Toolkit: Using the European Social Fund Plus (ESF+) for Staff Training in Independent Living Support

ESF Transnational Cooperation Platform
Community of Practice on Social Inclusion

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1. Introduction

Discrimination based on disability is prohibited by the EU Charter of Fundamental Rights.[1] As State Parties to the **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**, all EU Member States recognise the rights of all persons with disabilities to live in their communities with choices equal to others and are obliged to take effective and appropriate measures to facilitate persons with disabilities' full inclusion and participation in their communities.[2] As its main tool to implement the UNCRPD, the European Commission has published its European Strategy for the Rights of Persons with Disabilities 2021-2030 with a key focus on supporting independent living and inclusion in the community, i.e., the right of persons with disabilities to choose where and with whom they live and to be included in the community with choices equal to others.[3]

As called for in the **European Care Strategy**[4], many EU Member States are in the process of redesigning care and support services to ensure access to affordable high-quality long-term care and enable independent living of persons with disabilities and others with long-term care needs. To realise this ambition, an adequately sized and skilled workforce has a major role to play. However, worker and skills shortages in the long-term care sector are widespread and deepening across the EU, an issue largely attributed to Europe's ageing population.

Acknowledging the issues of worker and skills shortages, the **Council Recommendation on Long-term Care**[5] calls on Member States, in collaboration with relevant stakeholders such as social partners and long-term care providers, to enhance the professionalisation of care and tackle skills shortages in the sector. This includes designing and enhancing both initial and continuous education and training programmes to equip current and future long-term care workers with essential skills and competencies, including digital literacy. It also covers building career pathways in the long-term care sector and support retainment of workers, including through upskilling, reskilling, skills validation, and information and guidance services. In an upcoming **Notice**, the Commission further lays out **guidance to Member States on independent living and inclusion in the community of persons with disabilities**.[6] Reiterating the call for upskilling and reskilling opportunities for care workers, the Notice stresses the need for trainings in human rights-based and person-centred approaches to care to support independent living.

Research provides no clear indication whether the transition from institutionalisation to independent living for people with support needs will bring forth economic benefits.[7] However, as States Parties to the UNCRPD, all EU Member States are obliged to take the appropriate legislative, administrative and budgetary measures to support independent living.[8] In addition, researchers have shown that independent living – if properly set up – may be considered more cost-effective as they provide better outcomes for people with support needs in terms of their quality of life and autonomy,[9] while others highlight macro-

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[1] Charter of Fundamental Rights of the European Union (2000/C 364/01), Article 21.

[2] Convention on the Rights of Persons with Disabilities (CRPD) | Division for Inclusive Social Development (DISD), Article 19 (un.org)

[3] Commission Communication (COM (2021) 101 final): Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030.

[4] Communication (COM/2022/440 final) from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the European Care Strategy

[5] Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care 2022/C 476/01

[6] Commission Notice: Guidance to Member States on independent living and inclusion in the community of persons with disabilities (upcoming).

[7] Bredewold, F., Hermus, M., & Trappenburg, M. (2020). 'Living in the community' the pros and cons: A systematic literature review of the impact of deinstitutionalisation on people with intellectual and psychiatric disabilities. Journal of Social Work, 20(1), 83-116. https://doi.org/10.1177/1468017318793620

[8] General comment No. 5 (2017) on living independently and being included in the community, Committee on the Rights of Persons with Disabilities. Retrieved from General comment No.5 on Article 19 - the right to live independently and be included in the community | OHCHR

[9] Knapp M., Beecham J., McDaid D., Matosevic T., Smith M. (2010). The economic consequences of deinstitutionalisation of mental health services: Lessons from a systematic review of European experience. Health and Social Care in the Community, 19(2). Retrieved from: https://onlinelibrary.wiley.com/doi/10.1111/j.1365-2524.2010.00969.x

economic benefits stemming from the higher employability of persons with support needs living independently compared to those living in institutions.[10] While training of staff to support independent living naturally requires funding, having better trained support staff will also be more cost-efficient and help keep costs for independent living lower. Training of staff to support independent living may thus be seen as a long-term investment supporting the sustainability of independent living.

To fund such staff training in independent living support, Member States can make use of the **European Social Fund Plus (ESF+)**. To support this, the Commission has developed this **toolkit** to provide guidance for Managing Authorities, intermediary bodies, relevant ministries, public bodies responsible for support and care services, organisations representing care workers and nurses, as well as relevant officials in the European Commission. In chapter 7, the toolkit provides a checklist for staff training in independent living support under the ESF+. What is key to note is that the toolkit provides guidance on the use of the ESF+ funding for training purposes but does not cover infrastructure development.

The toolkit was developed by the Commission using inputs from the ESF Transnational Cooperation Platform[11] and a peer-to-peer training held by the ESF Social Innovation+ Community of Practice (CoP) on Social Inclusion[12] bringing together staff supporting independent living, including personal assistants and other staff engaged in the delivery of community-based services from across the EU. It further builds on good practice examples of projects on staff training in independent living support funded under the ESF+ (and other funds).

The objectives of this toolkit are as follows:

- To provide guidance to relevant stakeholders on how the ESF+ can be used for workforce development by training staff for jobs that support persons with disabilities and long-term care needs to live independently.
- To present projects in Member States which have made use of ESF+ (and other) funding opportunities to support staff training for independent living.
- To provide a checklist for good practice for ESF+ programmes and calls that support staff training for independent living.

2. Independent living: key concepts

In order to understand and contextualise the practices presented during the peer-to-peer training as well as the lessons learnt, it is important to have a common understanding of key definitions and concepts.

2.1. Persons with support needs and long-term care

Firstly, it is important to note that for the purposes of this document, we will refer to '**persons with support needs**', which is inclusive of persons with disabilities and older people with long-term care needs. According to 2023 Eurostat figures, 26.9% of EU citizens aged 16 or higher and 51.7% of those aged 65 and higher self-report having a disability that

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[10] Hurstfield, Jennifer et al. (2007): The costs and benefits of independent living. Retrieved via:
http://sid.usal.es/idocs/F8/FDO19039/independent_living_report.pdf
[11] The Platform comprises four Communities of Practice (CoPs): 1) Employment, Education and Skills, 2) Social Inclusion, 3) Results-Based Management, and 4) Social Innovation. These CoPs enable ESF Managing Authorities (MAs), Intermediate Bodies, experts, and sectoral stakeholders to exchange knowledge, practices and experiences, and to deepen cooperation.
[12] The European Social Innovation Plus Initiative comprises the Social Innovation Grant Scheme and the European Competence Centre for Social Innovation, including five Communities of Practice (CoPs): 1) Employment, Education and Skills, 2) Social Innovation, 3) Social Inclusion, 4) Migrant Integration, and 5) Material Support.

limits usual activities due to health problems.[13] In addition, Eurostat data from 2019 shows that 49.7% of the 65+ age group indicate that they have difficulties with personal care activities or household activities.[14] It is worth noting that while the new Independent Living guidelines focus on persons with disabilities, the toolkit has a broadened focus on persons with support needs.

Secondly, for the purposes of this toolkit, **long-term care** is defined in accordance with the Council Recommendation on Long-term Care as 'a range of services and assistance for people who, as a result of mental and/or physical frailty and/or disability over an extended period of time depend on support for daily living activities and/or are in need of some permanent nursing care.' [15] Such self-care activities include, among other things, bathing, eating, using the toilet and getting dressed, but may also be related to independent living such as cooking, going to shops, performing light or heavy housework, and using a telephone.'

2.2. Institutions versus independent living

There are more than one million children and adults with disabilities living in institutions across the EU.[16] However, this number is even higher when people with other support needs, such as elderly people living in institutional care, are considered. The Strategy on the Rights of Persons with Disabilities refers to more than 2 million people aged 65 and over living in institutions.[17]

There is no clear common definition between EU Member States of what an '**institution**' is. However, the UNCRPD Committee, in its General Comment 5, has provided a set of guidelines on how to identify an institution, placing its focus not on the building/setting itself or its size, but rather on the way life in that building/setting is organised. Defining elements of institutions or institutionalisation include:

- obligatory sharing of assistants with others and no or limited influence over who one has to accept assistance from,
- isolation and segregation from independent living in the community,
- lack of control over day-to-day decisions,
- lack of choice about who one lives with,
- rigidity of routine regardless of personal wishes and preferences,
- identical activities in the same place for a group of persons under a certain authority,
- a paternalistic approach to service provision,
- supervision of living arrangements, and
- usually also a disproportionate number of persons with disabilities living in the same environment.[18]

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[13] Eurostat: Self-perceived long-standing limitations in usual activities due to health problem by sex, age and labour status. Retrieved from: https://ec.europa.eu/eurostat/databrowser/view/hlth_silc_06__custom_12672221/default/table?lang=en

[14] Eurostat: Difficulties in personal care activities or household activities by sex, age and educational attainment level. Retrieved from https://ec.europa.eu/eurostat/databrowser/view/HLTH_EHIS_TAE__custom_6029493/default/table?lang=en&page=time :2019

[15] Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care (2022/C 476/01). https://eur-lex.europa.eu/legal-co-tent/EN/TXT/PDF/?uri=CELEX:32022H1215(01)&from=EN

[16] Jan Šiška and Julie Beadle-Brown (2020): Report on the transition from institutional care to community-based services in 27 EU Member States. Retrieved from https://deinstitutionalisationdotcom.files.wordpress.com/2020/05/eeg-di-report-2020-1.pdf

[17] Commission Communication (COM (2021) 101 final): Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030.

[18] OHCHR. General comment No. 5. Op. cit.

The UNCRPD also provides definitions of '**independent living**' and '**community inclusion**', stressing three defining elements:

a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;

b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;

c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

2.3. The transition from institutional care to community-based care and support

In recent years there has been a paradigm shift to a more social and human rights-based perception of persons with disabilities, which has gone hand in hand with progress towards **deinstitutionalisation** in some parts of Europe. According to the EU Agency for Fundamental Rights, deinstitutionalisation depends on two elements happening in tandem, i.e., 'the physical relocation from institutional settings to accommodation in the community, and a transformation in the culture shaping how services are delivered, so that they respond to individual needs and preferences.'[19] Organisations actively promoting deinstitutionalisation, such as the European Association of Service Providers for Persons with Disabilities, consider that this process should imply a 'transition away from isolating institutional care towards community-based care and services and the development of a range of support and other services in the community which enable participation and inclusion, such as prevention, early childhood intervention, family support, health, education, employment and housing.'[20]

The terms '**community-based services**' or '**community-based care**' refer to the spectrum of services that enable individuals to live in the community and, in the case of children, to grow up in a family environment as opposed to an institutional setting. **Community-based services** encompass both inclusive and accessible mainstream services, such as education and training, transport, employment, healthcare and access to political and cultural life and specialised person-centred support services in the community, at home and in the form of personal assistance when needed, such as training, support for autonomy, centres for independent living and respite services for families, etc.[21]

The Council Recommendation on long-term care defines **community-based care** as the community-level provision and organisation of services and assistance for those persons who depend on support for daily activities and/or are in need of some permanent nursing care.[22] The principle behind community-based care is that all persons who need support in their daily lives should be supported. To successfully complete deinstitutionalisation processes, Member States should therefore ensure that a full range of community-based services are available. Such services should be adapted to a person's needs and interests

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[19] Fundamental Rights Agency, Opinions, From institutions to community living for persons with disabilities: perspectives from the ground | European Union Agency for Fundamental Rights (europa.eu).
[20] EASPD. (2021). Deinstitutionalisation Strategy in Greece: Technical support on the deinstitutionalisation process in Greece. Brussels. Retrieved from www.easpd.eu/fileadmin/user_upload/DI_Strategy_-_EN_with_layout.pdf
[21] OHCHR. General comment No. 5. Op. cit.
[22] Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care 2022/C 476/01

and allow for choice and control to enable persons to live independently and be fully included in society.

2.4. Personal assistance as a tool to enable independent living

Personal assistance refers to the human support available to persons with support needs in accessing services to help them overcome barriers and live as independently as possible[23]. For some persons with support needs, personal assistance is crucial for enabling independent living.

Stakeholders engaged in providing assistance, such as the European Network on Independent Living (ENIL), defines a personal assistant as 'an individual contracted by the disabled person to provide them with support in different aspects of daily life – such as personal care, household tasks, assistance at school, university or the workplace, driving, interpretation and so on.'[24]

As this network points out, personal assistance should not be confused with traditional home care services, as the scope of the work of personal assistants is broader, and the person with support needs has more control over the selection and work of the personal assistant. Contrary to traditional home care, personal assistance should enable choice and control for disabled people by allowing the person with support needs to decide who they want to work with, on what tasks, at what times, where and how.[25]

A survey carried out by ENIL in 2022 shows that although most countries in Europe offer personal assistance schemes, only 3% of the respondents consider access to personal assistance in their country to be adequate.[26] This illustrates the need for further development of personal assistance services and systems.

3. Current challenges and training needs in the long-term care sector

Today, Europe's long-term care sector is strained by a number of different factors. Worker and skills shortages and challenges with retaining the current workforce are increasingly pressuring the sector. In a recent policy brief, the European Centre for the Development of Vocational Training (CEDEFOP) estimates that by 2035, the population at 65 years of age or above will increase by 23%, while employment in the Europe's long-care sector is only projected to grow by 7% by 2035.[27] Though not all people aged 65 or higher require long-term care, the increased employment in the long-term care sector towards is still unlikely to be proportional to the growing need for care. Because of the issue of attracting new care workers, coupled with a challenge of retaining the workforce in a sector often characterised by low pay, atypical working hours and physically and emotionally strenuous work, worker shortages in the long-term care sector are likely to deepen.

In addition to worker shortages, CEDEFOP writes that the spectrum of skill requirements for care workers is also widening. As independent living increasingly becomes the norm, care workers must be able to provide more holistic and person-centred care requiring a

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[23] OHCHR. General comment No. 5. Op. cit.

[24] European Network on Independent Living. (2013). Factsheet 1: Personal Assistance. Retrieved from https://enil.eu/personal-assistance/

[25] Ratzka, A. (ed). (2004, October). 'Model National Personal Assistance Policy'. A project of the European Center for Excellence in Personal Assistance (ECEPA). Retrieved from www.independentliving.org/docs6/ratzka200410a.html

[26] ENIL. (2022, December). Independent Living Survey - Summary report. Retrieved from https://enil.eu/il-map/

[27] CEDEFOP (2023). Policy Brief: Handling change with care. Skills for the EU care sector. Retrieved via: https://www.cedefop.europa.eu/en/publications/9185

more complex set of technical, transversal, and communicative skills. Similarly, while the introduction of new digital tools in the care sector will bring along new opportunities to support independent living, care workers will increasingly require ICT skills to make use of new electronic devices, software and in some cases even robotics.[28]

The professionalisation of the workforce in the long-term care sector is seen as crucial not just for workers to provide quality care to support independent living, but also to ensure the sustainability, retention, and growth of the workforce by providing better career pathways. As such, the benefits of staff training, including reskilling and upskilling, for jobs supporting independent living are twofold:

Firstly, the training of personal assistants and other relevant professional profiles in community-based care and support services is essential to uphold the quality of these services. Care staff need to be aware of and able to implement human rights-based and person-centred approaches. However, the European Care Strategy highlights that 'approaches that are person-centred and conducive to independent living are often lacking'.[29] Investments in training in the appropriate soft skills required to provide person-centred care and support play an important role in overcoming this challenge, as the care workforce is central for any reform and must be adequately supported to embrace a new model of work. Ultimately, staff training can therefore contribute to empowering persons with support needs and improving their quality of life.

Secondly, training plays a crucial role in the sustainability of the workforce. A report by the European Association of Service Providers for Persons with Disabilities explains how unattractive working conditions, a lack of recognition and limited opportunities for professional development create challenges for recruitment and retention of staff.[30] Further, the European Care Strategy outlines how care workers often lack career prospects, and that the training available is not commensurate to their upskilling needs.[31] Training can be part of the solution to this issue as it has multiple positive effects on staff retention and recruitment. For instance, upskilling opportunities are important to improve career prospects, thereby enhancing working conditions and the overall attractiveness of jobs that support independent living. Reskilling opportunities are essential to attract new staff, including unemployed persons and persons who have worked in institutional care settings.

Acknowledging the essential need for upskilling to ensure the resilience of the long-term care sector, the Commission has launched the Skills Partnership for Long-Term Care carrying on the objective to train at least 60% of long-term care professionals annually in digitalisation and person-centred care by 2030. [32] As the EU's main instrument to invest in people and skills, the ESF+ can play a central role in contributing to implement the Care Strategy and the Skills Partnership for Long-Term Care. While the ESF+ may be used to provide funding for projects on upskilling and reskilling of care workers, it cannot provide such funding permanently. As such, it is crucial that Member States find more permanent funding sources, for instance from national budgets, to ensure the financial sustainability of their training programmes.

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[28] Ibid.
[29] Communication (COM/2022/440 final) from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the European Care Strategy
[30] EASPD. (2019). Staff Matters: from care worker to enabler of change. Retrieved from https://www.easpd.eu/fileadmin/user_upload/EASPD_Helsinki_Conference_Report_2019.pdf
[31] Communication (COM/2022/440 final) from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the European Care Strategy
[32] European Commission (2024). Unlocking the Potential of Skills in the LTC Sector. Unlocking the Potential of Skills in the Long-Term Care Sector - European Union (europa.eu)

4. ESF+ and independent living support

The European Social Fund Plus (ESF+) integrates the former European Social Fund (ESF), the Youth Employment Initiative (YEI), the Fund for European Aid to the Most Deprived (FEAD) and the EU Programme for Employment and Social Innovation (EaSI), allowing for the most efficient and coherent use of funding.[33] The ESF+ supports national and European actions to enhance employment, youth education and skills, social inclusion, and innovation.

The ESF+ has two strands: the majority of the fund is managed through shared management, while the EaSI strand is managed directly by the European Commission. Shared management means that the responsibility for managing the ESF+ lies with both the European Commission and the Member State concerned. At the beginning of each seven-year programming period, the Commission and Member States agree on key priorities for ESF+ investments, which are set out in national or regional programmes. Although Member States have some flexibility to use the fund in the way that best suits their needs, there are certain rules that must be respected. For example, Member States are obliged to spend at least 25% of the funding on social inclusion, and the fund should be used in a way that promotes the transition from institutional to community-based care.

The key objective of the ESF+ is to support the implementation of the European Pillar of Social Rights,[34] several principles of which are related to or directly concern the independent living of persons with support needs and their inclusion in the community. Principle 17 of the Pillar states that people with disabilities have the right to income support that ensures living in dignity, to services that enable them to participate in the labour market and in society, and to a work environment that is adapted to their needs. Further, principle 18 states that everyone has the right to affordable and good-quality long-term care services, in particular home care and community-based services. The ESF+ regulation also has a specific objective, specific objective k), on 'enhancing equal and timely access to quality, sustainable and affordable services, including services that promote the access to housing and person-centered care'.[35]

This means that the ESF+ can further cover the transition of persons with support needs from institutional care settings to care settings conducive to independent living. As the right conditions for independent living are still not fully implemented across Europe, it is necessary to fund more projects that facilitate access to them for persons with support needs. Staff training, as it results in enhancing equal and timely access to quality, sustainable, and affordable services, can be funded under this specific objective.

Measures that can be funded by the ESF+ include continuous and lifelong training, re-training, and adaptation of personal assistants and other support staff to the context in which they provide support, as well as measures to strengthen the role of personal assistants within the community and to promote their career development. In addition, ESF+ funding could support specific support for social innovation measures, initiatives aimed at bolstering the livelihoods of precarious workers, and other targeted interventions designed to address emerging challenges in the care and support sector. These can be funded under the education-specific objectives, of which there are three, as outlined in Article 4 ESF+ (d), (e), and (f). For the purpose of facilitating choice and control for independent living and inclusion in the community, it should be noted that the ESF+ can cover the training costs of personal assistants; however, it cannot be used to fund personal budget schemes.

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[33] For more information on the ESF+, visit https://ec.europa.eu/esf/main.jsp?catId=62&langId=en
[34] European Commission (2017). The European Pillar of Social Rights in 20 principles. Available via: https://ec.europa.eu/social/main.jsp?catId=1606&langId=en - documents
[35] Regulation (EU) 2021/1057 of the European Parliament and of the Council of 24 June 2021 establishing the European Social Fund Plus (ESF+) and repealing Regulation (EU) No 1296/2013

5. Using EU funds for staff training in independent living: lessons learnt

The importance of supporting the transition from institutional to community-based support and independent living lies in the recognition of independent living as a human right under the UNCRPD (Article 19). In addition, this transition is key for the recognition of the right of older people to lead a life of dignity and independence and to participate in social and cultural life, and the right of persons with disabilities to benefit from measures designed to ensure their independence and participation in the community, as enshrined in the EU Charter of Fundamental Rights (Articles 25 and 26 respectively). Further, deinstitutionalisation, the right to independent living and inclusion in the community are priorities in several EU policy frameworks, such as the European Strategy on the Rights of Persons with Disabilities 2021-2030, the EU Strategy on the Rights of the Child, and the European Care Strategy.

In line with these legal and policy frameworks, the EU advocates for independent living in all care settings and has supported this through its funding instruments, focusing on the transition from institutional to community-based support. The European Structural and Investment Funds 2014-2020 had to be implemented in a way that prioritises the transition from institutional to family and community-based care. As mentioned in chapter 3, the same applies to the current Cohesion Policy Funds 2021-2027.

This use of EU funds for deinstitutionalisation was further promoted by the European Expert Group on the Transition from Institutional to Community-based Care, which published a Toolkit on the Use of European Union Funds for the Transition from Institutional to Community-based Care[36], arguing that the transition 'can provide a better quality of life for individuals and their families, improved social inclusion and a better working environment for the staff.'[37]

The promotion of the use of EU funds for the transition to community-based support and independent living has led to multiple projects in this area being funded by the EU in the 2014-2020 programming cycle, including projects with staff training elements, from which lessons can be learnt to optimise the use of EU funds in the 2021-2027 funding period. The following sub-sections outline the lessons identified during the peer-to-peer training held on independent living support in the framework of the ESF+ in April 2022.

5.1. Staff training

- **Personal, practical, and communication skills:** Practical training for staff, including personal assistants and other staff engaged in the delivery of community-based services, should focus on personal skills such as empathy, patience, employing an empowering rather than a patronising attitude, and the capacity to listen and learn. It should also focus on the ability to perform different types of practical tasks and a set of communication skills. Staff training should be adaptive, practical, and informative about the rights of people with support needs and the responsibilities of the job.

- **Lifelong learning:** Staff should be provided with opportunities for and encouraged to partake in lifelong learning to adapt to changes in the provision of support

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[36] European Expert Group on the Transi on from Ins tu onal to Community-based Care (2014). Toolkit on the Use of European Union Funds for the Transition from Institutional to Community-based Care. Retrieved via: https://enil.eu/wp-content/uploads/2022/03/Toolkit-07-01-2014-WEB.pdf

[37] EGG. (2014). Toolkit on the Use of European Union Funds for the Transition from Institutional to Community-based Care (Revised Edition, p. 13). Retrieved from https://deinstitutionalisationdotcom.files.wordpress.com/2017/07/toolkit-10-22-2014-update-web.pdf.

services to people with support needs and to better respond to their evolving needs.

- **Human rights-based and person-centred:** Staff training should include training on rights and responsibilities and help to foster a mindset shift needed to transition from working in an institutional care setting to community-based services and independent living support, such as person-centred planning, supported decision-making mechanisms, etc. This mindset shift could be illustrated and supported by peer learning experiences with group and individual training involving staff members who have successfully moved out of institutional settings. This could help to raise awareness of independent living among staff members who may be sceptical about these changes. When it comes to the provision of services to persons with disabilities, training on the UNCRPD and the EU Charter of Fundamental Rights could provide professionals with a better understanding of why community-based services and independent living are important.

- **Involving service users:** As it is important for people with support needs to choose their own personal assistants to meet their individual needs and build personal relationships, service users should also participate in the design and implementation of training programmes in order to raise awareness and tailor staff training to their needs. A co-production approach to training is thus encouraged.

- **Training and support for family members:** Family members often provide informal support to persons with support needs and sometimes take on the role of personal assistant.[38] It is therefore important that they receive adequate training, tailored to the type of support they provide and the activities they undertake, to be able to support their family member. For example, a family member who acts as a personal assistant and provides intensive care will need more in-depth training than someone who only provides ad hoc support with financial matters. Without training, there is a risk that family members will not be equipped with the best tools or methods to empower their relative. Among other things, training will help family members to understand the rights of their relative, to identify health and other issues, and to refer their relative to the right service or professional when needed. Family members may also be subject to a certain bias: as they are close to the person they support, family members may (albeit unconsciously) project their own ideas onto them, e.g., about religion, sexuality or political beliefs, which can affect the nature and level of support they provide, especially when it comes to helping their relative to make decisions. Training makes family members aware of these biases and the importance of empowering their family member with support needs to make decisions for themselves.

- **Staff support:** Personal assistants and other staff need support from counsellors, supervision, or group meetings which give them space to share the challenges they face and share experiences arising from their work.

5.2. Recruitment and retention of staff

- **Attractive jobs:** The recruitment and retention of care workers and personal assistants is challenging for service providers and service users. Making jobs more attractive may require policy changes and can be achieved by improving working conditions, for example through higher salaries and additional financial incentives, as well as by ensuring the highest standards of occupational health and safety, promoting the attractiveness of the sector (also to men), providing career

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[38] E.g., in Bulgaria this is often the case, according to this practices fiche on User-led Personal Assistance presented at the Seminar on 'Moving towards independent living and community-based care for adults and children intellectual disabilities in Romania'.

development opportunities, establishing precise obligations and rights for staff and personal assistants, and ensuring regular and ongoing meetings and evaluations among staff and people with support needs. In this way, social dialogue in the support services sector will help to increase the overall attractiveness of the sector.

- **Improving understanding:** Interactive and continuous staff training and peer exchanges can help staff to understand the importance of moving away from institutionalised forms of care towards community-based support that empowers persons with support needs to take control of their lives and make their own choices and decisions.

- **Sustainable and adequate funding:** Ensuring sustainable and adequate funding for services, training, and recruitment of personal assistants is essential to enable staff retention and recruitment.

5.3. Placing choice and control with the person with support needs

- **Empowering support:** Persons with support needs should be empowered and receive a type of support that is focused on their individual needs and wishes.

- **Access to information about support and possibility to choose support:** Persons with support needs should have access to information in order to make informed decisions about the way support is provided. Staff play an important role in informing them about the support services available and in adapting services (if necessary), while giving them the opportunity to choose their own personal assistant and care and support services.

- **Access to information about rights and the use of rights-based language:** Informing persons with support needs about their rights can further support the transition from institutional to community-based forms of support. This may include a change in the type of language used in the sector. The language used should not reflect how long-term care has traditionally been provided, where persons did not have choice and control over the support or care they received, and neither should the language refer to them as passive recipients of care. On the contrary, the language should refer to persons with support needs as active rights holders who, like everyone else, have a right to choose and control how and where they live and the right to make other decisions that affect their lives. A change in the language can help to empower persons with support needs and encourage support staff to start thinking about services as 'enabling', which can further support independent living.

- **Empowering families:** Empowering families is essential for deinstitutionalisation. For many people and their families, institutional care settings have been their home for many years, and the possibility of change can be daunting. But as more quality, accessible, and affordable home and community support services become available, and as parents and loved ones become more aware of people with support needs who are successfully using them, their understanding of the advantages of these underdeveloped forms of care may change and encourage families to proactively seek and use them.

6. Examples from the 2014-2020 programming period

This chapter features examples of previous projects aiming to foster independent living, most of which include a staff training element. They help to illustrate how the ESF+ (and other funds and programmes) can be used for staff training to enable independent living and how the lessons learnt, as described in Chapter 4, can be taken on board.

6.1. Examples of ESF-funded projects

This sub-chapter contains examples of projects, which have been or are being co-funded by the predecessors of the ESF+. These projects were presented during the peer-to-peer training of the Community of Practice in April 2022 and will also be included in the ESF+ Social Innovation Database.[39]

6.1.1. 'En Ergo, Independent Living Project', Cyprus

This project[40], implemented by the Cyprus Paraplegic Organisation, focuses on offering unemployed people the opportunity to take certified courses to become home care workers for persons with support needs. The rationale for this project is to address the shortage of qualified care workers in Cyprus, which results in people with support needs being dependent on family members or unskilled workers.[41] The project aims to empower persons with support needs to participate in daily activities and have more control over their lives. Funding by the ESF has enabled the organisation to employ 80 personal assistants (April 2022) and cover some administrative costs. All personal assistants hold the European Care Certificate and receive continuous training.

Key points of the project:

- The training to become a home care worker covers communication and problem-solving skills as well as practical work experience, including home visits and working with persons with support needs.

- It is important to build a personal relationship between the personal assistant and the service user. Focus is therefore placed on the selection process of the personal assistant and the individual needs of the service user, as well as continuous feedback between the two parties.

- In order to be selected for the training, the applicants must have a clear vision of the role of a personal assistant in the long term and show enthusiasm for it. To help applicants get a clear idea of the position, service users are involved in the training course and explain what support they need and how they would like to communicate with their potential personal assistant.

- The results of this project are positive, with around 80 persons trained, qualified, and employed as personal assistants/carers in Cyprus since 2018. This professionalisation and qualification has also had a positive impact on the people receiving support, with an improvement in their quality of life.

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[39] More information can be found at: https://ec.europa.eu/european-social-fund-plus/en/social-innovation-and-transnational-cooperation
[40] More information can be found at: https://opak.org.cy
[41] For more information on this project, see European Social Fund at: https://ec.europa.eu/esf/main.jsp?catId=46&langId=en&projectId=3477

- The project has led to the creation of a new job category, that of personal assistant, increasing the capacity to support more persons with complex mobility issues.

- Sustainable funding, however, is needed to ensure the continued provision of quality personal assistant services.

Lessons learnt from the project:

- **Staff training:** Training is continuous and combines soft skills (e.g., communication) and practical skills. In addition, the personal assistants hold the European Care Certificate, which means they are also trained in human rights-based approaches.

- **Staff recruitment and retention:** This project has strategically promoted the role of personal assistants among unemployed persons. In addition, as a result of the project, a new job category of personal assistant was created, having a positive impact on staff recruitment in the future. The project teaches us that the ESF+ can be used to train staff and employ of personal assistants, thereby attracting new staff, but that authorities should think about a sustainable model for funding personal assistant schemes after the project has ended.

- **Placing choice and control with the person with support needs:** This is achieved by involving persons with support needs in the delivery of training and by focusing on the personal relationship between the personal assistant and the person with support needs.

6.1.2. 'Support Model for Independent Living' (MAVI)

The MAVI (Modelo de Apoio a vida independente) project[42] started in 2018 and was developed by the National Institute for Rehabilitation in Portugal. Its main objective was to pilot the use of personal assistants for people with physical and intellectual disabilities. It ended in 2023.

The main idea with the introduction of MAVI was to pilot a network of Independent Living Centres (CAVIs), which served as 'contact points' to receive requests from people with disabilities who need personal assistance, and then allocate the required personal assistant services. Personal assistants were contracted by the CAVIs. On average, one personal assistant worked with two service users (February 2022). In addition to the provision of personal assistance, CAVI activities included the training of personal assistants and awareness-raising and dissemination activities.

The ESF funded 85% of this project, while the remaining 15% were covered by a national contribution. The official budget available for the period 2018-2020 was EUR 23.5 million. According to the mid-term evaluation, 71.8% of service users stated that their personal assistant had changed their life for the better.

Key points of the project:

- The project focused on a paradigm shift in the support provided by public authorities to facilitate independent living, moving away from institutions and dependency on family members towards personal assistants.

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[42] More information can be found at: https://sdgs.un.org/partnerships/independent-life-support-model-mavi

- Personal assistants provided guidance and direction to persons with support needs so that they could make their own decisions independently.

- The support covered personal care and domestic assistance, civic participation, training, education, research, culture, leisure, and mediation.

- The person with support needs, together with the CAVI, would identify the support activities to be carried out and the way in which the support would be monitored and evaluated.

Lessons learnt from the project:

- **Staff training:** This project combined the piloting of personal assistant services with the training of these assistants to support persons with support needs in different areas of life and to make their own decisions.

- **Placing choice and control with the person with support needs:** This was achieved by involving the person with support needs in identifying the support needed. In addition, the personal assistance provided covered different areas of life and enabled the person with support needs to make their own decisions.

6.1.3. RuralCare - integrated social and health care in the home in rural areas

RuralCare[43] was a project funded by the Programme for Employment and Social Innovation 'EaSI' (2014-2020), coordinated by the Regional Administration of Social Services of Castilla y León. It ran from October 2020 to September 2023. The project designed and piloted a model of integrated long-term care services adapted to people living in rural areas, mainly targeting older people and people with disabilities and chronic diseases. The piloted model was designed to guarantee equal access to long-term care services based on individual needs and to make them affordable and sustainable. The pilot took place in two areas of the region of Castilla y León, covering 74 municipalities. A multi-level partnership was tested, involving public and private stakeholders and coordinating health and social services at local, regional, and national levels.

The main outputs of the project included an analysis of the long-term care situation in the pilot areas and of good practice at the EU level, a document defining the new long-term care model, the different tools for piloting and experimentation, and a proposal for the necessary reforms in national policies and for the implementation of the new long-term care model.

Key points of the project:

- The project addressed the challenges of accessibility, affordability, quality, and sustainability of care and support in sparsely populated rural areas, thereby supporting persons with support needs to remain at home with a support plan appropriate to their 'life project'.

- A focus on staff is essential to the implementation of this model. Therefore, the role of personal assistants and case managers was strengthened. The case manager built a relationship of trust with the person to understand their wishes and preferences, which formed the basis of an individual support plan. Staff involved in the project received training in person-centred care.

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[43] More information can be found at: https://ruralcare.eu

- RuralCare enabled 165 people to stay and receive support and care in their homes. It proved that it is possible to provide quality care services at home in rural areas at a reasonable cost.

Lessons learnt from the project:

- **Staff training:** The staff engaged in the project were trained in the provision of person-centred care.

- **Placing choice and control with the person with support needs:** The project showed a model that enables independent living for persons with support needs in rural areas through an individual support plan and case managers.

6.1.4. Addressing and preventing care needs through innovative Community Care Centres in Austria, Montenegro, and the Republic of Serbia

The I-CCC project[44] ('Addressing and Preventing Care Needs through Innovative Community-Care Centres') was a project (running from 2020 to 2024) co-funded by EaSI (2014-2020) and the Austrian Development Agency.

The project aimed to influence national reforms in long-term care by developing, testing, and advocating for social innovative community and voluntary services for older people in Austria, Montenegro, and the Republic of Serbia. The new concept of Community Care Centres (CCCs) at local levels counteracted the current fragmentation of health and social systems. It responded comprehensively to the long-term care challenges of people in need of long-term care and informal carers. The cornerstones of the project were the piloting of (1) CCCs in six selected communities in Austria (Vienna, Hartberg), Montenegro (Bar, Bijelo Polje), and the Republic of Serbia (Pirot, Sombor) and (2) volunteer-based services for people with cognitive impairment and dementia using new technologies.

In both social innovations, attention was given to financial sustainability and high quality of affordable long-term care services at an early stage of project implementation. Continuous evaluation of the planning and implementation of the CCCs and the volunteer-based services for people with dementia allowed for a precise definition of the replication potential in other communities in Austria, Montenegro, and the Republic of Serbia, as well as for developing a broader vision of duplication of the project results within the EU.

Key points of the project:

- Special attention was given to preserving the functional capacity of older people to enable them to live independently and with dignity for as long as possible.

- Evidence-based advocacy was used to bring the voices of people in need of long-term care into policy processes at national level. Advocacy issues concentrated on the four key long-term care themes: informal carers, prevention, the need to link health and social services, and dementia.

- The project included training for informal caregivers45 to improve their knowledge and skills in caring for a family member, and for volunteers46 working with persons

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44 More information can be found at: https://communitycarecenter.eu/
45 I-CCC. (2022). Training for informal caregivers in Sombor. Retrieved from https://communitycarecenter.eu/2022/12/22/training-of-informal-caregivers-in-sombor/
46 I-CCC. (2022). Training for volunteers in Sombor. Retrieved from https://communitycarecenter.eu/2022/04/21/training-for-volunteers-in-sombor/

with dementia to give them a basic understanding and knowledge of the disease and how to handle certain situations.

Lessons learnt from the project:

- **Staff training:** This project took on board the lesson about training and support for family members as it included training for informal caregivers. It also ensured that volunteers who support older persons with dementia receive training.

6.2. Examples of projects under different funds

Some lessons and inspiration can also be drawn from projects funded under different funds, such as Erasmus+.

6.2.1. TOPHOUSE

The Erasmus+-funded TOPHOUSE[47] (Towards Person-Centred Housing Services in Europe) project was coordinated by SUPPORT Girona (a non-profit organisation providing legal and social support to persons with disabilities in the Girona region, Spain) between 2017 and 2019, with partners from Austria, Belgium, Finland, Ireland, Spain, and the United Kingdom. The project was a continuation of the ELOSH (European Core Learning Outcomes for Integration of Support and Housing) project, which started in 2013. TOPHOUSE aimed to facilitate dialogue between social housing professionals and persons with support needs, following an approach based on co-production and focusing on individual choices and preferences. Co-production was a methodology based on 'involving the person with support needs in making decisions about their lives, along with stakeholders working with them, for instance support and service providers.'[48]

The idea behind this project emerged from the increasing demand for social housing due to the current policy on deinstitutionalisation and community-based services. As a result, there was an increase in training provided to staff employed in the social housing sector to support persons with complex needs in community services.

Key points of the project:

- The project used a comprehensive methodology to assess individual needs, housing needs, and support needs, thus focusing on a person-centred approach at the heart of independent living.

- The project contained four sets of guidelines: a package on assessing of individual needs and rights, aimed at increasing awareness of persons with disabilities about their own rights; a package on individual needs and housing allocation; a support needs assessment; and a package on developing cross-sectoral cooperation. Here, the cross-sectoral cooperation refers to cooperation between professionals from different sectors working with persons with support needs: e.g., support service providers, legal services, housing services, etc.

- The project introduced a UNCRPD-compliant training package focusing on needs assessment methodologies to train a broad range of professionals working with persons with support needs (e.g., social and legal staff).

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[47] More information can be found at: https://www.supportgirona.cat/en/international-projects/tophouse/ or
https://ec.europa.eu/european-social-fund-plus/en/social-innovation-match/case-study/tophouse
[48] TOPHOUSE. (2019). Pack on Support Needs Assessment. Retrieved from
https://www.jaw.at/media/file/212_TOPHOUSE_IO4_-_Handbuch_THSUNA_EN.pdf

- The project identified the need for measures to give people with support needs choice and control over their lives and equal recognition before the law, which is a prerequisite for independent living. This might include (depending on the state of play in the respective country) a reform of mental health legislation (which should be in line with the UNCRPD); ensuring legal capacity (in line with Article 12 of the UNCRPD) by introducing less restrictive care options for people with support needs (meaning that the new care options should allow choice and control in terms of legal capacity); and the need for supported decision-making schemes as opposed to substitute decision-making regimes.

Lessons learnt from the project:

- **Staff training:** TOPHOUSE clearly resonated with the lessons learnt on staff training by introducing a training package compliant with the UNCRPD principles for all professionals working with persons with support needs, including those who do not support them directly, such as professionals in the social housing sector.

- **Placing choice and control with the person with support needs:** The whole project was based on person-centred approaches using co-production methods. In addition, it empowered persons with support needs by making them aware of their own rights.

6.2.2. SAID project, Mallorca

The SAID (Servicio de Atención Integral a Domicilio) project[49] in Mallorca develops best practice approach to home care. The aim is to enable residents to stay in their own homes for as long as possible and to use services in the community. The project started with 25 care recipients, and by April 2024, 460 people across 39 municipalities in Mallorca are receiving care services. Since its inception in 2017, the project has provided care for a total of 1036 people. The team works in an integrated way with other professions, such as physiotherapists and experts providing psychological support, and tries to prevent the functional decline of people in need of long-term care. By providing extra time and extra activities – not just the legally required time allocated – the project reduces loneliness, relieves pressure on informal caregivers, and improves their work-life balance. The project is based on a person-centred approach and adapts the service over time to the newly developed needs of the care recipient. The project is considered cost effective and was recently extended to provide everyday services and also intergenerational services in certain municipalities.

Key points of the project:

- The project underlines the importance of continuous training for home care providers to develop their skills and services over time tailored to people with support needs' wishes.

- The project also shows that the reinforcement of staff provides stronger incentives for working in the care sector, i.e., by increasing work-life balance and relieving pressure on caregivers.

Lessons learnt from the project:

- **Placing choice and control with the person with support needs:** The new home care model tested in this project is based on a person-centred approach as it adapts the service to the person with support needs and professional support goes beyond meeting strict care needs.

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[49] More information can be found at: https://www.imasmallorca.net/servicio-de-atencion-integral-a-domicilio-said/

7. Checklist for staff training in independent living support under ESF+

The ESF+ can contribute to the implementation of training for staff who assist persons with support needs in their transition from institutional care to independent living. The following checklist and questions build on the April 2022 peer-to-peer training mentioned above and outline good practices to be checked in order to implement quality actions in this area. It can be useful for Managing Authorities designing programmes and preparing calls for proposals, for stakeholders wishing to apply for funding, for public authorities in charge of developing deinstitutionalisation and care transformation strategies, and for monitoring committees responsible for monitoring the implementation of the programme.

Setting objectives

- ☐ Does the project identify objectives that support actions to address the shift towards independent living?
- ☐ Does it include targets for staff training based on a mapping of needs?
- ☐ Does it include a vision that supports continuous staff training for community-based care?
- ☐ Are the objectives in line with the EU's Strategy for the Rights of Persons with Disabilities 2021-2030 and the United Nations Convention on the Rights of Persons with Disabilities, in particular Article 19?
- ☐ Have evaluations of other projects been considered to help define the objectives and framework of the project to be submitted?
- ☐ Can the objectives be measured against a set of indicators?

Developing the skills needed to support independent living

- ☐ Does the project call for, or encourage, a co-production approach to the training of support staff (including personal assistants), where the person with support needs is invited to choose their own personal assistant and participate in/contribute to their training?
- ☐ Does the project identify the necessary skills (e.g., person-centred and empowering) that staff need to achieve the objective of the project?
- ☐ Are staff able to update their skills in line with the individual needs and preferences of service users?

Challenges related to staff recruitment/retention

- ☐ Does the project contribute to making the sector and the jobs more attractive? Does it encourage social dialogue so that staff (including personal assistants and other independent living support staff) feel valued?
- ☐ Does the project contribute to a more general framework for the professionalisation of the sector?
- ☐ Is there an external evaluator to monitor the relationship between staff and the person with support needs?
- ☐ Do staff have the opportunity to reflect on their work, for example through counsel-

ling, supervision, etc.?

Mindset shift towards independent living

- ☐ Are people with support needs empowered to express their needs and wishes and to put them at the centre of the transition process?
- ☐ Are service users presented with a range of service options to allow for choice and control?
- ☐ Are staff assisted throughout the transition process from institutional care to community-based care, for instance through peer exchanges and training?
- ☐ Does the project ensure and enable a central place for persons with support needs in the choice of their personal assistant and other forms of support?
- ☐ Are families empowered and trained to understand the role of the personal assistant and other support staff and their responsibilities?

Partnership and consultation

- ☐ Are stakeholders (persons with support needs, families, professionals, social and support service providers, local authorities) involved in the selection and design of projects?
- ☐ Will participants (persons with support needs, personal assistants) be directly involved in the design, implementation, and evaluation of the actions?
- ☐ Are the programmes and projects designed in such a way that NGOs, social partners and other relevant actors have access to funding in order to be directly involved in the delivery of project outputs (e.g., through open calls for proposals or through funding by the Managing Authority to facilitate their participation)? Are the requirements for the delivery of project outputs user-friendly?
- ☐ Is there space for all stakeholders (e.g., service users, personal assistants, and support services) to be involved in a dialogue and to give feedback on the design and implementation of programmes and projects to enable better delivery of the ESF+?

Respecting the enabling conditions

- ☐ Do key documents and actions (e.g., project applications and calls for proposals) contribute to the implementation of national strategies and policies on social inclusion and health, including measures for the shift from institutional to community-based care?[50]
- ☐ Are mechanisms in place to ensure compliance with the UNCRPD and the EU Charter of Fundamental Rights?

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[50] The existence of such strategies is a prerequisite for the use of ESF+, as per the enabling conditions 4.3 and 4.4 of the Common Provisions Regulation.

Sustainability

☐ Are the actions linked to a long-term vision based on national strategies and policies? Are they designed to continue after the ESF+ funding ends?

☐ Is the project long enough (two to three years) to allow lessons to be learnt?

☐ Are the outputs and lessons learnt transferable?

☐ Does it include a public awareness campaign and/or the engagement of political representatives?

☐ Does it prioritise investment in mutual learning, dissemination of good practice, and engagement in transnational networking?

Indicators, monitoring and evaluation

☐ Is there a monitoring or evaluation framework setting out the method, data requirements, timeframe, and budget for monitoring actions?

☐ Do the project indicators and possibly programme indicators include both hard indicators (e.g., number of professionals trained as personal assistants and/or in human rights approaches to deinstitutionalisation, number of persons with support needs gaining access to a personal assistant) and soft indicators (e.g., quality of life of service users, new skills acquired by professionals)?

☐ Do the indicators reflect progress in moving from institutional to community-based services and support?

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