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

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INTRODUCTORY NOTE

This report has been prepared, reviewed and finalised through the research of its authors, the contributions and suggestions of the project partners, the suggestions and remarks made by the participants-members of partners' organisations at the regional seminars (Rome / Brighton / Vienna 2015) and by the Advisory Board members (AGE Platform, Eurofound). The authors wish to thank warmly all these persons for their time and contribution. The report presents the personal care and household services sector in the country at stake and in the framework of the For quality! project objectives, following the methodological grid validated by the consortium, without being exhaustive. Authors have tried to incorporate corrections and comments that were reported to them during this process. However, the content does not necessarily reflect the vision of the project partners who are not responsible for the information contained in this report.

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The seven-year Programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and policies, across the EU-28, EFTA-EEA and EU candidate and pre-candidate countries. For more information see: <http://ec.europa.eu/progress>.

The information contained in this publication does not necessarily reflect the position or opinion of the European Commission.

CONTENTS

INTRODUCTORY NOTE	2
CONTENTS	3
1. NATIONAL OR LOCAL REGULATION AND POLICIES	4
1.1. POLICY BACKGROUND	4
1.2. FUNDING.....	6
1.3. EMPLOYMENT FIGURES.....	7
1.4. DRIVERS	8
2. WORK AND EMPLOYMENT QUALITY	9
3. SERVICE QUALITY.....	15
4. CONCLUSION	17
5. BIBLIOGRAPHY	18

1. NATIONAL OR LOCAL REGULATION AND POLICIES

1.1. Policy background

In the Spanish context, **it is very important to clearly distinguish between to different economic sectors, which relates to different social and economic mechanisms as well as rationales.**

- On the one hand lays the **sector of home-based social care and domestic services** (*servicios sociales de atención domiciliaria de atención personal y doméstica*). These services are regulated by the Dependency Law.
- On the other hand there is the sector of **households as employers of domestic personnel** (*servicio del hogar familiar*). These activities are regulated by the Royal-Decree on domestic servants.

Both models are completely different and – this has been a major point raised during the workshop gathering six Spanish stakeholders during the Rome meeting in May 2015 – there is no common approach to these sectors. Put differently, it makes no sense from the Spanish experience to try to gather these two sectors in one, single, encompassing category that would be named “personal and household services”, like it the case in 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.

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. (2010) 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.”

The protection of older people has been recognised in Spain since the 1978 Constitution (Art. 50). It has been based on the development of a large public service network regulated by the regions (autonomous communities, CCAA) in relation with local authorities. The social service providers network is composed of public local providers (who are in charge of assessing the needs and organising the delivery of the services) and private external companies (contracted out by public providers). The 2006 dependency law (see below) has therefore relied very much on this network which was already existing before its introduction. This has to be made clear: social services and the dependency law are distinct; one can rely on social services without being dependent. If social

workers observe that the person has a certain level of dependency, then he or she can help the person benefit from the dependency law. Depending on the person's income, the service can be free or necessitate a co-payment.

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.

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

The dependency law therefore creates a global system. It relies on the cooperation of the already existing network of social services, local authorities and contracted out companies. **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. Informal caregivers may receive training and benefit from rest periods.

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.

This sector is to be clearly separated out from the sector of personal domestic services. This sector (*"servicio del hogar familiar"*) is regulated by the Royal Decree 1620/2011 and Acte 27/2011 on adaptation and modernisation of social security. The 2011 Royal Decree regulates the specific relationship between domestic employees and employers. This direct relation has for long been considered a specific work relation in Spanish law, but this has recently changed. However, this formal sector, which is not targeted by the State by specific incentives for consumers, very much suffers from the competition of the informal and black market.

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 €280.03.¹

¹ Eurofound, "More and better jobs in home-care services: Spain", 2013

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.”²

1.3. Employment figures

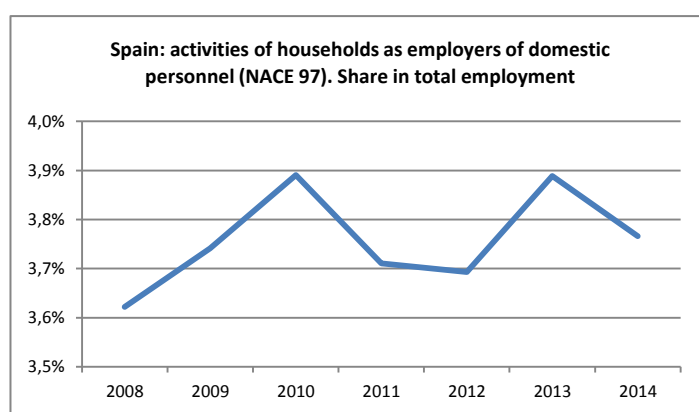
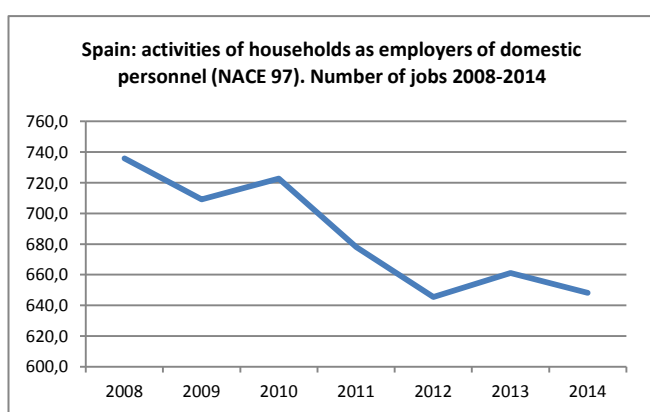
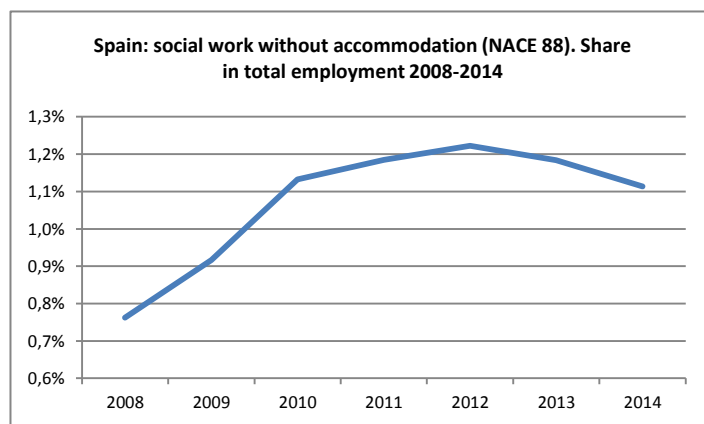
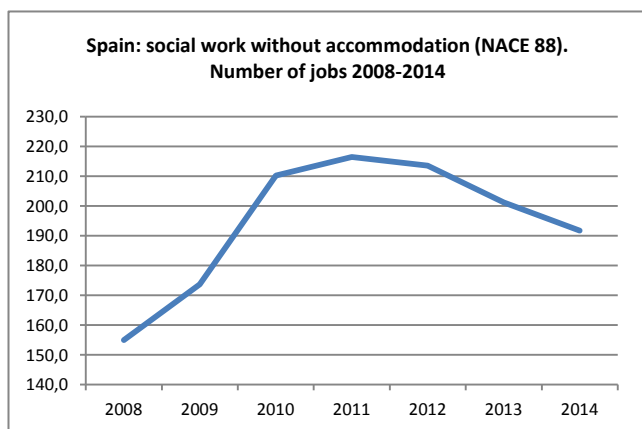
The weight of the “Social work without accommodation” (NACE 88) sector represents around 1% of total employment. There are 166,000 employees in the category NACE 88.1 “social work activities without accommodation for the elderly and disabled”. This sector has increased by 48% between 2009 and 2012, in 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” (NACE 97) represents less than 4% of total employment. This represents an important volume of 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 Spanish Association for Personal Services, there would be more than 700,000 domestic employees (figure drawn from the 2012 active population survey). We do not have any assessment of the economic weight of both sectors at the national level. Figures from a regional survey can be of interest. According to the Andalusian Woman Institute, in 2011 the economic value of non-paid care would represent 132 billion Euros, to be compared with the regional GDP which amounted to 149 billion Euros.³

² Ibid.

³ http://www.juntadeandalucia.es/export/drupaljda/estudio29_160x240.pdf



Source: Eurostat, own calculation

A major concern expressed by the participants of the workshop has been to insist on **the impact of the economic crisis**. It has put a brake on the expansion of the two sectors as the previous graphs indicate. On the one hand, with regard to care services, it has delayed its development and implementation schedule. Some people in need for care are still waiting to be integrated into the system. On the other hand, with regard to the context of domestic workers, the crisis has been reflected in a lower number of hours contracted by individuals due to lower incomes. This has certainly contributed to feed the underground economy.

1.4. Drivers

Two main drivers explain the important evolutions of the Spanish model, in the field of care policies. 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 the 2006 law a specific sector tends to emerge. Dependency is now defined as a new social risk. **However the**

share of informal work is still important.⁴ 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. Participation of women to employment 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 home-based services is a growing answer to these new emerging needs.

2. WORK AND EMPLOYMENT QUALITY

Overall approach to job quality in the two sectors

For the reasons mentioned above, it does not make sense to consider all the services as a whole and it is important to distinguish between care services and domestic employment.

Regarding home-based care services, the mentioned above Dependency Law has been a major innovation in the regulatory landscape of social protection in Spain. These services mainly lie in the public field though with growing public-private partnerships. 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.

In terms of type of work contract, data from the Active Population Survey for 2012 show that **34.3% of people working in non-residential social work activities for elderly persons and people with disabilities 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.⁵

When it relates to the field of domestic employment, the regulation is defined by the 2011 Royal Decree, which regulates the specific relationship between domestic employees and

⁴ See the ILO definition for instance: employees are considered to have informal jobs if their employment relationship is, in law or in practice, not subject to national labour legislation, income taxation, social protection or entitlement to certain employment benefits (advance notice of dismissal, severance pay, paid annual or sick leave, etc.). See R. Hussmans, “Defining and measuring informal employment”, ILO, 2004.

⁵ Source: Eurofound 2013.

employers.

Alongside these “official” occupations, it is crucial to highlight **the importance of non-professional workers caring for relatives**. 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.

Moreover, **undeclared work is important**. Some surveys assess the share of the black market up to 70% but these figures might be taken with caution. 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 2007-2008.⁶ 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%.⁷

The importance of 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.**

In what regards domestic staff, the number of foreign workers is even 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)

⁵ Source: Eurofound 2013.

⁶ Source: Eurofound 2013.

	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.

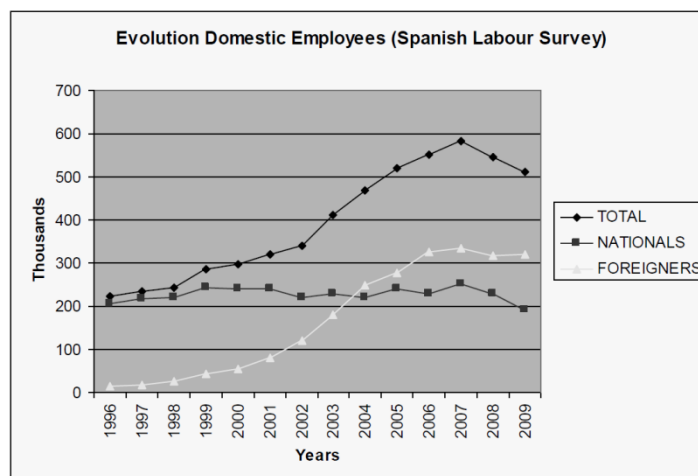
Source: León, 2010

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 workers within this sector were women.”⁸

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*”⁹.

⁸ 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

⁹ M. León, 2010, Migration and Care Work in Spain: the domestic sector revisited, op. cit.



Source: León, 2010

In the field of social protection, recent improvements for domestic workers

Until recently, domestic workers directly employed by individuals did not benefit from the same rights. Domestic work (*servicios del hogar familiar*) 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 (Real Decreto 1620/2011, de 14 de noviembre) covering working conditions for domestic staff in Spain entered into force on 1 January 2012.¹⁰ 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.

¹⁰ 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 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.

A common approach of stakeholders regarding this Royal Decree is to emphasise its **many positive effects regarding the rights and duties of these workers**. They have eventually acquired a real recognition as “workers”, on a par with any other ones.

One of the objectives of this new regulation was also 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.¹¹

A common concern of stakeholders for skills development and professionalisation

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.

However, according to the actors participating to the workshop organised in the context of this project, an important step will be to better define and delimitate the different jobs and occupations in the care sector. This will help to better define the necessary conditions to occupy the job, as well as the content in terms of training.

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 professional certificate (*certificado de profesionalidad*). In particular, workers in the community care services sector can obtain a professionalism

¹¹ France Stratégie, 2014.

certificate in 'social and health support for dependent persons in households', based on their particular work experience.

Professional certificates, regulated by Royal Decree 34/2008 of 18 January, are nowadays the instrument of formal accreditation of professional qualifications in the National Catalogue of Professional Qualifications in the field of labour administration.

The role of these professional certificates has been emphasised by stakeholders. The development of public home-based care services is in effect attached to the development of these certificates, as the Dependency law has defined different care levels in connection with different levels of training and qualification.

In the field of domestic jobs, currently there exists one professional certificate, but it is not compulsory for the moment to occupy a job, it only depends on the employer's will. However, from January 2016, it will be required for domestic workers to have this professional certificate.

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 (Eurofound, 2013). According to Banyuls et al. (2009), one of the limits here is the unstructured development of the training system.

Improving working conditions and access to the services through appropriate tax incentives

A common approach shared by representatives of employers and the AESP is to pledge for the introduction of appropriate incentives directed to consumers, in order to encourage the recourse to provider companies rather than to directly employ domestic personnel at home. People in need for care services should receive tax incentives when they buy these services through a registered company, which would both improve the employment quality and also service quality. For the moment, the only advantage that consumers may get is a reduction of social contribution in the case they directly employ the person. By contrast, in this context, buying the service from a company is comparatively much more expensive.

According to newspapers, the government is examining the possibility to introduce tax reduction for consumers, like France for instance.¹² This measure would concern domestic tasks but also gardening, private lessons, as well as plumber or painting services. An objective is to reduce the black market and to encourage the use of invoices.

¹² <http://www.expansion.com/2014/02/05/economia/1391558216.html>

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.¹³

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 mechanisms. 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 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.

¹³ 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.

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

The use of IT may prove as very relevant when considering the issue of service quality. In this context, a recent initiative from the Ministry of Health and social services may appear as a good practice. In April 2015 the Ministry presented the first mobile application in the field of dependency (*App Dependencia*). This application is directed for older people or people with disabilities. It facilitates the relations between them and their relatives and carers.¹⁴ The application includes testimonials, more than 60 videos with technical tips addressed to carers, information on services and benefits, and on the relation with relevant management bodies

¹⁴ http://www.dependencia.imserso.es/dependencia_01/documentacion/app/nav_app/index.htm

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.¹⁵ “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.

¹⁵ Banyuls et al.

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