OUTLINE DRAFT EPSU SOCIAL SERVICES CONFERENCE STATEMENT

This conference statement outlines how changes in social policies are affecting social care workers and users of services. It identifies essential elements of good social care employment and service delivery policies.

The conference recognises that the term 'social care' is increasingly used to refer to services provided for groups of citizens with social needs and problems such as: older people, people with mental/ and or physical disabilities; children and families; people who abuse drugs and alcohol. It acknowledges the trend towards integrated social services that cover all aspects of social change involving individuals and communities.

This conference statement will use the following definition of social care services. The term social care services covers services that are delivered to people at a local level, often in their homes, to support them in daily life. Older people with care needs, children, people with disabilities/ mental health problems are the main groups receiving personal social services. Older people and children are the two largest care groups and this statement refers to these two groups.

Social care for older people in Europe is:

- Care provided at home;
- Care in residential homes; and
- Care provided in specific types of sheltered housing.

- Social care workers work in residential homes or provide care to older people at home or in sheltered housing schemes.
- Social care workers employed directly by the public sector, usually a local authority or municipality but increasingly are employed, either directly or self-employed, by the private or non-profit sectors.

Childcare services in Europe are delivered through:

- Childcare centres, nursery schools, pre- and after-school centres and family households
- Childcare workers employed directly childcare centres, nursery schools and pre- and after-school centre, in countries where there is a greater public sector or non-governmental provision
- Childcare workers are employed by the private sector or self-employed in countries, often where childcare is provided predominantly by the private sector.

CONTEXT

1. Demographic changes

The population of most European countries is ageing. Many countries will have almost half of their population aged over 45 by the year 2020. This demographic trend has implications for the demand for care for older people. With longer life expectancy, an increasing number of people will live to 80+ years. Although there is increasing life expectancy, this can be accompanied by an expansion of chronic, long-term conditions, which require a combination of medical and social care, if people are to remain active within society. These conditions affect people in low- income groups disproportionately.

An ageing population also has implications for the supply of labour in the social care sector. In many countries, the majority of workers in social care are aged over 45 and will retire in the next two decades. The increasing demand for social care workers has led to the increased use of migrant workers in the care sector, often subject to exploitation, low pay and few employment rights.

Attitudes towards older people influence the extent to which societies are concerned about the care older people receive. Although age discrimination legislation in relation to employment is being introduced by the European Union in 2006, older people are still discriminated against in relation to access to services as well as employment. If the quality of services is to improve, then discrimination on the basis of age will have to be challenged.

The development of childcare services is slightly different to social care services for older people. Childcare provision is closely linked to employment policies, which are trying to expand the participation of women and single parents into the labour force. Government support for childcare is through direct service provision in some countries but through private and voluntary provision in others. The move towards integrating childcare services with education services in several countries is helping to improve the status of childcare workers.

2. Arrangements for social care services within Europe

There have been extensive changes in social care policies in the last twenty years. One of the underlying reasons for many of the changes has been a perceived need to reduce the cost of public sector provision. In Europe, the Maastricht Treaty (1993) was one of the most important factors that led to the liberalization of the social care sector. Absence of a deficit was one of four criteria for entry into the Economic Monetary Union. Contracting out of services, including social care services to private or non-profit providers, was one way in which governments could reduce their deficits.

In some countries, new systems of long-term care insurance have been introduced as a way of covering the costs of care. Some countries still retain a tax-based system that covers all care expenses but this is becoming increasingly rare. Many countries have means tested benefits for either home and / or nursing home care. The introduction of co-payments/ user fees has been another way to reduce costs of social care.

There has been a transfer of services from the public sector to the private and voluntary sectors although municipal and local state authorities remain responsible for commissioning and purchasing social care services. There has also been a decline in the number of care homes in many countries with a corresponding rise in home care services. The trend is for people to remain in their own homes for as long as possible. This is also contributing to the development of the "assisted living" concept where companies or public-private partnerships build residential developments that also provide some care services.

Many of these policy changes have emphasised consumer choice and the concept of the service user as a "purchaser". There has been an expansion of home care in many countries where systems of social care funding have changed. With an increase in individually assessed care packages, there is a rising demand for care services delivered at home. Older people and people with disabilities, in some countries, are being given cash benefits which means money from public funding to purchase the services that they require. Direct payments for care have been introduced in many countries. Money for care services is given directly to the service user so that s/he can purchase care services from individual care workers. Although this might enable the service user to organise care in the most convenient way, it often leads to casualisation of care work, because care workers no longer work regular hours each day. Austria, Germany, France, Belgium, Spain, Greece, UK, Denmark and Finland have introduced these types of arrangements for people needing care. Norway, Sweden, Netherlands and Portugal do not have this provision**.**

Five major national social welfare arrangements can be identified in Europe.

a. Declining state intervention and increasing private sector provision - United Kingdom and Ireland

In the UK, the Community Care Act (1992) promoted subcontracting from local authorities to private providers by separating local authority purchasing and provider functions. Initially, this led to an expansion of the private social care residential sector and a transfer of provision from local

authorities to private residential homes. There has also been a transfer of home care services from local authority to private or non-profit sector. Home care services are increasingly targeted to the most dependent. For those who are less dependent, those will higher incomes purchase their own home care services. Lower income groups have to be dependent on family or local social care networks. Means testing is used, which assesses both income and assets. Carers allowances in UK and Ireland have been introduced as payments for people, usually women, who are full-time informal carers.

b. A social democratic welfare state - Nordic countries

The Nordic social welfare model, where services are provided by the state, free at the point of access, is being challenged increasingly by reduced budgets and the withdrawl of the government as a service provider.

In Sweden, support for the older people's care is being reduced. Expenditures have stayed the same, but more people use the services. Homecare has expanded in an attempt to keep as many people in their own homes for as long as possible. There is also a pressure to transfer care for older people from public towards family-responsibility.

Co-payments have also been introduced as a way of reducing public expenditure on social care. These can be seen in countries where home care has expanded, for example, Norway and Finland.

c. Long-term care insurance and a range of social care providers - Belgium, France, Germany, Luxemburg and Switzerland

Several countries have introduced new systems of care insurance to cover the increasing costs of care for older people. These new funding arrangements have also been accompanied by the introduction of user fees.

In Germany, a Long-term Care Insurance Law was introduced in 1994, which introduced universal insurance to cover the costs of long-term care but not accommodation costs. The dominance of the non-governmental sector in care home provision has been challenged by the private sector, which has been subsidised to build new facilities. Germany's new insurance scheme for long-term care, also involves user fees because the insurance provision does not cover all ways in which care is delivered.

In the Netherlands, the Exceptional Medical Expenses Act is a contribution financed health insurance system that supports the provision of home care, day care and nursing homes for older people and people with disabilities. In France, the 2001 Personal Dependency Allowance is means tested and adjusted to the level of dependence of the individual. Long term care residential costs are also means tested.

d. Newly developing welfare states in Southern Europe

In Southern European countries, the family has been assumed to provide care for older people and children. The increasing participation of women in the labour market is making this continued provision of family care more difficult. There is now some development of government services but much social care is still characterised by informal care arrangements, increasingly with the use of migrant labour.

Italy and Spain still have basic benefits funded by the state. In Portugal there is a private and a public sector for nursery and homecare. The fees that older people pay in the private sector are related to their pensions. In Greece, social welfare polices for older people aim to keep them living in the community for as long as possible. The family is still the basic provider of informal care.

e. Central and Eastern Europe

Although the countries of Central and Eastern Europe have a long tradition of state provision of long-term residential care, the development of a social care model of provision is relatively new. Much care for older people, or people with chronic illnesses, still takes place in institutions. There are often long waiting lists for the care homes that exist. In several countries, acute care beds are

used for long term care for older people. These institutions are publicly owned and still publicly run. These beds are funded usually by state or local government funding.

There are also signs that a new social care system is being introduced in several countries that will be less controlled by the public sector. This is being driven partly by policy changes following health sector reform but also by a shortage of social care for ageing populations.

The lack of adequate social care provision is leading to the increased involvement of the non-governmental sector and to a certain extent the private sector. New social care services are mainly focused on home care provision although there is some small-scale institutional provision.

The demand for social care services, whether in institutions or at home, is expanding in almost all countries of Central and Eastern Europe. This is already placed increasing pressure on existing services. At the moment, financing of existing institutions and other services is largely from state or local authority budgets, for example, Hungary, Slovenia, Romania, Poland, and Estonia.

Childcare in countries of Central and Eastern Europe has also been traditionally provided by the state. This is now changing with reductions in government expenditure.

3. Nature of caring – nature of emotional labour – global care chains

Care work is characterised by low paid, women workers. With an increasing ageing population, there is a growing demand for care workers. This demand will increase with the increasing retirement of existing care workers. Within many European countries, the demand for care workers is leading to the use of migrant labour, paid low wages with little socio-economic security. There is little monitoring or regulation of working conditions, pay or terms and conditions.

Increasingly, any analysis of care work has to take an international perspective. A growing number of care workers come from developing countries. Sometimes trained nurses/ doctors in developing countries are moving to developed countries to work as care workers, because they are able to earn higher salaries than in their countries of origin. Women from low income countries are often leaving their own children in the care of their family or with another woman carer, so that they can earn higher wages as a carer in a high income country. The concept of the 'global care chain' has been developed to describe and understand the effects of this migration process. This will have an increasing impact on the nature of the care workforce. Trade unions will have to develop more effective ways of organising this international workforce through international collaboration.

4. Market mechanisms – expansion of private sector and private investors

Over the last fifteen to twenty years, care services, traditionally delivered by the public sector, have been subject to market mechanisms. This has resulted in many home care services becoming "business units", and having to compete with the private sector. Care services in municipalities have also been redefined as "care products". Methods for "measuring and securing the quality of care" have been introduced which have been drawn from the private sector and the manufacturing sector.

Funding arrangements often influence the development and prosperity of the private sector. The impact of policies may be felt in relation to systems of payment for long-term care or home care services. If services are 100% paid for by the public sector, whether or not they are provided by that sector, there is scope for the expansion of private sector provision but it will be increasingly dependent on government policy and regulation

The introduction of competition into social care markets, has led to the expansion of the private sector in many national social care markets. National care markets are dominated by a small group of large companies with many smaller companies running small-scale care homes and

homes care services. Markets are still described as fragmented although some consolidation is taking place. To what extent this process of national consolidation will lead to regional consolidation is unclear. Multinational company presence in the social care sector is still relatively limited but seems to be expanding in sub-regional clusters of countries which share a common/ similar languages, for example, Nordic region, France/Belgium.

There is a process of merger and consolidation taking place in several national markets. Increasingly, private equity investments are becoming owners of large parts of national social care markets. Social care investments are perceived as providing a fast return on investments. There results in a pattern of rapidly changing ownership. The implications of the involvement of financial institutions in social care provision, may affect the long term stability of the market. Private care homes are increasingly driven by profit and this may challenge the quality of care provision.

Private provision of childcare services is done through small and medium sized companies mostly operating at regional or national levels. Multinational company activity in childcare is still relatively small.

4. Quality services - working conditions

Care work is traditionally low paid, unskilled and often part-time. Traditionally seen as women's work, it may involve both physical work, for example, lifting. The nature of the relationship between care worker and person being cared for, may cover intimate caring tasks that means that some form of emotional relationship develops over time. In this sense, care work also involves emotional labour.

Most care work is delivered at home or in small-scale nursing/ care homes. It is difficult to regulate working conditions in such small-scale settings. Many care workers in the private sector are either self-employed or work for a placement agency, resulting in fewer employment rights than full-time workers employed by the public sector. This means that they have less control over their working conditions and are more vulnerable to exploitation. Their location in small- scale care homes or private homes also makes trade union organising difficult.

5. Training

One of the significant differences between child care work and care for older people, is that there is a more widely recognised element of pedagogy in childcare work, which requires training. As a result, training for child care workers is more widely developed, even though there are differences in levels of training between the public and private sectors in most countries. Care workers for older people often have lower levels of training.

In most countries, care workers looking after older people have limited training. There have been recent moves towards increased training of social care workers as a way of improved recruitment and retention. Although child care workers have traditionally had access to longer training, there are still differences between the level of training in the public and private sectors in many countries.

New training developments have focused on introducing competency based training and the development of more formal qualifications. Even when new training schemes have been introduced, migrant workers find it difficult to access and participate in training.

The growing use of workers, often trained health professionals, from low income countries, in the social care sector in Europe, is contributing to increased inequalities in the labour market.

6. Lack of regulation

The role of government has changed from being a provider of care services, to becoming a commissioner and regulator of services. There is yet to be agreement on the most effective ways of regulating care services. The home-focused nature of many care services, makes it difficult to inspect the quality of care services being delivered. Existing regulation usually covers national and local arrangements for the annual inspection of long term care homes. However, the growing expansion of care and the small-scale, domestic nature of care makes intensive regulation difficult. With increasing privatisation of care services, stronger regulation of training and professional standards is needed, as well as more effective ways of guaranteeing high quality of care provided by diverse providers.

7. Use of volunteers

Family members often provide much care, informally and unpaid. Women often do this informal care. It is only recently that some countries, UK, Germany and Ireland, have started to recognise some of the value of this unpaid care by introducing a carers' allowance.

Within many local communities, volunteers provide additional informal care. This type of care is often organised and coordinated by voluntary/ non-government organisations. Volunteer care workers contribute to the development of local social care networks. As societies grow older, there may be a growing demand for volunteers. This poses fundamental questions about the relationship between volunteer care workers and paid care workers. Paid care workers are already one of the lowest paid occupational groups, in many countries. An expansion of volunteer care workers may contribute to weakening the bargaining position of paid labour.

8 Conclusion

The provision of personal social services within Europe at the beginning of the 21st century raises a number of issues that are of central concern to EPSU affiliates. Many of the changes in social care policies have directly affected the socio-economic security of social care and homecare workers in Europe. The proposed EU Services Directive threatens the further deterioration of care workers' socio-economic secturity.

The prospects for improvements in the childcare work-force, appear to be better because of the links between care and education for children. The growing participation of women in national labour markets, create pressure for the expansion of childcare services.

In social care, there is not yet the same force for change, even through the population is ageing and will require an expansion of care services. Social care work in residential and home settings is poorly paid and undervalued. Workers often have little training and the level of unionisation is low. Even through new categories of social care workers are developing, in some countries, this does not always contribute to an increased professionalisation of care workers, in some cares it is creating increased casualisation of the workforce.

9. Recommendations

Good quality care services depend on:

- Improved working conditions;
- Effective representation of workers within care services;
- Stronger government regulation of care services provision including working conditions;
- Long term alliances with users to secure better quality services.

Care services should be:

- Universal;
- Geographically, economically, socially, culturally accessible;
- Affordable;
- Organised so that service users experience continuity of care;
- Provided to high quality standards.

Care services should:

- Respond to social needs and societal weaknesses caused by market structures and so cannot be addressed effectively by market mechanisms;
- Reflect human dignity, solidarity, social justice, social cohesion and welfare;
- Incorporate user views in the planning and forms of service delivery;
- Establish strong links within neighbourhoods to contribute to fighting poverty and exclusion.

The nature of the relationship between provider of care services and service user is not that of a normal economic service. This needs to be recognised more widely.

Workers have the right to:

- Living wages, which are paid regularly and provides income security;
- A safe working environment;
- To be treated with dignity and respect and valued for their contributions;
- Freedom from bullying;
- Freedom from violence from service users;
- Equal pay and equal opportunities;
- Freedom from discrimination;
- Access to training and regular professional development;
- Participation in planning services with service users.

Future policies

The changing demography of Europe and the importance of creating societies that value their citizens, who need care and support at different times in their lives, means that social care policies need to address the direct provision of care and the creation of social networks, community resources, local employment, and other services that can help to challenge social injustices and create socially inclusive environments.

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