



# **LIVING IN SOLIDARITY: AN ESPU POLICY FOR SOCIAL SERVICES IN EUROPE**

*Report commissioned by  
the European Federation of Public Service Unions*

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# **LIVING IN SOLIDARITY: An EPSU policy for Social Services in Europe**

## **1. WHAT ARE SOCIAL SERVICES?**

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Social services in this report refer to inter-personal support services which enhance people's individual and social functioning and personal autonomy for the benefit of those people and of society as a whole.

They form part of the fabric of provision and policies which together promote the economic and social participation of all Europe's citizens, increasing their chances of leading decent and satisfying lives. Employment and training policies, education, social security, social services, public transport, health care, child care and housing as well as leisure services such as libraries and sports facilities should knit together to promote cohesive societies. These services should both improve access to the labour market and also ensure that people who are excluded from the labour market for whatever reasons are not excluded from society.

Social services may be delivered to individuals, or to families, or to groups, either in the community or in institutions, and by people with a wide range of skills and experience. They may be aimed at those who need care, or at those providing it on an informal basis - such as parents and family carers. The relationship between health care and social services is an especially close and important one as the dividing line between health needs and social needs is seldom clear.

Social services can be:

- preventive - aimed at reducing the risk of crises and the need for intervention;
- rehabilitative - helping people to recover from acute episodes and regain autonomy;
- acute - immediate, focused interventions in critical, often risky, situations.

Social services are delivered by people with a wide range of skills, including social workers, community workers, home care workers and residential staff. Social workers are normally qualified professionals who combine skills of assessment and planning with counselling and practical assistance. Their skills are flexible but crucially involve working directly with a wide range of disadvantaged, often disenfranchised people in a way which is sensitive to and respectful of those people. Social workers' responsibilities include:

- the assessment of people's individual needs and circumstances, including risk assessment;
- working alongside clients to put in place strategies or plans to enable them to set and achieve goals;
- networking with a wide range of agencies in the public, voluntary and sometimes private sectors to co-ordinate support for clients.

Other social service staff provide face to face, personal support and physical and emotional care to a wide variety of people.

As well as the services they provide to individuals, social services also play an important role in community “capacity building”. Capacity building has been defined by the European Foundation as the putting in place of systems to assist people in disadvantaged areas to respond to the challenges created by unemployment, poverty and social exclusion.

The contribution of social services to capacity building can include:

- providing personal social networks for marginalised individuals;
- organising mutual aid activities;
- easing the stress on individuals and families by providing direct care and assistance to dependent children and adults;
- helping to establish an alternative citizens’ power base to counter balance corporate or institutional power;
- helping people in poverty to access extra resources through advice and advocacy.

By building alliances with, and advocating for, the rejected and excluded, social services help to rehabilitate individuals and rebuild disadvantaged communities.

By giving people a framework of support to participate more fully in society, and by limiting the damage caused by deprivation and inequality, social services such as these offset other economic and social costs such as the costs of increased crime, social disorder, anti-social behaviour, parenting failure, and hospitalisation.

In this sense Europe cannot afford not to build a coherent framework of high quality social services.

## **2. WHO NEEDS SOCIAL SERVICES? THE GROWING DEMAND**

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Social service clients are not a static group. Everybody needs care and support during some periods of their lives. In childhood, in extreme old age, and in sickness we all need people to look after us.

The main source of personal support and care to most individuals is their families, friends and neighbours. Families are becoming increasingly dispersed, and less able to provide reliable day to day support and care. Informal care networks need to be underpinned by a framework of support services if they are to remain robust. Well designed preventive social services can enable people to continue to manage their own lives in their own communities, and strengthen family and informal care networks.

When people’s needs outstrip the capacity and competence of their informal support networks, they must be able to rely on high quality socialised provision. Some people will also experience periods of particular vulnerability through mental distress, serious illness, temporary or permanent disability or problems with drugs or alcohol addiction, and during those periods they will need specialist services to help them cope with their situation and rebuild their confidence.

People’s social needs are heavily dependent on the economic and social circumstances of their lives, and the demand for social services will be highest in communities under stress. Changes currently taking place in Europe are causing great stress to a substantial minority, evidenced by rising levels of mental ill health and drug abuse in particular.

While most of us will have periods of our lives when we require some extra support, the most vulnerable members of society often experience multiple problems over many years.

Preventing individuals in crises from entering a downward spiral where their difficulties multiply out of control is a key task for social services.

Members of ethnic minorities are usually economically and socially disadvantaged compared to host communities. They have higher levels of unemployment and often live in poorer housing. There has often been an assumption that minority communities will “look after their own” but evidence suggests they are less likely than others to have extensive family and community support networks locally. These people are often under additional stress from racism and xenophobia, and if they are asylum seekers or refugees they may have already experienced traumatic times in their countries of origin.

Social services for members of minority communities need to take full account of linguistic and cultural differences if they are to be accessible and useful, and should not demand that people “integrate” as a condition of receiving good services.

Among the people who need social services are members of the groups listed below.

- elderly people who need physical care
- people with physical disabilities
- people with learning disabilities or “mental handicap”
- people with alcohol or drug addictions
- people with mental illness
- refugees and asylum seekers
- people with social needs arising from physical illnesses such as HIV
- children with disabilities and their families
- children with emotional or behavioural problems, including criminal behaviour, and their families
- homeless people
- children at risk of neglect or abuse, and their families
- people facing personal crises triggered by traumatic misfortunes such as disasters, criminal assaults or major bereavements

The hospice movement and the experiences of people with AIDS have taught us a great deal about caring well for people facing death. Changing family structures and employment patterns mean a greater need for humane and sensitive services for the dying.

### **3. SOCIAL SERVICES IN THE EUROPEAN UNION**

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Demographic, social and economic changes taking place in Europe are increasing the need for social services. Michelle Tierlink, principal administrator at DG V, outlined the EU’s attitude to social services at a conference in 1993 on community social services:

*The future of social services in the community will involve more and more decentralisation, de-institutionalisation, implementation of original and innovative schemes and partnerships between various organisations. In these circumstances what can and should the European Community do? We are in a field in which the famous principle of subsidiarity clearly applies. The policy in the field of social services depends above all on the member states. The Community will more and more have to be the leader, the catalyst for the*

*actions to help excluded people, the old people, or the disabled people. In this field, a lot of things depend on the local people and partnerships, the private organisations, the Social Services and also the people concerned - the elderly or disabled people and their representatives. The commission will not propose any making of rules as regards the Social Services. The aspects which relate to the Community's province have been settled or are going to be. These aspects are most of all free circulation, the right to stay, social security for migrant workers, free benefit of services and the equality of treatment between men and women. On the other hand, more and more, the Commission will have to promote debate as part of our studies and networks, to develop the exchanges of experiences and skills.*

*Michelle Tierlink, 1993*

Since then there has been a growing recognition within the EU that social service provision, alongside social security and other social public services, is crucial to achieving the union's objectives. But social services have yet to be fully acknowledged as an integral part of social protection which has been seen mainly in terms of cash pensions and benefits.

Here we identify the importance of social services to three areas of EU social policy in particular

### **3.1 Social exclusion and social services**

Technological change and economic restructuring in EU states has meant that although the majority of Europeans have become more prosperous, there has also been a growth in long term unemployment, in casual and insecure employment and in poverty. Neo-liberal policies have also deliberately allowed inequality to increase. As an instrument of economic policy unemployment was allowed to rise while social protection levels and wages for the low skilled and those in the public sector were depressed. These developments have led to a situation in which an estimated 50 million people in Europe are experiencing social exclusion.

Social exclusion is not simply a function of employment or the lack of it, or even poverty, as the European Commission has pointed out:

*Exclusion goes beyond poverty. It is the accumulation and the combination of several types of deprivation: lack of education, deteriorating health conditions, homelessness, loss of family support, non-participation in the regular life of society, and lack of job opportunities. Each type of deprivation increases the other types. The result is a vicious circle, leading from long-term unemployment to the break of family ties, and eventually to marginality and delinquency.*

*European Commission (1997), 2.2.5*

Technological change means that economic growth no longer necessarily implies job growth, and can even coincide with job loss. A growing proportion of European citizens is likely to be without employment in the future. Social inclusion then cannot be defined solely in terms of employment, especially as some groups are unlikely ever to be able to compete in the labour market. The International Federation of Social Workers in its report for DGV points out that people can become marginalised as a direct result of failures of welfare systems, for example if services are not properly co-ordinated and integrated.

The EU has made a clear commitment to tackle social exclusion. The White Paper on Social Policy asserts:

*"It is necessary to promote the social integration of all. The Union must ensure that the most vulnerable groups (people excluded from social and economic life, young people, the long term unemployed, older people and the disabled) are not*

*excluded from the benefits of economic growth or from making a an active contribution thereto."*

EPSU believes that social exclusion should not be accepted as an inevitable cost of economic progress, and that the purpose of social protection should not be seen solely as one of damage limitation in the face of unemployment. Well designed social services can - in conjunction with other public services - promote social inclusion and prevent marginalisation and social exclusion. As the European Foundation for the Improvement of Living and Working Conditions has argued:

*(Public services) are vital to economic success and social cohesion and good quality public services provide the social glue that bonds society together...Public services can counter tides of insecurity resulting from rapid change in the turbulent global market and provide stability and strengthen communities. They have a pivotal role in addressing social exclusion in that the quality and effectiveness of public service are among the most important determinants of the quality of live of disadvantaged groups and of those living in disadvantaged areas. They have a particularly vital role to play in responding to economic and social changes, for example, rising unemployment, increased poverty, ageing population and changes in family structures.*

*European Foundation for Living and Working Conditions (1996)*

### **3.1.1 Social exclusion and children**

The impact of social exclusion in Europe on families with children is a cause for great concern. There are large variations between European countries in levels of inequality and relative poverty but one estimate, based on Eurostat data, suggest that about one in five children aged under 17 were living on incomes below half the national average in the late 1980s. In several countries, families with children are overrepresented among poor households, and lone parent families and those with three or more children are particularly vulnerable to poverty.

Poverty is a major source of stress to families. Child abuse and neglect, family breakdown, mental and physical ill health, drug abuse, and juvenile crime are all concentrated in (although by no means exclusive to) neighbourhoods characterised by multiple deprivation. The voluntary or involuntary exclusion of children and young people from school is increasing alarmingly in some EU countries. If large numbers of children and young people are allowed to become alienated and marginalised the damage to social cohesion will continue into the next generation. Social workers have highly specialised skills in working with such families and children.

Adequate preventive services to support families under stress, early interventions when problems manifest themselves, and high quality treatment services for abused and victimised children and young people offer very good value compared to the short and long term costs of ignoring such needs.

## **3.2 Demographic change and the pressure on family carers**

Europe's population is ageing as fertility rates fall and life expectancy rises. The fact that Europe's citizens can now expect to live considerably longer than their own parents lived is a mark of the success of the European social model and should be celebrated. But extra years are not all healthy years, and there is a growing number of elderly people needing help with the basic tasks of life such as preparing food and washing.

Across Europe the proportion of the population aged over 80 will rise from 3% to 4.3% between 1990 and 2020, with southern European countries facing the biggest proportional increases. These changes are increasing the demand for care services as the number of



dependent elderly grows while sources of informal, family care are squeezed. As the Commission itself has noted:

*Until now, care in these cases was often provided informally by family members. This form of family solidarity is becoming less feasible, however, as more women work outside the home and as greater geographic distances separate parents from their adult children.*

*European Commission, op. cit., 2.3.3*

There are also demographic pressures on the supply of informal care. According to the Organisation for Economic Co-operation and Development most of those who care for elderly dependent relatives are women between the ages of 46 and 69. The ratio of this group to people aged over 70 is falling, and in the thirty years to 1990 dropped by more than two thirds across eight EU countries documented by the OECD.

Most of the discussion around demographic change in Europe has so far focused on the cost of providing adequate incomes for older people, and on how to pay for services for elderly people who need day to day care.

The issue of funding is clearly an important one, and is discussed below, but the question of the quality and standard of care which is to be offered to frail elderly people also needs to be urgently addressed. This issue has also been touched on by the European Commission which notes,

*"All European countries subscribe to the objective of enabling older people to stay in their own homes if at all possible rather than enter a care institution. The older people concerned clearly share this wish."*

*Ibid.*

But despite these policies, evidence collected by the OECD suggests that the number of elderly people in European institutions is rising (OECD 1996). "Warehousing" elderly people in large residential institutions may seem a relatively cheap way of ensuring they are adequately fed and sheltered, and is likely to be the default destination for many people in the last years of their lives unless the issue of care quality is addressed.

### **3.3 Services for dependent elderly people in the context of a unified labour market**

Social services are also an important lubricant in building a unified, flexible and mobile labour market. Informal community and family based social support networks will inevitably be further disrupted by increased labour mobility. European law on the free movement of workers applies also to all members of the family, including dependent children and dependent parents. But realistically many frail, elderly people are unlikely to want to follow their younger relatives across the continent.

If workers are not confident that high quality support and care will be available to their parents and grandparents at home, they may be less willing to take advantage of employment opportunities outside their own communities.

### **3.4 Social services and employment**

Demographic change, increased labour mobility and the growth in demand for services for people experiencing social exclusion means an expansion of social services is inevitable. Indeed, there is evidence that this job growth is already occurring. Between 1992 and 1996 there was a significant decline in overall employment across the EU. However there was job growth in a number of service areas, including social services. Eurostat data shows that during the period 1992 to 1996 employment in the sector of "social work associate professionals" grew by 110,683, while among personal care and related workers,

employment grew by more than 700,000. The average annual employment for social work associate professionals during the period was 574,821, while for personal care and related workers it was 3,388,691. (PSPRU 1997)

The European Union has made the creation of jobs the top priority of its social policy. Investing in social services not only promotes social cohesion and employability. It is also cost effective, highly labour intensive, and offers opportunities to people with a wide range of educational achievement and experience.

## **3.5 Social services and equal opportunities for men and women**

### **3.5.1 Employees**

A great majority of social services employees are women. 77 per cent of social work associate professionals, and 90 per cent of personal care and related workers are women. (PSPRU 1997) The skills required of social services employees - social skills including sensitive interpersonal communication, personal care, emotional support and practical domestic skills - have generally been given less value in the labour market than skills required in occupations dominated by men. The generally low pay in the social services sector reflects this undervaluing of "women's skills". (See Section 7 below)

In the light of the EU's commitment to equal treatment of men and women at work, further work needs to be done to measure the content of social care jobs and revalue the functions involved.

### **3.5.2 Service users**

A majority of people using social services are also women. Social services can provide women with opportunities to increase their labour market activity, especially services to support informal carers of frail and disabled adults, and those supporting single mothers and their children.

- ◆ Among older people, because of women's greater life expectancy, women predominate. In 1993 for the European Union as a whole, there were four women for every three men aged 70-74; two women for every man at age 80-84 and among the over 95s women outnumbered men by more than three to one. ( Walker and Maltby 1997) This means services for dependent elderly people are to a large extent, services for women, who are likely to have lower lifetime earnings and smaller pensions than their male counterparts.
- ◆ Most of the help received by frail elderly people who live outside care institutions is provided by informal carers, very largely family members. Although men are involved in caring for their spouses, most intimate direct caring, especially across the generations, falls to women. (OECD 1996)

The bulk of responsibility for caring for children in most families still falls to the mother, and the majority of single parent families are headed by women.

## 4. FUNDING SOCIAL SERVICES

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While the demand for social services has been increasing for the reasons outlined above, all European states have been trying to contain or reduce public sector costs. Rising unemployment has reduced the income tax base; globalisation has reduced governments' readiness to raise revenue from businesses; and the convergence criteria for European Monetary Union have obliged governments to cut public sector deficits.

Three basic strategies for containing costs in social services have been identified by the Finnish National Research and Development Centre for Welfare and Health, Stakes:

### 4.1 Effectiveness strategies

These try to produce the same volume of service, or outcome, for less money. They do this either by changing the way services are organised or provided, or changing the nature of the service.

Effectiveness strategies are difficult to evaluate because of the difficulties of measuring social services outcomes. For example, moving a dependent elderly person from their own home into a large institution may be more efficient in the sense that it is cheaper to ensure she or he receives the necessities of life. But from the point of view of meeting the wishes of the elderly person, or maximising their autonomy and independence, or improving their quality of life, it may be less efficient. Popular effectiveness strategies include new managerial models such as decentralised budgets and performance indicators.

### 4.2 Revenue strategies

These seek additional sources of funding for services. Three common examples of revenue strategies are

- Moving more of the costs to the client by introducing or increasing charges for services. In relation to home care charges, this strategy has been described as a tax on disability. Charging clients for services increases the risk that vulnerable people will opt not to pay and as a result will deteriorate to the point where they require more intensive and costly support such as hospital care. In relation to children's services, charging parents for interventions which are designed to strengthen the families of children who may be at risk of neglect or abuse is likely to be impractical and possibly counter productive.
- Shifting costs to other public sector budgets by, for example, finding ways of getting more money from the social security system by tailoring services to maximise clients' social security entitlements or by leaving people in hospital instead of arranging social services for them in their homes. These strategies may provide short term savings for specific budgets, but are often costlier in the long run. They also distort patterns of service if decisions are taken not on the basis of best practice, or the best interests of the client, but in order to pass costs on to another budget.
- A third example of a revenue strategy is the passing on of costs to staff in the form of reduced pay or poorer conditions of employment. This was the experience of many home care workers in the United Kingdom when the previous government introduced measures to compel social service departments to contract out community care services to the independent sector. Some voluntary sector and for profit providers of home care competing for contracts have offered very low rates of pay compared to home care workers directly employed in the public sector. Many home care workers now work for agencies on a self-employed basis. One consequence of this strategy has been that

home care has become more casualised and less closely supervised. Many clients experience a high turnover of home care workers, and there is also some evidence that a proportion of the care hours purchased by local authorities are never delivered.

- A fourth revenue strategy is the harnessing of charitable funds or volunteer labour to subsidise mainstream social service provision. Studies in the US have shown that third sector organisations providing statutory social services subsidise the services either through injections of funds donated by the public, or by the use of volunteers to provide parts of the service. Relying on unpaid workers to provide core services arguably makes it more difficult for public authorities to guarantee the quality and consistency of the care provided. Using public donations to subsidise statutory welfare services may in the long term prejudice the public's willingness to support charities.

### **4.3 Restriction strategies**

These reduce or limit expenditure on social services by restricting user eligibility. This is usually done by increasing means testing, or needs testing.

#### **4.3.1 Means testing**

Means testing as a way of restricting eligibility results in the service becoming a residual service, provided only for the benefit of one section of the community - the poorest. The assumption is that people who are excluded from the service will either do without, or will buy a service on the open market. This strategy suffers from a similar drawback to charging clients; if clients feel they cannot or do not want to pay for a preventive social service, they may soon require a more intensive and expensive service at public expense. In the case of services aimed at keeping families together or protecting children, children will bear the cost if the service is withdrawn.

Another disadvantage of making social services a means tested service is that the service will become increasingly stigmatised, and may lose popular support if better off tax payers perceive that they are excluded from eligibility. It has also been argued that services have a tendency to deteriorate in quality if they are to be used only by the poor.

#### **4.3.2 Needs testing**

Needs testing has become increasingly common in European states and is often called "targeting". Services are restricted to those assessed to be in the most acute need. Although superficially it seems the obvious way of rationing services, it has meant a reduction in cost effective preventive services. For example, in the case of elderly people, no service may be offered until their informal care network breaks down completely at which point they have to be admitted to residential care. Reliable support to informal carers in the form of respite care and domestic help might have enabled the elderly person to remain at home. In the case of children, social services may be restricted to families in crisis where children have been abused or neglected. Research is now showing that offering less stigmatising, supportive services to families under stress at an earlier stage is likely to be more cost effective as well as less damaging and disruptive to children. (Department of Health 1995)

### **4.4 Funding principles**

Arrangements for funding social services in EU states differ widely, and are now under review as governments consider how to resource long term care for growing numbers of frail elderly people in the future.

The following principles should apply to funding arrangements for social services:

Social services must be well enough resourced to support provision of a high enough quality and at a sufficient level of coverage to fulfil European and national social policy objectives.

Systems for funding social services must be redistributive, because the people who are most likely to need them are the least likely to be able to afford to pay for them. Women's lifetimes earnings are substantially lower than men's, yet women are the majority of users of social services (see 3.5.2 above) Other groups such as socially excluded people, people with mental illness, etc., are usually poor. Any system of financing long term care which relies for example on individual insurance policies, is impractical because a high proportion of the highest risk group will be unable to meet the required premiums.

Funding arrangements must be seen to be fair and equitable, and should be transparent and easily comprehensible to service users.

Services should be funded in a way which makes them accessible to those who need them at the time they are needed.

Social service finance should be integrated with the financing of other social public services such as health and social security to avoid duplication, facilitate intelligent joint planning, and remove the risk of perverse incentives created by cost shunting opportunities (See 4.2 above)

Effectiveness strategies which are designed by social partnerships of employees, employers and service users are most likely to achieve genuine gains in effectiveness which do not undermine the overall quality of service.

## **5. PLANNING FOR COHERENT, RESPONSIVE SOCIAL SERVICES**

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The past thirty years have seen major changes in the way both health and social care are provided in Europe. In some countries we have seen a move from the State providing services to services being provided by third sector organisations or private businesses. There has been a move out of large institutions and into services delivered in primary and community settings, and also a much greater awareness of the rights of service users, and the importance of involving them in planning and running services.

Whatever setting services are provided in, the quality of those services must be assured and all service planning should follow these principles:

Services should be planned, designed and run in close consultation with social partners and service users. Frontline staff and clients are nearest to the service "coalface" and so have a crucial part to play in planning effective services. Research by the European Foundation for Living and Working Conditions found that initiatives designed to increase user involvement in services were most effective when staff trade unions participated in setting them up.

Community based health and social care should be integrated with other social public services so that users received a seamless service without gaps and duplications. It is particularly important that health care and social care are funded, planned and delivered in a way which is closely co-ordinated to make it easy for service users to access services and to enable the professionals to work in harmony.

Service planning should aim, wherever possible, to prevent crises rather than simply "firefight". Preventive services such as domestic help for elderly people and their informal carers, or childcare for families with young children must be integrated, and planned in a holistic fashion so that all the social public services are working towards the same objectives.

Access to services should be straightforward for users. "One stop shops" provide a good model for people to discuss their needs and access an integrated service without having to

negotiate complex distinctions between different administrations with different fields of responsibility and budgets.

## **6. WHO SHOULD PROVIDE SOCIAL SERVICES, AND HOW CAN THEIR QUALITY BE ASSURED**

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Social services in the European Union are currently provided by public sector, not-for profit and commercial organisations. In the Scandinavian countries the state is the main provider of social services. In others, such as the Netherlands, the public sector funds most provision but has a small role in directly providing services. In Portugal and Greece, third sector organisations, especially religious charities, have an important role as funders and providers of social services.

The not for profit sector is very diverse, encompassing both very large organisations with a substantial professional staff and also small, locally based groups run by unpaid volunteers. There has been a growth of self-help organisations over the past twenty years, many of which have been very successful in supporting their members and challenging public perceptions of social service users. Organisations set up by people with disabilities and people with mental health problems are examples of self help activity which has challenged the paternalism of state services and campaigned for the rights of users.

The role of not-for-profit organisations as providers of social services can become confused if the same organisations also act as advocates for service users. In the Netherlands there is a distinction between campaigning and service providing organisations, with service providing organisations deriving their funding from the state.

There may also be difficulties if organisations pursuing objectives for which they are not publicly accountable, such as religious bodies, are funded primarily by public money.

In the United Kingdom there has been a move away from services provided directly by public sector organisations. Commercial organisations now provide a majority of residential care for elderly people in the UK, and have greatly expanded their operations in the home care field. Whereas in 1992 the private sector provided less than 2% of home care, by 1996 the proportion was 32%. In volume terms, the hours provided by private agencies increased by 2359% in four years. The expansion of the not for profit independent sector was less dramatic, from 0.4% of the total in 1992 to 3.9% in 1996, - a volume growth of 505%.

Another development in several European countries has been the devolving of budgets to individual clients to buy their own social services. These programmes, which are very popular with service users, have been introduced in Sweden, the Netherlands and the UK in respect of people with physical disabilities. Clients who chose this option are given the cash equivalent of the service to which they would be entitled and are then responsible for recruiting and managing their own assistant.

EPSU's view is that social services are public services and must be publicly accountable whoever provides them. Quality assurance is crucial to make sure that competition between providers does not lead to a lowering of standards. Quality in the case of social services is not always easy to measure. The experiences and views of service users are crucial to the setting and monitoring of meaningful quality standards.

The public has a right to expect that social services will be provided to a high and consistent standard and at a level of coverage sufficient to meet social policy objectives. The role of the state is to ensure this is the case.

The social partners and representatives of service users should be closely involved in the planning and design of social services, whoever provides them. Services should be kept

under permanent review, with mechanisms for regular and effective consultation between employers, staff and users, to ensure they are meeting policy objectives.

The state should be fully responsible for the planning, commissioning and regulating of social services, whether or not services are provided directly by the public sector. This requires very robust systems with clear service standards, systems of monitoring, and transparent lines of accountability.

Consistency in service standards demands that there should be equity of pay and service conditions for the people delivering services, whichever sector they work in (See 7.1 below)

The involvement of unpaid volunteers who can provide “added value” in social services is to be welcomed. Volunteering is an activity which can bring purpose to people’s lives and give them valuable experience which can help them find employment. But volunteers cannot replace staff, and should not be exploited by being expected to perform core tasks.

## 7. WORKING IN SOCIAL SERVICES

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*“In any case, a growing need for social services will emerge, the satisfaction of which has a great employment potential and requires careful policy design. Special attention should be paid to equal opportunities with respect to the new jobs created in the caring sector to prevent the emergence of a gender imbalance. Finally the delivery of services must meet high quality standards.”*

*European Commission (1997) Modernising and improving social protection in the European Union: communication from the Commission, 2.3.3*

EPSU strongly endorses the points made by the European Commission above that the expansion of social services requires careful policy design. The changing demands on this expanding sector as Europe develops a unified labour market necessitates an urgent review of both the employment conditions, and the training, qualification requirements and career structures of those working within it.

### 7.1 Pay and conditions

Social services is an area of potential employment growth, especially home care for elderly people. But one of the main drawbacks of home care as a source of jobs is low pay, and the fact the jobs are often precarious and undervalued. (European Commission 1995) The home care service in many European countries is beset with difficulties caused directly by the fact that home care work has a low status and is poorly paid. (Hutten and Kerkstra 1996) Recruitment and retention problems are common which leads to a lack of continuity of care for clients. The co-ordination health and social services is also made more difficult because of the low professional status of home care workers.

Workers in this sector tends to enjoy less favourable conditions of employment than equivalent workers in other parts of the economy with the same level of education. The Finnish union TEHY for example reports that in Finland social workers’ salaries are about two thirds the level of other similarly skilled professionals.

The greater involvement of the third sector and private sectors in the provision of social services has further depressed pay and conditions in some parts of the Union. In Germany for example OTV reports that the expansion of home care services with the introduction of long term care insurance has led a disproportionate increase in casual and insecure work as private nursing services and welfare associations compete with each other for business.

In the UK government figures show that 20.6 per cent of employees in the third sector earn less than £4 an hour, compared to 7.1 per cent in the public sector and 6.6 per cent in

manufacturing industry. As in Germany, the battle for business has led to some home care providers in the private and third sectors offering very low rates of pay and poor conditions to their workers.

In social care as in other areas of employment, low status, low pay and unattractive conditions of employment lead to recruitment and retention difficulties. In social care a high staff turnover has a direct impact on the quality of service, an important element of which derives from the trust and understanding between employee and client.

The working environment and other non- wage conditions of employment such as education and training opportunities are also important in attracting and retaining well motivated, qualified and competent staff.

One explanation for the poor pay and employment conditions in this sector is the way in which sex discrimination has affected the way different skills are valued within the labour market.

As has been argued above, the value of inter-personal and communication skills as well as the practical skills involved in social care should be reviewed.

Remuneration in social care should be harmonised so that whichever sector is providing services, staff receive similar pay and employment conditions.

Social services should be delivered from premises which are welcoming to users and motivating for staff.

## **7.2 New times, new careers**

Changing service needs, together with the requirements of a unified labour market, mean current qualifications and career structures for social service professionals should be reviewed.

Currently the title “social worker” is regulated and tied to specific qualifications in some EU countries, including Ireland, Belgium, Finland, Germany and Greece. In others, including the UK, Denmark and the Netherlands, anyone can call themselves a social worker. In order to become a fully qualified social worker, at least three years’ post school study is required in all countries except the UK where social work courses last only two years. Home care workers have no formal entry qualifications in most EU countries, and any training they receive is in the form of short courses while they are employed. Only in Belgium, Germany, Italy, Sweden, Finland and Denmark do home helps have specific training lasting from between six months to three years. (Hutten and Kerkstra)

Specialists are needed, but at the same time people need to be able to develop new skill mixes and to take their professional experience between sectors if services are to be fully integrated.

To promote mutual understanding and more fully integrated care, a common basic training across Europe for each occupational group in the caring professions should be considered.

New qualification structures would need to take into account and build on the value of existing workers’ experience, and also recognise that a worker’s personal qualities may be as important to the clients’ experience as their formal training when people are in delicate tasks involving personal care.

A unified careers structure in social services would enable people to build up their skills in a flexible manner which would be more responsive to changing service needs.

A fully qualified workforce would improve service quality and enhance the status of staff, eliminating many of the retention and recruitment problems outlined above.



## **8. LIST OF RECOMMENDATIONS**

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### **Funding**

Social services must be well enough resourced to support provision of a high enough quality and at a sufficient level of coverage to fulfil European and national social policy objectives.

Systems for funding social services must be redistributive, because the people who are most likely to need them are the least likely to be able to afford to pay for them. Women's lifetimes earnings are substantially lower than men's, yet women are the majority of users of social services (see 3.5.2 above) Other groups such as socially excluded people, people with mental illness, etc., are usually poor. Any system of financing long term care which relies for example on individual insurance policies, is unlikely to achieve its objective because a high proportion of the highest risk group will be unable to meet the required premiums.

Funding arrangements must be seen to be fair and equitable, and should be transparent and easily comprehensible to service users

Services should be funded in a way which makes them accessible to those who need them at the time they are needed

Social service finance should be integrated with the financing of other social public services such as health and social security to avoid duplication, facilitate intelligent joint planning, and remove the risk of perverse incentives created by cost shunting opportunities

Effectiveness strategies which are designed by social partnerships of employees, employers and service users are most likely to achieve genuine gains in effectiveness which do not undermine the overall quality of service.

### **Planning and co-ordination**

Services should be planned, designed and run in close consultation with social partners and service users. Frontline staff and clients are nearest to the service "coalface" and so have invaluable contributions to make in planning effective services.

Community based health and social care should be integrated with other social public services so that users received a seamless service without gaps and duplications.

Service planning should aim, wherever possible, to prevent crises rather than simply "firefight". Preventive services such as domestic help for elderly people and their informal carers, or childcare for families with young children must be integrated, planned in a holistic fashion so that all the social public services are working towards the same objectives.

Access to services should be straightforward for users. "One stop shops" provide a good model for people to discuss their needs and access an integrated service without having to negotiate complex distinctions between different administrations with different fields of responsibility and budgets.

## **Diversity of provision and the role of the state**

The public has a right to expect that social services will be provided to a high and consistent standard and at a level of coverage sufficient to meet social policy objectives. The role of the state is to ensure this is the case.

The social partners and representatives of service users should be closely involved in the planning and design of social services, whoever provides them. Services should be kept under permanent review, with mechanisms for regular and effective consultation between employers, staff and users, to ensure they are meeting policy objectives.

The state should be fully responsible for the planning, commissioning and regulating of social services, whether or not services are provided directly by the public sector. This requires very robust systems with clear service standards, systems of monitoring, and transparent lines of accountability.

Volunteers should never be expected to replace or substitute for staff

## **Employment in social services**

Consistency in service standards demands that there should be equity of pay and service conditions for the people delivering services, whichever sector they work in (See 7.1 below)

The changing demands on this expanding sector as Europe develops a unified labour market necessitates an urgent review of both the employment conditions, and the training, qualification requirements and career structures of those working within it.

To promote mutual understanding and more fully integrated care, a common basic training across Europe for each occupational group in the caring professions should be considered.

In the light of the EU's commitment to equal treatment of men and women at work, further work needs to be done to measure the content of social care jobs and revalue the functions involved. In particular, the value of inter-personal and communication skills as well as the practical skills involved in social care should be reviewed.

Remuneration in social care should be harmonised so that whichever sector is providing services, staff receive similar pay and employment conditions.

Social services should be delivered in an environment which is welcoming to users and motivating for staff.

A unified careers structure in social services would enable people to build up their skills in a flexible manner which would be more responsive to changing service needs.

The objective of a fully qualified workforce would improve service quality and enhance the status of staff, eliminating many of the retention and recruitment problems outlined above.

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