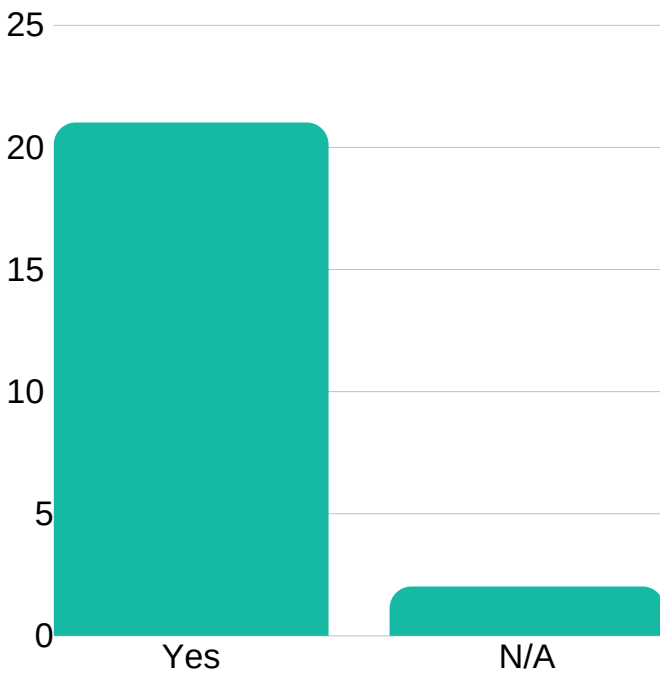


Table 4: The COVID-19 crisis has resulted in major organizational changes in Disability Services

Respondents from 21 countries highlighted important organizational changes since the beginning of the COVID-19 pandemic. The remaining 2 countries did not respond to this question.

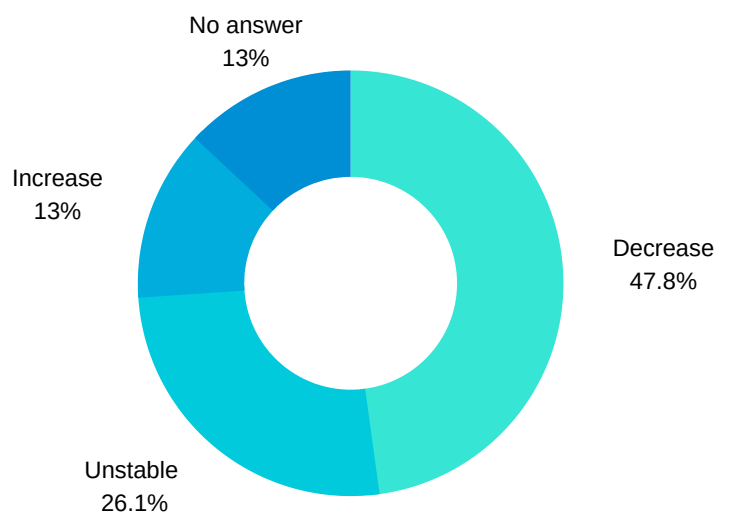
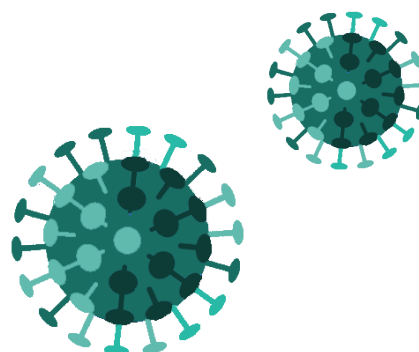


Table 5: The impact of COVID-19 on the Income of Disability Services

In most if not all countries, the income for service providers have either diminished (6 countries) or become unstable (11 countries); although the picture is generally better for residential services. In only 3 countries has income been considered as stable and 3 countries did not provide responses to this question.



For Services currently closed, there are also challenges with revenue often being cut significantly (or at risk), especially for workshops, training services, supported employment, as well as different forms of day care.

This is primarily due to contracts no longer being met due to impact of COVID-19 and a lack of flexibility shown by Public Authorities towards the adaptations made by the service providers. It is quite common for the staff of such services – generally the biggest expenditure – to have been re-deployed to housing services or to have been put on partial unemployment. This limits the financial impact; yet other costs continue to remain: ongoing staff costs and existing expenses which cannot be reduced. It is also impossible to ignore that the sector was also very much underfunded, in large part due to austerity measures of the last decade.

There is also evidence of income such as fundraising and charity from private sources having been drastically reduced.

Finally, there are concerns about the long-term; both in terms of the extent to which public authorities will cover the losses, but also in terms of the impact of the economic crisis that is occurring for the business model of the service itself.

In short, there are often increased costs, yet lower or less secure income. This does not paint a healthy picture for the continuity of service provision.

Main Message for Policy Makers

Provide guaranteed and sufficient funding to social care and support services for persons with disabilities to cover existing and increased costs to enable the continuity of service provision for persons with disabilities during and after the COVID-19 pandemic, in line with the principles of the UN CRPD.



5. Scenario Planning with Disability Services

Most countries are currently considering the easing of confinement restrictions over the next few months. The European Union is also guiding this process. Yet there is a risk that the specific needs of persons with disabilities (and other disadvantaged or excluded persons) are not sufficiently considered in the planning for the next steps. This includes for instance priority testing for persons with disabilities and social care professionals, the sufficient staffing needs across the spectrum of services (especially as many staff deployed to residential care will return to their normal jobs), finding the right balance between ensuring that persons with disabilities (especially those

at higher health risk) are protected, yet also ensuring that they are empowered to live active lives in the community; support for parents and care-givers if restrictions are lifted later for the people they care for, the psychological mindset of care workers, etc.

Main Message for Policy Makers

Engage with organisations of persons with disabilities, care-givers and social service providers to ensure that their needs are considered in the lifting of confinement measures and follow-up responses.

What is the situation across the service spectrum?

A. Residential Care

What is open and what is closed?

There is a broad variety of residential care typology across Europe and even within the same country from large residential institutions to more inclusive models such as supported housing.

In general terms, Residential Care services for persons with disabilities have been

prioritized and remain operational (in terms of service provision, not always in terms of open to the public). Out of the 23 countries covered, 20 countries confirmed that the significant majority of residential care services remained open. The remaining 3 did not respond.

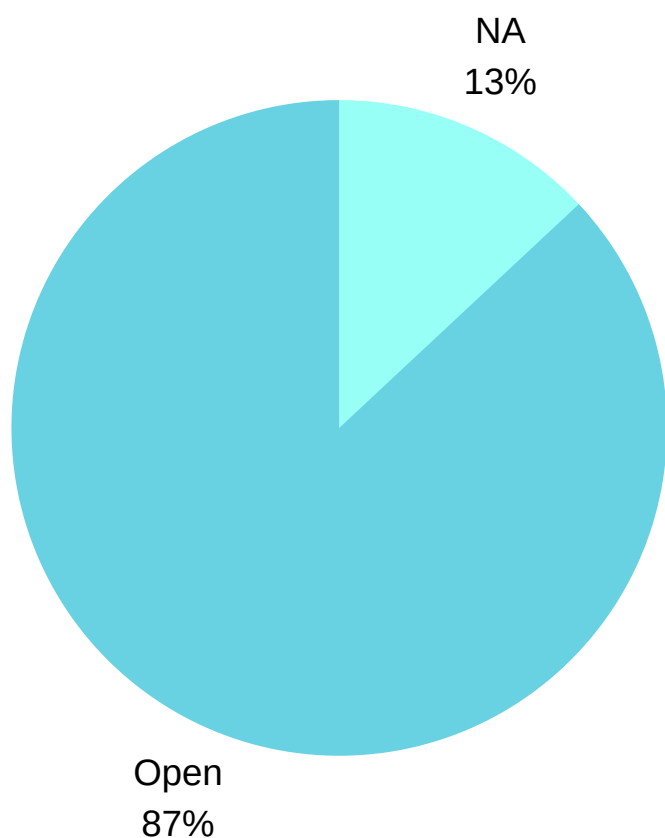


Table 6: Residential care services for persons with disabilities are generally operating

What key aspects have been raised?

Residential care services are often for persons with higher support needs; although this can depend from situation to situation. In the context of COVID-19, the provision of such services are often absolutely essential as the beneficiaries (can) depend on such services for basic, yet necessary, activities such as to eat, clean, dress and move, as well as other more complex services: social support in the community, therapy, medicine, rehabilitation, other.

The first point is therefore to re-affirm the

conditions, during this time of pandemic.

It is important to also acknowledge that community-based care settings are better suited to providing individualized support in safe conditions than large institutional settings. However, during this time of pandemic, the absolute priority should be to ensure the safe provision of quality care and support services. This should not undermine the type of support received nor the possibilities for users to express choice and control over their lives. As such, public authorities must ensure that all conditions must be put in place for services to operate in a smooth way, respecting the rights of service users.

It is also necessary to recognize that some persons with disabilities, care-givers and care professionals are particularly at risk of COVID-19 and steps must be taken to protect each person involved in the care and support process, whilst also limiting the risk of contagion which is considered to be higher in residential care settings. Across Europe, residential care services have had to re-organise significantly their service delivery, with longer working hours for staff, reduced staff (family duties, sick leave, burnout, resignations, etc), increased administration, lack of public transportation, delivering services online, etc.

This has often taken place without sufficient guidance, nor recognition, from public authorities.

The differences in organization can additionally have an impact over the well-being of the service beneficiary who can be used to specific routines and may struggle to adapt. This is can be made increasingly harder because of strict rules regarding visitation and communication with families; sometimes leading to no contact at all. Specific measures must help to ease such situations for example using digital technologies or safe visitation procedures.

It is also remarked that the impact of confinement and isolation on some persons with disabilities is particularly difficult and sensitive. Special measures should be taken recognizing these aspects, such as more flexible confinement rules, etc.

An additional gap remarked is the lack of guidance from local authorities on responding to COVID-19, as well as the lack of exchange on promising practices and procedures within the sector at national level, but also at European level. Improved exchange and coordination could help helped the response.

B. Homecare

What is open and what is closed?

Homecare and family support services have also been considerably challenged during the COVID-19 crisis. Generally speaking, essential homecare for those most in need has been provided. However, the general perspective – and perhaps the biggest change- in homecare is that Homecare services in 18 countries are now providing homecare services online.

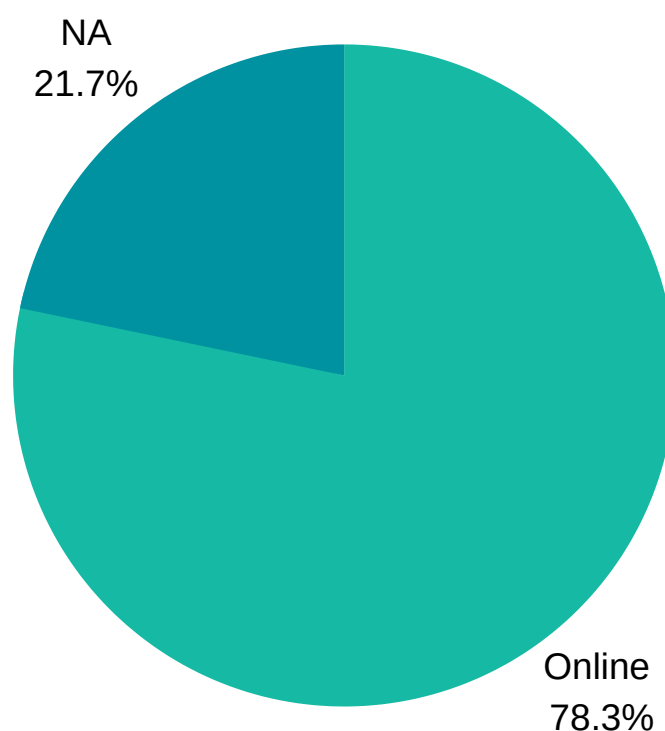


Table 7: Provision of homecare services

This is a remarkable change in such a short space of time. This being said, whilst there is much to learn from the provision of services online, in many ways it is insufficient to fulfil the real needs of service beneficiaries and their families on the long-term.

What key aspects have been raised?

Many of the challenges referred to above are also relevant for homecare services during COVID-19. But there are also some specific points to be addressed. The closure of homecare services (and other family support services) has put significant pressure on the lives of persons with disabilities, as well as -where existing- caregivers who have had to take up increased responsibility than usual. The shift to online forms of services is helping but cannot replace the provision of face-to-face care services. Many (family) caregivers are exhausted and in need of respite, which often cannot be provided sufficiently. Psychological support is often been provided as a new service.

Similar issues regarding lack of PPE and testing is also limiting the provision of services in safe conditions. There are also challenges regarding sufficient staffing, given that many professionals are either not working or have moved to support residential care support.

There are many uncertainties about the future, including referring to income, increased costs, dealing with staff shortages, the ability to support users and families in confinement for longer periods of time, etc.

C. Day and Education Services

What is open and what is closed?

In general, day care services are no longer provided face-to-face (except for situations if very high support needs or specific situations); with at least 17 countries with most day care services closed or being provided primarily online. 3 countries appear to have most day care services for persons with disabilities still open. Like for homecare services, many services have been shifted to online format with the advantages and inconveniences that that brings.

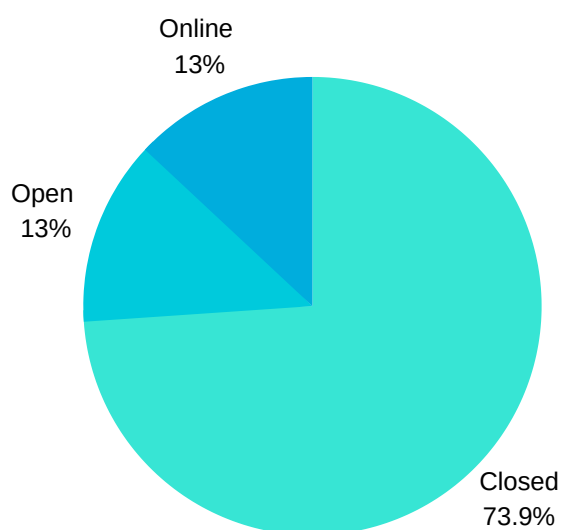


Table 8: Current operation status of face-to-face day care services for persons with disabilities

For education services for persons with disabilities, the majority of face-to-face services (19) seem to have been closed, with many services shifting to online forms of education support.

What key aspects have been raised?

Many of the challenges in day services and education-related services are similar to those addressed in homecare. Significant efforts have been made to render the services online, to ensure that the persons receive the support they need, as well as family-members and care-givers. Whilst online efforts have been beneficial, they -of course- do not replace the need for face-to-face support.

Firstly and foremost, in services that are open (generally for family members of key workers), how can services be provided in a safe way whilst there are shortages of protective equipment. Many day care and special education professionals have also moved to work in residential forms of care. Yet challenges will appear when the day care and education services will open up again. Will the staff return from residential services? What about those who have been on partial unemployment? In which state will professionals return? How can the services open in safe conditions?

Day care and education-related services have primarily been closed. In many cases, funding has not been guaranteed despite ongoing expenditure for the services in question. There are therefore quite important question marks over the organisations' financial sustainability;

although this is not the situation everywhere.

D. Work, Training and Employment Services

What is open and what is closed?

Sheltered workshop-type and Vocational Education and Training Services (in all their diversity across Europe) have seen significant closures in at least 19 countries. This being said, in several countries we see a mixed picture depending on the multiple responses received, the regionalized nature of the countries or the complex nature of how such services are organized. Only in 1 country are such services still primarily open and active. There are also some countries where services have moved online with workers working at home.

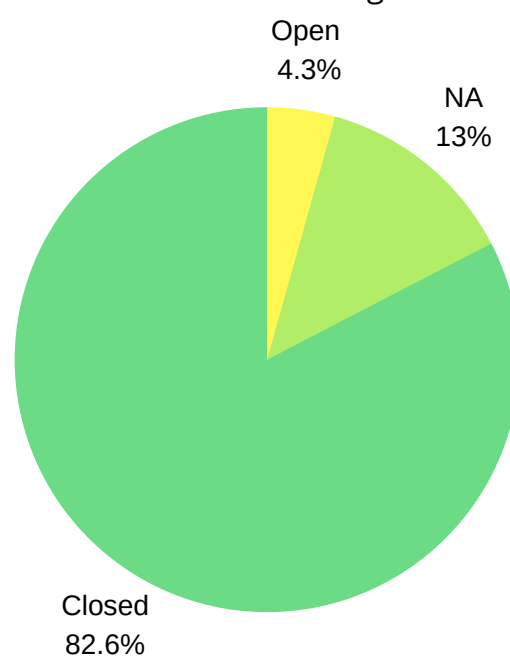


Table 9: Current operational status of Workshops or Training services for persons with disabilities

Open labour market employment services have also been severely affected in at least 15 countries, with either significant closures or -at least- a mixed picture with an important proportion of such services closed. Such services only appear primarily unaffected in one European country.

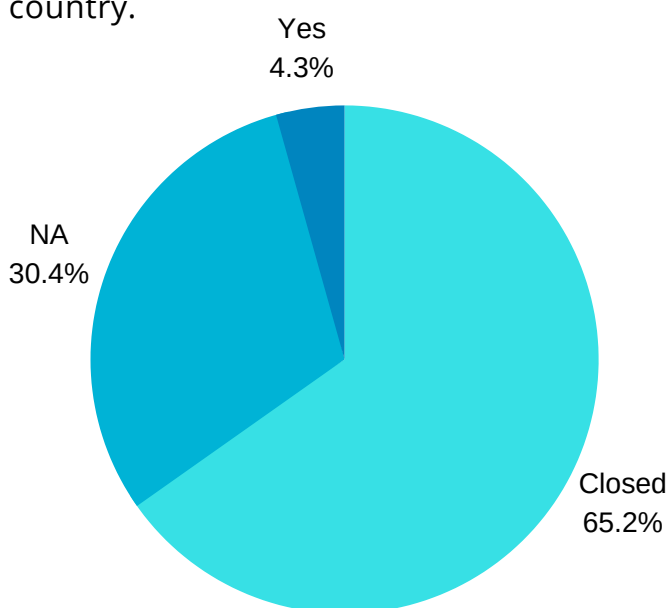


Table 10: Current operational status of employment services for persons with disabilities

What key aspects have been raised?

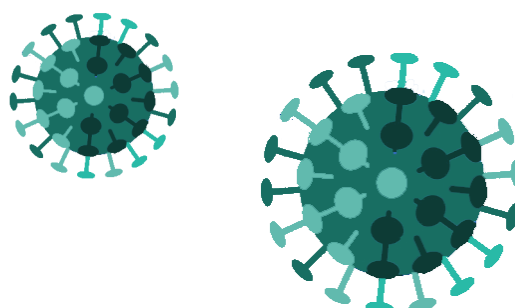
There are quite broad experiences regarding work and employment services in relation to COVID-19 across Europe; yet all agree on one point: to which extent will the economic impact of the crisis be detrimental to the work and employment of persons with disabilities across Europe.

In cases where employers have closed or reduced activities, workers – including persons with disabilities – have been

placed on partial unemployment. Questions remain regarding the long-term impact of such decisions.

Many employers have not been able to fulfil existing contracts. Other employers have received less contracts. Both impact the financial sustainability of the organisations themselves; with too often little guarantees from public authorities. In addition, there have been issues affecting the employment of persons with disabilities such as some workers not being able to get to work – when open – because the housing services refuse it, or because of challenges linked to public transportation. Social distancing rules have also been sometimes difficult to guarantee; which explains the closure of some organisations.

There are –however– many examples of persons with disabilities – through their work –contributing to the fight against COVID-19 through their employment in laundry or cleaning services (including of hospitals, etc) and in the fabrication of protective equipment, ventilators, etc.



Next Steps

The first snapshot provides a first general assessment of the situation of Disability Services across Europe during April 2020, at the head of the COVID-19 pandemic. The report does not aim to provide a scientific assessment, but simply provide policy makers and other stakeholders with a very first analysis of the situation on the basis of anecdotal evidence from organisations active on the ground.

The evidence gathered paints a complex picture across Europe; yet also highlights some common themes; such as the fact that residential care services and services for persons with very high support needs have remained open, whilst other services – such as daycare and education- have been closed and are now primarily done via online instruments. Work, Training and Employment services have likewise generally been closed which is affecting very largely the current (and possibly future) employment rates of persons with disabilities in Europe. The challenges these services face are also common across Europe; such as the lack of access to protective equipment and testing, decreasing or unstable income streams and significant staffing challenges.

It is based on this feedback that EASPD has developed **5 clear recommendations for policy-makers** to “shield” Disability Services from the COVID-19 crisis:

- 1. Have Greater Political Urgency for Disability Services**
- 2. Prioritise access to PPE & Testing for Disability Services**
- 3. Guarantee Sufficient Staffing in Disability Services**
- 4. Ensure No Fall in Income for Disability Services**
- 5. Increase Scenario Planning with Disability Services**

In the months to come, EASPD will continue to gather data and work with researchers to help public authorities and services for persons with disabilities to best respond to the COVID-19 pandemic and ensure the provision of quality community-based services, in line with the UN Convention on the Rights of Persons with Disabilities.

EASPD SNAPSHOT REPORT

EASPD is the European Association of Service providers for Persons with Disabilities. We are a European not-for-profit organisation representing over 17,000 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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