socialplatform

Annual Theme:
CARE

Recommendations for care that respects the rights of individuals, guarantees access to services and promotes social inclusion

RECOMMENDATIONS ON CARE – as voted in the Steering Group

INTRODUCTION

Our starting point is that care is a human right: the right to care and to be cared for is a fundamental part of our lives as everyone is a care giver or care receiver at some point and potentially at multiple stages throughout life.

Care also benefits our societies in various ways. It promotes social solidarity, and social cohesion and inclusion which generate well being for all. Well being in its turn enhances mental and physical health, quality of life, productivity and the sustainability of our societies. The more people are supported, the better they are enabled to provide support and care for others. A society with better health, work and education conditions will allow more resources for the people who need additional care services[1].

As we are faced with demographic challenges and societal changes, as well as an increasing inequality gap, we must develop our thinking and concepts of care and design appropriate care policies - so that existing and emerging care needs can be met.

Therefore our vision of care (which promotes the further development of a caring society in which high quality, personalized care empowers people, facilitating, in turn, their involvement in society) encompasses policies and practices that simultaneously:

- ensure respect of the fundamental rights of care users, and promote social inclusion and quality of life for all
- ensure respect of the fundamental rights of caregivers and allow them to benefit from an adequate balance between care, work and private life, sharing care responsibilities in an equal way between women and men and among generations
- invest in quality care services to ensure the accessibility, affordability and availability of care services for all across Europe and
- promote decent working conditions and quality employment for all care workers.

---

[1] Fiona Williams, contribution to Social Platform conference on care (November 4-5, 2010); Fiona Williams, *Claiming and Framing in the Making of Care Policies: The Recognition and Redistribution of Care,* UNRISD paper, July 2009

Care policies have to be designed and implemented in a way that ensures the recognition, freedom of choice and respect of rights of both care users and care givers, whilst guaranteeing sufficient continuity of investment in quality public care services and quality employment in the sector. Our recommendations apply to both formal and informal care, as it is up to care users, care givers and their families to decide what kind of care they want. The most dependent users have to be supported in this role. However, individuals' right to choose must be balanced with a clear commitment to planned and sustainable investment in care services, in order to guarantee the availability and affordability of different care options and universal access to affordable quality care services for all. This is particularly important in the context of the crisis, and decisions over austerity measures, where many countries are cutting social services or increasing their price and / or reducing eligibility criteria.

To ensure that users' fundamental rights are respected, care policies and practices must place users' needs and perspectives at the centre of care. When the option chosen is formal care, quality services, with qualified care workers enjoying decent working conditions and an inclusive work environment, are essential to guarantee the respect of users' fundamental rights. In the case of informal care, informal and family carers must also receive support so that they may appropriately address the needs and expectations of care users.

Women are the main informal caregivers to children and other dependent family members or adults. Therefore, reconciliation policies have to address inequalities between women and men in paid and unpaid work: reconciliation cannot happen as long as all the recognition, rights and support available focuses on paid work only. As the demographic landscape is rapidly changing, bringing with it an ageing population, it is crucial that care is shared between generations, so that it is considered a collective responsibility that society has towards each other across the generational divide. Efforts are also needed to promote a fairer distribution of household and care responsibilities between partners of the couple in an equal manner, thus ending the stereotype that reconciliation is a so-called "women's issue".

Care and social services play a preventive and socially cohesive role. They contribute to the development of people's capabilities and capacities, safeguard fundamental rights, and prevent and alleviate poverty and social exclusion. Additionally investing in care services is essential to ensure quality, accessibility, affordability and availability of services for all. Quality is essential for care services to fulfil their mission. Quality requires that services are properly organised and funded, and that the necessary investments in terms of infrastructure and quality job creation are made.

Care is also a right and need for all. However, people living on low incomes or suffering from exclusion, particularly single parents and minorities including Roma and migrants, currently often face major obstacles in accessing equal quality services, particularly in the context of current austerity measures.

To effectively invest in the care sector and to make it attractive for the workforce, decent working conditions and quality employment for care workers, including issues related to pay and gender pay gap, have to be ensured. In order to match the demand and supply of high skilled care workers with demographic and societal changes, high quality vocational training pathways are necessary to develop the required skills and qualifications in the sector. This will enable care workers to take

into account users' views, to respect their rights and dignity, and to face the adaptations required by the ageing of the population and the ongoing technological advancements in care provision.

RECOMMENDATIONS:

I. FOR CARE PRACTICES AND POLICIES THAT RESPECT THE FUNDAMENTAL RIGHTS OF CARE USERS, PROMOTE SOCIAL INCLUSION AND QUALITY OF LIFE FOR ALL

- Ensure that the fundamental rights of care users, including privacy and confidentiality[2], are respected as recognised in International and European human rights instruments
- Guarantee equality between care users, and the empowerment, independence and participation of these users and their families[3]. Facilitate the choice of care options for them
- Guarantee universal access to affordable high quality care services for all.

Why?

- Users' mistreatment, abuse or neglect is still common. In a 2008 study, more than 6% of the older general population, a quarter of adults in need, and a third of family carers reported suffering from significant abuse[4].

- Care options are not equally accessible to all. Groups facing discrimination are over-represented in residential care rather than community-based services. For instance, in Bulgaria Roma children account for approximately 45% of children in institutional care[5].

- The dignity and will of care users is not respected enough. For instance, Lesbian Gay Bisexual Transgender people face difficulty in being recognised in residential homes and care settings for older people: often a same-sex couple is not able to share a room, whereas it is possible for other couples[6].

- A number of our members report that for dependent adults and children, residential settings can sometimes be segregating, deny the users' fundamental right to self-determination, and can have a negative impact on their self-confidence and autonomy[7]. It is also a more costly form of care service provision as it will prolong the time people require support[8].

---

[2] Article 7 of the Charter of Fundamental Rights of the European Union

[3] Social Platform recognises diversity in family structures, in particular the situation of single parent, blended families and same-sex families (see Social Platform, *Social NGOs response to the Commission's consultation on reconciliation measures,* March 15, 2008)

[4] Cooper et al., *The prevalence of elder abuse and neglect: a systematic review*, Oxford Journals, 2008, Oxford University Press

[5] EUROCHILD, *Children in alternative care – National Surveys – 2nd edition,* January 2010, p. 2

[6] According to AGE Platform Europe experience

[7] Our member AGE Platform Europe has developed a *European Charter of the rights and responsibilities of older people in need of long-term care and assistance*

[8] FEANTSA, *Empowering ways of working,* September 2009

- In the EU the majority of children who are separated from their parents by a Court decision come from families of lower socio-economic backgrounds. The separation of parents and children only because of poverty (homelessness or substandard housing, and material, social and cultural poverty) is an infringement of the right to family (art. 7 EU Charter of Fundamental Rights) and is also a major factor contributing to the intergenerational transmission of extreme poverty[9]. In the case of separation of parents and children, very often the support which is necessary to allow the return of the child to the family is insufficient or non-existent. These practices do not comply with the UN Convention on the rights of the child.

How?

For EU decision-makers:

- In line with art. 7 TFEU, ensure that European policies which have an impact on how care is organised, delivered and funded, respect the Charter of Fundamental Rights of the EU and implement the horizontal clauses and Article 19 of the Lisbon Treaty. Guarantee universal access and equal rights to affordable high quality care services for all[10]. Implement a rights-based approach in all EU policies by reinforcing the Human Rights requirements[11] in EU legislation. The EU should accede to the Council of Europe and UN human rights treaties and implement the Beijing Platform for Action.

- Press the Council to adopt the proposal for a directive[12] to remove discrimination and barriers on the grounds of disability, sexual orientation, age, religion or belief, in access to goods and services; press the Commission to propose measures to remove discrimination and barriers on the grounds of social origin on the basis of art. 21 of the Charter of Fundamental Rights of the EU. If properly implemented, these instruments would allow for more autonomy for these groups to have access to care services, without facing discrimination, and would provide users with tools to defend their rights.

- Make full use of the Lisbon Treaty provisions, including the Charter of Fundamental Rights of the European Union, to rebalance the EU internal market objectives with strong social cohesion and social inclusion policies. European integration is not just about the creation of a single market and market liberalisation: it is also about protecting and promoting people's

---

[9] Marie Cécile Renoux, *Réussir la protection de l' enfance. Avec les familles en précarité*, Ed Atelier / Ed Quart Monde, Paris, 2008

[10] Universal access to care services means that access is guaranteed to all, irrespective of sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation, gender identity and/or expression and of the grounds of discrimination set out in art. 21 of the Charter of Fundamental Rights of the European Union.

[11] Such as the UN Convention on the Rights of Persons with Disabilities, UN Convention on the Rights of the Child, UN Guidelines on alternative care of children, UN Convention on the Elimination of all forms of discrimination against women, Beijing Declaration and Platform for Action, Social Charter of the Council of Europe, the European Convention on Human Rights, the Lisbon Treaty and the Charter of Fundamental Rights of the European Union

[12] European Commission, *Proposal for a Council directive on implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation*, COM (2006) 428, 2 July 2008

rights, including social rights and access to adequate social protection systems for all.

- In line with articles 1, 7, 24 and 26 of the EU Charter of Fundamental Rights, enhance member states' efforts towards the transition from institutional to community-based care for people with disabilities and children[13]. Develop and disseminate a quality framework for community-based services building on the Voluntary European Quality Framework for Social Services of General Interest[14].

- Use EU structural funds to develop high quality and personalized care services. Ensure that EU funding is used to support the transition from institutions to personalised and community-based services and that no EU money is invested in building, restructuring or supporting segregating settings[15].

- Invest in the collection of comparative, gender-disaggregated data on users' abuse and mistreatment, on the different options of care available for all and on inequalities in access to services due to discrimination, poverty or social exclusion. Develop a database of successful practices to address these issues and promote exchange among member states.

- Guarantee that care users receive high quality care cross-border when they travel in, or move to another member state.

- Safeguard strong social protection schemes taking into account the structural changes of the labour market.

For member states:

- Ensure the availability of different care service settings for older people (such as care at home, community-based care, residential home, etc.) and for dependent adults and children (such as family-based and community-based services, family support, family-type care, and independent living policies). Promote individualised care services.

- Eliminate discriminatory and excluding barriers, including the cost of services, which prevent access to services for all. For instance, link access to public money to delivery of a non-discrimination policy, develop national charters of care users' rights in consultation with the relevant stakeholders and users themselves, a system similar to the US fiduciaries[16] and national ombudspeople.

---

[13] See *Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care*

[14] Social Protection Committee, *Voluntary European Quality Framework for social services of general interest*, SPC/2010/10/8 final

[15] See European Commission, *Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based care*, 2009, p. 21

[16] A fiduciary is a US professional qualification. A fiduciary acts in the best interest of the care user as expressed in advance of incapacity, and provides a number of accountancy and para-legal services to the user and on his or her behalf. This system is useful where a person has no next of kin, is in conflict with their next of kin or where next of kin is unable or unwilling to act on behalf of the user. See for example http://www.fiduciary.ca.gov/ for information on this system in California.

- Impose obligations on service providers to inform users about their rights, the rules of the services, the different available options of services and care and possible complaint procedures, and to support them in defending their rights. Ensure that care providers enable users to participate in the development, implementation and evaluation of care services and, where feasible and appropriate, support the most dependent in this role.

- Develop training activities to enable carers and providers to increase their understanding of the needs of service users, especially for mental, cognitive, language and sensory impairments. Include training on the importance of confidentiality, and information on specific issues, like transgender people's needs and the respect of visitation rights for same-sex couples.

- In line with the UN Convention on the Rights of the Child, provide all people with all the necessary support and financial means to enable them to access fundamental rights, so that poverty, especially extreme poverty and its consequences do not constitute a reason for courts to be able to separate children from parents[17].-

[17] See also art. 33 of the Charter on Fundamental Rights of the European Union

II. FOR INFORMAL CARE GIVERS TO HAVE AN ADEQUATE BALANCE BETWEEN CARE, WORK AND PRIVATE LIFE

Reconciliation policies require a comprehensive approach, based on the five fundamental rights protected by the Charter of Fundamental Rights of the European Union: the right to equality between men and women (art. 23), the right to private and family life (art. 7), the right to fair and just working conditions (art. 31), the right to quality public services (art. 36) and the right to a high level of social protection (art. 34).

Ensure that reconciliation policies:

- Guarantee that responsibility for care is based on equality for all, and that informal care[18] work is shared between men and women and generations
- Ensure the respect of fundamental rights of caregivers
- Recognise and support informal and family care[19]
- Recognise and support the role that volunteers bring to formal and informal care.

Why?

- Informal and family care is a largely-ignored sector of the economy and invisible to policy makers: according to a 2010 estimate 80% of all care across the EU is given by family carers[20]. There are currently some 19 million informal care givers in Europe[21].

- In the EU, women provide up to two thirds of informal and family care, according to a 2010 study[22]. This is a clear infringement of the equality between men and women legislation, and it prevents women from achieving their full human development potential.

---

[18] The INTERLINKS project defines **informal care** as: care mainly provided by family, close relatives, friends or neighbors; carers are non-professionals and not trained to provide care, but in some cases they may benefit from special training; carers have no contracts regarding care responsibilities; carers are not paid although they more and more commonly obtain financial contributions; carers perform a wide range of tasks (also performed by formal carers) including emotional support and assistance; no limits to time spent on care – never/rarely officially 'off duty'; no general entitlement to social rights.
Formal care is defined as: services provided by trained, licensed and qualified professionals; services are controlled by the state or other types of organization; Caregivers have contracts specifying care responsibilities; Caregivers are paid and entitled to social rights and working regulations; Care tasks are specified according to professional qualification; Care workers have a time schedule and go 'off duty'. See INTERLINKS project, *Informal care in the long-term care system, European overview paper*, May 2010

[19] A family carer is "a non-professional person who provides primary assistance with activities in daily life, either in part or in whole, towards a dependent person in his/her immediate circle. This regular Care may be provided on a permanent basis and may assume various forms, in particular: nursing, Care, assistance in education and social life, administrative formalities, co-ordination, permanent vigilance, psychological support, communication, domestic activities, etc.". See COFACE, *European Charter for family carers, March 2009*

[20] Frédérique Hoffmann and Ricardo Rodrigues, *Informal carers : Who takes care of them?*, European Centre for Social Welfare, Policy Brief, April 2010, p. 3

[21] Observatory for Sociopolitical Developments in Europe, *Caregiver leave models in European comparison,* Newsletter 2/2010

[22] Frédérique Hoffmann and Ricardo Rodrigues, *Informal carers : Who takes care of them?*, European Centre for Social Welfare, Policy Brief, April 2010, p. 3

- A major reason for women's low employment rates is the challenge of reconciling work, family and private life. The labour market participation of mothers is 11.5 % lower than that of women without children, while the rate for fathers is 8.5 % higher than that for men without children[23].The 'Barcelona targets', which were set in 2002 and sought to achieve greater childcare provision by 2010, have not been met in most member states[24].

- Compared to non-carers, family caregivers are less likely to be employed and are 50% more likely to be homemakers; when they are employed, they work two hours less per week, and have a 20% higher chance of developing mental health problems[25]. Informal and family carers are more likely to experience isolation, psychological distress including anxiety, depression and a loss of self-esteem[26].

How?

For EU decision-makers:

- Monitor the implementation of the Barcelona targets and targets for the provision of care facilities for other dependents, in light of the renewed European Pact for Gender Equality 2011-2020.

- Adopt the maternity leave directive as adopted by the European Parliament[27] to ensure that women enjoy legal protection against dismissal and are paid during maternity leave, as well as to guarantee their right to go back to work.

- In line with the EP resolution on the role of women in an ageing society[28], develop other legislation and measures to reconcile work, family and private life for women and men, such as a carer's leave directive and a coherent framework for all types of care leaves (maternity, paternity, parental, adoption, non-child related and filial leave), including the promotion of flexible working time arrangements by choice. Ensure that leave recognises the increasing diversity in family structures and that time out of the work place for caring responsibilities is guaranteed a decent income which is at least equivalent to the average national wage.

---

[23] European Commission, *Commission Staff Working Paper "Report on the progress on equality between women and men in 2010,* SEC (2011) 193, 11 February 2011, p. 5

[24] The 2002 European Council in Barcelona agreed to aim to provide childcare for at least 90% of children between three years old and the mandatory school age and at least 33% of children under three years of age by 2010. See European Commission, *Commission Staff Working Paper "Report on the progress on equality between women and men in 2010,* SEC (2011) 193, 11 February 2011, pp. 5-6

[25] Colombo, F. et al, *Help wanted? Providing and Paying for Long-Term Care*, OECD Publishing, 2011, pp. 91-103

[26] Frédérique Hoffmann and Ricardo Rodrigues, *Informal carers : Who takes care of them?*, European Centre for Social Welfare, Policy Brief, April 2010, p. 10

[27] Position of the European Parliament adopted at first reading on 20 October 2010 with a view to the adoption of Directive 2011/.../EU of the European Parliament and of the Council amending Council Directive 92/85/EEC on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding and on the introduction of measures to support workers in balancing work and family life (EP-PE_TC1-COD(2008)0193).

[28] European Parliament resolution of 7 September 2010 on the role of women in an ageing society, P7_TA(2010)0306

- Develop recommendations on legislative recognition and minimum standards of support to informal carers[29], including varying systems providing financial rewards, pension and recognition of skills acquired informally or non-formally[30], to avoid social exclusion and poverty among informal and family carers who are very much at risk of this and also to prevent discrimination by association[31]. Make funding available for projects that promote the rights and support mechanisms for informal carers, including access to education and training and reinsertion post-caring.

- Monitor more extensively the implementation of the "Active inclusion" framework[32] (access to quality services, including care services, adequate income support and inclusive labour market policy) and give recommendations to member states as to how to more effectively use the framework in developing and supporting care services.

- Develop social return on investment[33] analysis and "beyond GDP"[34] indicators, to make visible and recognise the contribution that informal care and volunteering brings to our societies in terms of economic value and well-being[35].

- In the frame of the European Year on Volunteering 2011 and the European Year on Active Ageing and Intergenerational Solidarity 2012, carry out campaigns and projects to promote the sharing of care among and between generations and the contribution of volunteering to formal and informal care in terms of solidarity, social cohesion and active citizenship.

For member states:

- Implement the Barcelona childcare targets, taking into account the importance of the quality and accessibility of early childhood education and care to children's social, emotional and cognitive development.

---

[29] In some EU member states there are different caregiver leave models that allow caregiving relatives to have access to support in the form of financial assistance, benefits in kind, and special minding services such as short-term institutional care or day-care as well as information and seminars. See Observatory for Sociopolitical Developments in Europe, *Caregiver leave models in European comparison,* Newsletter 2/2010

[30] Link progress in this area with CEDEFOP's work on validation of non formal and informal learning

[31] The discrimination by association of family carers (e.g. to be detrimentally treated by reason of the connection with a person with disabilities) has been recognised by the European Court of Justice in the "Coleman case" of 17 July 2008 (C-303/06).

[32] European Commission, *Commission recommendation of 3 October 2008 on the active inclusion of people excluded from the labour market,* OJEU L 307 of 18 November 2008

[33] Social Return on Investment (SROI) is an analytic tool for measuring and accounting for a much broader concept of value. It incorporates social, environmental and economic costs and benefits into decision making, providing a fuller picture of how value is created or destroyed. See *www.neweconomics.org*

[34] See *Beyond GDP International Initiative; European Parliament resolution on GDP and beyond – Measuring progress in a changing world,* P7_TA(2011)0264, 8 June 2011

[35] Similarly, all EU member states agreed to develop and implement parallel GDP accounts for unpaid work, including unpaid care, in the General Assembly of the UN in 1995, 2000, 2005 and 2010.

- Ensure that availability of parental and other care-related leave instruments and more flexible working conditions, including flexible working time arrangements, are integrated with the provision of accessible, affordable, high-quality care services, for children, older people and other dependents, with particular attention to those most in need.

- Invest in adequate resourcing and support of informal and family carers, such as information about their rights, subsidies, facilities including counselling, group back up, training and quality respite services[36], day care centres or home care services to allow carers to take a break from their caring duties. Pay specific attention to young carers (under 18) to ensure their caring responsibilities do not infringe upon the child's rights to education, play and freedom of expression, by also supporting the role of youth organisations in providing non-formal education activities.

- Develop and implement policies for informal and family carers, including cash and tax benefits, recognition of time spent caring in the calculation of pension and other social security rights, in recognising their role as carers and ensuring full pension rights thus avoiding poverty in old age. Take into account the specific needs of ageing informal carers and / or those with a disability.

- Promote the development of community-based care services, through the involvement of local communities and other actors, by developing synergies between formal and informal care, volunteers, users and their families. Engage employers and trade unions in supporting care policies by providing employees with financial benefits as part of work-life-balance policies or financially supporting care facilities as a part of corporate social responsibility. Support these measures by tax relief.

- Support volunteering in formal and informal care, by developing training and ensuring adequate protection such as medical insurance and reimbursement of costs incurred.

[36] Respite is mentioned in the UN Convention on the Rights of Persons with Disabilities as one of the measures to be taken to ensure an adequate standard of living and social protection (art. 28, para. 2 c)

III. FOR QUALITY CARE SERVICES

Ensure:

- The quality, accessibility, affordability and availability of care services for all across Europe
- The organisation, funding and delivery of care services, whatever the provider (public or private), and particularly in times of economic crisis
- The involvement of users and all relevant stakeholders in the design, delivery and evaluation of care policies and services
- That such services are based on a coordinated approach across multiple policy areas
- That making profit is not the driving force of service provision.

Why?

- **The care sector is a fundamental part of the economy.** Public services contribute to more than 26% of the EU GDP; in terms of employment, among Services of General Interest, health and social services are the largest sector, representing 33% of SGI and employing 20,5 million employees[37]. The health and social sector generated around 5% of the total economic output in the EU-27 in the period 1995-2007[38].

- **Demand for care is rising.** In the EU-27, between 2008 and 2060, the population aged over 65 will increase by 79%, while the population aged over 80 is expected to increase by 181%. The ageing of the population will increase the demand for long-term care services, while the availability of informal and family carers will diminish due to changes in family structures and in European societies (increase of single-person households, growing participation of women in the labour market, increased workforce mobility and ageing of the population, including informal carers)[39].

- **The quality of care services is being seriously impacted.** In the majority of member states the opinion is that long-term care is not affordable[40]. During the recent economic crisis, social services in a number of member states have been affected by austerity measures that aim to reduce public expenditure[41]. The consequences of the decrease of public support to social and care service providers in terms of funding and policy commitment have been a reduction of the scope of services provided, a decrease in quality to cut costs, and a worsening of the conditions of the most in need[42].

- Social services, including care services are often not provided on a profit-making basis (even if some have an economic dimension). Therefore the appropriate legal, political and financial environment must be ensured in order

---

[37] CEEP, *Mapping of the public services – Les services publics dans l'Union européenne et dans les 27 Etats membres,* mai 2010

[38] European Commission, *Second Biennial Report on Social Services of General Interest*, p. 9

[39] European Commission, *Second Biennial Report on Social Services of General Interest*, pp. 17-22

[40] Special Eurobarometer 321

[41] ASISP project "Analytical Support on the Socio-Economic Impact of Social Protection Reforms"

[42] Eurodiaconia, *More in need – More needed* (May 2009), *Even More in Need and More Needed* (March 2010)

that they can fulfil their missions. Studies of the economy of the third sector and of social economy[43] analyse how economic activities can be governed by rules different than the pursuit of profit. The principle of reciprocity helps to explain this: non profit operators, among them social service providers, base their activities on the idea of goods that are produced by social econmy, which focus on the promotion of happiness and well-being rather than material advantages.

How?

For EU decision-makers:

- Ensure that the EU budget and austerity measures comply with Article 9 of the Lisbon Treaty. Discourage member states from adopting austerity cuts in public expenditure in social, and care, policies and services, which particularly affect those most in need and directly lead to an increase of poverty, social exclusion and longer-term dependency. When drawing up austerity measures with member states, make social impact assessments mandatory.

- In line with the Europe 2020 strategy, encourage member states to invest in the care sector, both in terms of service infrastructure and quality job creation, covering the spectrum of care throughout the life cycle, in particular in the new member states where the growth of the sector is under the EU-27 average[44]. Develop infrastructures to boost care facilities, including social housing schemes, respite care facilities, community development services (e.g. home help), accompanying services to enable independent living, intergenerational solidarity schemes, etc.

- Ensure the appropriate legal, political and financial environment in order that social services, including care services, can fulfil their missions. Recognise and promote the added value of non profit making service provision: the non profit sector rests on values of democratic solidarity and exchange, spurring action on a sense of belonging to the community rather than economic advantage and is moved by the principle of reciprocity. It can also be identified as the starting point to solve the current situation of financial, economic and social crisis.

- Revise the concept of neutrality of the provider by setting out the legal and fiscal conditions of compliance of different forms of financial partnerships between public authorities and non profit civil society organisations with EU rules. Such partnerships are a key feature of the European social model. Promote and develop the alternatives to public procurement, starting from the experience of many member states, insofar as these alternatives correspond to the historical and operational specificities of most of SSGI and allow them to fulfil at best their mission of general interest and to ensure the participation of social service users.

---

[43] Laville, Jean-Louis, *L'économie solidaire Une perspective internationale,* Hachette Littératures, 2007 ; Sugden, Robert, *Fellow-feeling,* in Benedetto Gui, Robert Sugden, *Economics and Social interactions,* Cambridge University Press, Cambridge, 2005; Bruni, Luigino, Stefano Zamagni, *Economia civile. Efficienza, equità, felicità pubblic*a, Il Mulino, Bologna, 2004

[44] European Commission, *Second Biennial Report on Social Services of General Interest*, p. 11

- Amend existing legislation on public procurement, internal market and state aid applicable to social and care services, to take into account their specific characteristics[45] as well as the vulnerability of their users, to strengthen the promotion of fundamental rights and social inclusion, including equality between women and men[46]. Abolish the possibility for contracts for the provision of social services to be awarded solely based on price by including mandatory independently verified quality criteria in the award criteria and give them a weight higher than that given to other criteria.

- Amend existing legislation on state aid to lessen the administrative burden it implies for social services so that it does not impede the provision of such services. Raise the de minimis thresholds and consider exempting further categories of SSGI from notification. Simplify the rules to enable better understanding and therefore more proportionate processes in compensating care service providers.

- Ensure that the new EU cohesion policy and the next multi-annual financial framework provide sufficient funds to promote innovation and quality in care policies, services and supports, to carry out research in areas which lack data, and develop exchange of good practices and mutual learning among member states.

- Through the social Open Method of Coordination (OMC), develop indicators to ensure the regular monitoring of public service obligations in relation to the availability, accessibility, affordability and quality of care services. Carry out an evaluation of the contribution of care services to the poverty reduction target, as well as to the social OMC objectives and Europe 2020 Strategy.

- Encourage member states to implement the Voluntary European Quality Framework for Social Services[47] to ensure high quality care services, especially in those countries where quality frameworks do not exist. Develop sector specific quality frameworks in long term care for older people and for homeless services, as provided by the European Platform against Poverty.

- Promote better coordination among the different Commission services, to improve consistency on policy measures that affect care, such as social, health, employment, economic and fiscal policies, social protection, justice, fundamental rights, equality, non discrimination and migration. Before the Commission decides on a "Community act" (e.g. policy recommendation, programme or directive), organise a structured dialogue with CSOs that have a stake in the issue, within a given time frame (e.g. three to six months) so

---

[45] Such as service user choice, quality, sustainability, continuity, personalisation, integration of services, users' involvement and empowerment, partnership with communities and other actors (See European Commission, *Communication Services of general interest, including social services of general interest: a new European commitment*, COM (2007) 725; *Social Platform response to the Green Paper on the modernisation of EU public procurement policy*, 2011

[46] See *Social Platform response to the Green paper on the modernisation of EU public procurement policy* and *Social Platform key messages to the Third Forum on SSGI*

[47] Social Protection Committee, *A European Voluntary Quality Framework for Social Services,* SPC/2010/10/8 final

they can make recommendations. Ensure that this dialogue is included in the annual work of the Commission, with appropriate budget and staff[48].

- Promote a partnership approach among public authorities and all relevant stakeholders, including non profit social service providers, users themselves as well as organisations representing users, caregivers, excluded groups in the local community including those in poverty, in the design, development, delivery and evaluation of care policies at EU level, to ensure a multidimensional approach.

For member states:

- Do not cut budgets devoted to care and social services, especially in times of economic crisis when demands for support rise, and make full use of Structural Funds to achieve this goal. Commit to the organisation and funding of care, even if the provision is delegated to third parties, to ensure that care services are available, accessible, affordable, and of high quality, taking into account the increased care needs in society with a long-term perspective.

- Use the Voluntary European Quality Framework for Social Services as guidance for essential elements of a quality framework. Ensure the importance of quality in service planning, funding and delivery, by developing and testing quality standards, specific to the different sub-sectors and specific characteristics of groups of receivers of care, with their active involvement.

- Pre-conditions for quality of social services[49] must be in place for these services to function adequately, be accessible and affordable and properly staffed by well trained, qualified personnel; authorities must ensure a proper legal framework, an adequate level of funding and well trained and qualified staff.

- Develop training for professional and volunteer carers to improve their knowledge of people in need. It is essential that professionals and volunteers working with people in need, have a better understanding of the situations of exclusion and their causes in order to better deal with, advise and support them.

- Make user participation and empowerment essential elements to improve the quality of services, as Care is better tailored to individuals' needs and expectations[50].

- Develop effective inspection and monitoring mechanisms to protect the rights, and independence of users for all types of care.

- Encourage the integration of services, accessible environment, adapted housing, tailor made care and the development of inter-municipal cooperation in the provision of services to maximise efficiency by developing economies of

---

[48] See Social Platform position « How to establish an effective dialogue between the EU and civil society organisations »

[49] See *Common Quality Framework for Services of General Interest*, developed in the frame of the Prometheus project, funded by the European Commission with Progress.

[50] Eurodiaconia, *Toolkit "Service user participation and empowerment"*

scale. Involve all relevant stakeholders in planning and policy development, implementation and review processes.

IV. FOR DECENT WORKING CONDITIONS AND QUALITY EMPLOYMENT IN CARE

Ensure that care policies:

- Promote decent working conditions[51] and quality employment[52] for care workers
- Develop high quality vocational training pathways for care workers
- Promote equal treatment at work to ensure fundamental rights, non-discrimination and gender equality. This includes regularising the status of migrant care workers and the eradication of forced labour.

Why?

- **Jobs in the care sector are typically of lower quality.** The prevalence of part-time work in health and social services (31,6% in 2009) is higher than in the total economy (18,8% in 2009). Temporary contracts for employees are also more common (12,7% in 2009) than in the total economy (11,3% in 2009). Wage levels tend to be lower than in other sectors[53].

- Care services are characterised by atypical working patterns (e.g. shift work, night hours), which makes it difficult for workers to achieve a real work life balance. Furthermore, their responsibilities often entail being exposed to difficult psychological situations.

- For the above mentioned reasons, it is difficult to attract enough qualified employees and to retain them in the care sector[54]. In some sub-sectors there are already staff shortages.

- **Gender imbalance is rife in the care sector**. In the EU-27 more than 78% of employment in the health and social services sector is represented by women. European women earn 18% less than men on average in the total economy. In most member states, in the health and social services sector,

[51] The term « decent working conditions » can be derived from the ILO definition of the concept of « decent work », whose primary goal is to "to promote opportunities for women and men to obtain decent and productive work, in conditions of freedom, equity, security and human dignity". It encompasses equal access to employment for all, without discrimination, including equal treatment, equal opportunities and a living wage; the respect of fundamental principles and rights at work and international labour standards (including the right of workers to organise and to represent their interests collectively through trade unions); social protection (protection from the reduction or loss of income) and social security; social dialogue (including the right to be represented at different levels. See *SOLIDAR (2010): Social dialogue: a tool to promote and defend decent work and quality jobs in Europe. p. 4*

[52] At the same time as the ILO was developing its decent work agenda, the European Union launched the concept of Quality Work and Employment (QWE), whose dimensions were defined as follows: 1) intrinsic job quality; 2) skills, lifelong learning, and career development; 3) gender equality; 4) health and safety at work; 5) flexibility and security 6) inclusion and access to labour market; 7) work organisation and work-life balance; 8) social dialogue and worker involvement; 9) diversity and non-discrimination; 10) overall work performance. The conceptual approach was further developed by the European Foundation for the Improvement of Working and Living Conditions in 2002 by identifying four broad dimensions of job and employment quality: 1) career and employment security; 2) health and well being; 3) skills; 4) reconciliation of working and non-working life. See *SOLIDAR (2010): Social dialogue: a tool to promote and defend decent work and quality jobs in Europe. p. 4*

[53] European Commission, *Second Biennial Report on Social Services of General Interest*, pp. 17-19

[54] EASPD, *Employment in the Care Sector in Europe*, October 2010, p. 1

the difference in wages between men and women is higher than in the total economy, despite equality in pay between men and women being one of the oldest Treaty obligations (art. 157 TFEU)[55].

- **Workers of the care sector, who are mainly women, are more exposed to poverty.** Studies point out that part-time work and temporary contracts lead respectively to a doubled or three times more risk of poverty than employees with permanent contracts[56].

- **Despite the poor working conditions in the care sector, care workers emigrate from Eastern European and third countries to Western European countries, leading to a 'brain drain' of care workers in the former.** Of the 21,4 million people employed in health and social services in 2009 in the EU, 19,1 million people (89%) work in the EU-15 member states, while the remaining 2,3 million people (11%) work in the EU-12[57]. This emigration of a significant part of the population has led to deteriorating social and family structures in the EU-12 and third countries[58], with more people in need of care and less providers to care for them.

- Paid care for older people is a growing phenomenon across the EU. Migrant care workers play a crucial role in this sector[59]; especially in private households there have been increasing numbers of migrant care workers being employed to care for older people, many of whom are women[60] However, in comparison to EU citizens and to other non- EU workers they often suffer from unequal treatment in terms of pay, health and safety at work, working time, leave and access to social security.

- Migrant Domestic Workers are particularly vulnerable in this context: personal care work increasingly constitutes a common task for domestic workers[61]. For many migrant workers and in particular female migrants, the domestic work sector is a primary source of employment[62]. In Europe and worldwide they, however, often suffer from poor working conditions, exploitation and discrimination[63].

---

[55] European Commission, *Second Biennial Report on Social Services of General Interest*, pp. 12-13

[56] European Foundation for the Improvement of Living and Working Conditions, Foundation Focus, *How are you? Quality of Life in Europe*, Issue no. 8, June 2010, p. 14

[57] European Commission, *Second biennial report on social services of general interest*, p. 9

[58] EASPD, *Employment in the Care Sector in Europe*, October 2010, p. 1

[59] Increasingly, migrant workers are being employed to care for older people. This trend is taking place in many European countries, such as Austria, Ireland, Italy and the UK where social care providers have turned to recruitment within and outside the European Union as a means of filling their vacancies for care workers (see Shutes, I.: Social care for older people and demand for migrant workers, The Migration Observatory, Oxford March 2011, p. 2 as well as Gordolan, L.| Lalani, M.: Care and Immigration. Migrant care workers in private households, London, September 2009).

[60] The EUROFAMCARE study on family carers found that, in 17 out of 23 countries in Europe, families reported to rely on migrant care workers at least from time to time (Mestheneos, E./Triantafillou, J.: Supporting Family Carers of Older People in Europe – The Pan-European Background Report. Empirical Evidence, Policy Trends and Future Perspectives, Hamburg 2005.

[61] ILO (2010/4): International Labour Review. Volume 149. Special Issue: Workers in the care economy.

[62] OHCHR, May 2010, *Rights of Migrant Domestic Workers in Europe,* pp. 7-8

[63] *ibid, pp.9-11*

How?

For EU decision-makers:

- Make sure that cuts associated with fiscal consolidation and the convergence objectives of the Europe Plus Pact do not endanger the care sector and its working conditions, but promote investment in these much-needed services.

- Establish a common reference for qualifications and training in the care sector, to define clear career paths and to raise the professional status of professional carers.

- Facilitate the anticipation, due to demographic and societal changes, of future needs in terms of employment and training of the care workforce, including monitoring and forecasting possible labour force and skills shortages, also by the means of the European Social Fund and other Community programmes, in close cooperation with member states and relevant civil society stakeholders.

- In the frame of the social OMC and through European projects, develop mutual learning and exchange among member states on high-quality training and supervision systems addressed to care workers and encourage exchange of good practices on inclusive care services and special needs.

- Provide a comprehensive review of the EU Working Time directive, dealing specifically with the issues of on-call time and compensatory rest by counting active on-call time as working time and provide compensatory rest periods if care workers experience an interruption during their on-call period.

- Promote a Charter on professional care givers' rights, reinforcing their right to decent employment, work-life balance, and access to specific services such as counselling and training, and recognition of qualifications, including those acquired informally or non-formally and monitor through the social OMC and the Europe 2020 strategy.

- Ensure decent working conditions by guaranteeing migrant care workers equal treatment comparable to the rights of EU citizens including pay, working hours, leave, social security, access to education and training and rights at work, in addition to collective bargaining and unionisation. Ascertain the portability of their rights and benefits when moving to another country or to the country of origin.

- Take measures to recognise the qualifications of migrant care workers obtained in third countries also to reduce the extent to which many migrant workers are driven towards undeclared work. In addition, provide funding for them to be able to gain access to formal basic training and to avoid that they perform domiciliary care work without appropriate training.

- Further develop the common European labour migration policy to legalise migrant domestic workers, grant an independent legal status to migrant women and men currently in irregular care employment and residence status and to ensure decent working conditions for them. There needs to be a clear route of entry and settlement for migrant care workers to avoid that the

demand for them will be met by undocumented workers, with negative consequences for both workers and care users.

- Develop mobility strategies and migration policies between the receiving countries and the countries of origin, by involving social partners and Civil Society Organisations, to avoid unnecessary brain-drain that can contribute to the increase of geographical imbalances. Promote the application of ethical recruitment practices, for instance by favouring family reunification.

For member states:

- Invest in care services to create new quality jobs, in line with Guideline 7 for the employment policies of member states.

- Introduce regulations for minimum standards of employment in the care sector, including decent wages and the closing of the gender pay and pension gaps, decent working hours, access to social security, training and lifelong learning opportunities, non-atypical contracts, career development and adequate benefits to improve the working conditions in the sector and raise the profile of carers. This would make the sector attractive for the workforce, eliminate staff shortages, and alleviate the gender gap and the risk of being exposed to poverty.

- Ratify the ILO Convention 189 and Recommendation on "Decent work for domestic workers" and duly implement its provisions, in particular article 7 concerning migrant domestic workers.

- Develop mechanisms to safeguard the rights of care workers in employment, including enhanced health and safety regulations and monitoring for demanding activities (e.g. working long hours or night shifts, manual handling, etc.). Support trade unions and civil society in organising domestic workers, informing both employers and workers about their rights and obligations.

- Provide adequate training systems and lifelong learning opportunities which are person-centred rather than task-oriented, to develop the required skills and qualifications in the care sector and to alleviate stress and burn out while dealing with difficult situations. Anticipate training needs due to demographic changes and adapt them to the technological advancements in service provision, by the means of the European Social Fund and other national and European sources of funding.

- Extend existing external support to encompass both documented and undocumented migrant care workers in private households. Migrant domestic workers performing care work in private households are extremely isolated and, at present, have little contact with anyone outside of their migrant communities. This is in particular the case for migrant women, who are the great majority of migrant care workers and who often suffer from a higher risk of (sexual) violence and exploitation because they have no access or/and the entitlement, to legal, social and labour protection. Thus, external support from local council and social care organisations is necessary to ensure the safety of both, care workers and users.

- To ensure the regularisation of all care workers and discourage the grey market in the care sector, improve the match between demand (families) and supply (in particular migrant domestic workers) of care workers (through measures such as public registers of accredited care workers, vocational training, "window offices", counselling and information services and care vouchers)[64] and promote collective agreements for decent working conditions for all care workers, irrespective of origin, in addition to adequate and coherent monitoring as well as enforcement mechanisms.

- Promote diversity among care providers and ensure that they work in an inclusive environment, irrespective of their sex, racial or ethnic origin, religion or belief, disability, age, gender identity or sexual orientation.

- Promote and value the contribution made by volunteers in the organisation and delivery of care, ensuring the economic value and the well-being produced by care work.

---

[64] SOLIDAR, *Private welfare: challenges to decent work for migrant care workers*, pp. 5-6