

# **Changing care services and labour markets**

## **CHANGING CARE SERVICES AND LABOUR MARKETS**

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# 1. Executive Summary

The provision of social care is one of the most important issues facing European countries. Changing demographic structures, local labour markets, migration policies and systems of financing social services all influence social care provision. The role of informal care continues to play a central role in care provision.

National social expenditure, as measured by the percentage of Gross Domestic Product, increased from 1980 to the mid-1990s but declined after 1995, in many European countries. Since 2000, there has been some slight increase. The majority of European countries spend over 20% of the value of their GDP on social expenditure, which includes a range of expenditure, for example, pensions, social security benefits, and residential and home care services.

## Care provision in Europe

The European Commission estimates that the number of people between 65 and 79 living in the European Union will grow by 37% between 2010 and 2030. There have already been extensive changes taking place in the financing of care and the support for carers, which affect the demand for care from public, private and NGO providers. These changes have also led to the development of new occupations and roles in social care.

A recent survey (Pommer et al., 2007) of care needs, as defined by levels of disabilities, in the over-50s population, found that 32% of the over-50s in Europe suffered some form of impairment. These rates are higher in Mediterranean countries and lower in Nordic countries and the Netherlands. Access to an informal network reduces the chance of receiving formal care, in all countries. This is a very significant finding because care provision, in all countries, is strongly dependent on informal care provision.

France, Italy, Poland and the UK provide care allowances, which enable a person needing care to buy specific care services. In France, this allowance is known as the Personalised Autonomy allowance. In Italy, home care vouchers are available for older people needing care. In the UK, direct payments for care services are available to people with high levels of disabilities. In Spain, a new social care law has also introduced new individual rights and responsibilities for care services.

There has been an expansion of child care during the 1990s and this trend continues. However, there are wide variations between countries, which are influenced by the period in which child care provision has expanded. This is also influenced by the participation of women in the labour force.

The European Union (EU) has recognised the need to improved access to childcare as part of its European Employment Strategy to expand the percentage of women in the workforce (Barcelona Council, 2002). The EU focus on child care provision is also related to falling birth-rates and the recognition that good quality child care is a factor in determining decisions about family size and in achieving a sustainable work-life balance (Blackburn, 2006).

### Cross border mobility

Between 1995 and 2001, 2 million jobs were created in health and social care services, 18% of the total jobs created (European Foundation, 2006). In addition, low pay, the poor image of care work and poor training opportunities as contributed to dampening the latent demand for care services. In many countries, the care sector faces a shortage of labour and is unsuccessful in attracting younger workers.

Increasingly EU and national migration policies are having a major influence on the social care labour market. There have been significant increases in inflows of foreign workers, into many countries of the European Union, over the past decade, although their contribution to the overall labour force varies.

In Belgium, Germany, Greece, Netherlands, Norway, Sweden, Switzerland and the UK over 10% of health and community services workers are foreign born (Dupont, 2006). Although the term 'foreign born' can cover workers who have been resident in a country for much of their lives, these figures give some impression of how health and community services depend on foreign-born workers.

### Training and registration

The registration and accreditation of social care workers is less advanced than in child care. Child care is often associated with an element of pedagogy and this has raised the expectations of the standards of child care workers. Minimum qualifications for child care are higher than for social care. Nordic countries have higher standards for both social and child care workers. Greece and the UK have recently introduced new social work degrees.

One of the goals of registration is to make care work more appealing to younger people. A crucial factor in developing training for care workers is whether the training provides opportunities to enter similar professions, such as nursing or social work. Not all countries have achieved this synergy between different types of training. This will influence whether younger people are interested in training to be care workers.

### Volunteers

Volunteers are part of the non-paid care workforce who, along with carers from the family and non-kin carers, provide informal care. Informal care plays a central role in care provision. The impact of volunteers on working conditions and the professionalisation of care work, is influenced by the role that volunteers play in European societies. There are different national traditions of volunteering and voluntary organisations provide different contributions to local and national care sectors. Similarly, the national profile of volunteers also varies, with different age groups active in different countries. The potential of volunteers to undercut paid care workers, also has to be considered in the context of the extensive amount of informal care provided by women, throughout Europe.

### Collective bargaining

There are new developments in collective bargaining that are drawing the private

and not for profit into formal agreements. This reflects the growing role that these sectors play in the provision of care services. The existence of active umbrella organisations that can represent the interests of care providers is essential for the development of sectoral agreements.

Countries in Eastern and Central Europe are successfully negotiating higher annual pay increases than in many Western European countries, although they are starting from a low wage levels.

Changes in the nature of funding, in the care sector, are influencing the development of a social care labour market. Migration plays a role in ensuring the provision of care workers in many European countries. Countries will continue to face problems in recruiting care workers because of the low status of the sector and an ageing workforce. Changes in training and registration aim to raise the profile and status of the sector but these will only gradually change the way that the sector is viewed by younger people. The continued importance of informal care is gradually being recognised as an important factor in shaping the formal care sector.

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