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Quality of jobs and services in the Personal care and Household Services sector in Spain

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1. NATIONAL OR LOCAL REGULATION AND POLICIES

1.1. Policy background

In Spain, there is no official definition of “household services” as compared to other countries such as France. However, there is a “Spanish Association for Personal Services” (Asociación española de servicios a la persona, AESP) which promotes the creation of a national regulation, including financial incentives to consumers and companies, aimed at developing these services.

Different terms are used to refer to these services: “proximity services” (*servicios de proximidad*), household services (*servicios domésticos*) or just referring to the direct employment relationship when employees are recruited by individuals (household employees, *empleados de hogar*).

For long, Spain has relied on a “Mediterranean” model of social protection, relying a lot on families and relatives. **It is only recently that a national law was edicted, which created a new framework for care services to dependent persons.** As L. F. Gutiérrez et al. have put it, “traditionally, the provision of health care services to dependent people has been a family responsibility, with the administration limiting itself to providing long-term care (LTC) services only when family income was insufficient to provide such care. Changes in family patterns, a higher rate of female labour market participation, and the emerging needs that all of this entails have encouraged the development of the current long-term care system.”¹

In December 2006, the Spanish government passed Law 39/2006 for the Promotion of Personal Autonomy and Care for People in a Situation of Dependency (*Promoción de la Autonomía Personal y Atención a las Personas en Situación de Dependencia*) – also known as the LAPAD or the Dependency Law. **This law established the individual right of all citizens to access a broad range of services and support in situations of dependency.** The functioning of this law is very much decentralised. In Spain, social services are an exclusive competence of the autonomous communities, and up to this 2006 law, the development of social services had been quite uneven. With the approval of this law at national level, autonomous communities had to include its provisions in their own social services structure. The model therefore still relies on decentralised levels, but it creates a common framework. The Dependency Law has not been fully applied yet and will be fully operational for every dependent person by July 2015.

¹ L. Fernanda Gutierrez et al., “The Long-Term Care System For The Elderly In Spain”, *ENEPRI Research Report* No. 88, June 2010

The 2006 law distinguishes between three degrees of dependency:

- *Degree I. Moderate dependency:* when the person needs help to perform various basic daily living activities at least once a day or when the person needs intermittent or limited support for his/her personal autonomy.
- *Degree II. Severe dependency:* when the person needs help in order to perform various basic daily living activities two or three times a day, but he/she does not want the permanent support of a caregiver or when he/she needs extensive support for his/her personal autonomy.
- *Degree III. Major dependency:* when the person needs help to perform various basic daily living activities several times a day or, due to his/her total loss of physical, mental, intellectual or sensorial autonomy, he/she needs the continuous support of another person or when he/she needs generalised support for his/her personal autonomy.

Depending of his/her needs assessment, the beneficiary may benefit from a catalogue of in-kind benefits and services including:

- Dependency prevention services and the promotion of personal autonomy
- Personal alert system
- Home-help service (addressing the needs of the household)
- Personal care
- Adult day-care centres
- Residential care service

If the competent administrations are unable to offer these services, the dependent person is entitled to receive financial benefits. There are three types of financial benefits: financial assistance to access certain care services, financial assistance for informal caregivers (non-professional care), and financial assistance to hire personal caregivers. The amount of these benefits depends on the degree of dependency and the economic situation of each individual.

Available data show that more than 45% of the total financial aid offered for dependents relates to 'family and non-professional care'. Thus, although financial support for family carers was supposed to be an exceptional measure, in practice it has turned out to be the most popular one. For example, in August 2011 46.4% of all economic contributions approved were aimed at relatives and non-professional carers, totalling 411,880 contributions. The economic crisis is behind these results, as many relatives who are not able to find a job rely on this financial aid.

1.2. Funding

The funding of the social services system as a whole is shared between three levels: the state, the autonomous communities and the local level (regional and municipal levels). In addition, the service user pays a part of the total costs, depending on their particular circumstances (“co-payment”).

Local authorities including autonomous communities assume the highest share of responsibilities. Data indicate that there are large differences between the 17 autonomous communities. For instance, concerning public spending on social services per inhabitant per year (general data for 2009), the Basque Country spends the most (€773.21 per inhabitant), whereas the Balearic Islands allocate the lowest amount (€119.83 per inhabitant), the Spanish average being €280.03.²

According to Eurofound, “many authors claim that the funding provided to Spanish social services is low, especially compared with the European average”. Moreover, although estimated public spending on social services has increased as a consequence of the new rights covered by the 2006 Dependency Law, the financial crisis is making it difficult to maintain initially planned budgets.”³

1.3. Employment figures

The weight of the “Social work without accommodation” (NACE 88) sector represents around 1% of total employment. There are 166,000 employees in the category NACE 88.1 “social work activities without accommodation for the elderly and disabled”. This sector has increased by 48% between 2009 and 2012, in contrast to the 8.5% decrease in the overall number of people working in the Spanish economy for the same period.

The weight of “Activities of households as employers of domestic personnel” represents less than 4% of total employment. In terms of the relative weight of this latter sector in total employment, Spain arrives second just after Italy in Europe.

According to the AESP (Spanish Association for Personal Services), household services would represent around 1% of Spanish GDP, but this assessment is not really precise as a large proportion of these services are delivered through informal channels.

² Eurofound, “More and better jobs in home-care services: Spain”, 2013

³ Ibid.

The number of employees affiliated to Social security resorting from the Dependency law is around 345 000 in 2013, but this figure is an underestimation of the total number of carers. Some of them have not already chosen to affiliate to Social security.

The number of employees recruited directly by individuals is around **660 000**.⁴

1.4. Drivers

Two main drivers explain the important evolutions of the Spanish model. The first one is the **increase of the share of 65+**. It represents today 17.5% of the total population compared to 14% in 1990. Life expectancy in Spain is one of the highest in the world (second just after Japan). **The second driver lies in the changes in family structures and institutions.** Usually families were the first institution to care for relatives. Now since a 2006 law (see below) a specific sector tends to emerge. Dependency is now defined as a new social risk. However the share of informal work is still important. On one hand, non-professional carers have been given new rights and are better regulated. On the other hand, the black market is still important, representing up to 70% of the sector according to some surveys. The rapid growth of female employment in the Spanish economy (from 50% in 2000 to more than 65% in 2011) has generated important needs in terms of “conciliation” policies. A common view is that the country for long lacked enough conciliation services. The development of personal and household is a growing answer to these new emerging needs.

⁴ Data: AESP, mentioned in France Stratégie, « Gouvernance et organisation des SAP en Espagne », Dec. 2014

2. WORK AND EMPLOYMENT QUALITY

2.1. Career and employment security

2.1.1. Employment status

Nature of employer (private individual or organisation; for profit sector or non-profit)

The market is undergoing a process of structuration but **the share of direct employment (including informal employment) is still very high. Direct employment** is estimated to represent around **50%** of the market.⁵ The public and non-profit sectors represent around 40% of the market and private for-profit companies 10%.

Non-professional carers also represent important actors. They cannot as such be included in the figures of total employment. But since a 2007 decree, these non-professional carers may benefit from a specific in cash allowance, in case when there is no local social service available. More than 400,000 persons benefited from this aid in 2013 according to the evaluation of the Dependency law.

89% of employees are women.

Contractual relation between employer and employee/Existence of a collective agreement

The working conditions of workers in the social services sector are regulated by **common regulations** (the Workers' Statute (Estatuto de los Trabajadores)) and by collective agreements. There are **two main collective agreements** that influence professional profiles, training programmes and pay mechanisms. The first one is the Collective Agreement XIV on Care Centres and Services for People with Disabilities, signed in August 2012. Among other things, this collective agreement has defined guidelines to improve professional qualifications and training. The second one is the Collective Agreement VI on Care Services for Dependent People and Development of Personal Autonomy, signed in April 2012. This collective agreement applies to companies and workplaces that provide services for dependent people and promote personal autonomy (such as day centres, night centres, home-care services and telecare services). This collective agreement seeks to regularise and maintain employment.

⁵ DGCIS, French Ministry of Economy and Industry, 2011 ("Competitiveness, Industry and Services General Direction"), Etude sur les services à la personne dans sept pays européens (Study on personal services in seven European countries), November.

2.1.2. Temporary contracts

In terms of type of work contract, data from the Active Population Survey for 2012 show that **34.3% have temporary employment contracts** (in contrast with 23.6% for the whole economy). In addition, **41.8% of workers work part time**, compared with 14.7% for the whole Spanish economy.⁶

2.1.3. Undeclared work/regularisation of undeclared work

Undeclared work is important. Some surveys assess the share of the black market up to 70% but these figures might be taken with caution.

Concerning personal and household services, the only national estimates date back from 1985, when 60% of housework services were estimated to fall in the undeclared sector.

When comparing data surveys with social security data, it is possible to measure irregularity in employment as between 11% (narrow interpretation) and 21% (wide interpretation) in 2007-2008.⁷ In 2009, this rate of irregularity decreased to between 6% (narrow interpretation) and 15% (wide interpretation). These figures might look underestimated.

There are also some estimates of the importance of undeclared employment in some regions. Research carried out by the Observatory of Employment in the Navarra region estimates a level of between 40 and 66%.⁸

2.1.4. Migrant work

No data are available at the level of NACE 88.1 regarding the share of foreign workers. However, data are available at the higher level of NACE 88, 'social work activities without accommodation'. In 2010 a total of 11,297 foreign nationals were registered in the social security system as workers in the sector, 3.6% of the total number of workers registered for this particular activity. However, it must be noted that the irregular or black economy seems to be quite prevalent among foreign workers, particularly among foreign women. In fact, nonprofessional care services (especially activities without accommodation) appear to be a widespread work option for irregular immigrants.

⁶ Source: Eurofound 2013.

⁷ Consejo Económico y Social, "El empleo de la rama de hogares en la crisis: cuestionando algunos tópicos", CAUCES, Cuadernos del Consejo Económico y Social, 2009, 10.

⁸ ONE Observatorio Navarro De Empleo (SNE), Servicios domésticos y servicios personales en el hogar, 2009

In what regards domestic staff, the number of foreign workers is much more important.

Data on the Spanish domestic sector reveal how important the incorporation of female foreign workers into the sector has been. While the number of Spanish domestic workers has remained unaltered since 1996 (at just over 200,000), the number of foreign domestic workers has risen from 15,500 in 1996 to 320,000 in 2009 (see Table below).

Table: trends in numbers employed as domestic employees (thousands)

	TOTAL	NATIONALS	FOREIGNERS	FOREIGNERS (percentages)
1996	221.5	206.0	15.5	6.9%
1997	235.7	218.3	17.3	7.3%
1998	243.1	218.6	24.6	10.1%
1999	285.1	243.1	42.0	14.7%
2000	296.1	240.4	55.7	18.8%
2001	321.0	239.9	81.1	25.3%
2002	340.7	219.7	121.0	35.5%
2003	410.3	229.9	180.4	44.0%
2004	469.5	220.0	249.5	53.14%
2005	519.7	241.2	278.5	53.6%
2006	552.8	228.2	324.6	58.7%
2007	583.9	250.7	333.2	57.1%
2008	545.8	229.7	316.2	58.0%
2009	512.5	191.8	320.7	62.57%

Source: INE (2009). Employed in occupation 911 and Activity 950 CNAE-93/970 CNAE-2009.

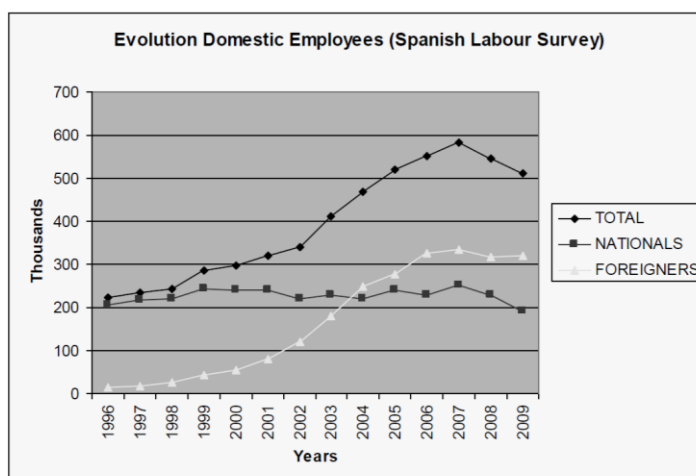
Source: León, 2010⁹

In recent years, the sector of personal and household services has benefited from **immigration policies, which have permitted the development of a regular supply-side**. The situation was that, as some immigrants are illegal, some have to accept poor conditions in order to obtain legal employment that will allow them to obtain a residence permit. This is an obstacle because they tend to accept any type of employment relationship in order to obtain to survive and regularise their situation. In 2005, a massive regularisation of immigration was decided by the Spanish government that resulted among other things to a limitation of this kind of “strategy” (accept any job so as to obtain a residence permit). Almost 200,000 people, mainly women, were granted work permits in the household sector. “In the extraordinary regularization process carried out in Spain in 2005 by the Spanish Ministry of Labour and Social Affairs, 32% of the applications were related to employment in the housework service sector, and 83% of the

⁹ Margarita León (2010). Migration and Care Work in Spain: The Domestic Sector Revisited. *Social Policy and Society*, 9, pp 409-418.

workers within this sector were women.”¹⁰

This immigration policy can explain why there has been such an increase in the number of domestic workers in recent years. While the number of Spanish domestic workers has remained unaltered since 1996 (at just over 200,000), the number of foreign domestic workers has risen from 15,500 in 1996 to 320,000 in 2009 (see Graph below). **The share of foreign employees was equal to 7% in 1996 and was superior to 62% in 2009.** Nowadays the domestic sector “is not just highly *feminised* but also remarkably *foreignised*”¹¹.



Source: León, 2010

2.1.5. Income and wages

We can mention the results of a regional survey from the Observatory of Employment in Navarra. In 2009 in this region, the mean wage is situated around 500€ which is lower than the minimum wage (624€ by month). As mentioned in another study, the activity is based on very individualised relationships which do not always refer to legal norms. As well in Spain, the increase in the labour supply offered by immigrant workers can have had a downward impact on wages. As in the Italian case, a difference is reported between Spanish workers and foreign workers (3.9€ by hour vs. 3.3€ according to the survey in Navarra).

More quantitative data on income and wages is requested here.

¹⁰ E. Peterson, 2007, The Invisible Carers: Framing Domestic Work(ers) in Gender Equality Policies in Spain, *European Journal of Women's Studies* 2007; 14; 265

¹¹ M. León, 2010, Migration and Care Work in Spain: the domestic sector revisited, op. cit.

2.1.6. Social protection

Employees in the care sector benefit from the same social protection and rights as employees in other sectors.

However until recently, domestic workers directly employed by individuals did not benefit from the same rights. Domestic work (*servicios domésticos*) has been regarded in Spain as a special employment relationship, governed by a separate set of employment and social security regulations, dating from 1985. This 'special system' was governed by specific rules, for instance no written contract was necessary, rights to unemployment benefits or sick leave were null, social security contributions were reduced and consequently social protection very low. The employer was required to pay social security contributions only if the number of working hours exceeds 20 per week

A new regulation covering working conditions for domestic staff in Spain entered into force on 1 January 2012.¹² It affects approximately 700,000 workers, most of whom are women. The new regulation puts household workers on the same level as normal employees in many respects, such as wages and working time:

- The key change is the **requirement for a written contract** of employment once a working relationship has lasted for more than four weeks.
- The **Minimum Interprofessional Wage**, fixed annually by the government at €641.40 in 2012, will now apply to household workers and must be paid in currency rather than in kind.
- The **statutory maximum working week of 40 hours** will apply to domestic workers as will the statutory minimum length of rest between working days of 12 hours – previously 10 hours for household workers.
- The new regulation offers **greater social protection** to household workers by including them in the social security system by means of a special regime. This means that from now on employers will have to pay social security contributions for common contingencies from their first working hour. In addition, household workers are now entitled to receive **sickness benefit** from the ninth day of sick leave. Formerly, sickness allowance was not paid until 29 days after an employee had taken sick leave.
- It also offers workers greater social protection by including them in the **social security system**.

¹² Eurofound, 2012, "New regulation improves rights of domestic workers", <http://eurofound.europa.eu/it/observatories/eurwork/articles/other-working-conditions/new-regulation-improves-rights-of-domestic-workers>.

The unions have been positive about these measures.

One of the objectives of this new regulation was to **regularise informal or irregular jobs**. On this front the results are not fully positive, as in July 2014 426,000 employees joined the new Social security system, on a total of 660,000 employees. This means that more than 230,000 employees have not changed their regime or are not declared.¹³

2.1.7. Worker's rights

Right to collective bargaining

According to Banyuls et al., the trade unions in the care sector are weak. "This is not only due to the difficulties of organising a new sector, but also to the highly individualised work, which makes it difficult to organise collective action. The workers are protected by collective bargaining, but it does not cover the large number who work informally in private homes."¹⁴

2.2. Skills development and professionalisation

2.2.1. Qualification and training

The 2006 Dependency Law has put the emphasis on the importance of qualification and professionalisation of the workforce, as a means of developing employment in the sector. It is expected that the number of medium-qualified jobs will grow in the fields of social services, home care, cleaning and care services for children and for elderly people.

Several regulations and programmes have been approved in recent years in order to develop qualification and training:

- Initial Vocational Education and Training (IVET) programmes. New VET programmes have been approved.
- After 2009, a new procedure has been set up for evaluating and accrediting competencies acquired through work experience or non-formal methods of training. Workers who accredit their work experience receive a professionalism certificate

¹³ France Stratégie, 2014.

¹⁴ Banyuls, J., F. Miguelez and A. Recio (2009), "Job Quality: The Experience of Construction and Care Sectors in Spain", presentation at the Regulating for Decent Work Conference, Geneva, 8-10 July.

(certificado de profesionalidad). In particular, workers in the community care services sector can obtain a professionalism certificate in ‘social and health support for dependent persons in households’, based on their particular work experience.

According to Banyuls et al., this lifelong learning policy however faces some limits. “The gradual expansion of commercial care activities has fostered a tumultuous and fairly unstructured development. This is largely because care has been considered as a continuation of domestic/family work. Though family work, residential care and family assistance are regulated, there is no centralised organisation that really controls the content and quality of the courses. And in Spain there are different definitions of skills at regional level (Comunidades autónomas). The training of the sector forms part of the occupational training model, but there is no national training system. It is provided by private operators—non-profit organisations and the companies themselves—which must conform to a standard programme and are financed through public grants that are offered periodically. The training offered is therefore not standard but depends on the characteristics of each provider. In a period of strong growth of demand for labour, there is evidence that the training is very irregular”¹⁵.

2.2.2. Career development

The development of lifelong learning and the use of “professionalism certificates” ie recognition of prior work experience are seen as new tools for solving the problem of lack of professionals in the sector. Employers have difficulty finding professionals with broad knowledge and experience and feel that these certificates could help to improve workers’ qualifications.¹⁶

2.2.3. Recruitment and staff shortages

According to Eurofound, “there are no specific public measures to target existing labour reserves and promote the employment of disadvantaged groups, new graduates or older workers in the community care services sector.”

A real issue is to improve working conditions and wages.

2.3. Health and well-being

No information gathered at this stage. More data is requested from participants.

¹⁵ Banyuls et al, op cit.

¹⁶ Eurofound 2013

2.4. Work/Life balance

2.4.1. Work organisation

Access to occupational medicine

Is the work organisation protecting the employee or putting her/him at stress?

No information gathered at this stage. More data is requested from participants.

2.4.2. Risk exposure and health problems

Sick leaves

Stress-related work

Harshness of work

No information gathered at this stage. More data is requested from participants.

2.4.3. Working time and work schedules

Working time. Part-time work (voluntary and non-voluntary)

According to a survey conducted in 2007, 64% of women working in the sector of social services without accomodation experienced part-time work.¹⁷

Non standard working arrangements (night work, work on Sunday)

No information gathered at this stage. More data is requested from participants.

¹⁷ Aragón J.et al (2008): Las condiciones laborales en el sector de atención a las personas en situación de dependencia: una aproximación a la calidad en el empleo. Madrid: Fundación 1º de Mayo

3. SERVICE QUALITY

One important regulation on service quality comes from the 2008 'Agreement on the accreditation of common criteria for the quality of autonomy and dependency care centres and services' establishes several criteria for ensuring quality. The rationale behind this agreement lies in the 2006 Dependency Law and supports the idea that all dependent persons have the right to access quality care services. The official accreditation of centres, resources and services means that they must fulfil the requisites set by competent administrations. The accreditation of centres and services is compulsory for entering the System for Personal Autonomy and Dependency Care (SAAD).

This agreement aims to promote the professionalisation and training of the workforce. Quality standards are directly linked to human resources and it is established that **the quality of the service depends on the number of professionals available and on their training**. Staff ratios have been defined (minimum number of professional workers per dependent person) as well as minimum qualification levels (by the year 2015, all workers offering accredited services must hold an officially recognised qualification related to their working post). Some autonomous communities or regions have gone further and have developed proper regulation concerning occupational profiles, staff ratios, etc.¹⁸

As a matter of fact, this agreement is a good driver for the development of lifelong learning policies and in particular in the use of "professionalism certificates" (recognition of prior experience).

Regarding **inspection** of providers, it seems that autonomous community control and monitor the mechanisms¹⁹. For instance: *Home care services in ANDALUCIA*: Accreditation every four years subject to submission of Annual Reports that should include the Annual Budget and information about quantitative and qualitative features related with the service. *Home care services in ASTURIAS*: no information about frequency of inspection: once the institution acquires the authorisation it needs subsequent authorisations for any changes done on a) site and building conditions; b) Conditions required; materials and equipment; c) Number of effective

¹⁸ This is the case for Catalonia, the Basque Country and Navarre. Accordingly, the Strategic Plan for Social Services in Catalonia includes in its fourth line of action the quality of employment and workers' development; the Strategic Plan for the Social Services of the Basque Country 2011–2014 refers in its third line of action to the need to promote adequate working conditions and training; and the Strategic Plan of Navarre 2008–2012 establishes that the public system of social services should improve working conditions, so that workers are more professional and specialised.

¹⁹ The next paragraphs rely on ENEPRI, Long-Term Care Quality Assurance Policies In European Countries, Report, March 2012.

assistance staff; d) Changes about requirement for professional certification of workers.

Voluntary certifications. There are around 20 institutions (March 2010) that obtained a voluntary quality certification in Spain according UNE 158000, that aims to guarantee quality of the services included in Law 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia.

Additionally, AENOR, (Asociación Española de Normalización y Certificación), has provided more than 250 quality management certificates. Autonomous Community of Madrid is an example of the EFQM implementation through Alba II Project Self-Assessment that has been established in residences and home care centres in Madrid.

Among the professionals who provide LTC services, the following need to comply with a formal specific educational curriculum & continuing education for LTC:

- General practitioner/Family Physician/Primary Care Physician
- Hospital physicians
- Social workers
- District nurses
- Health Educators
- Nurse Practitioners
- Nursing Staff

More information should be gathered and commented here.

4. CONCLUSION

As put by Eurofound, “working conditions in the social services sector do not facilitate labour stability. Changing work shifts, high staff turnover rates and low salaries are significant factors determining the lack of stability. The reasons why public authorities and trade unions have traditionally paid less attention to working conditions in this sector include the relatively recent growth and development of the Spanish social services sector and the high proportion of women employed. Staff turnover rates are very high, as many workers move to more appealing jobs. Given that some occupations or professional profiles are very similar in the health sector and the social services sector, many workers try to move to the health sector, where working conditions (particularly with regard to salaries) are much better.”

One element that might be taken into account when analysing working conditions in personal services in Spain is the role of public authorities as clients of these services.²⁰ “Spain has chosen a model of care in which the public sector promotes the service and private companies carry it out. The public sector is therefore the main client of the private companies, and has a great capacity to influence the working conditions in the sector. (...) in such a labour-intensive activity as personal care services, the price paid by the public authorities has a direct effect on companies’ ability to negotiate pay. With the rising awareness of the importance of care and the need to provide suitable services, there has been an increase in public expenditure that, in some cases, has improved the pay laid down in the agreements, particularly in home care firms. However, the higher pay has normally been obtained in exchange for concessions. The prices paid by the public authorities have increased in a context of great expansion of services (number of persons and days of care), which has led to a demand for greater time flexibility. The pay rises have been obtained in exchange for more irregular and longer working hours, because the organisation of the service may leave unpaid free time within the working day”.

This financing role of public authorities and its influence on job quality can be an element to compare between countries.

²⁰ Banyuls et al.

5. BIBLIOGRAPHY

- Aragón J. et al (2008): Las condiciones laborales en el sector de atención a las personas en situación de dependencia: una aproximación a la calidad en el empleo. Madrid: Fundación 1º de Mayo.
- Banyuls, J., F. Miguelez and A. Recio (2009), "Job Quality: The Experience of Construction and Care Sectors in Spain", presentation at the Regulating for Decent Work Conference, Geneva, 8-10 July.
- Consejo Económico y Social, "El empleo de la rama de hogares en la crisis: cuestionando algunos tópicos", CAUCES, Cuadernos del Consejo Económico y Social, 2009, 10.
- DGCIS, French Ministry of Economy and Industry, 2011 ("Competitiveness, Industry and Services General Direction"), Etude sur les services à la personne dans sept pays européens (Study on personal services in seven European countries), November.
- ENEPRI, Long-Term Care Quality Assurance Policies In European Countries, Report, March 2012.
- Eurofound, "More and better jobs in home-care services: Spain", 2013.
- Eurofound, 2012, "New regulation improves rights of domestic workers".
- France Stratégie, « Gouvernance et organisation des SAP en Espagne », Dec. 2014.
- Guttierrez L. Fernanda et al., "The Long-Term Care System for the Elderly in Spain", ENEPRI Research Report No. 88, June 2010.
- León Margarita (2010). Migration and Care Work in Spain: The Domestic Sector Revisited. Social Policy and Society.
- ONE Observatorio Navarro De Empleo (SNE), Servicios domésticos y servicios personales en el hogar, 2009.
- Peterson E., 2007, The Invisible Carers: Framing Domestic Work(ers) in Gender Equality Policies in Spain, European Journal of Women's Studies 2007; 14; 265.
- Strategic Plans of: Navarre, Catalonia and the Basque country.