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walq ing

Work and Life Quality in New & Growing Jobs

The Health & Social Work Sector: Elderly Care

EUROPEAN COMMISSION
European Research Area

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WALQING The Project

Funded by the EU's 7th Framework Programme, the **walqing** project (2009–2012) investigates selected sectors with potentially problematic working conditions, precarious employment and low wages. It explores the linkages between new and expanding jobs, the conditions of work and employment in these jobs and the more or less favourable outcomes for employees' quality of work and life. It does so by integrating several analytical levels and research paradigms:

- the analysis of **Europe-wide survey data** on the development of employment, the quality of work and life,
- the exploration of **sectoral and cross-sectoral stakeholder policies,**
- the **analysis of strategies of companies and public-sector work organisations** in selected industries,
- and the investigation of **individual jobholders' careers,** perspectives and aspirations.
- Specific attention is given to **vulnerable groups** on the labour market such as young people, older workers, migrants or women.

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The walqing research in elderly care

Of the wide range of business functions and jobs in the health and social work sector, **walqing** selected to study the provision of **domiciliary elderly care,** which is estimated to increase in all EU member states in the next decades. Domiciliary elderly care refers to delivering nursing and basic living services for elderly clients and others with needs to be cared for in their homes. It is thus mobile work where the workplace is the client's household. In **walqing**, research in domiciliary elderly care was carried out in Denmark, Germany, Lithuania, Italy and the United Kingdom.

For each country, stakeholder interviews with relevant social partners and other sector experts and actors were carried out. The findings of this work package on stakeholder policies are collected in the **walqing** social partnership series available from the project website, www.walqing.eu.

In addition, each country involved in the elderly care sector research carried out **2–3 organisational case studies** consisting of interviews with management, works councillors and workers, and a total of **10–20 employee interviews** per country and sector. In total, the material from these work packages consists of **13 national organisational case-study reports** and **5 national reports on employees' individual perspectives, agency and vulnerability.**

An overview of the organisations in which case studies were conducted is provided in the table below (please note that all organisation names are pseudonyms). ●

Overview of case studies in the care sector

DENMARK	REHABCARE, a municipal domiciliary care unit promoting innovation in the provision of elderly care
	PRIVATE CARE, a large private care provider offering personal care
	STEADY CARE, a municipal domiciliary care provider
GERMANY	WELFARECARE, a large social and welfare non-profit association
	PRIVATECARE, a private care-service provider
	BIGPRIVATECARE, a rather large private care service company
LITHUANIA	PUBCARE, a municipal social services centre
	VOLUNTARY CARE, a non-governmental organisation
ITALY	MUNICIPAL CARE, a private service of domiciliary elderly care
	COOPCARE, a publicly funded home elderly care service provided by the municipality
UK	REABLEMENT, a public sector (i.e., local authority) care provider
	EASTBROOK HOMECARE, a private sector care provider
	COOPERATIVE COMMUNITY CARE, a third sector care provider

Providing care for an ageing Europe

The provision of elderly care is becoming increasingly relevant in European societies as the population is ageing and substantial demographic change is taking place. Over the next 40 years, the proportion of the population over the age of 65 in the European Union is expected to double, rising from 17% in 2005 to 30% in 2050.[1] The proportion of the population over 80 will increase threefold. In the context of these scenarios, domiciliary elderly care is supposed to increase in all EU member states over the next decades.

Reforms to the system of elderly care funding have been adopted and discussed by several EU member states. A transition from a family model of care to a more diverse provision of formal and informal care can be observed in some countries (mainly in Southern and Continental Europe), whereas in Northern Europe care delivery has traditionally been regarded as a responsibility of the public sector.

Elderly care remains an occupation for a predominantly low paid, female workforce with a high share of immigrants and ethnic minorities. In many countries, the workforce is also older than average as young people are reluctant to enter the sector.

Care regimes in Europe

COUNTRY GROUPS	NORTHERN EUROPE	CONTINENTAL EUROPE	MEDITERRANEAN EUROPE	CENTRAL-EASTERN EUROPE
COUNTRIES INVESTIGATED	Denmark United Kingdom	Germany	Italy	Lithuania
BASIC CARE REGIME CHARACTERISTICS IN COUNTRY GROUP	State responsibility for dependency financed through general taxation	Dependency covered through insurance or universal cover	Family based and principle of social assistance	Families legally or implicitly bound to care

Source: Simonazzi, A. (2008): Care regimes and national employment models. Cambridge Journal of Economics, 33 (2), 211-232.

1 European Foundation for the Improvement of Living and Working Conditions (2009): Demographic change and social services. Dublin: European Foundation for the Improvement of Living and Working Conditions.

The increase of domiciliary care, with care being delivered to an individual in his or her private home by public, private or non-profit providers or self-employed carers can be observed in a majority of countries. However, this **'personalisation of care'** contributes to creating new types of jobs which are often less regulated and protected. The fact that domiciliary care employees work individually in the home of the elderly makes the control of working conditions and the organisation of collective action particularly difficult.

"Potentially, Europe has the capacity to create millions of well-paid, good jobs delivering much needed services to older people and people needing long-term care."

C. Fischbach-Pyttel,
EPSU General Secretary (2011)

Health & Social Work: One of the fastest growing sectors in the EU

The health and social work sector, which includes workers in the long-term care sector, is one of the fastest growing economic sectors in Europe, generating about 5% of the total economic output of the European Union.[2] Between 2000 and 2009, there was a net increase of 4.2 million jobs resulting in a total of 21.4 million jobs in this sector.[3]

At the European level, this quantitative growth is very strongly reflected in discourses in the context of 'steps to modernise social services'. The question remains what this means for the quality of both existing and newly created jobs. Recruitment and retention are already difficult because of low pay, the low status of caring as an occupation and poor working conditions.

In many European countries, the shortage of local labour has led to an increasing reliance on services provided by a migrant workforce, with some tolerance for undocumented work and semi-legal self-employment.

2 Lethbridge, J. (2011): Care Services for Older People in Europe – Challenges for Labour. EPSU report.
3 European Commission (2010): Employment in Europe 2010. http://ec.europa.eu/social/main.jsp?catId=119&langId=en.

GOOD PRACTICE EXAMPLE

Legalisation of irregular foreign workers in the elderly care sector in Italy

Claudia Villosio, Giulia Bizzotto, Laboratorio Revelli

Situation

In 2009 the Italian government started a new regularisation campaign targeting migrants doing irregular work in the elderly care and home care services. Employers willing to regularise their position and that of their employees had to present applications in September 2009. The possibility to apply for the regularisation of immigrant workers was limited by some constraints with regard to the duration of employment, minimum wage and minimum working hours. The campaign resulted in the legalisation of about 300,000 irregularly working migrants in the domestic and care sector.

Prerequisites

The sector of elderly care and domestic work was not particularly hit by the economic crisis and employment has continued to grow in the sector because of a strong demand for care services from families. Moreover, immigrant and native labour forces are largely complementary in this sector. Thus, notwithstanding the general negative economic outlook, there was no need to 'protect' the employment of nationals in the care sector by reducing the inflow of migrant workers.

Limitations

The requirement of a minimum working time of 20 hours per week by a single employer has been pointed out by some experts as a significant obstacle for the regularisation of many domestic workers who are typically engaged in many different families for only a few hours per week.

Links and references

Villosio, C.; Bizzotto, G. (2011): Once there were wives and daughters, now there are badanti: Working in home elderly care in Italy is still an informal, unqualified and unrecognised occupation. walqing social partnership series 2011.14, A report for WP5 of the walqing project, SSH-CT-2009-244597, Moncalieri, September 2011.

Website of the legalisation campaign: http://www.interno.it/mininterno/export/sites/default/it/sezioni/sala_stampa/speciali/Regolarizzazione_colf_e_badanti/

Quality of work

With regard to the quality of work for employees, there are some major similarities between countries, particularly the predominance of **low pay** and **increasing workloads.** Other aspects of quality of work, which prevail in the investigated countries to different extents, are related to work organisation, autonomy, employee voice, hard physical work leading to musculoskeletal problems, health hazards (in particular back injuries), lack of influence over work tasks and working time, standardisation, unclear priorities combined with increasing workloads, leading to work-related stress and burnout, risk of bullying and risk of violence.

As in other service sectors, the **role of the client** is very important for the quality of work of the employees. Care work specifically is shaped by the close personal interaction with needy individuals – a situation that implies both particular risks and rewards to care workers. On the one hand, workers may perceive this relationship as giving meaning to their work and providing them with direct feedback. On the other hand, it can make people prone to maltreatment as well as to psychological strains in the context of being confronted with illness and death.

GOOD PRACTICE EXAMPLE

Increasing flexibility while retaining employment security: The creation of an internal temp unit in Danish public elderly care

Pernille Hohnen, Roskilde Universitet

Situation

In 2005 an internal temp unit of care workers was established in a Danish municipality. The temp unit was originally a strategic response by the municipal management to the increasing financial pressure from private temp agencies which, due to a labour shortage, were raising their prices. The new internal temp unit was able to compete with private temp agencies and to attract employees by promising typical working hours and permanent contracts as temps while keeping wages slightly above the municipal average. The unit thereby helped keep expenses for temps down at the time of the labour shortage in 2005-2008. Later, when the financial crisis hit the Danish municipalities in 2008, the unit continued to play a part in post-crisis management as a means to increase flexibility while maintaining the (traditional) high level of employment security for care workers in Danish public elderly care.

For the municipal care providers, the temp unit has promoted flexibility by creating a labour reservoir. It has also provided an entrance to the municipal labour market for young care helpers who – because of the crisis – have difficulties getting permanent employment.

Background

Danish elderly care is characterised by a high degree of public care provision (95%), a high degree of collective agreement coverage, vocational training programmes promoting career options and permanent employment contracts. In 2003 a 'free choice' model was introduced, promoting public procurement in both daily care provision and for temp agencies. This development has resulted in a growing use of atypical contracts and a pressure on public contracts and wages.

Limitations and trade-offs

The internal temp unit employs care workers as temps on a range of different contracts which, apart from permanent full-time or part-time contracts, include fixed-term and zero-hour contracts. The creation of the public temp unit thereby reflects and contributes to a new division in the Danish labour market for care workers, between core workers on permanent contracts and a peripheral and ad-hoc employed workforce whose conditions are insecure. In addition to this, working conditions for temps are less favourable than working conditions in the districts with regard to social relations and access to training and upskilling. Finally, the unions have been forced to renegotiate the collective agreements resulting in less favourable wages for the most experienced group of temp workers in order for the public temp unit to be able to compete with private temp agencies.

Links and references

Hohnen, P. (2011): Public innovation as post-crisis management: Increasing flexibility and diminishing demands in Danish elderly care. REHABCARE – an elderly care case study from Denmark. Internal report for WP6 of the walqing project, SSH-CT-2009-244597.

Workforce and vulnerability: Low wages, low recognition

The elderly care sector in Europe employs large shares of women and immigrants/ethnic minorities who are either low-skilled or have limited vocational training. Conditions in care work differ considerably between countries. In some countries, there are regulations requiring a certain proportion of skilled workers in a service[4] – but this may lead to deepened and sometimes dysfunctional divisions of labour. Although employment security is high in some countries, increasing privatisation results in more fixed-term contracts and less income security. In addition, wages and social recognition are low and many jobs are part time, which has consequences for the most vulnerable groups. Finally, care workers regard work as a vocation and experience work as highly meaningful and are reluctant to leave the sector.

> *"I don't think it is appreciated what we do. And it's not by the citizens I mean. It is the whole understanding of it…in terms of wages in particular. What we do is of great value!"*
>
> care worker, Denmark

GOOD PRACTICE EXAMPLE

Reablement: Better skilled work within elderly home care in the UK

Charlotte McClelland, Manchester Business School

Situation

As a result of significant changes affecting the UK care sector over recent decades (reductions in funding, increasing demands for services, changing policies), public sector providers have had to transform in order to survive, with many choosing to outsource traditional elderly home care and retain in-house specialist services such as reablement. Reablement refers to short-term, targeted care that aims to rehabilitate service users back to independence. The care staff involved in the public sector case study of **walqing** completed up to four weeks of full-time intensive training that prepared them for meeting the specific needs of services users and working safely and confidently, with their skills then updated on a regular basis. This level of training far surpassed that offered in more traditional elderly home care roles, where, according to sector stakeholders, training was often brief (sometimes for less than one day) and there was typically less of a commitment towards staff development. In addition, the better skilled care staff also attracted the highest wages.

Prerequisites

Such training schemes require a significant investment of resources and formalised systems of staff performance appraisal, evaluation and development to be in place.

Limitations

Reablement is a relatively new government-funded pilot project that will be judged on its ability to minimise the requirements for service users to need costly longer-term social care arrangements. As such, the ongoing financial support of such services cannot be guaranteed.

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4 Kümmerling, A. (2011): 'And who cares for the carer?' Elderly Care Work in Germany. walqing social partnership series 2011.16, A report for WP5 of the walqing project, SSH-CT-2009-244597, Duisburg/Essen, September, 2011.

GOOD PRACTICE EXAMPLE

Providing training for low-qualified caregivers: The case of a municipal elderly home care service in Italy

Giulia Bizzotto, Claudia Villosio, Laboratorio Revelli

Situation

Personal assistants (unqualified generic caregivers) working in Italian elderly home care services do not need to have any formal qualification. A municipality in the north-western part of Italy, which runs the service of elderly home care, organises training courses for personal assistants. The aim is to improve their competencies and skills. Such courses represent a national formal qualification of competencies that migrant personal assistants (the majority of personal assistants) may have acquired abroad. Moreover, these courses are a first step on the ladder towards the qualification of social care operator (trained caregivers) if workers continue along this career. With this programme the local authorities have been able to train hundreds of personal assistants.

Prerequisites

An important part in the success of the training courses has been played by the users of the municipal service of elderly home care and their relatives who have allowed 'their' personal assistants to attend these courses during their working time.

Limitations

The training provided by the local authorities has developed the professionalism of personal assistants. At the same time, however, it has produced a sort of compression from the bottom in the occupational profile of social care operators (trained caregivers) for whom further training courses, once they reach the qualification of social care operator, are not provided.

Links and references

Villosio, C.; Bizzotto, G. (2011): Once there were wives and daughters, now there are badanti: Working in home elderly care in Italy is still an informal, unqualified and unrecognised occupation. walqing social partnership series 2011.14, A report for WP5 of the walqing project, SSH-CT-2009-244597, Moncalieri, September 2011.

Bizzotto, G.; Villosio, C. (2012): Workers in the home elderly care sector in Italy: a dead-end employment opportunity? Internal report for WP7 of the walqing project, SSH-CT-2009-244597.

Bizzotto, G.; Villosio, C. (2012): Integration of public and private in the municipal home elderly care: MUNICIPAL CARE – an elderly care case study from Italy. Internal report for WP6 of the walqing project, SSH-CT-2009-244597.

Vulnerable groups: Middle-aged, female, migrant workers

To some extent, all employees in elderly care are vulnerable. They have low incomes, in some cases close to poverty, they are at high risk of work-related health problems and they work alone in the private homes of their elderly clients. In particular in Lithuania and in Italy, all care workers are in a vulnerable position, financially and in terms of future employment security. In the examined countries, three groups appear particularly vulnerable in different ways. These are women, immigrants/ethnic minorities and older workers.

The vast majority of care workers are **women**, who work **part time** and have often chosen care work because it offers possibilities to reconcile work and caring responsibilities. They often have extensive additional workloads after work. **Single mothers** appear to be particularly vulnerable because of the problems of making ends meet on a low, part-time wage.

> *"I have asked if I can get some extra work. It is difficult for me to make ends meet with only one salary."*
>
> care worker, single mother, Denmark

The growing group of **immigrants and ethnic minorities** occupies a very vulnerable position in care work. They are at risk of discrimination from elderly clients and of violent physical attacks as well as verbal abuse. In addition, some of them have insufficient language skills and consequently lack bargaining power. Many immigrants have education from other fields – and are highly motivated to pursue vocational training.

> *"Like we've got one customer, she's not nice... well in the beginning she wasn't nice to me, but maybe now, because since I stopped going there. But in the beginning I was asking myself, is it because I'm black?"*
>
> care worker, UK

The share of **older workers** is also high in elderly care, probably due to the fact that care is usually not a first career choice. Their vulnerability is illustrated by the fact that few of them imagine that they will be able to work in the sector until retirement age. There are few alternative career options for this group of workers, both within the sector and outside of it.

Finally, skilled care workers, too, should be noted as vulnerable since public austerity packages and privatisation schemes shift care work from skilled to unskilled employees.

> *"After just 10 years of care work a caregiver has some limitation in her activities due to musculoskeletal injuries, which can reduce her ability to work and lead to layoff and unemployment."*
>
> trade-union secretary of the care sector, Italy

Work force and vulnerable groups in the examined countries

COUNTRY	GERMANY	LITHUANIA	UK	ITALY	DENMARK
MAIN SOCIAL GROUPS WORKING IN THE SECTOR	women, ethnic minorities, older workers	women	women, migrants, low educated, older workers, ethnic minorities	migrant women (unskilled), Italian women (skilled)	women, ethnic minorities, men
SPECIFICALLY VULNERABLE GROUPS IN THE SECTOR	part time workers,older workers, unskilled workers (migrants)	all women, single mothers, older workers	male workers, ethnic minorities, those with poor language skills (not only migrants)	all migrant women	ethnic minorities, single mothers
SPECIFICALLY PRECARIOUS WORK ISSUES	low wages, part time employment, 'poverty wages'	low wages/ poverty	low wages, fixed-term contracts/zero-hour contracts	low wages, co-habiting	(most in permanent jobs), small increase in fixed-term jobs

Source: Hohnen, P. (2012): Capacities and vulnerabilities in precarious work. The perspective of employees in European low wage jobs. Synthesis report on employees' experience and work trajectories for work package 7 of the walqing project, SSHCT-2009-244597.

GOOD PRACTICE EXAMPLE

Reducing racism and discrimination over migrants by using a 'try-out' stage: A training project in Italy's care sector

Claudia Villosio, Laboratorio Revelli

Situation

COOPCARE is a private elderly homecare service provided in the north-eastern part of Italy by a consortium of cooperatives (not-for-profit firms). This private service was set up to offer integrated private home care services to households with dependent elderly relatives not in the charge of the public home care service.

In 2011, one of the cooperatives involved in the service and specialising in training launched a training project for caregivers to be financed by the European Social Fund. The project includes about 100 hours of class courses, a few hours of counselling and tutoring and a final stage of 64 hours at elderly people's homes.

This final stage has a twofold aim: on the one hand, it provides a way of acquiring job experience for caregivers; on the other hand, elderly people can receive care at no cost even if they cannot choose their personal assistant. This way, the project offers an opportunity for elderly people to appreciate services by workers who they otherwise would reject due to xenophobia. As such, the project represents an important step in making clients overcome prejudices about migrants and minority workers.

A first round of training courses has finished recently: 24 personal assistants, 90 percent of them immigrants, have been trained and half of them have started their stages. Feedback from the people receiving care has been particularly positive.

Prerequisites

Personal assistants do not need to have any formal qualification to be employed, however the cooperatives involved in this private service of elderly care are concerned about the importance of training for caregivers, especially on safety and hygiene issues.

Limitations

This project is limited to the area covered by the COOPCARE service.

Links and references:

Bizzotto, G.; Villosio C. (2012): The role of non-profit cooperatives in the 'formalisation' of care work: COOPCARE – an elderly care case study from Italy. Internal report for WP6 of the walqing project, SSH-CT-2009-244597.

Social partners and social dialogue

Social dialogue in the elderly care sector is developing in different ways in the various EU member states. In some cases social partners are strong and collective agreements cover the majority of the employees (for example in the Scandinavian countries). In other cases partners are very weak (or almost inexistent) and regulation is very low, covering some categories of employees only. Especially the employer side of private households is inadequately represented by NGOs or lobby organisations.

With some country exceptions, the coverage of care sector workers by **collective agreements** is weakest in the **private and non-profit sectors.** Agency workers, self-employed and short-term contracts are most likely to be found in the private or non-profit sectors. As there is a move from public to private provision, these worsened contractual arrangements are expected to affect an increasing number of care workers – but the public sector itself is not immune from declining job quality either, being torn between quality and cost pressure.

The levels of **unionisation** vary, too. The Nordic countries have high levels of unionisation and often 100% coverage by a collective agreement in the public sector. Countries in Continental and Eastern Europe have much lower levels of unionisation.

At **EU level** the employee representative is EPSU (the European Federation of Public Service Unions). While in the hospital sector there is a formalised social dialogue, this is not the case for domiciliary elderly care.

Most often the stakeholders in the sector are the **social partners,** but in some cases **other actors** appear as well, including, for example, skills councils in the UK, NGOs working with migrants in Italy, sectoral bodies in Denmark and professional organisations as in Lithuania. Initiatives of the social partners and other stakeholders in the sector aim mainly to improve the quality of work at the workplace, to address the role of the client, to increase employees' skills and to address the quality of work through collective bargaining.

GOOD PRACTICE EXAMPLE

Boosting engagement: The case of a UK cooperative care provider

Charlotte McClelland, Manchester Business School

Overview

Third-sector care organisations make up only a small proportion of care provision in the UK but offer examples of transferable good practice relating to work and employment conditions. COOPERATIVE COMMUNITY CARE was a small-sized social enterprise set up to offer elderly home care services in its locality. The manager directors were keen to promote the values of the organisation amongst care staff (supporting the community; reinvesting any profits back into care providing services). As such, monthly meetings were held where work issues were discussed and feedback requested on management level decision-making; the views of absent care workers were also sought. Furthermore, care workers were openly invited to contribute their own ideas or to take the lead on specialist care projects. As a cooperative social enterprise, care staff also had the opportunity to become directors themselves.

Prerequisites

The philosophy of cooperative social enterprises in general is to promote the involvement of its members (in this case, care workers) in all aspects of its operations. In the current case, the small size and flat organisational hierarchy of COOPERATIVE COMMUNITY CARE also allowed managers to easily interact with staff.

Limitations

For care staff to fully engage, they would need to be aware of, and support, the mission and values of a cooperative social enterprise.

Links and references

McClelland, C.; Holman, D. (2011): Caring for the right reasons and surviving against the odds in the third sector: COOPERATIVE COMMUNITY CARE – a third sector elderly care case study from the UK. Internal report for WP6 of the walqing project, SSH-CT-2009-244597.

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Skills for Care (2010): The state of the adult social care workforce in England 2010. Skills for Care.

Elderly care in Europe: Current trends and future challenges

Domiciliary elderly care is a **growing sector** in Europe. The perspective of employment growth is stable because of the ageing of the population and the increasing demand for elderly care.

Although **models of elderly care in Europe** are dominated by national traditions and care regimes, they are in constant change. An **increase in the private provision** of elderly care is found in all countries examined and appears to be favoured both by policymakers and the potential clients of elderly care, sometimes accompanied by new models of the purchase of public services and of standardisation of work. Hence, the direct public provision of elderly care is diminishing across Europe. The focus is changing **from institutional care to home care.** The official part of the sector co-exists with considerable segments of **informal labour** in many countries, especially in Continental and Southern Europe.

Sectoral employment is being restructured and segmented along skill levels and tasks, aimed at reducing labour costs. A differentiation between **personal care** (e.g. medical and hygiene assistance) and **other household activities** (e.g. cooking, cleaning) is taking place. While **increasing professionalisation** is observed mainly in the first segment, low-skilled jobs are expanding in the second, and professional boundaries are under continuous negotiation.

The way the system is organised with regard to **public and private work** and **professional versus informal work** sets the ground for everything else.[5] **Collective bargaining** is important for influencing working conditions in both the sector as a whole and in some selected segments of it. **Employee representation** appears to be weakening (as is observed in the UK) or is difficult (as is the case in the New Member States). ●

5 Grimshaw, D.; Lehndorff, S. (2010): Anchors for job quality: sectoral systems of employment in the European context. Work Organisation, Labour and Globalisation, 4 (1), 24-40.

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