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THE ELDERLY CARE SECTOR IN SPAIN

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THE ELDERLY CARE SECTOR IN SPAIN*

DYNAMO Sector Study

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CONTENTS

The Elderly Care Sector in Spain

1. Definition of the sector and major trends[1]

The right of elderly people to be cared for

In Spain, up to present times, there has not been a Law that universally gives dependent elderly people the right to be cared for. Care of dependent people, and concretely elderly care, is administratively, politically and financially included within the scope of social services provided to most problematic groups. In these social services, together with the assistance given to elderly people, we find assistance provided to children and youngsters, marginalized people and different groups at risk of exclusion. As a synthesis of all this, since 1988, a State subsidised program (*Plan Concertado de Prestaciones Básicas de Servicios Sociales en Corporaciones Locales,* Agreement Scheme for Basic Provision of Social Services in Local Councils) offers basic social services in local administration. Until now elderly care is functioning on family basis for most cases. But the current government has approved recently[2] the Dependent People Law, *Ley de Dependencia,* which may cover this gap progressively from 2007 to 2015. In contrast, there is indeed a system of health assistance that takes place in health centres and hospitals as a universal right clearly different from care. Likewise, all elderly people have the right to have a minimum pension, which is a better pension in the case of disabled people.

For 25 years organisation of social services has been a competence of Regions (in Spain, Autonomous Communities) and local councils. Some care services, such as home aid, day care centres or tele-care, are offered at the lower level (local). Others, such residential homes are under the responsibility of the regional administration. Since the 80s, when issuing of legal provisions about health and social services was transferred to the Regions, all Regions have unfolded their own Laws of Social Services (the first one, the Basque Country Region in 1982 followed by Catalonia and Navarra in 1983). By means of these laws, they have organised services at regional level and have endowed them with additional financial aid besides the one transferred from the State. This has resulted in remarkable regional differences when covering care necessities.

We find notable differences between regions with regard to the services they provide and the extent of provision (regional differences appear in the table below). In some regions complementary schemes have been approved with the result that the services have been improved, although this has not occurred in regions with fewer resources or a lack of tradition in intervening in these matters. Most local councils are developing home help programmes and the largest ones are gradually introducing other services such as protected homes, day centres or tele-care.

[1] As we will see along this paper, in some cases, we will be able to have specific data regarding dependence. In other cases, data will be included in the more general scope of Social Services.

[2] The Law has been approved in October 2006.

Table 1. Coverage rate (per 100 people aged 65 or older) of some services. 2004

	Residential homes	Home help service	Tele-care	Day care centres	Total
Castilla-León	6.12	3.12	2.54	0.35	12.13
Navarra	5.32	3.56	4.68	0.38	13.95
Castilla-La Mancha	5.06	4.87	3.93	0.24	14.09
La Rioja	4.71	3.41	1.25	0.48	9.86
Community of Madrid	4.56	3.37	4.57	0.70	13.20
Aragón	4.46	3.07	2.66	0.34	10.54
Catalonia	4.37	3.87	0.79	0.95	9.98
Asturias	4,06	3.26	1.76	0.37	9.44
Cantabria	4.01	1.92	0.48	0.35	6.77
Basque Country	3.90	1.77	2.26	0.55	8.48
Extremadura	3.68	7.41	1.34	0.44	12.87
Canary Islands	2.89	2.69	0.62	0.23	6.43
Andalucía	2.84	3.48	1.79	0.33	8.45
Balearic Islands	2.84	2.09	1.89	0.24	7.06
Melilla	2.72	3.15	2.97	0.34	9.18
Comunidad Valenciana	2.52	1.67	1.87	0.25	6.31
Murcia	2.25	1.76	1.35	0.42	5.79
Galicia	2.08	1.91	0.67	0.18	4.84
Ceuta	1.67	3.44	0.43	0.30	5.84
TOTAL	3.78	3.14	2.05	0.46	9.43

Source: Libro Blanco sobre la Dependencia

Necessities

In 2004, 26% of Spanish population, equating to 43 million people, were older than 65. This percentage is increasing rapidly due to a progressive lengthening of life expectancy, one of the highest in the EU. The dependent population over 65 makes a total of 1,433,962 people (487,843 of them are fully dependent) according to a 2001 survey on Disablements, Disabilities and Health carried out by the INE (the National Statistics Institute) and IMSERSO (the Social Services Institute for Elderly). We must add 128,000 dependent people already in residential homes for elderly people at the moment the research was realised.

The Dependent Care Law, finally approved on 5 October 2006, records the data drawn up in the "Dependent Care White Paper" (IMSERSO, 2004), which present the following forecasts of cover of needs for dependent persons until 2015, when the Law will have been fully developed:

Table 2. Projection of the number of dependent persons according to the degree of need for care (2005-2015)

Dependent persons	2005	2010	2015
Degree 3 (Great dependence)	194,508	223,457	252,345
Degree 2 (Severe dependence)	370,603	420,336	472,461
Degree 1 (Moderate dependence)	560,080	602,636	648,442
Total	**1,125,191**	**1,246,429**	**1,373,248**

The figures in the table are those used as a basis for the funding proposed to accompany the Law. However, these figures are lower than those quoted in the previous paragraph. There is therefore a serious risk that the projections will underestimate the number of persons requiring care and that the funding will be insufficient.

Current supply

As a first approach, we can indicate that the bulk of the use of social services by people takes places in the *Centros de Servicios Sociales de base*, Centres for Basic Social Services (community facilities including Shelters, Refuge Centres and Social Work Units, the most basic level within the system in charge of informing, orientating and processing the cases dealing with provision of social services). The most common users are "elderly people", 27.45% out of all users. The second largest group is "families", 26.54% out of all users but they also include old people within. The third group, "children", is scarcely above 10% of all users. Use by elderly people is higher in concrete services (the so-called "specialised care"), such as home help services (more than 50% of users) or "support to cohabitation units" (more than 40%) aimed at servicing some family burdens (*Ministerio de Trabajo y Asuntos Sociales*, Ministry of Labour and Social Affairs, 2006).

Social Service Centres basically work at local level (almost two thirds of action schemes are at that level) and less at regional level (26.6%), of neighbourhood or others. There are more than 1,100 Social Service Centres in the whole Spain which were used by almost 4 million people in 2004 whereas the scarce number of existing Shelters (providing temporary accommodation to marginalised people or without resources) and Refuge Centres (which assist people in serious conflicts at home) have just been used by a little more than 19,000 and 3,500 people respectively (Ministry of Labour and Social Affairs, 2006). According to data from the *Memoria del Plan Concertado de Prestaciones básicas de Servicios Sociales 2001-02*, Report on the Agreed Scheme for Basic Provisions of Social Services 2001-02, evolution in the number of these different kinds of establishments shows an increase in the number of Social Service Centres (they were just 389 when the Agreed Scheme started in 1988) and the very low number of the other two kinds of institutions:

- In 1992, there were only 813 Social Service Centres and in 2002 they were already 1,194.
- In 1992, there were 17 Shelters and only 10 in 2002.
- In 1992, there were 21 Refuge Centres and they were reduced to 12 in 2002.

Concerning the so-called Day Care Centres, they provide social and health services and services of family support. They deal with personal necessities during the day (accessible transport, aid for everyday activities…), therapeutic (occupational therapy, health care and psychological assistance) and socio-cultural needs (culture and group activities) of people with different degrees of disability or dependence fostering permanence in the regular environment. Expenditure resulting from provision of these services is partly paid by users themselves –in a co-payment system- which covers between 20% and 30% of the cost of these services. According to the research paper *Tendencias en los Servicios Sociales*, Trends in Social Services, in Spain there are a bit more than 1,700 Day Care Centres, 41% out of them are public and 59% are private run with around 33,000 places and 0.46% of coverage rate. This rate is higher in the Regions of Madrid and Catalonia. Actually, there are not many day care centres. In the case of private run centres, this is due to the fact that they are relatively expensive and their

potential users may prefer to move to a permanent residence. Twice its cost, they may have access to a full time residence (*Interview* to Local Councils).

Table 3. Evolution of users of different services (percentage people over 65 and older)

	2002		2005	
residential homes users	213,000	3.18%	300,000	3.5%
home care users	139,384	2.20%	228,814	3.1%(2004)
day care centre users	8,843			
tele-care users	90,978	1.01%	148,950	2.05%
in temporary care	1,385			
in other diverse situations	3,558			

Nevertheless, as initial assessment, we can state that care services available to the dependent population in Spain are insufficient. Besides, there are far more private- run residential homes (60% out of the whole number of places) than state-run residential homes or of public use with private management (26%). The first ones are only affordable to a group of population due to the high price if having reasonably suitable conditions[3]. According to this situation, it is not strange that Spanish public opinion underlines the interest for public social services financed by taxing: more than 70% of interviewed people expressed this opinion according to a survey (CIS, 2005). Besides that, most of the interviewed people, 55%, stated that "it is better to pay more taxes and have more social services" compared to the minority group of people who stated that "it is better to lower taxes despite a decrease in social services". Undoubtedly, these opinions show how deep-rooted the necessity of improving public social services is, in people's opinion. But they also show the inequalities concerning the possibility to afford private services.

[3] Monthly price of an average residential home is above 2,000€ in Catalonia. Also in Catalonia, the maximum cost of a place in a public residential home is 1,500€ for the administration. Users of these places pay according to their resources and properties.

Dependent people have traditionally been cared for in an "informal" way, which means by family and particularly by women. This has forced them to leave their jobs or take only part-time work. Many more have had to give up their free-time activities and social relationships, dividing their time between work and the dependent person.

According to data released in 1999 (the aforementioned INE survey, 1999, also quoted by the *Libro Blanco de la Dependencia*, IMSERSO, 2004), 83.7% of dependent elderly people are cared for by a family member, who are women in 75.9% of cases. These family members are mainly spouses when the dependent person is between 65 and 79 years and their daughters after this age. It should also be pointed out that in the first age group there are also many male carers, mainly spouses. However, this model has entered into crisis. Women's interest in staying within the job market, a lower number of children for the role of possible carers, lengthening of years of dependency and complexity of required care have all led this model to have many problems.

At a second level, we have elderly care professionals acting as carers and in the third place Social Services. It should also be pointed out that home care has witnessed a spectacular increase over the

last 5 years, particularly among dependent elderly people who are, either themselves or their children, middle-class families. But also working class is using more and more this service, privately or in a public way, at least for some hours a day, as a necessity for women to maintain their jobs.

If we compare the current situation with the situation 20 years ago, elderly care is reducing its family contribution and going towards an institutionalised care. However, the Dependence Act, to be introduced in 2007, will keep an important part of care under the responsibility of families, as we will see later.

Special reference to Residential Homes

This is the most important, complex and extended care service. The Spanish Social Security began building residential homes in the 70's. Until then, they had been exclusively in the hands of religious orders and charities, although there were just a few of them. But family structure was changing very quickly. Many more elderly people no longer lived with one of their offspring and the latter could no longer easily care for them once they had reached the age of dependency, due to work (both spouses worked) or because their homes were not equipped to do so. In the 80's and 90's, many residential homes were built, both private and public. Resources provided in the Gerontology Plan and those deriving from the subsidies of 0.52% of the Personal Income Tax (part of the tax devoted to non-governmental organisations with social action focus), as well as resources from regional governments and some town councils, led to a vast increase in this service with significant differences among regions. At the same time, the model of residential homes also changed from large installations to buildings for a limited number of residents, but with more services and better quality. By now the new model is a residence home with 100-120 places[4].

300,000 people in residential homes for elderly people in 2005, 40% of these places being public, represents a very small number if considering the demand and the fact that the cost of places in private residential homes is generally out of the reach of most elderly people who need one. That is, their cost is much higher not only than the average pension, but also than the highest pensions (the average pension was 690 € in 2005). As we said before, the ratio of residential places for every 100 people over 65 in Spain was 3.5 in 2005, well below most countries in the EU: France 7.9%, Holland 12.2%, the United Kingdom 11%, and Denmark 13%.

Regarding caring staff, it seems there are very important differences between residential homes in number, qualification and professional background, depending, to a large extent, on the cost of the residential home for users. In general, some researchers (Maravall, 2003) observe understaffing for nightshifts, weekends, national holidays and holiday periods, something to be considered in relation to service quality. We will go back on this subject later. As confirmed by the head of the Dependent Care Service of the Generalitat (Government) of Catalonia, the decisions and the management on admission to homes is the responsibility of the governments of the regions (autonomous communities), whereas home care is the responsibility of town councils.

We must also make reference in this section to sheltering housing which provides a solution for elderly people or those with some type of disability who have no home and who cannot or do not want to be a resident in a residential home. Other solutions as smart homes

[4] Until present times two types of residential homes have prevailed: the large one (more than 200 people) and the small one (10-20 people, sometimes in ancient apartments)

are not so extended. Residential services can be permanent or temporary.

Private providers

The administration has opted, as a usual way, for public subsidising of the private sector and third sector – private management with public funding and public control - which is the most unfolded model. Problems, such as service quality, are often linked to this. In addition, staff is not always well-paid and well-trained, as the public administration tends to devote limited funding to these policies and exercise a very little control, possibly because if more control was taken, more money should be paid. Lastly, there is a group of NGO's, foundations and religious orders that in many cases also have problems with funding. And together with this subsidized option, totally private companies traditionally work in the field of residential homes and more recently in home care. In the last years, some large integrated companies offering all care services have developed. According to recent publications, 13 big companies cover these services all over Spain, having the public administration as the main client (EL PAIS, 23-07-06).

In 2004, there were 9,135 companies in the social service industry, a total number to which we must add 2,144 public institutions (Central Registry of Companies, 2004). Around 50% of these companies care for elderly and disabled people (MTAS, 2005-Annual report on labour statistics and social affairs). Increase in the number of companies devoted to these activities is clear, considering the fact that these 9,135 companies were 4,926 in 1999 and 7,300 in 2002. Among institutions devoted to this activity, co-operatives stand out (62% out of all), followed by companies (15%), foundations (9%) and other non-profit organisations (7%). This shows the peculiar kind of entities working in this field, many of them belonging to the scope of social economy. The most important target group is elderly people (38% of companies), followed by general population (19%) and people with some kind of disability (14%). A remarkable characteristic of the kind of institutions devoted to this kind of activities is the size: small-sized and very small-sized companies obviously prevail (Federación de Cajas de Ahorro Vasco-Navarra, 2005):

Table 4: Distribution of entities and companies by the number of workers

	% out of the whole number	
up to 5 workers		49.2 %
between 6 and 19 workers		37.1%
between 20 and 99 workers	11.3%	and only 2% out of them with more than 50 workers
more than 100 workers		2.4%

As we have seen above, large companies are not just covering the scope of Residential Homes, which are their main target, but also home help. The basic reason is the required rate (staff/users), staff training, reports, and logistics, imposed by administrations which cannot be fulfilled by small-sized companies, particularly in big cities (*Interview to local councils and managers*). A typology of companies operating in the sector could be the following one:

- Trade companies operating only in the market.

- Trade companies operating within the public scope (as main client) and in the market.
- Third sector companies operating only within the public scope.
- NGOs, Foundation and Religious Institutions.

In addition to company activity, we must also consider that many families have opted for hiring female home care. In order to make this solution less expensive than private company services, there are often illegal arrangements, with no Social Security contributions, pay per worked hours and various kinds of working hours (part-time or full-time).

The companies that we chose to carry out interviews cover a good proportion of the characteristics of the business fabric in the sector. The large company interviewed is a multinational with more than 6,000 employees in Spain in different sectors of activity, including care for dependent persons. The small company interviewed provides home care services and manages day centres in several municipalities; it employs 16 persons, all women and mostly with low levels of professional qualification. The small non-profit company, which is set up as a Foundation, provides home care services and employs 6 persons with nursing qualifications (for the services of greater complexity) or auxiliary nursing staff.

Voluntary organisations

The presence of this kind of organisations is relatively important. As we have seen above, 7% of entities in the sector are "non-profit" organisations. But many of the "associations", "co-operatives" and "foundations" with important presence in the sector are also organisations linked to a certain extent to voluntary work and/or social economy.

Voluntary organisations are important in big cities where they have traditionally worked. The most important ones are religious organisations such as CARITAS and others that are supported by religious orders.
Some companies of the Social Economy in elderly care have voluntary people working part-time.

A paradigmatic case of the activities of this kind of non-religious organisations is Red Cross which is in charge of an important part of the tele-care service which cannot be supplied by the local council in many towns. Tele-care is a complementary service to the Home Help Service, *Servicio de Ayuda a Domicilio*, (SAD), which, according to the paper *Tendencias en Servicios Sociales* (2006), services 148,905 people, with a coverage of 2.05% in the whole Spain, coverage rate above 4% in Madrid and Navarra, and only around 0.5% of coverage rate in Ceuta and Canary Islands. Users are almost totally old dependent people and the average cost of the service (about 20€/month) is assumed by Social Services themselves (partly the local council and partly other administrations). But the cost is only assumed for elderly people with high dependence degree and especially with scarce financial resources. This means that other people, with also low resources but not low enough to have access to free provision of the service must turn to other institutions, such as the Red Cross which has provided this service with a similar quality for many years, but with a cost of around 30€/month which must be totally afforded by the user. Interviewed Managers of Local Council's Social Services have stated that tele-care is a service highly appreciated by users.

2. Delivery in kind and monetary transfers to families

Financial resources used in protection to dependence (including elderly and disabled people) were in 1995 in Spain 0.23% of the GDP and they increased to 0.36% in 2004. With the new Dependence Act, to unfold in 2007 and in full application in 2015, the Spanish Government aims at reaching 1.0% of the GDP. Most of the expenditure is currently devoted to residential homes. So, despite of a relative increase compared to the past, the whole amount of expenditure is by now still far below the EU average (we have to remind that in 2004 the average of social expenditure was 21% of the GDP in Spain compared to 28% in the EU-15 and to 27% of the EU-25).

Table 5. Distribution expenditure according to the kind of dependence and service (%) 2004

	Elderly people	*Disabled People*
Residential homes	73.2	57.8
Day-care centres	7.4	21.1
Home help	10.1	2.0
Tele-care	1.8	0.2
Others	7.5	19.0

Aids for families with dependent people are of the following kinds:

- Home personal services to care for dependent people, according necessities and financial resources of families. The services are calculated in hours/day per dependent person, being 2 hours the maximum caring time. In this case, differences may be remarkable among regions as stated above.
- Day-care centre assistance and tele-care, also according to financial income of users.
- Discounts in the payment of public and state subsidised residential homes. The amount of the discount depends on the family income (considering the elderly person and his/her children). Obviously, admission into a residential home depends on vacancies.
- Tax relief when being in charge of a dependent person.
- Financial benefits for aid due to being in charge of a person who needs especial care because of his/her disability (paid by the Social Security at a very low price, 60€/month). (The two last categories are not considered in the calculation of financial resources devoted to dependent care).

Family transference channels:

- The most common transference channel is the administration paying the services to institutions or companies providing them (public or private), according to prices for services established by the local or regional public authorities.
- In some Regions (Galicia, Valencia, Navarra) or in some cities in other regions, families receive a voucher for

the dependence services and they pay the most convenient company for the family. Some interviewed people expressed the opinion that this method could increase submerged activity in the sector.

In both cases providing any kind of service to dependence is decided by a technical team, either regional or local, who verify: the dependent person's income (and his/her family), properties, dependence degree, home equipment, etc.

As public resources are clearly insufficient to cover necessities, the difficulties users have to overcome are of two kinds: the recognition of a dependence degree to be cared for and a level of income and properties considered too low to care for dependents privately.

According to some interviewed public authorities an extensive group of low-medium class people are excluded of public help because of this second reason.

In the case of home care, the kind of home help received by dependent people, when it is not provided by their own relatives (the most common situation) or by private paid assistants, is provided by the local council (70% of all cases provided by public management), by associations or NGOs (18%) or by the Region (12%, for instance, in small councils) (Libro Blanco de la Dependencia, IMSERSO, 2004).

3. Response to the "tax crisis"

Towards elderly care as a universal right?

Until the mid 90's, the dominant model in Spain was almost entirely that of family care for elderly dependents. Since then, there has been some improvement resulting from different changes in this direction, as we have mentioned above. In the last years, care policies have been aimed at reducing family costs and increasing public cost although very slowly. As, until now, care has not been a universal right, access to these services is regulated according to the necessity degree and income level of the potential user. But care provided by the family still prevails while the government's social policy is reaching very few people. Large-scale changes are yet to take place in Spain although they may come with the recently approved Dependence Act. This Act states dependency as a universal right but with one third of the cost financed by families and two thirds by the State and Regions, thus becoming the *"fourth pillar"* of the Welfare State. In the event that the scenario predicted in the Act does actually come into practice, a large-scale change will take place with a positive effect on many people welfare.

There are, however, some aspects in the Act that give rise to serious doubts about if what is being talked will actually take place as a universal right. The first of these doubts concerns the number of beneficiaries: a prediction of 1,373,000 dependants in 2015 according to the report presented by the government (see table 2). Various experts have pointed out that this calculation is on the low side, and give 2 million dependent people in 2015 as a more realistic figure; it will mean the use of too rigid criteria in order to determine the dependency to be cared for. The second doubt, which directly results from the former, is related to the average monthly cost the government will assume per beneficiary, calculated in 375 € in 2015. There are some problems here. First, if there are more beneficiaries than expected, resources per person will decrease; or second, if total costs are greater than those calculated, families will have to assume them, exceeding the 33.3% of costs that they will have to pay according to the Law of Dependence. This means that they will have to pay a great part of the cost themselves, perhaps too much for many families, weakening the

supposed idea of universal right. A third problem arises from the central government's demand that regions should pay half of the public investment. It is well known that some regions are wealthier than others and that some of the less wealthy may have a higher than average percentage of elderly people, and, therefore, more difficulties in contributing with their financial quota.

In fact, more specifically, the contribution of the State to the Dependent Care Law will be a total of 12,638 million Euros during the period 2007-2015. The contributions will grow year by year, from 400 million Euros in 2007 to 2,213 million Euros in 2015. The governments of the autonomous communities will provide at least the same amounts as the State, and may establish supplementary investments. Because of these figures, the care services for dependent persons will receive a large amount of funding, with the aim of remedying the current deficiency in the cover of these social needs. Furthermore, the Law establishes that the beneficiaries of the system will participate in its funding according to their income and assets. This participation has not yet been specified exactly, though the total figures mentioned are similar to those provided by the State and by the autonomous communities.

As it was stated before, elderly care is a part of Social Services along with a number of other caring programmes organised by regional governments. Because of that it is not so easy (Gutiérrez, 2001) to obtain differentiated data related to financial resources, since schemes of social services are financed by this multiple source:

- Ministry of Labour and Social Affairs,
- Regional administration: funds coming from the State budget,
- Local administration: province funds, intermediate administrations and own local funds,
- Private initiative: charitable work by banking societies (especially Saving Banks) or non-profit organisations that are subsidised by different administrations,
- Users' contributions when services are not totally free.

More concretely, Agreed Schemes, Planes Concertados, have the territorial level as focal point of action and they are financed basically by contributions made by the local administration –most received from regional and provincial authorities5- as it may be seen in table 6.

Table 6. Contributions made to the Agreed Scheme for Basic Benefits of Social Services in Local Councils: 2003-2004

Administration	*Amount*	*%*
Ministry of Labour and Social Affaire	**90,802,350.00**	**13,65**
Autonomous Communities	**200,384,695.37**	**30.11**
Local Councils	**373,281,238.44**	**56.09[1]**
TOTAL	**665,450,432.99**	**100.00**

Source: Made on the premises according to data from the Ministry of Labour and Social Affairs (2006).

[5] Local administration receives contributions from regional and provincial administrations, but also contributes with their own financial resources, what explains differences between cities inside the same region.

Contracting out to market

Models of relationship between administrations and private institutions providing the services are twofold: collaboration agreements or accords. In general, collaboration agreements are signed with non-profit institutions and accords with private trading companies and non-profit institutions. The first ones do not require a tendering but the second ones do. Regarding allocation of different services to companies we have to distinguish two situations: home services and out-of-home services (day care centres, tele-care, and residential homes).

Out-of-home services

Companies are appointed as "collaborating company" if they fulfil some requirements such as suitable installations, enough and qualified staff, etc..., apart from accepting monitoring and inspection by the competent public administration. The companies are normally licensed to provide these services for a period of four years, subject to renewal and according to the type of the agreement with the public administration: some manage a centre owned by the public administration; others manage a state-supported private centre based.

Afterwards, there is another tendering. The administration sets the maximum price for each service that is of public payment. Demanding users, who are selected by the suitable public body, address to these companies and companies charge the administration (regional, provincial or local) for the cases they service. The servicing company or institution provides accommodation – when needed-, and care services all together and under an only cost (Interviews). In some cases, as residential homes, companies offering services in the private market need to have a "permission" from regional authorities which means having some minimal conditions. Of course, conditions to become a "collaborating company" are many more.

Home services

The administration tenders home services, distinguishing different kinds of services, and companies apply for the allocation. In this case local administrations establish the price/ hour/worker paying companies the salaries they collectively bargain. When allocating these services, the administration considers company characteristics, concretely their capacity to offer quality services. In the past cost criteria often prevailed, this is to say, allocation was given to companies offering less expensive services (according to interviews carried out), but now other criteria are much more important and the cost is one of the less important ones.

The functioning of the service provision varies, but in practically all cases home care for dependent persons is provided by private companies under the supervision of the local authorities. There are cases in which the local government pays the companies licensed to provide the service to users. In other cases (see also Lope, Recio and Gibert, 2003), the city council offers home care through the service voucher system, in which the users exchange vouchers for services from the companies offering them. The company must have been accredited by the corresponding services of the city council and the recipients of the care sometimes contract supplementary services from the companies at their own expense. In all cases the social services of the municipalities assess the needs of the users and define the activities to be carried out by the persons employed in the licensed companies. In all cases the public administration also regulates the mechanisms for awarding licenses to the companies and monitors the quality of

the services provided. However, the mechanisms and the levels of requirement vary.

In the four cases of interviews with the local government, requisites are established that must be met by companies making tenders for the service. Thus, Schedule of Conditions in the Council of Barcelona 2006 (a city with 1,5 million inhabitants) establishes the following criteria to select companies to be contracted for home help service: Service organisation (up to 30 points); proposed enhancement (up to 25 points); human resources (up to 15 points); social orientation of the company (up to 10 points); service quality (up to 10 points), and financial offer (up to 10 points). There is also a Schedule of Conditions in the case of the municipality focusing on: 1) the economic solvency of the company; 2) the commitment to provide all the information that is requested; and 3) the commitment to provide detailed monthly documentation on the tasks carried out in the care provided to each beneficiary of the service.

In many cases, the administration supports non-profit companies (Social Economy) in this matter. In other cases, the administration allocates services to the highest bidder. If this is a big company, some areas or services may be sub-contracted to other smaller companies, frequently within the scope of Social Economy. This sub-contracting, now more regulated than in the past, explains the hiring of non-qualified or less qualified workers since these small companies have not financial capacity to hire more qualified workers.

According to different analysts (Maravall, 2003; Lope, Recio and Gibert, 2003), low quality of services as well as difficulty to monitor them by the administration may be explained by this sub-contracting process. If sub-contracting is legally submitted to some conditions, as we said, what happens in practice is sometimes difficult to establish.

Contracting out to families

Providing residential home services for elderly people is not considered as free. The other services may be free but access to them depends on the financial situation of users. As it has been mentioned above, in some regions and for home help, there may also be vouchers that are spent by users in the care companies they choose. There may also be assistance vouchers for residential homes called *bono-residencia*, residential-voucher (widely used, especially in Valencia region). Other subsidies to care for disabled people may be used to contract home care. But, in most cases, the way is payment made by the administration directly to the providing company for users and provided services.

4. Implications of the trends in terms of labour supply and job quality

Volume of employment in the sector

Trends in the sector have an important impact on employment, especially considering a predictable increase in the number of jobs that will result from the introduction of the approved Dependence Act. The financial memorandum of the bill predicts that in 2015, when the Act will be in full running, 262,735 more jobs will be needed. Besides this, 300,000 people taking care of relatives will receive some kind of financial aid that is to be specified as the Act is unfolded for those tasks. These numbers show that an important amount of jobs will be needed although possibly many of the tasks which are considered as jobs will be still carried out in an informal way but with public aids and not corresponding to a real job.

Because of the expectations created by the Dependent Care Law, projections have been made that attempt to further specify the data provided by the Dependent Care White Paper (IMSERSO, 2004). IMSERSO also published a study (Herce, Labeaga, Sosvilla and Ortega, 2006)[6] which offers several scenarios that provide a better approximation of the possibilities of job creation in the sector. The middle scenario of the three presented, i.e. neither the most optimistic nor the least optimistic, indicates that when the plan foreseen by the Law has been fully executed, the employment created may total 160,314 new jobs. The difference from the 262,735 jobs foreseen in the White Paper stems from the fact that the new study understands that the demand for new services will be limited if the current situation in which the family provides services informally to dependent persons is maintained. The informal carers only partially feel the need for more professional services. They express the need to receive economic aid and, because of their profile, they are unlikely to have incentives to integrate in the labour market.

But these numbers are just estimations and not very precise or detailed. This is not strange as, at present times, there is not a reliable number of jobs in elderly care. According to some sources, in 2003 there were 185,000 jobs in "social services" in Spain. But there is no way of being specific about how many jobs are or not related with elderly care tasks. In Catalonia, the Region in which we can exemplify the sector situation, a specific research (IDESCAT, 2005), which was based on surveys and analysis of statistical data from 2002, pointed out that there were 23,500 jobs in that year (the estimation is about full time jobs which means that the number of workers is actually higher since many of this kind of jobs are part time) in institutions devoted to elderly care, 90% out of them in residential homes. A bit more than 50% of these jobs were found in the private sector and the rest were equally distributed between non-profit-making institutions and jobs in the public sector being this last sector where working conditions were more positive for workers. These estimated numbers are just for Catalonia. If they are transferred to the whole country according to the population, they may become (even more deeply estimated) between 125,000 and 150,000 jobs in all Spain.

In order to approach more deeply to the reality of work in the sector we have followed the three following lines:

1) Employment data from Agreed Schemes Reports and which only refer to employment generated by services supplied from public schemes of Social Services

2) Employment data which may be obtained for jobs and places related to *elderly care* from the explicit request made to state institutions having the disintegrated statistical sources.

3) Data obtained, in the same sense as the previous point, regarding number of contracted workers and number of contracts in a concrete year (not about the number of employees in that year). If compared in time, these data allow us to observe the most remarkable tendencies in employment in the sector.

1) Regarding the first aspect, the paper *Tendencias en los servicios sociales,* Tendencies in social services, which uses data from *Memoria del Plan Concertado de Prestaciones Básicas de Servicios Sociales*, Report on the Agreed Scheme for Basic Benefits in Social Services, (Ministry of Labour, 2006), suggests interesting points about employment devoted to people care in Social Service Centres. This care is not only aimed at dependent old people, although they are the bulk of users of this service, especially of services dealing with the SAD (*Servicio de ayuda a domicilio)*, home help service, and services of support to family unit.

[6] The study considers three scenarios with regard to possible job creation. The first is based on an input/output analysis. The second is based on a macroeconomic analysis. The third is based on a microeconomic analysis that assesses particularly the supply of work of persons who are currently caring for a relative.

90% of SAD users are elderly people[7] and this is the top service provided by Social Service Centres and in which more than 70% of the budget of the Agreed Scheme was invested for period 2003-2004. Its action base is local. Professionals in charge of SAD are usually social workers of Social Service Centres who co-ordinate activities monitor and find solutions for the problems home assistants or family workers may find. They are most of SAD workers.

Employment data refer to workers in activities carried out by Social Service Centres, Refuges and Shelter Centres. In these two last cases, employment is minimum: 224 workers out of the whole 25,032 workers in 2003. They are obviously settled almost completely in Social Service Centres. The number is really low and it is just a part of the employment devoted to Social Services, which, we insist, has not reliable data – and even less for workers exclusively dealing with elderly care-. In fact, when we talk about Social Service employment, statistical data are scarcely suitable and they scarcely allow estimations. These estimations were previously of 184,000 workers according to some sources (Federación de Cajas de Ahorro Vasco-Navarras, 2005) and between 125,000 and 150,000 according to other sources (IDESCAT, 2005).

More concretely, out of the whole 25,032 workers we have referred to, 10,426 are employed by Centres and 14,606 are workers carrying out "services" included in the schemes of Centres but they are not in staff. SAD is the activity which includes workers supplying services provided by schemes from Centres. Its existence explains the fact that despite staff in Centres have increased from 1,800 workers in 1988 to 10,426 in 2003, they have not increased in accordance to services provided which are, in many cases, provided by people who do not belong to the staff in the Centres.

In any case, increase in employment shows a slow pace compared to increase in social needs: in 2001, staff workers were 9,931 and 13,564 were under a contract for provision of services out of a whole of 23,515 workers in this sector (Ministry of Labour and Social Affairs, 2004). Increase of 1,500 jobs between 2001 and 2003 is not insignificant but only a third part is for staff and the rest are contracted for concrete programs. These contracted workers are a high percentage of the whole employment in the sector in some Regions (Cantabria, La Rioja or Extremadura) whereas, in contrast, workers in the staff of Centres are the majority in Catalonia and Madrid.

Social workers are the most important group in staffs of Social Service Centres whereas workers with "provider" contract are mainly workers, almost exclusively women, who carry out tasks at dependent people's homes as "home assistant" or as "family workers" (Interviews and trade union data). This group makes up 80% of workers carrying out provision of services (an increasing percentage as they were just 70% in 2001) whereas social workers (prevailing group in staff of Centres) are only 1.6% of providers. These employment data are shown in the following table with more detail.

[7] SAD users have gone from 112,797 in 1999 with a coverage rate of 1.67% to 228,812 users in 2004 with a coverage rate of 3.14% although the rate varies between the different Autonomous Communities (from 7.41% in Extremadura to 1.67% in the Comunitat Valenciana). There are also big differences in coverage in terms of hours and cost per hour in the different Autonomous Communities. The SAD basically consists in providing personal help and concrete services (domestic work and, to a lesser extent but increasingly more common, personal care) at the user's home (old people, disabled people, non-structured families, etc.) whose functional independence is a limited one or they are in a situation of personal or family crisis. The average of hours/day/user is 2 hours (*Interview* 5,Trade Unions).

Table 7. Breakdown of staff workers and provider employment according to the job in Social Service Centres, 2003

JOB	WORKERS					
	Staff	**%**	**Providers**	**%**	**Total**	**%**
Centre Manager	366	3.51	17	0.12	383	1.53
Scheme Coordinator	454	4.35	59	0.40	513	2.05
Technical consultant	389	3.73	127	0.87	516	2.06
Social worker	4260	40.86	241	1.65	4501	17.09
Educator	1356	13.01	353	2.42	1709	6.83
Events organiser/ group leader	429	4.12	1456	9.97	1885	7.53
Administration workers	1471	14.11	152	1.04	1623	6.48
Home assistant/ Family worker	703	6.74	11808	80.84	12511	49.90
Auxiliary services	440	4022	239	1.64	679	2.71
Others	557	5.34	154	1.05	711	2.84
Totals	10426	100.0	14606	100.0	25032	100.0

Source: *Tendencias en los servicios sociales,* by Ministerio de Trabajo y Seguridad Social (2006).

2) Regarding data about employment in tasks directly linked to the sector of our interest, data obtained approach estimations obtained in other research papers carried out. If we include workers who work at "houses employing domestic workers", employment in the sector was above 185,000 workers in 2005. If we do not include them, the number is scarcely above 150,000.

Table 8. Breakdown of employees by economic activity: services to people 2000-2005. Disintegrated by sex

EMPLOYEES BY ECONOMIC ACTIVITIES cnae93	YEAR 2000					YEAR 2005				
	Women	**%**	**Men**	**%**	**Total**	**Women**	**%**	**Men**	**%**	**Total**
TAKING IN OF ELDERLY PEOPLE WITH HOUSING	38452	87.1	5695	12.9	44147	70511	88.7	8953	11.3	79464
TAKING IN OF DISABLED PEOPLE WITH HOUSING	7825	74.6	2665	25.4	10490	13254	80.2	3267	19.8	16521

ACTIVITIES OF SOCIAL SERVICES FOR DISABLED PEOPLE	31741	67.2	15471	32.8	47212	22231	55.8	17635	44.2	39866
HOME HELP ACTIVITIES	7436	90.6	760	9.3	8196	14049	93.0	1050	7.0	15099
HOUSES EMPLOYING DOMESTIC WORKERS	9306	25.9	26596	74.1	35902	9285	26.8	25324	73.2	34609
TOTAL	94760	64.9	51187	35.1	145947	129330	69.7	56229	30.3	185559

Source: Own creation from data provided by the Technical Office of *Secretaría General de la Seguridad Social* (workers contributing to the Social Security General Scheme)

We think that it is convenient not to consider people employed as domestic workers since they perform tasks which generally have little to do with *elderly care* and which are mainly carried out by men (from butlers to gardeners: all these activities are included in this sector) in contrast with the actual situation of people caring. In fact, as we may see in both tables, percentage of women in the studied activities is very high, above 90% in home help activities. The very significant exception of three men out of every four people working as domestic workers indicates that we are dealing with another kind of activity.

In any case, it is important to underline the high increase of employment in the sector. Except for domestic workers, employment increases to 150,950 workers in 2005 compared to 79,103 workers in 2000. All activities have considerably increased, activities employing more people ("taking in of elderly people with housing"), from 44,147 to 79,464 workers, as well as activities employing less people ("home help activities") from 8,196 to 15,099 workers.

3) On the other hand, data about contracts allow us to detect interesting elements regarding the increasing trend of employment in the sector in concrete professional profiles dealing with *elderly care.* They also give an evidence to verify how precarious a part of these jobs may be, especially in terms of temporality and part-time employment.

We have been able to obtain data about the number of contracted workers and contracts registered in 2001 and 2005 (or in 2004 in some cases) for 4 kinds of activities: "Home assistant" and "nursing assistant in geriatrics", which are the most significant jobs in number, and also "occupational therapist" and "geriatric event organisers" which are profiles generating not so much employment but also with interesting tendencies. The following tables show data about these tendencies.

Table 9. Home help assistant. Breakdown of contracted workers, 2001-2005

	HOME HELP ASSISTANT							
NUMBER OF CONTRACTED WORKERS	***YEAR 2001***				***YEAR 2005***			
OPEN-ENDED CONTRACTS	**MEN**	**%**	**WOMEN**	**%**	**MEN**	**%**	**WOMEN**	**%**
FULL TIME	100	14.6	587	85.4	76	9.2	747	90.8
PART-TIME	21	3.0	677	97.0	76	4.0	1840	96.0
INTERMITTENT-PERMANENT	1	1.5	64	98.5	3	9.7	28	90.3
TOTAL OPEN-ENDED CONTRACTS	122	8.4	1328	91.6	155	5.6	2615	94.4
TEMPORARY CONTRACTS								
FULL TIME	868	7.6	10610	92.4	727	6.1	11225	93.9
PART-TIME	886	4.6	18439	95.4	1026	3.7	27083	96.3
TOTAL TEMPORARY CONTRACTS	1754	5.7	29049	94.3	1753	4.4	38308	95.6
TOTAL OF CONTRACTED WORKERS	1876	5.8	30377	94.2	1908	4.5	40923	95.5

Table 10. Nursing assistant in geriatrics

	NURSING ASSISTANT IN GERIATRICS							
NUMBER OF CONTRACTED WORKERS	***YEAR 2001***				***YEAR 2004***			
OPEN-ENDED CONTRACTS	**MEN**	**%**	**WOMEN**	**%**	**MEN**	**%**	**WOMEN**	**%**
FULL TIME	116	6.0	1827	94.0	186	5.6	3162	94.4
PART-TIME	27	6.3	403	93.7	46	5.3	825	94.7
INTERMITTENT-PERMANENT	1	12.5	7	87.5	1	20.0	4	80.0
TOTAL OPEN-ENDED CONTRACTS	144	6.0	2237	94.0	233	5.5	3991	94.5
TEMPORARY CONTRACTS								
FULL TIME	879	6.6	12431	93.4	1397	6.3	20649	93.7
PART-TIME	269	5.5	4617	94.5	469	6.0	7376	94.0
TOTAL TEMPORARY CONTRACTS	1148	6.3	17048	93.7	1866	6.2	28025	93.8
TOTAL OF CONTRACTED WORKERS	1292	6.3	19285	93.7	2099	6.2	32016	93.8

Table 11. Geriatric Event Organiser

	GERIATRIC EVENT ORGANISER							
NUMBER OF CONTRACTED WORKERS	**YEAR 2001**				**YEAR 2004**			
OPEN-ENDED CONTRACTS	**MEN**	**%**	**WOMEN**	**%**	**MEN**	**%**	**WOMEN**	**%**
FULL TIME	8	7.3	102	92.7	4	3.0	128	97.0
PART-TIME	0	0.0	24	100.0	5	13.5	32	86.5
INTERMITTENT-PERMANENT								
TOTAL OPEN-ENDED CONTRACTS	8	6.0	126	94.0	9	5.3	160	94.7
TEMPORARY CONTRACTS								
FULL TIME	55	7.8	651	92.2	59	6.3	871	93.7
PART-TIME	28	8.2	313	91.8	43	8.1	488	91.9
TOTAL TEMPORARY CONTRACTS	83	7.9	964	92.1	102	7.0	1359	93.0
TOTAL OF CONTRACTED WORKERS	91	7.7	1090	92.3	102	7.0	1359	93.0

Table 12. Occupational Therapist

	OCCUPATIONAL THERAPIST							
NUMBER OF CONTRACTED WORKERS	YEAR 2001				YEAR 2005			
OPEN-ENDED CONTRACTS	**MEN**	**%**	**WOMEN**	**%**	**MEN**	**%**	**WOMEN**	**%**
FULL TIME	30	23.4	98	76.6	43	18.5	189	81.5
PART-TIME	6	9.1	60	90.9	26	10.0	233	90.0
INTERMITTENT-PERMANENT	0		0	0	1	20.0	4	80.0
TOTAL OPEN-ENDED CONTRACTS	36	18.6	158	81.4	70	14.1	426	85.9
TEMPORARY CONTRACTS								
FULL TIME	111	19.6	456	80.4	118	12.9	799	87.1
PART-TIME	57	11.7	429	88.3	132	10.9	1074	89.1
TOTAL TEMPORARY CONTRACTS	168	16.0	885	84.0	250	11.8	1873	88.2
TOTAL OF CONTRACTED WORKERS	204	16.4	1043	83.6	320	12.2	2299	87.8

Source (tables 6 to 9). INEM, Gabinete técnico, 20

Tables above show a very marked increase of this kind of activities. "Home help assistant" jobs go from 32,253 in 2001 to 42,831 in 2005 whereas "nursing assistant in geriatrics" jobs go from 20,577 to 34,115 workers. Number of "geriatric event organiser" is much more modest: from 1,181 to 1,630 workers in 2001 and 2004 as well as "occupational therapist", from 1,247 workers to 2,619 in 2005. However, increase in such a short period of time is very high: almost 50% for geriatric event organiser and above 100% for occupational therapists.

An illustrating datum is the high rate of temporality in contracts which remains with a little change despite the measures aimed at reducing it in the whole Spanish labour market. Besides, it is important to mention that reduction of these rates to much lower levels has been agreed in many collective agreements, both regional and national, but it has not been successful. Thus, temporality rates in studied profiles and years are the following ones:

Table 13. Temporality rates

	2001	2005
Home help assistant	95.5%	93.5%
Nursing assistant in geriatrics	88.4%	87.6%
Geriatric event organiser	88.7%	89.6% (in 2004)
Occupational therapist"	89.9%	81.1% this is the only profile with a clear positive evolution

Besides, the number of contracted temporary workers in the register of every year is clearly below the number of registered contracts. This means that many of the contracts are of duration under a year. Besides, this is a tendency which seems to increase as time goes by. Thus:

- 39,803 workers were with a temporary contract in 2001 among home help assistants and a whole of 43,732 contracts were formalised whereas in 2005, 40,061 workers were contracted with 68,682 contracts. This means an average of 1.4 contracts per person in 2001 and 1.7 in 2005.

- 18,196 workers were with a temporary contract in 2001 among nursing assistants and 28,892 contracts were formalised whereas in 2005, 29,891 workers were contracted with 49,409 contracts. In this case, the average is 1.6 contracts per person in 2001 which increased to 1.7 in 2005.

However, it is to be mentioned that temporary contracts in home help service have been somehow more "secure" during last times. This security lies in the fact that companies winning competitive tendering to supply these services in the name of the administration must subrogate (assume) staff who worked in the previous contracted companies with the same conditions they had in those companies.
The reason is that they are considered temporary companies (*Trade union interviews, Collective Agreement Texts, Schedule of conditions in local administrations*). The issue is a different one in residential homes since they are considered as stable companies.

On the other hand, the level of female employment is extraordinarily high and it also shows a tendency to increase or stabilize: women were 96.4% of home help assistants in 2004 or 2005 depending on the case. They were 94.4% of nursing assistants of geriatrics, 93% of geriatric event organisers and 87% of occupational therapists.
It is worth underlining the fact that for the last professional profile, the number of women is lower and also temporality. It is, in fact, the most appraised and professionalised profile among the ones we consider and, in accordance with the general characteristics of the Spanish labour market, there is more presence of men.

With regard to part-time employment, there is a gradual increase especially concerning temporary contracts. As an example, in 2001 part-time employment in the profile of geriatric event organiser was 17.9% and in 2004, 21.9% of open-ended contracts whereas it was 30.6% in 2001 and 38.7% in 2004 of temporary contracts[8].

[8] The last collective agreement establishes that part-time workers must work at least 25 hours per week, a thing to be considered very positively since part-time working hours may be under 15 or 20 hours in other sectors.

Immigrant workers

Temporality, part-time working hours and level of female employment in working tasks are usually aspects linked to jobs of a precarious kind. According to the studied data, it seems appropriate to consider a large part of employment in the sector with those characteristics. Even more if we add another fact that is usually related to low quality employment: presence of immigrant workers. Although we do not reproduce the data obtained from the previously mentioned source in the tables about contracted workers, it is worth indicating the remarkable increase of people coming from non EU or East European countries. These workers are mainly women, and mainly from Latin America**,** though a smaller proportion comes from other parts of the world**.** The access of the former to work in the homes of persons who need care is favoured by the fact that they share the Spanish language. Thus, in percentage the presence of this kind of immigrant workers in care sector was:

3.7% of nursing assistants in geriatrics in 2001 and 19.3% in 2005.

3.6% of geriatric event organisers in 2001 and 6.6% in 2004.

3.9% of home-help assistants in 2001 and 15.0% in 2005.

Increase of immigrants among home help assistants is especially important. They have quadrupled the number, from 1,242 in 2001 to 6,420 in 2005. In general, within this professional profile, as in the rest, the number of immigrant workers from outside the EU is more important among lower quality jobs. They have higher temporality rates and more part-time working hours than Spanish workers or workers coming from other EU countries (who represent a small part of the employment).

Immigrant women are an important portion of providers of care services working within the families formally or informally. They are usually underpaid and their working conditions are similar to those of people in house cleaning, with overqualified informal workers in most cases.

According to studies by Imserso in 2005, immigrant females working in elderly care, operate through home cleaning providing altogether the service of care for the elderly and disabled and cleaning services. Contacts are made mostly through personal relationships. There is no contractual relation in most of them due to the irregular situation.

Many of these immigrant workers were regulated at the beginning of 2005[9], but informal workers continue to increase. According to Trade Unions, until now, many immigrant women have worked for families but they have rarely been contracted by companies of the sector until recently.

Wages

Data from the Ministry of Labour and Social Affairs (2006) about 2003 do not allow a suitable tracking of pay levels of workers in Social Centres since they are very different in the different Regions. It is worth underlining that workers in the staff of those Centres have better employment conditions than workers "providing" services in concrete programs. Their security in employment is higher as well as their working hours. Part-time work and temporality are much more common among workers "providing" services (as it is shown in table 12). Concerning wages and as examples:

a) average labour cost of a social worker is 26,312 € if included in the staff of the Social Service Centre and just 15,173 € if included in a providing program.
b) average labour cost of clerical or administration staff is 18,658 € if included in the staff and 7,336 € if

[9] 200.000 of these regulated immigrants work within families, how many as carers?

included in a providing program (in this case, the difference is so high because many of the workers in the providing program are contracted under the lowest category of clerical staff).

c) average labour cost of a family worker or home help assistant is 16,525 € in public staff and 8,198€ in a providing program.

Average wage in Spain in that year (2003) was around 20,000€ so it makes clear the difference between workers in the sector and the average worker in the country.

Wage differences are very important and they show that quality in employment (wages, security, etc.) is very different in the public sector, where staff in Social Centres work, and in the private sector, where "providers" work. These differences, among other factors, help to understand why the administration prefers the model of paying and monitoring private management rather than an own management.

In any case, these numbers are scarcely precise. Even more, they do not consider that many private companies are outside any kind of collective bargaining and that many jobs in home care are based on informal relations[10]. Actually, elderly care in Spain shows an important level of informal employment, especially in the scope of caring for necessities which are not directly linked to health, since concrete health necessities are mainly covered in the scope of public services and with widely regulated working conditions. This split is a clear element of fragmentation of working conditions. But this fragmentation is also seen in other aspects such as wage conditions.

If we come to the last national collective agreement (*IV Convenio marco estatal de servicios de atención a las personas dependientes,* 4th Framework Agreement for Assistance Service to Dependent People*, 2006)*, wages established for some of the main occupational categories were the following ones (100-200€ might be added considering some complements in the case):

- Manager: 1,440 €/month
- Surgeon and university graduate: 1,227 €/month
- Social worker: 996 €/month
- Nurse assistant: 1100 €/month[11]
- *Gericultor*: 794 €/month
- Indirect assistance staff: 780€/month

Most of the staff is made up by *gericultors*, also called geriatric assistants, and by indirect assistant staff (including clerical staff, cleaning staff, receptionist or non-qualified staff). Wages established are low in all cases and occupational categories and this is very clear for the categories with most workers. In addition, although the setting of some kind of promotion or career path among the functions of three-year graduates and university graduates (if the degree is obtained) is theoretically possible, it is very difficult to foresee a career for staff in lower categories. Specially because there are not clear commitments regarding training for staff that may enable career progression.

However, this is so without considering the lower pay for people working within informal economy. In this case, the pay only depends on the market behaviour and concretely on the agreement reached with the person or relatives of the person to be serviced at home. According to Trade Unions an average salary in the informal economy could be around 650€/month for gericultors and equivalents.

[10] In one of the interviews Union officers said that probably 6.000 people are working at home care in the city of Barcelona, only 2.200 of these being in companies which participate in collective bargaining.

[11] These professionals, the most important in residential homes, get 1.800€/month if they work in hospitals.

One of the consequences of the irregular employment in which elderly care activities are found are the poor conditions of employment and job quality suffered by the majority of people working in the sector. Perspectives given by female workers about this concern are clear in the interviews carried out in different studies. And they become even clearer and more obvious (IMOP, 2005; Lope, Recio and Gibert, 2003) in the home help sub-sector: perception about employment quality is very negative, and, at the same time, objective difficulties to develop quality assistance services are pointed out. Data provided by the head of Social Services of a Local Council also point to the same direction: whereas the SAD cost for the Council is 18€/hour, including the technical coordination of the council, companies carrying it out cost about 14 €/hour, and work in hidden economy for 8 hours a day does not earn more than 700 €/month.

However, during the last years, there have been in Spain some attempts to establish mechanisms for employment regulation in the sector that, if made more concrete, would be useful to improve the service quality and also the employment quality in the sector. Some of this regulation attempts are related to the extent reached by collective agreements, which are signed by employers' organisations and trade unions and which regulate, on the one hand, activities and working functions in residential homes and day-care centres and, on the other hand, home help services. Of course, working conditions are better in the sector since there is collective bargaining (1998): for instance, home care workers work 37 hours a week, their working day is continuous. But social partners, Unions and particularly employers' organisations are still very weak. Another aspect of the regulating trends results from the attempts made by the public administration to impose professionalisation criteria for the working tasks and managerial activities in the sector. These attempts take place at different territorial levels of the administration. Some Regions have made provisions on the requirements that institutions and companies should have if they are allowed to exploit assistance services for elderly people. In a more limited and specific territorial scope, local councils promote the fulfilling of some protocols and action lines by companies and non-profit institutions which aim at covering home assistance promoted from the local council.

Professional profiles

As stated in several of the interviews with government officials, trade unions and companies, the low pay and low levels of professional qualification are important elements that make the jobs in this sector less attractive.

In principle, professionalization of elderly care tasks is an indispensable element to improve quality in services coming from those tasks and to improve social and working appraisal of these activities. Up to now, requirements regarding the suitable qualifications and training have depended on Regions and just a few of them have made them explicit. Catalonia is one of the Regions which have made them explicit but, basically, as a recommendation which has not become an effective law provision. Thus, it is indicated (Welfare Department, *Departament de Benestar Social*, 2005) which the professional profiles and the corresponding requirements of education qualification are in direct elderly care in residential homes and day-care centres excluding home assistance service

These qualifications are the following ones:

- Manager of residential homes and Managers of day-care centres: University degree (three-year course degree), preferably in the field of social and health sciences. A complementary training of 200

hours of theory and 50 hours of practice is required.
- Gerontology assistant: Secondary education degree or similar. For a near future, it is recommended a training corresponding to two-year vocational training, which would be equivalent to the current complementary training of 500 hours of theory and 200 hours of practice[12].
- Nursing staff: Nursing degree.
- Health and Hygiene head: Nursing degree or medicine degree.
- Physiotherapist: Physiotherapy degree.
- Occupational therapists: Three-year Degree in Occupational Therapy.
- Social workers: Three-year degree in Social Work.
- Social educators: Three-year Degree in Social Education or degree in Pedagogy.
- Medical staff: Degree in medicine and surgery.
- Psychologist: Degree in Psychology.

The most common job in residential homes is nurse assistant. In the case of home care and day-care centres the most common is family worker (*gericultor*). Until now, this second one has had no academic requirements but just occupational training.

In all the above-mentioned professional functions (excluding the upper function in the hierarchy –manager- and the lowest –gerontology assistant-) a complementary training for the degree is required of 110 hours of theory and 40 hours of practice. This training is detailed in specific modules and it is used as specialisation of the knowledge of the different graduated workers in the field of geriatric care. In fact, in the last year, there have been many attempts to regulate professional profiles in the sector to a larger extent. The study carried out by Bermejo (2006) is outstanding to this concern. The study makes the proposal of training according to the competences required in the sector of dependent elderly people assistance and more concretely in the profile of home help assistance. However, by now, they are studies that only work as action proposals and that, in general, do not go as deep as the study we have previously used.

In any case, there is a considerable gap between legal provisions and reality and there are many studies (*Oficina de la Defensora del Pueblo de Navarra*, Navarra's ombudswoman office) which underline the lack of training in staff working in residential homes and day-care centres. In Catalonia, regulation established by the administration is expected to deal with the problem requiring companies that take up the service to have continuing training programs for the whole staff also including the gerontology assistants.

In fact, many of direct care workers are women who, almost completely, make up the profession of gerontology assistant, as it was pointed out before. Different approved centres provide the required specific training and it is the same as the training required for workers in home help but with important slight differences. Sure enough, the collective agreement covering companies and workers in home care establishes that family workers must have the qualification approved by the regional administration and which corresponds to the qualification established for gerontology assistants. Many of the workers in these companies are in the occupational category of "home-cleaning assistant", with a lower pay, with the only requirement of basic education certificate, but who many times perform the tasks of a home family worker thanks to the

[12] *The head of Social Services in a local council* points out that, for the SAD service, the local council requires to sub-contracted companies a level of qualifications suitable for the professional profiles, 750 hours of training for family workers or the necessary training hours for geriatric assistant or nurse assistants. She also points out that they prefer family workers because they are more concretely trained for the tasks to be carried out.

informality which generally takes place in the industrial relations in the sector.

In short, we are witnessing in Spain a progressive regulation of training requirements associated to the elderly care activities although slowly. This seems to be essential to improve quality in services and to improve quality of jobs in the sector. Many people assume that it is very urgent to empower qualifications and to give social prestige to these professions. But, it is also true that, as indicated by the affected persons in a recent study (CIMOP, 2005), more professionalization requirements may expel women with a lower educational level from the sector, who, despite having wide experience in providing caring services for elderly people, may have problems to prove this experience and knowledge through a concrete vocational education within the general educational system.

As stated at the beginning of this section, the need for an improvement in the professional qualification of the workers performing care activities is stressed by the experts and recognised by many of the persons interviewed. In the case of companies, this is not so obvious. The large company complies with the minimum training requirements necessary to carry out the jobs and regulates the employment conditions through the application of the agreement. The small company applies the National Agreement on Private Homes and Home Care Services and the lowest labour categories of this agreement to its workers (such as that of "geriatric auxiliaries", whose conditions are lower than those of the category "family workers" laid down in the agreement of Catalonia, where the company operates). Though it pays lip service to training, in reality the profile of its employees is that of young women without family responsibilities, and training takes second place. On the other hand, the small company linked to the social economy sector values training and professional motivation as the main element to consider in the recruitment of its staff, and devotes considerable efforts to improving training. The employment conditions of its workforce are better than those of the previous two cases (and those of the sector as a whole), offering some specific advantages over the conditions established through the agreement of the sector.

The fact that this company belongs to the social economy, or third sector, which guides its business orientation, goes some way towards explaining the characteristics of the employment offers. Unfortunately, the example of this company is not common and the employment in the sector tends to move mainly in the parameters established in the other two cases, particularly that of the small company: low levels of training (and employment experience) required for recruitment, application of the lowest labour categories of the agreements, and little interest in improving the training and the professional qualification of the workforce. Furthermore, training and professional qualification are elements that are closely related to the last aspect that we deal with, the quality of the personal care services offered.

5. Quality of care services

Dependence Act does not indicate which the administration organ is to be in charge of defining the level of professional qualifications corresponding to the tasks to be carried out by people providing the services foreseen in the future. Up to now, these qualifications have depended on the criteria that have been made concrete in some Regions. Actually, the Act itself establishes that Regions have to provide the certification guaranteeing the fulfilment of quality standards by companies and institutions providing the services. This indication has been criticised by social partners because they

think that the criteria should be homogenous for all the Spanish territory (CES, 2006).

Public authorisation and conditions established to have access to it are obviously important requirements to be able to consider that the services provided to dependent elderly people follow minimum quality criteria. Undoubtedly, there are other *indirect indicators* that may show clues about the service quality such as language problems in the case of immigrants who look after elderly people at home, or the turn over rates among staff performing this service, which are low in Spain, even though there are not precise enough data about this. In general, language problems are not common and they do not hinder interaction between serviced people and providers. Most of the immigrants performing this home care come from Latin America and immigrant workers coming from other countries, such as Moroccan women, who have a high presence in Spain, besides getting away from the labour market due to cultural reasons, do not take up this activity right because of these language problems.

Regarding public authorisation to provide services to dependent elderly people, Navarra (see Oficina de la Defensora del Pueblo de Navarra, 2005) together with the Regions of Madrid and Catalonia among others have established minimum running quality standards required to residential homes and care centres. These requirements are a good example of the quality standards of elderly care services in Spain.

Thus, with regard to the staff in residential homes, direct service staff shows a minimum ratio of 0.10 per resident in residential homes for non-disabled people who do not need great help and 0.35 in residential homes for people with aid-need. But in Navarra, in contrast with other regions, direct service workers (*gericultors*) have also to clean installations and do the washing at the same time that law provisions do not recognise specific training rights for them. On the other hand, presence of nursing qualified professionals is only required in residential homes for disabled people whereas the person in charge of the residential home must have a three-year course university degree (or an experience of 3 years in a similar job) for centres with less than 50 places for residents and a university degree (or an experience of 5 years) in residential homes with more than 50 places.

In Navarra, there are also some requirements about the internal running of centres and, more detailed, about building and installation standards as well as introduction of participation systems (of residents and professionals) within the running of the residential homes. However, the inspection service they have is not enough and it has neither started any plan to control quality in residential homes.

In Catalonia (Fundació Avedis Donabedian, 2002), the Catalonian Institute for Social Services, *Instituto Catalán de Servicios Sociales*, has developed indicators for external quality assessment in areas such as residential homes with assistance and day-care centres for elderly people. These indicators, a total number of 37, are included under dimensions of “person assistance”, “resident relationships and rights”, “comfort”, “environment and hotel catering” and “organisation”. Public centres and private centres with a public subsidy must introduce quality management mechanisms that come from the unfolding of these indicators. They have to establish action protocols on issues affecting everyday running of their activities and they have to pass external audits of assessment. Regarding staff, in this Region, there are the following jobs and ratios in accordance to the number of people to assist in residential homes:

-Direct assistance staff: ratio 0.27 per resident

(Geriatric assistant, social and cultural event organiser or social educator, physiotherapist, social

workers, occupational therapist, nurses and surgeons)

-Indirect assistant staff: ratio 0.12 per resident

(Cleaning, cooking, washing, administration and maintenance)

This ratio reduces to 0.15 for direct assistance staff in the case of day-care centre assistance and at the same time that there are issues regulated (see DOGC[13], 2003) for these centres such as the kind of assistance to be provided and running and characteristics of centres. In Catalonia, law provisions also regulate physical characteristics of installations as well as the assistance level to carry out according to the dependence degree of people (DOGC, 2005).

Residential home control is very strict (*Interview Generalitat de Catalunya-Catalonian Government*) even though heads of these services state that "closing down one residential home would result in many problems". Another of the important elements to evaluate the quality of social services is the users' opinion. In general, social service use is relatively reduced. It almost reaches 17.5% of the population according to the Barometer of February 2005 by the *Centro de Investigaciones Sociológicas*, Centre for Social Research, (CIS, 2005) which collects opinions and attitudes of interviewees about those issues. The same Barometer points out the existence of a quite positive appraisal by users of how social services work, and, therefore, also an optimistic point of view about the quality of the services provided.

In general, seeking service quality and setting concrete assessment mechanisms for quality criteria are much more present in assistance to elderly people in day-care centres and, especially, in residential homes (see IMSERSO, 2000). In the case of the residential service the autonomous governments, such as the Generalitat of Catalonia, establish the clauses that the companies must fulfil in order to obtain licenses to provide the service, according to the regulations on public contracting, requirements of quality of service and, of course, the economic conditions.

In the case of home help assistance (see AAVV, 2003) and as it is shown in studies strictly localised in the territory (Lope, Gibert and Recio, 2005) or which include the whole Spanish territory (CIMOP, 2005), public administration tries to encourage quality starting from the conditions imposed in the public tendering and which must be fulfilled by the companies sub-contracted for the service. *Interviews* to local councils, also confirm this kind of mechanism related to quality: the Council, by means of a requirement protocol defines quality standards in services and tasks to be carried out and a social worker is put in charge of coordinating and ensuring the fulfilment. These conditions, by the way, may not be only related to the service quality but also to the characteristics and quality of employment in the companies or institutions that have been selected to carry out the activity.

However, the characteristics of employment or of pay are not essential aspects in the criteria on which the recently approved Dependent Care Law is based, and the Law only makes general references to these questions. Furthermore, bearing in mind the funding foreseen in the Law and the volume of employment that it is expected to create, one cannot be too optimistic about the pay of those who obtain these jobs, particularly if this aspect is left in the hands of the market.

In fact, the quality of employment—in terms above all of stability, professional qualification, continuing training plans, and pay and working conditions adapted to the services that must be provided—is not a priority among the requirements that the authorities make of companies. This is explicitly recognised in the case of the

[13] Diario Oficial de la Generalitat de Catalunya (the Official Journal of the Regional government)

home services provided in the largest municipality in Catalonia. In the case of the other municipalities, training requirements are imposed and sometimes the workers of the companies providing the service have received a course provided by the municipal services. However, in practice, it is recognised that insufficient mechanisms have been established to ensure the professional qualification of the persons who provide the services. The companies, when necessary, contract workers on temporary or part-time contracts according to the specific needs, and without paying much attention to their professional qualifications. Furthermore, only the interviewee of the small company linked to the social economy, was in favour of reaching agreements with the municipal bodies in order to promote the professional qualification of the workforces, and felt that it should be a fundamental part of the requirements for being able to provide the service.

In Spain most of the employment in the sector is offered by private companies that enter into contracts with the public administration to provide services regulated by the latter. This offers important opportunities for promoting quality jobs for persons able to provide quality care services. The volume and the characteristics of the jobs are specified in the companies. However, the different levels of the public administration involved in dependent care obviously also have major possibilities for intervention.

At a time when personal care services are booming, particularly after the approval of the Dependent Care Law on October 5, the public administration has a responsibility to take action on the volume and quality of the jobs linked to the sector.

The funding foreseen in the Law, the possible supplements to the funding according to the evolution of its application, and the clear desire to improve the prospects of jobs that are currently undervalued and of low prestige, will be decisive elements for shaping employment in the sector in the next few years.

6. Influence of the evolution of this industry on the national employment model

With the new Act on Dependency, total public investment in services exclusively for the dependent will be 1% of GDP in 2015. This would appear to be insufficient, however, if we consider that all social policies in Spain made up 20% of GDP in 2004 (having dropped in the 10 previous years), compared to the 28% of the EU-15 and 27% of the EU-25. Unless there is a radical change in this respect, it is unthinkable that the Act on Dependency will have much impact on the employment model.

In fact, if we consider the hypothesis of 500.000 workers in this industry in 2015 –the most optimistic one according different experts- , it will represent less than 2% of the work-force at that moment. So, the working conditions in social services –and particularly in those related to dependent care- will have, in some way, a low influence in the whole employment model, if conditions continue to be similar to current conditions. Of course working conditions in care sector, added to bad conditions in other industries in the services sector, consolidate a very segmented labour market. Increase in segmentation seems to be the most realistic scenario.

Theoretically there are some possibilities of improvement if the Spanish society understands, and fights in this direction, that dependency care is to be assimilated to public health, what means that more professional workers are needed in this area, having good salary and working conditions. In the same way we could

think not only on better conditions but also in the possibility of having more than 2% of employed population working in dependency care, given the high percentage of Spanish population over 65 years in 2020. But both ways of improvement need to be founded on a hypothesis to day not so evident: a substantial increase in points of GDP spent in Social Policies. On the other hand, this is an area where employment policies can change employment conditions through investment and regulation, without going beyond UE means, so it is an opportunity to politically have an influence on the Spanish employment model.

But there is also the social face of the care sector. Until today dependency care is a matter of family. The new Law does not represent a radical change but it can be read as an institutionalisation of aid to family care model. There is not a clear option for a professional work in the sector, but it gives a strong support to the families (thousands of people, particularly women, will receive an economic complement to care for their relatives) which these will accept as a good improvement. So the mentality has also to be changed, if we want to think on dependency care as a profession.

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