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How to guarantee the quality and financial accessibility of SSGI in line with the
principle of solidarity and financial sustainability?

**Socio-demographic trends, structural changes and modernisation
processes in the field of SSGI: Challenges in relation to employment
creation, qualification, recruitment and working conditions**

Introductory remark:

This text is a summary version, partly in bullet-point style, of the contribution made in the framework of the first plenary session on 28 October 2008. It should be read together with the slide set used during the presentation.

Introduction

The contribution will focus on challenges social services of general interest (SSGI), their providers, users, regulatory bodies and financing agencies, are and will be facing regarding qualification, recruitment and working conditions. In this context one can mention non-standard working hours, staff shortages, increase of short-term contracts, work immigration and cross-border labour mobility, as well as undeclared and undocumented work. These challenges will be related back to factors influencing the changes in demand and supply of SSGI.

Evidence from the ground referred to and examples mentioned (country names in upper case and italics) in the text builds on three sources: The majority either stems from one of the eight country reports (covering the Czech Republic, France, Germany, Italy, The Netherlands, Poland, Sweden and the United Kingdom) prepared in the framework of the "Study on the Situation of Social Services of General Interest" (see for the project's Final Synthesis Report http://ec.europa.eu/employment_social/spsi/docs/social_protection/2008/study_social_health_services_en.pdf) or from research done around quality of social services by the Dublin-based European Foundation for the Improvement of Living and Working Conditions (<http://www.eurofound.europa.eu/publications/htmlfiles/ef00127.htm>). They are also based on own research analysing effects the introduction of public procurement had on working conditions of qualified staff in the field of employment services and vocational training after 2004 in Germany (see http://www.solidar.org/Page_Generale.asp?DocID=13958&thebloc=19556 and http://cms.horus.be/files/99931/Newsletter/Actes_Colloque_Formation_Continue_SSIG.pdf) and elaborating questions related to the interplay of European and national regulation on posting of workers and temporary agency workers in the field of household-based care services, see section 3.8 of this article).

Remark:

The text contains several short literal quotes from the publications mentioned above and other publications without documenting the sources in detail in all cases.

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1. Factors influencing the changes in demand and supply of SSGI

1.1 Socio-demographic trends and new social risks

Demographic changes and new social risks are key factors influencing the increase in demand for SSGI. The demand for services is to an important extent driven by increasing female employment, which leads to an increased need for childcare services and a potentially reduced availability of informal carers in the field of elderly care/LTC for parents.

1.1.1 Changes in family and household structures

Socio-demographic changes affect the extent and intensity of the need for informal care, both in relation to demand and supply. Demand for care services has increased, due to the ageing of Europe's population and increasing life expectancy. All Member States and Europe have also to face an increasing number of one-parent families and families affected by divorce and re-marriage, reducing their ability to assume caring responsibilities or even creating new needs of support from society, as family-based support can no longer that easily be called upon or is directly lacking.

1.1.2 Disability-free life expectancy and longevity as mass phenomenon

70% of people aged over 70 years are unable to perform at least one or two daily routine activities without help.

Ageing will become even more pronounced in the future, in particular with the rapid increase expected in those over 80 years of age. Between 2010 and 2030, it is estimated that this age group will increase by eight million, an increase of 44%. The challenge arising from this increase is underlined by the fact that, at present, the majority of people aged over 80 years who require permanent assistance are cared for at home by their families.

1.1.3 Increase of chronic and degenerative diseases

CZECH REPUBLIC

There is a limited amount of information about people suffering from dementia in the Czech Republic, due to insufficient diagnostics, leaving consequently undiagnosed and untreated an important number of cases.

1.1.4 New social problems/risks, new types of services, new concepts of social work

Child poverty (in particular in households or neighbourhoods where there has been an intergenerational history of poverty and worklessness); overindebtedness; lack of formal education: school drop-out/school leavers without certificate; integration of migrant workers and their family members; work with refugees and asylum seekers)

1.2 Employment growth

During the last 15 years it can be witnessed an increase of labour market participation of women and older workers, particularly in the fields of long-term care and childcare.

1.2.1 Increased labour market participation of “traditional” family carers

A combination of demographic and attitudinal changes to family care will impact heavily on the demand for formal social services for elderly people in the 21st century as will shortfalls in family/informal home care provision.

The end result of increasing female participation in the labour market has been a net reduction in the levels of informal care provided by family members for their relatives and a net increase in demand for formal home care services.

Aim: Ensure adequate care provision to enable individuals, particularly women, to release themselves from domestic care responsibilities.

ITALY

Internalisation of care within the family discourages female labour participation (in 2005 the female activity rate was 50.4%).

1.2.2 Percentages and numbers

Across the board: In the past one and a half decades health and social services created an impressive employment growth. The health and social service sectors were responsible for almost one in every five jobs created across the EU between 1995 and 2001. Services sector produced more than 23 million new jobs during 1995 to 2006. The health and social services sub-sector alone with more than 4.4 million new opportunities represents about a fifth of the growth of the whole services sector.

Groups:

- Female employment: In the period 1995 to 2006 in the EU-15 women made even 82.7 per cent of the additional new jobs in health and social services (compared to 52.4 per cent of the additional jobs created in the whole services sector).
- Older workers: The group of older workers (55-64 years) gained a certain share of the additional employment opportunities, while the share of younger workers increased only very slightly.

Sectors:

- Long-term care (new residential care facilities, home care services)
- Child care

FRANCE/Long-term care

The creation of new places and the will to increase the rate of managerial staff in the residential care resulted in a strong increase in the number of jobs: 130,000 new jobs (translated into full time equivalent) in 5 years, is an increase of almost 40%. 55% of them were created in the residential care and 45 % in home care services.

FRANCE/Child care

The general trend is an increase in the number of jobs in childcare services. Employment increased from 1993 to 2002 on an annual average rate of 7% for specialised educators for young children (*éducateurs jeunes enfants*) and of 9% for childminders (*assistantes maternelles non permanentes*). 81% of childminders adopted an independent status in 2002 (against 67% in 1993-1995)

1.2.3 Share of employment in health and social services in total employment

The share of employment in health and social services in total employment is very different throughout the European Union, ranging from about 4 to 6 per cent in Cyprus, Latvia,

Estonia, Greece, Spain and Poland to almost two and a half times that level in Finland, the Netherlands, Sweden and Denmark.

For the EU-25 the sector's share in total employment grew from 9.0 per cent in the year 2000 to 9.8 per cent in 2005. The same trend can be observed for the EU-15, where employment in health and social services grew from 9.0 per cent in 1995 to 10.5 per cent in 2005. There were both countries with a growing employment in health and social services during the past decade, as well as countries with a shrinking share of this sub-sector in the labour market.

Some data on structural trends within the health and social services sector: Human health activities are in terms of employment by far the biggest field of activity within the sector. In 2001 they made up 72 per cent of all employment opportunities in the sector and for 69 per cent in 2005. The second-largest field of activity was social work activities, which accounted for some 27 per cent of all jobs and for 30 per cent of all jobs in 2005. In the Czech Republic, Germany, France and Hungary social work activities turned out to be the driving force behind employment growth in the period from 2001 to 2005, whereas human health activities was the fastest-growing field of activity in Austria and Spain.

UNITED KINGDOM

Over the last ten years there has been a significant decrease in the number of care staff employed in social services departments in England. This is mainly attributed to the reduced number of local authority employed care home staff due to greater care home provision by the private and voluntary sector. During the same period, as the proportion of local authority staff working in care homes has gone down, there has been a significant increase in the proportion of central and strategic staff.

Data on the public sector: there has been a fall of 7% since 1995 of people employed.

2. Structural changes in the organisation, management, regulation and governance and main modernisation trends in the field of SSGI across Europe

2.1 Main structural changes as to the organisation and management of SSGI

With regard to the organisation and management of SSGI the main trends are the introduction of performance management, rescaling with a strong tendency on decentralisation of tasks (and partially budgets), facilitating access to social rights, integrated and co-ordinated delivery of social services, and strengthening of user orientation. These structural changes all aim at increasing efficiency and effectiveness of service provision. The orientation towards out-patient care and household-centred service delivery involving de-institutionalisation are examples of structural changes with strong backwash effects on issues around qualification, recruitment and working conditions.

2.2 Main structural changes as to the regulation and governance of SSGI

When it comes to service regulation and governance of SSGI, public authorities regulate evolving quasi-markets for personal social services with a set of rules about authorisation, accreditation, pricing and territorial (social) planning. Modernisation also entails a changing role for public authorities from hierarchical intervention to network steering and partnership with multiple stakeholders as well as new forms of user participation, civic involvement and dialogue with civil society. The introduction of market mechanisms can be seen as a way of renewing public sector management in order to reach increased responsiveness and efficiency of service provision and to ensure users' freedom of choice.

2.3 Selected factors regarding qualification, recruitment and working conditions

E.g.

- Delegation of tasks to third parties (criteria used in procurement; payment and working conditions outside public sector),
- Quality assurance (comprising continued training measures and implementation of occupational standards and qualification requirements with certification of qualifications),
- De-institutionalisation,
- Stronger orientation towards out-patient care and household-centred service delivery,
- Stronger user-orientation, a focus on individual cases and tailor-made services as well as case management.

2.4 Examples/illustrations from different Member States of backwash effects on qualification and working conditions induced by structural changes

2.4.1 Quality assurance (comprising continued training measures and implementation of occupational standards and qualification requirements with certification of qualifications)

GERMANY/Training programmes in the field of elderly care

Local actors launched a training offensive, aimed at increasing labour supply in out-patient care of the elderly. The initiative aimed at enhancing care workers' skills through training courses that could be taken during working hours. It also aimed at attracting new carers by raising awareness of the benefits of working in the sector and providing incentives to unemployed people, such as language courses for immigrant trainees and partially covering childcare and transport costs.

Employers can obtain a 50% grant – covered by the Employment Office – for the further training of their employees. Through a job rotation model, it is possible to replace the trainee with a new recruit, who must be unemployed.

GERMANY/Regulation of qualification

Since August 2003 there exists a nation-wide regulation of qualification according to the Code of Care for the Elderly (*Altenpflegegesetz*). Such a broadly recognised regulation increases the mobility of the workforce and introduces a degree of uniformity into the financing of qualification procedures.

GERMANY/Voluntary registration

Since 2006 a central voluntary registration of professional carers has been set up. The registration needs to be renewed every two years (at a cost of 60 €), requiring a certain number of points to be obtained by participating in different measures of continued training (seminars, congresses, training measures).

UNITED KINGDOM

Codes of practice for social care workers and employers provide a clear guide for all those who work in social care, setting out the standards of practice and conduct workers and their employers should meet. Over time, one can expect that employers will introduce code compliance as a contractual requirement for all their staff. The registration of those working in social care is seen as a landmark development that will improve the quality of social care delivered, as well as contribute to the professionalisation of the sector.

2.4.2 Creation of jobs through labour market (re-)insertion of unemployed or economically inactive people, as a rule combined with training measures (often in social economy context)

FRANCE

In France a major policy priority is built around the link between development of social services and employment policy: the development of personal services and the facilitation of job return for the women are very explicitly part of the objective of job creation. But these jobs often remain badly paid and offer few opportunities for career development

FRANCE/Long-term care

Difficulties of recruitment and shortage of workforce: In the residential care there is a progressive increase in the rates of managerial staff (number of professionals per place). In the home care services there is an increase of demand in times of accompaniment, but it is more difficult to recruit because of the increase in the level of necessary qualification. These difficulties of recruitment should increase with the dying of the "traditional" fishpond of recruitment of home assistance (women between 35 to 50 years old, without diploma and who go back to work after staying at home to generally take care of their children)

In addition to the development of the initial training and adult continuing education, a system of Validation of the Acquired Knowledge (*VAE, validation des acquis de l'expérience*) was set up in the field of LTC, allowing people having a professional experience in an activity to obtain diplomas.

GERMANY

Long-term care homes for persons suffering from dementia will receive funding for new personnel. It is estimated that the long-term care insurance (*Pflegeversicherung*) will finance 10,000 new jobs. Sickness and long-term care insurance funds plan to set up training programmes comprising 100 hours of theoretical and 60 hours practical work, as well as internships. CVs of people to be selected should ideally show a social care element. The Federal Employment Agency intends to only recruit people 'with an intrinsic disposition and inclination' towards social care work.

UNITED KINGDOM

Social care access programme (SCAP) is a six-week programme funded by the Department of Work and Pensions, which aims to encourage unemployed people without social care qualifications to work in the social care sector. Trainees are paid two-thirds of the normal rate during SCAP and, assuming they secure a permanent position after training, the employing organisation receives a further government grant that subsidises the candidate for six months.

2.4.3 Instruments to boost user-based demand

2.4.3.1 Introduction of care allowance schemes (LTC; people with disabilities; children)

FRANCE

The personalised autonomy allowance (*Allocation Personnalisée d'Autonomie, APA*) grants elderly people aged 60 and over with recognised dependency needs the right to exercise free choice as far as their living arrangements is concerned. Paid either to dependant elderly people living at home or to those living in eldercare institutions (nursing homes, retirement homes, sheltered housing, etc), to help them overcome the difficulties they face in accomplishing their daily activities.

The adoption of specific policies to encourage the employment of childminders, in particular based on the PAJE (*Prestation Accueil Jeune Enfant*, introduced in 2004). It puts emphasis on the 'free choice' of parents between different types of childcare.

2.4.3.2 Introduction of voucher systems and personal budgets

2.4.3.2.1 Vouchers for household-related and personal support

BELGIUM

'Service voucher scheme' (*titres-services/dienstencheques*)

This measure introduced in 2001 in the field of domestic services aims to develop both proximity services and employment (also fighting against undeclared/ clandestine work). The state heavily finances the cost of services meanwhile opening the field of domiciliary care to a broad set of providers, be they public, for-profit or not for profit. This measure has actually created two quasi-markets, one in the field of domiciliary care (though restricted to housework) and the other in the field of work integration for low skilled workers. This twofold objective is also reflected in the social mission that some of the non-profit providers are pursuing on this quasi-market: we find both work integration social enterprises and registered traditional home care services besides for-profit enterprises.

Under the federal scheme, service vouchers will be restricted to employing people with mobility difficulties to perform cleaning, ironing, shopping and transport.

→ Open questions with regard to employment of people with problems to look after people needing support and care

→ Question of affordability for medium-income earners

→ Questions of acceptance of people providing the services by potential employers

2.4.3.2.2 Vouchers for care services

FRANCE

Chèques emploi service universel (CESU)

Background: Personal social services create social bonds and sustainable employment and are therefore crucial in view of social cohesion. They are also key factors in the improvement of quality of life.

Aim: Tapping into the 'job creation potential' of the care sector, by encouraging greater household consumption of care services. Entitles care service recipients, becoming employers, to benefit from a series of tax rebates in exchange for abiding by the rules of the collective agreements for domestic workers, and the requirement that employed person needs to be covered by social protection.

Universal service vouchers allow paying for personal social services in three fields:

- 1) Children
- 2) Dependency (elderly people; handicapped persons)
- 3) Household

In 2005 about 1.3 million people were employed in the field of personal social services. During the last 15 years, the sector has shown a continued growth (at an average rate of 5.5% per year. For 2006 the growth rate even was above 11%

In order to make employment in personal social services more attractive, payment, social rights and continued professional training conditions need to be improved. Actually, continued professional training schemes were put in place and wage/salary schedules upgraded.

ITALY

Home care voucher in Lombardy, allowing people to buy services only from accredited providers, who ensure a more rigorous recruitment and selection of care staff.

Eligible recipients receive a voucher that entitles them to receive home care services (medical services, rehabilitation, nursing services) at three different levels and according to their needs – primary care, secondary care, and tertiary care for terminally ill patients. Vouchers can be spent on any form of care and also on additional services, such as meals-on-wheels, transport, and laundry services.

Some problematic issues:

- Low amounts (Vouchers range from a minimum of € 362 to a maximum of € 619): Providers are very often unwilling to participate in the system as they fear it is not sufficiently remunerative and too risky.
- Limited usage: There seems to be no increase in the coverage of the target population, which remains the most problematic issue

2.4.3.2.3 Vouchers for placement services

2.4.4 Backwash effect from structural changes on working conditions, here: new procedures in view of the delegation of personal social services to third parties

GERMANY

Effects that the introduction of public procurement procedures on users, service providers and qualified staff employed by NGO providers offering labour market inclusion and professional training services when the reform of the system of unemployment protection and the functioning of labour market services was implemented after 2004.

- At the level of service provision, the risk of discontinued service provision has become obvious, as contracts have to be renewed and are being tendered on an annual basis.
- The use of public procurement also impacts on the forms of cooperation and partnership between public authorities, and providers of labour market inclusion services and vocational training. There is the risk that existing networks of youth welfare and labour market inclusion for disadvantaged persons at local and regional level are endangered.
- Evidence shows that when selecting proposals, the decisions are being taken predominantly based on the price, and not taking sufficiently into account criteria related to service quality.
- Finally, as regards qualified staff, one could witness a general reduction of staff, a strong increase in fixed-term working contracts and lower wages. On average, pay/wage schedules for qualified staff were lowered by about 15%, equaling 400€ to 500€. The monthly gross/net salary for a specialised social worker came down to about 1,480/1,000€ in 2006, equaling an hourly wage of about 7€ to 9€ (to compare with the minimum wage of 8.90€/7.50€ in the postal sector in Western/Eastern Germany).

3. Challenges in view of recruitment, qualification, and working conditions

Challenges for job growth in health and social services:

- Higher frequency of non-standard working hours as sector provides services to individuals.
- Contrast of above-average educational levels and the higher share of non-standard working hours with gross hourly earnings that are below average in those countries for which data are available.
- Often a pressure on the already relatively low wage levels in the sector, resulting in staff shortages that already have turned into a major concern for a number of services, such as for long-term care.
- With regard to training, skills and qualifications a mismatch may exist between the sort of skills needed in providing good quality, compassionate care, and the formal qualifications required to perform such work. Qualifications specified by law may be very high, while the job may be unrewarding. A further consideration is that existing workers need on-the-job and mid-career training in order to keep up with fast-changing cultural circumstances and societal requirements – for example, regarding the rights of care recipients.
- Motivation of the staff
- Public image of care: Being a paid carer is not rated highly as a job although caring for the weak and vulnerable members of society is valued in theory.

UNITED KINGDOM/Long-term care

There is a general lack of adequate social care qualifications and training among the majority of care staff. However, over the recent years, there has been a greater emphasis on improving qualification.

3.1 Non-standard/irregular working hours

As the sector provides services to individuals' non-standard working hours are more frequent. Compared to 17-18% of all employees, 28% of those employed in health and social services work during the night and 32% in shifts leading to substantial pressure on workers. The sector "Health and social work" (NACE N) ranks second out of 13 sectors as to the share of unusual working hours (required from at least 20% of employees) for night work, Saturday work and Sunday work. The sector "Other community, social and personal services" (NACE O) is on rank 5 for night work and on rank 3 for both Saturday and Sunday work.

3.2 Relatively low wage levels (when contrasted with qualification level and working conditions)

In contrast to the above-average educational levels and the higher share of non-standard working hours, gross hourly earnings are below average in those countries for which data are available.

This is in line with the findings of many studies on the gender pay gap that sectors with high female shares in employment are characterised by wage penalties.

Levels of part-time employment are higher for all carers than for total employment in each country – also reflecting the higher proportions of female workers

CZECH REPUBLIC

2004 average monthly pay of the workers of Czech social care facilities (including all bonuses and extras) was about 80% of the average gross wages of Czech employees. This average included workers in the social, education, health care and other (supporting staff) services.

- The average monthly pay of kindergarten employees is lower than the national average wages: in 2004, 77% national average. Situation improving from 2000, with 8% (10% in the case of teachers) growth against the national average
- There is no professional training systems for the labour office employees whose remuneration is clearly lower than in the other fields of state administration

FRANCE

Can we really speak about for-profit organisations when describing childminders? While independent childminders adopt a commercial status, they are most of the time not making profit but earn a low wage.

ITALY

The last decade saw a spread of non standard work arrangements (fixed-term, interim, part-time, etc.): even though *per se* this phenomenon doesn't cause vulnerability, in the Italian context this is the case because of the weakness of social shock absorbers which do not allow an adequate bridging. This tendency towards a progressive precarisation (i.e. flexibilisation without adequate security) of labour has concerned in particular the sector of social services where the lack of social guarantees (in terms of illness and maternity leaves, holidays, old age pension etc ...) has been combined with a general low level of salaries comparatively to the others sectors of production. The tendency towards delegation of services to private providers based on public tenders, often presented as a way of making

services more flexible and responsive and to value the resources of the cooperative movement, is openly recognised by key actors as a way of reducing costs thanks to the availability of a lower cost and less protected labour pool compared to the public sector.

UNITED KINGDOM

Evidence suggesting a possible trade-off between price and quality was found in the developing social care markets. For example, providers complained that purchasing arrangements did not allow them to sustain the quality of employment and employee consistent with the provision of high-quality care with the available resources.

3.3 Feminisation of (care) work and gender pay gap

The care workforce is overwhelmingly female, often with low pay and underdeveloped career structures.

CZECH REPUBLIC

Feminisation of Czech kindergartens (100%) remains a problem.

3.4 Staff shortages → Need to attract people in jobs

As consequence of the problems related with around working hours, payment and working conditions it becomes increasingly difficult to attract qualified employees.

Labour shortages in the care sector exist in many of the EU25 Member States. As Europe becomes a knowledge society, labour-intensive care will put more and more pressure on national budgets and on individuals' resources.

SWEDEN

The area of elderly care is heavily emphasized in reports from the Swedish Government, the demand for the overall recruitment need is calculated from 268,300 in year 2000 to 362,000 in year 2015, which correspond to an increase of 35%.

UNITED KINGDOM

Staff recruitment and retention are considered to be the key challenges facing the social care sector. Compared to other sectors, vacancy rates in social care were about twice as high as those for the whole of all private and public sector activity in England.

Labour shortages in the home care sector stem from the difficulty in recruiting personnel who are willing to work in household services. Such unwillingness is the result of the occupation's low salaries (particularly in metropolitan areas such as London where they in conjunction with high housing costs act as disincentives) and poor working conditions, as well as the improved prospects for finding alternative work in the local labour market.

3.5 High rates of turnover/drop-out

- Reasons for turnover/drop-out: Physical and emotional strains and stresses; geographical and professional isolation
- Rate of early retirement associated with stress or burnout among social care employees is reported to be relatively high in most Member States.

GERMANY

80% of those employed in the social care sector leave their job within five years. Carers of the elderly suffer from a considerably higher number of psychosomatic complaints than the average working population

3.6 Work contracts

Competition on quasi markets with the use of public procurement as a rule translates into pressure on wages and payment structures.

Workers in the personal care and social work association categories are generally more likely to have temporary and more precarious employment than other workers.

Increase of number of independent workers as a rule for specialised, community-based tasks (e.g. in Germany in the fields of labour market inclusion and integration services, in France in case of childminders).

3.7 Black/grey market/Undeclared work (avoiding taxation and social contributions)

The rise in undeclared work poses a major threat to achieving higher standards of care provision within the formal sector and to securing improvements in job quality. It also creates difficulties in identifying the characteristics of a significant proportion of the social care workforce and prevents them from exploiting the benefits of declared care, such as access to appropriate employee rights and protection, as well as job-related training and career progression opportunities.

FRANCE

By 1998, no less than 1,200,000 French households had employed a domestic care worker on a formal basis, as against just 500,000 before the creation of the CES scheme. Although part of this increase could be due to the increase in care needs and to the reduction in the cost of employing a care worker (through tax reductions and exemptions from employer contributions for certain categories of care recipients), it is clear that a significant proportion of the 'new' jobs created stem from the 'formalisation' of previously undeclared labour in the sector

FINLAND

A tax deduction system was introduced with the combined aims of increasing the employment rate in the social care sector, preparing for the ageing population in Finland, and decreasing unregistered work.

The number of households that took advantage of the tax benefit has more than doubled between 2001 and 2004, and the value of the services bought has grown by nearly five-fold.

SLOVENIA

One way of formalising existing care activities is to equip informal carers with relevant training and qualifications. Slovenia has established a system of training the family members of adults with mental or/and physical disabilities. These family assistants are officially employed and receive a salary.

3.8 Immigration, cross-border labour mobility and undocumented work

Some Member States have actively targeted care workers from countries outside the EU, in order to reverse the current labour shortage among domestic social care workers. Targeted recruitment methods can potentially deplete the nation of origin of their social care workforce, so transferring the labour shortage from the host country to the country of origin. Other concerns relate to the fact that migrant populations entering employment are often vulnerable to discrimination. A high proportion of migrant carers are women and although some of them are highly educated, having trained as nurses, doctors, midwives or teachers in their home countries, they often struggle to get their qualifications recognised outside their native country.

One issue regarding informal care concerns the number of migrants working in the EU social care sector (often working at the borderlines between home help, personal support and personal care). Only a small number of these social carer workers are paid formally and receive social security benefits. Many engage in undeclared care work in the 'black market' and struggle to get work permits. Recognising relevant qualifications held by migrants from other countries would almost certainly reduce the extent to which many migrant workers are driven towards undeclared work.

→ Important policy implications

- Training needs in a future enlarged EU
- Consequences for countries of origin and families creating new unmet demands of their children and parents of migrant carers

GERMANY

In 2005, about 214,000 people (87% women) were working in the field of household-base long-term care services, 56,000 full time, 151,000 part time, 7,000 under other arrangements. It is estimated that about 100,000 people are working as undocumented migrants. In other words: Roughly one third of the non-family/non-informal caring work is done outside contractual arrangements recognised, regulated and (co-)funded by the long-term care insurance and uncovered by (standard) individual and collective labour rights.

GERMANY

Migrant carers, in particular from Poland, the Czech Republic and Slovakia, are living in thousands of German households and are involved in 24/7 care and household work. Individuals or families employing them on average pay 800 to 1,000 € per month, with board and lodging included.

In the last years an increasing number of internet-based placement agencies offer the posting of e.g. a migrant worker from Poland – for a period of three or six months – after concluding a contract on the provision of services. Placement agencies claim that the migrant worker has an employment contract with an enterprise located in their country of origin (e.g. Poland) and that the migrant workers enjoy the freedom of mobility in the framework of the Directive on Services in the Internal Market.

The work of migrant carers in households takes place in a legal grey zone, given the interplay of regulations stipulated in the Posting of Workers Directive and national implementation law, on the one hand, and regulations fixed in the Temporary Agency Work Directive and the national implementation law, on the other. Conceptually this entails two questions:

- 1) How to reconcile conflicting or incompatible rules of the posting of workers law (*Arbeitnehmerentsendegesetz*) as 'lex specialis' with rules fixed in the temporary agency work law (*Arbeitnehmerüberlassungsgesetz*) as 'lex generalis'?
- 2) How to actually legally classify their activity? If it is temporary agency work, the question of its legality for the people concerned arises.

German authorities also claim that work permissions are needed and that temporary agency work implies direct work-related orders from the enterprise employing them, being a rather unrealistic assumption in the concrete case given the geographical distance. According to them, work contracts between the individual/household needing care and the migrant worker are possible, under the condition that the migrant worker is being employed by an enterprise in her/his country of origin (and covered by the social protection/insurance scheme, there). This means the individual/household in Germany is buying services, but not acting as employer of the migrant worker. The contract can be arranged by specialised placement agencies. However, this 'construction' is legally only valid for household-related services of a non-personal care services nature! These foreign enterprises, however, are not recognised as contractual partners of German long-term care insurance funds. This implies that individuals/households will have to cover costs from their private budget. Legal uncertainty clearly affects the working conditions of migrant workers (in addition to possible threats of

expulsion of migrant workers due to an irregular situation as to their residential status) and could have damaging effects on working conditions of permanently resident workforce.

ITALY

In Italy there is a strong and widespread presence of grey labour market (in particular in the LTC's sector), associated to unregulated migration flows.

A *badanti* - an immigrant woman directly hired by a family in order to take care of an old dependent person and usually living in the same house/ domestic helpers - not only represented an alternative to direct care given by a family member, but a (cheaper) alternative to institutionalisation. According to recent estimates the number of *badanti* currently working in Italy should be between 650.000 and 800.000, i.e. one every 6 or 7 people aged 65 or above. Many of them work in the grey market and/or do not hold a permit to stay in the country.

It is estimated that the actual cost of a 24/7 in house service would be 2 to 3 times higher if rendered by a care organisation based on the implementation of labour market regulations compared to the cost of an individual worker in the grey market.

Several local authorities have started experimental programmes in order to qualify foreign individual care workers. Short training programmes have been activated in order to provide migrant workers with some knowledge. The experiences in this field are concentrated in northern regions and even here are not at all generalised. The general aim is, subsequently to training, the insertion of migrant workers in a register for care assistants at the local level available to families willing to employ a *badante*.

Despite the fact that these projects have just been started and are still at an initial stage, several problems have arisen:

- Being undocumented practically excludes a great number of foreign workers from these programmes;
- The motivation of foreign workers for attending such courses is quite limited as the final result is not a bettering in working conditions, qualification or pay nor the possibility to access a different type of employment;
- Even motivated workers find it difficult to attend course as they are often obliged to find (and pay) a substitute for their hours of absence from work.

ITALY

The Family Counter project is an initiative which matches immigrants entering social care employment in Italy with families who have care needs. Carers are directly selected by a private employment agency (*PrivatAssistenza*, licensed by the Ministry of Labour) and are introduced to the families. The agency also acts as a training body and a mediator in the working relationship between care givers and host families.

SWEDEN

An increasing share of the people recruited into municipal nursing and care are born outside Sweden, above 20 % of the newly recruited in 2005 were born abroad.

4. Factors creating the need for a better qualified workforce

4.1. Quality assurance and management: Implementation of occupational standards and qualification requirements/schemes

Potential professionalisation of the care sector, through greater formalisation, the development of qualifications and increased training, has both advantages and disadvantages.

- Advantages include a higher profile and the recognition of caring as a career; greater encouragement to work in the sector; and better quality guarantees for service users.

- Disadvantages include possible restricted access to these posts, leading to less qualified workers continuing to work in the 'undeclared sector', as well as higher labour costs which could damage entrepreneurship and affect demand.

The introduction of quality measurement systems across the care sector can have many positive effects.

- From the user's perspective, an independent classification system can empower clients to find the service that best suits their needs and gives them more confidence in using the social care system.
- From the care worker's perspective, quality measurements and comparison with other providers creates an atmosphere of competition, challenging old-fashioned, routine services and encouraging innovation. Raising the quality of the service and providing more user-friendly, consumer-focused services helps care workers to remain in employment.

FRANCE

→ Certificate of qualification for staff/personnel

In March 2002, a national qualification called the *Diplôme d'Etat d'auxiliaire de vie sociale* (DEAVS) was introduced by decree in France. It specifically aims at improving the qualification levels of staff in the care service sector and at increasing the basic pay levels for qualified staff in the domestic care sector. The training is based on the idea that care service workers will be expected to carry out new tasks in the future, including taking care of increasingly fragile groups. Stress is placed on the ethical and deontological aspects of their jobs, as well as on the importance of working as part of a 'care team'. The DEAVS is also intended to help care service workers access other types of training.

→ Certificate of qualification for staff/personnel

Adoption of the new law of 2005 for childminders (*Loi du 27 juin 2005 relative aux assistants maternels et aux assistants familiaux*) that clarifies, among others, their agreement procedure, their employment status, their wage and work conditions, their relation with the parents and their obligation to follow professional training. Specific training has to be followed, officially before the beginning of the activity.

GERMANY/Regulation of qualification

Cf. 2.4.1

4.2 More complex tasks and more responsibility for social workers

4.2.1 New forms of services: Counselling services; services improving complementarity of professional services and family-based care and the support of family carers

4.2.2 More specialised offers (integration services; labour market inclusion services)

→ Delegation of tasks, sub-contracting; increase in independent workers and SME

4.2.3 Outcome-oriented documentation/evaluation

CZECH REPUBLIC/Long-term care

The Region Hradec Králové has commissioned a benchmarking comparing services for seniors (distinguishing various groups) provided by different service providers.

UNITED KINGDOM/Long-term care

Bids to provide services include past performance. This takes into account complaints from service users, surveys of service users' satisfaction, financial probity and the managerial

competencies of the provider with respect to staff recruitment, staff monitoring and invoicing among other things.

Performance indicators have come under inquisition from many corners and are widely regarded as inadequate to assess performance and do not measure outcomes.

4.2.4 De-institutionalisation, refocus on out-patient care and household-centred services

De-institutionalisation efforts actually raise the profile of social work and change its character in terms of having a more community-based approach. Individualised work with children and families requires more human resources, both in terms of number and quality.

Decentralisation in Central and Eastern European countries revealed significant problems, in particular: insufficient financial resources at local level and the absence of regulations accompanying new tasks. The great majority of social services offering community-based alternatives to institutional care are now provided by NGOs. However, the lack of sustainability of NGOs poses a serious threat to the continuity of service provision, both in terms of developing customers' trust and of the development of human resources. Lack of sustainability also has a huge impact on the dynamics of the labour force in the social sector, leading to organisational instability, increased staff turnover, greater job insecurity and lack of career prospects, which in turn lead to lower quality service provision.

4.2.5 Integrated services

4.2.6 Cooperation/partnership with external actors

4.3 Stronger user-/client orientation, refocus on individual cases/tailor-made services, case management

Trend since one and a half decade: Increase in the empowerment of care recipients and the transformation of service users into service buyers. The 'empowerment' of care recipients enables them to 'purchase' their own care and carer, with the addition of contractual rights. At the same time, this can potentially influence the quality of care: low standard care services would simply not be 'bought', although whether more marginalised groups have any say in this remains a major concern. Care recipients may also be able to tailor a care programme to their specific needs, again raising quality and improving delivery.

FRANCE

Reinforcement of the rights and the implication of the beneficiaries with several obligations were envisaged since 2002, in particular:

- Establishment of a contract between the service supplier and the beneficiary ("contract of accommodation") which aims at making responsible the actors;
- Obligation to set up a 'council of the social life' (*Conseil de la vie sociale*), i.e. a place of exchange and expression reuniting representatives of the beneficiaries, of their families, of the personnel and manager organisation.

5. National and European Frameworks and policies around employment creation, recruitment, qualification and working conditions

5.1. Member State level

5.1.1 Recruitment

Value of the care sector to the EU economy: Enhance its attractiveness as a career option for young people and the unemployed. Employers have become increasingly aware that the occupational well-being of their employees, and a positive work climate, assist in portraying a more attractive image of care for the elderly and can attract more employees to the sector.

One potential solution to the labour shortage problem in the care sector is the employment of those currently unemployed or inactive, although this presents clear difficulties.

Fast-track scheme and pay incentives to enable new graduates to train and quickly gain further qualifications, while being paid. By removing the disincentives of low pay levels and long qualification times, graduate interest in social work increases.

5.1.2 Qualification, continued training/life-long learning (LLL)

Keeping skills and knowledge up-to-date for social care personnel is crucial to delivering high quality services.

UNITED KINGDOM

In 2003, professional qualifying training for social workers in the United Kingdom changed to a degree in social work in order to address the low number of graduates in the care sector and to improve the professional status of the care industry. A similar development can be reported from Greece. The introduction of university-level qualifications is a positive first step, in terms of both creating a new generation of highly qualified care workers to respond to increased demand, and of promoting the image of the sector.

5.1.3 Working conditions

5.1.4 Formalisation of previously family-based caring activities

The job-creation potential of social care services partly depends on the extent to which caring activities, traditionally provided within the framework of the family unit, are 'externalised'.

An expanded role for the third sector, i.e. all non-profit organisations and socially driven cooperatives, is viewed as a promising source of new jobs in the coming years. The third sector has the capacity to identify and develop demand at local level and to deliver the services required in a way that is tailored to the care needs of the community.

5.1.5 Supporting family/informal carers

Policies must acknowledge that provision of care is both formal and informal. There is a need to provide informal carers with enough flexibility to allow them to undertake paid employment in other parts of the labour market. Time can be as important as financial compensation.

Member States have been moving towards more flexible approaches to respite provision. New forms of respite provision are aimed at providing services that are based on the actual needs of the carer and care recipient.

5.1.6 Voucher systems (with requirements as to employment with social contributions)

5.2 European level

Some instruments that could be used to better face challenges related to recruitment qualification and working condition in the field of SHSGI

European Employment Strategy, target groups: increase labour market participation of women and older workers

Internal market: Recognition of professional qualifications (first level: mutual recognition; second level: harmonisation of training requirements → health professions)

- Recognition of qualifications at an EU level is a major issue for both employment and mobility, two of the cornerstones of EU policy; it has the potential to improve both the supply of labour within the care sector and the quality of services it can offer.
- Advantages to introducing recognised care qualifications at a national and trans-national level, in order to improve mobility into and within the sector and give care workers a more structured and 'professionalised' career path.

Open Method of Coordination on social protection and social inclusion; exchange of experiences and good practice (taking up questions/challenges around employment growth, recruitment, qualifications and working conditions); peer review processes

European Social Fund

- Focus on employment in SHSGI sector to be strengthened: creation of quality jobs
- Shifting means to activities favouring the labour market inclusion of disadvantaged persons e.g. offered by social economy enterprises working towards public utility/general interest goals and objectives of sustainable development.

European life-long learning programmes (vocational education and training/Leonardo da Vinci; adult education and learning/Grundtvig)

- Focus on sector/field of SHSGI and related professions?
- Trans-national elements and facilitation of cross-border mobility?

Evolving quality framework for SSGI

- Communication on SGI with focus on SSGI, call for project proposals on promotion of quality in the field of SSGI (April 2008)
- Existing documents: disability (C11/2007), High-Level Group of Social Protection Committee (SPC) on quality of SSGI, Social Platform principles to achieve quality SHSGI (September 2008)

Commission Recommendation on active inclusion (common principles and guidelines; in particular for 3rd pillar "access to quality services") – one element on human resources: training and qualification of staff, working conditions, manageable caseload

- How to implement these principles and guidelines (no guidelines for 3rd pillar), in the framework of an OMC (and with which requirements / opportunities for action at Member States level?)
- Integration / coordination of two policy processes?

Mathias Maucher

Modernisation processes in the field SSGI: Challenges related to employment and qualification

- Will issues and challenges related to recruitment, qualification and working conditions be adequately taken into account?

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