



Eurofound

More and better jobs in home-care services

Spain



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Introduction

This country study gives an overview of labour market policy in community-based care for adults with disabilities and chronic health problems in Spain. The main topics discussed are the context in which labour market measures in community care are implemented, the funding structure, the strategies used to recruit new employees and retain current workers in the sector, and the resulting impacts and outcomes of these strategies. Three case studies were carried out on initiatives in the area of labour market policies in community-based care to support adults with disabilities: professionalism certificates, the Independent Life Programme and SSI Group. Annex 1 to this report contains summaries of the three case studies and analyses the main outcomes and success factors.

1 Policy background

Overview of the care sector in Spain

In Spain, the public system of social service provision has two main objectives: firstly, to protect the welfare of all persons and social groups and to support their quality of life; and secondly, to prevent and eliminate causes of social exclusion and marginalisation. Local administrations play a key role in the development of these objectives through an administrative agreement signed between the Spanish state and the autonomous communities (*comunidades autónomas*) (except for the autonomous communities of the Basque Country and Navarra, which follow a special regime). The agreement reached between the state and the autonomous communities is known as the Agreed Plan for the Development of Basic Social Service Provisions in Local Authorities (Plan Concertado para el Desarrollo de Prestaciones Básicas de Servicios Sociales en Corporaciones Locales).

In accordance with the Statutes of Autonomy established by the Spanish Constitution, social services are an exclusive competence of the autonomous communities. The social service laws of each autonomous community assure a coordinated use of public and private resources, while guaranteeing access to available social services for all residents. However, the absence of consistent national regulation has resulted in uneven services within the country, and each of the autonomous communities has structured its own social services system, leading to differences between the regions.

Despite the variation in legislation across the autonomous communities, the public social service system generally is organised according to two different levels.

- Social services for primary or basic care – these services are general and multidimensional (attention is paid to the whole population, without focusing on particular problems or collectives), as well as community based and locally managed (under the responsibility of local administrations).
- Social services for secondary care – these services are also known as specific or specialised services; they are aimed at specific groups and address particular problems. The services are managed directly by the autonomous communities.

Primary or basic care services (community-based services) are similar across the autonomous communities, whereas the network of specialised services is much more diverse.

In December 2006, the Spanish government passed Law 39/2006 for the Promotion of Personal Autonomy and Care for People in a Situation of Dependency (Promoción de la Autonomía Personal y Atención a las Personas en Situación de Dependencia) – also known as the LAPAD or the Dependency Law. For the first time in the history of Spain, this law established the individual right of all citizens to access a broad range of services and support in situations of dependency. With the approval of this law at national level, autonomous communities had to include its provisions in their own social services structure. It should be noted that the Dependency Law has not been fully applied yet; it will be fully operational for every dependent person by July 2015. In the meantime, people without access to public services will be entitled to an allowance to avail of services.

In addition to the Dependency Law, other laws (or parts of them) also guarantee the rights of people with disabilities. Most notable are the following two pieces of legislation.

1. Law 51/2003 on Equal Opportunities, Non-discrimination and Universal Accessibility for People with Disabilities (Ley 51/2003, de 2 de diciembre, de Igualdad de Oportunidades, No Discriminación y Accesibilidad Universal de las Personas con Discapacidad) – this law

establishes measures to ensure and fulfil the right to equal opportunities for people with disabilities.

2. Law 13/1982 for the Social Inclusion of People with Disabilities (Ley 13/1982 de Integración Social de los Minusválidos) – this law states that public and private companies with more than 50 workers must allocate 2% of their posts to people with disabilities. Recently, these quotas have been adapted to the Law for Adaptation to the International Convention on the Rights of Persons with Disabilities, approved in August 2011. This law reflects the commitment of the Spanish government to promote the inclusion of people with disabilities. In addition to the 2% quota for companies with more than 50 workers, 7% of posts in the public sector must be filled by people with disabilities. The law also stipulates the need for evaluating the existing measures and studying alternative measures for increasing recruitment levels.

Reasons for developing and maintaining community-based care services

The primary objective of the Dependency Law (Law 39/2006) is to guarantee public support for people who cannot lead an independent life for reasons of illness, disability or age. At the same time, this law aims to promote community-based care services over institutionalised care. In this way, the care system implemented in Spain seeks to facilitate the provision of care services in a regular home environment (preferably the dependent person's home). If this is not possible, the most integrative and supportive measures will be applied to facilitate the social inclusion of the dependent person in their natural environment.

The Dependency Law was approved in the context of a continuing rise in the number of dependent people, as well as a weakening of traditional informal care support (normally provided by relatives) owing to numerous social changes. In particular, the ageing of the population and the increasing survival rates of people with chronic illnesses have led to an increase in the number of persons with limited autonomy. Meanwhile, the changes to the traditional family model and the widespread participation of women in the labour market, together with an increasing geographical mobility and growing awareness of gender equality, have affected the structure of informal family support. These factors, in turn, have increased the need for restructuring of the public care system.

Type of community care services available

The 2006 Dependency Law establishes a range of services to be guaranteed for all citizens. It distinguishes between two types of support – service provision and financial aid.

Service provision

The range of services that people with disabilities can access (depending on the level of dependency diagnosed) includes the following:

- prevention services – aimed at preventing or reducing the worsening of the dependency condition;
- services to promote personal autonomy – aimed at developing and maintaining the person's capacity for taking decisions about their way of living and enabling them to perform basic tasks;
- telecare services – providing support by means of information and communication technology (ICT) in cases of emergency or social isolation;
- home-care services – providing support for daily living activities and domestic needs;
- day-care and night-care centre services – provided on the basis of the degree of dependency;

- residential care services (for example, care centres for dependent older people, or for people with mental illness or physical disabilities) – providing full and continuous care (personal, social and health services), offered in public centres or accredited private centres;

Financial aid

There are three main types of financial aid in this context.

- Financial aid linked to the service – if the service required is not publicly provided, financial support is offered to cover acquisition of the service in the private market.
- Financial aid for family care and support for non-professional carers – the dependent person can be cared for within their home environment and, in such cases, the carer will receive economic support to compensate them for their work.
- Financial aid for personal assistance – this financial aid is aimed at facilitating the access of people with disabilities to education, work and basic daily activities (mainly for people under 65) through the funding of personal assistance services.

General services

In addition to the services directly related to the 2006 Dependency Law, the Spanish Ministry of Health and Social Services offers a number of general services for people with disabilities, such as:

- disability assessment and information services;
- a national observatory on disability;
- telephonic intermediation centres;
- centres for the recovery of people with physical disabilities;
- care centres for people with physical disabilities;
- national reference centres.

Variability in provision

Given that social services are managed mainly by the autonomous communities, the development of social services for people with disabilities is uneven among the different communities. For example, the following list includes the range of services approved specifically by the Social Services Law of the Basque Country:

Primary care social services

- information, evaluation, diagnosis and assessment services;
- home-care services;
- socio-educative and psychosocial intervention services;
- support services for carers;
- social inclusion and participation promotion services;
- telecare services;
- day-care and night-care services;
- accommodation services (community households and tutored apartments, for example).

Secondary care social services

- disabilities and dependency evaluation and diagnosis services.

- day-care and night-care services related to limited autonomy needs
- residential centres for the elderly, people with disabilities and people with mental disorders
- respite services for families
- coordination services for social emergencies

Financial aid

- support for promoting social inclusion and autonomy, as well as for covering social emergency situations (for example, disability pension and benefits related to the disability inclusion legislation)
- support for informal carers such as relatives
- support for the acquisition of technological resources
- support for the provision of personal services

Labour market situation

Some authors argue that there is a lack of instruments to measure and compare the development of social services in each region, given that social services are an exclusive competence of the autonomous communities. Moreover, efforts and resources allocated vary greatly among the autonomous communities, while information sources are dissimilar and unconnected, which may lead to a lack of clarity.

In any case, there is no doubt that one of the consequences of the development of Spain's public social services system is the growth of employment levels in the sector. For example, the number of people working in social services almost tripled between 1995 and 2009 (CES, 2012). In addition, one of the main features of the labour market is that women workers predominate.

According to the literature consulted, the 'black economy' appears to be a problem in the social care sector. In particular, it is thought that the irregular labour market for social services is largely composed of women, particularly immigrant women. In this irregular context, working conditions are precarious. In addition, this irregular labour market seems to expand during crisis periods, given that these non-professional services are cheaper than those provided in the regular private market. Certainly, this is an obstacle to the professionalisation of the sector and the improvement of working conditions for disadvantaged workers. The factors that make it difficult to regularise this black economy are, among others, the fact that many of these services are provided in private households, as well as the socially disadvantaged situation of some workers (such as migrants and poorly qualified workers).

Finally, there is a 'third sector' or social economy comprising a significant number of volunteers working against social exclusion and offering health and social services. These volunteers play a key role in the provision of community services, but they do not work as employees registered in the labour market.

PESTLE analysis

This research project used the PESTLE model to identify the external factors influencing the development of the labour market. The six dimensions in the PESTLE model are the *political*, *economic*, *social*, *technological*, *legal* and *environmental* dimensions. The PESTLE approach was originally a model used to describe a framework of relevant factors at the macro level, used mainly for analysing the business environment of organisations. It is a means of measuring strengths and weaknesses against external factors and can help organisations develop strategies. In the same way, a PESTLE analysis can also be used for a contextual analysis of sectoral labour markets.

The six dimensions of the PESTLE model can greatly influence the sectoral labour market, although some are obviously more important than others. In the context of the research into the care sector, particular consideration must be given to the political and economic dimensions, as these have direct effect on the possibility of creating attractive and useful jobs in the community-based care sector. The financial dimension is of special importance in this context since this is not a commercial sector, but one generally financed with public money.

Since the situation in the countries included in the research is different, the labour market discrepancy model connected to the PESTLE factors can identify where the issues lie in each country. The model provides, in a sense, a common language that describes the challenges faced by the different actors. As previous research has already shown that there is a general shortage of labour in the sector, and in some cases a shortage of jobs, it is to be expected that there are clear discrepancies. The model can swiftly record whether these are qualitative or quantitative, due to a lack of entrants into the sector or too great an outflow than can be compensated for, or whether they are triggered by developments in one of the PESTLE dimensions. At the same time, the model offers a structured means of comparison.

An explanation follows of the main structural factors influencing employment creation in the community care sector in Spain, based on the six PESTLE dimensions.

Legal factors

To begin with, Spain is made up of 17 autonomous communities, which have the exclusive competence to manage social services. The lack of a common national law means that there are 17 different regulatory frameworks, with diverse degrees of development. However, there is also the 2006 Dependency Law, approved at national level, which introduces a new subjective right for dependent people to access care services or support (such as financial support).

Political factors

Given the current economic and financial crisis, the Spanish government has introduced several measures that indirectly affect the maintenance or creation of work and the quality of work in the community care labour market. In this respect, it is worth mentioning the adoption of 'urgent measures concerning budgeting and finances for the correction of the public deficit' in December 2011, the labour reforms approved in February and July 2012, and the budget cuts planned for 2013.

Certainly, one of the most important changes introduced are the labour reforms, introduced in 2012.¹ These labour reforms aim to build the conditions required to create new jobs and to increase the security of employees and employers in the workplace. The main measures to obtain this objective are stimulating flexibility among companies and supporting vocational training and continuing education. To date, there are no data available on the effects of the reforms. However, the government strongly believes that the reforms are helping to maintain employment levels and that the most important effects will start to be seen with the economic recovery.

The Spanish Employment Strategy 2012–2014 mentions the importance of promoting employment in emerging economic activities, such as social and health activities (particularly activities linked to dependency situations). In addition, the Spanish government has been very active in the development of active employment policies targeted at disadvantaged groups (such as young people, people with disabilities and women).

¹ For further information on the February 2012 labour reform, see Eurofound EIRO [ES1202021I](#).

Economic factors

The Spanish economic crisis has had a direct impact on the generation of economic resources and has led to a decrease in employment levels. For the first time in the history of Spain, the unemployment rate has risen to over 25%, making it the country with the highest unemployment rate in the euro zone. According to the most recent data available, many open-ended contracts are being discarded, and it is the public sector that is most affected by the employment reduction measures. In addition, this new economic context is characterised by a lack of credit and budget cuts, which are leading to austerity measures affecting social welfare provision. Public budget reduction is also having an impact on the private sector's income where it relies on public financing and procurement.

Social factors

There are two main changes in Spanish society that are leading to an increase in the number of dependent people and, in turn, an increase in the demand for care services and resources. Firstly, a significant ageing of the population is occurring due to a decrease in the fertility rate and an increase in life expectancy. In addition, new family models have recently emerged – for example, a growth in single-person households and widespread participation of women in the labour market. This has led to new needs for family support.

Technological factors

The general technological development is also having an impact in the community care sector. In particular, it is facilitating the improvement of health and social care services. It is also leading to new care resources, such as telecare services.

Environmental factors

The influence of this factor on the labour market in the community care sector is comparatively limited thus far.

Recruitment and retention of care workers

One of the main contributions of the 2006 Dependency Law to the labour market is its effort to encourage higher-quality services, better working conditions and higher qualification levels among workers in the sector. One of the main theories underpinning the law is the existence of a direct relationship between the quality of services provided and the quality of jobs. To this end, the Spanish government is promoting education and training among workers and young students as a means of enhancing the professionalisation of the social services sector – for instance, by launching new secondary vocational education programmes. Information available shows a noticeable change in the labour market with regard to higher qualification levels among social service workers over recent years, favouring the creation of better quality jobs.

On the other hand, following the 2006 Dependency Law, Royal Decree 615/2007 established a Special Agreement for non-professional carers (*Convenio Especial de cuidadores no profesionales*) with the social security system. The term 'non-professional workers' normally refers to people who care for dependent relatives and who receive financial support for this work. These carers do not have an ordinary work contract, as they sign up to a special social security agreement and they are not considered professionals. Under Royal Decree 615/2007, the contributions of these carers to the social security system are paid by the state – more precisely, by the Institute for the Elderly and Social Services (*Instituto de Mayores y Servicios Sociales, IMSERSO*), a public agency within the Spanish Ministry of Health, Social Policy and Equality.

Unfortunately, Royal Decree–Law 20/2012, which includes a number of measures for guaranteeing budget stability and improved competitiveness of Spain, reduces the funding for the social services system. As a result, the social security contributions for carers under the Special Agreement for non-professional carers are no longer paid by the state, and carers are responsible for paying their own the social security contributions. However, this agreement is not compulsory for carers. With this modification to the social security contributions, the number of non-professional carers has decreased from 178,000 in May 2012 (before Royal Decree–Law 20/2012) to 18,518 carers at the end of July 2013.

Nonetheless, several information and training programmes have been implemented for the support of non-professional carers. For example, in 2009 the Territorial Council of the Autonomy and Dependency Care System approved an ‘Agreement on common criteria for the training of non-professional carers’, as a way of improving the quality of the services provided. Moreover, this type of informal training may facilitate or encourage the future incorporation of non-professional carers into the labour market as ‘proper professionals’, after completing the appropriate professional training programmes.

Other significant developments are the professionalism certificates and the new contracts for apprenticeships and dual education. Royal Decree 1529/2012 (November 2012), closely related to the labour reforms and promotion of young people’s employment, regulates the new training contract and establishes the basis for dual vocational training (combining training in the workplace with training in the school or training centre). According to this Royal Decree, the training included in contracts for apprenticeships and dual education is aimed at promoting qualifications for workers and should equate to medium-level or high-level vocational education certificates (*título de formación profesional de grado medio o superior*) or to a professionalism certificate (an official national accreditation of professional competence).

2 Political and legal frameworks

Regulations and policies on recruitment in community care services

The 2006 Dependency Law recognised for the first time a new right to universal and individual care for the Spanish population. This new right guarantees the provision of care services by public authorities for people in a dependency situation. The new ‘dependency system’ formed after this law – the System for Personal Autonomy and Dependency Care (SAAD) – aims to facilitate a diversified network for public use, which integrates and coordinates public and private services as well as enabling the optimal use of available resources.

This development also highlights the importance of collaboration between all public administrations involved in social, health, educational and labour issues, together with training centres, social partners and third-sector entities, as a means of promoting employment quality and improving working conditions. The development of the 2006 Dependency Law has enabled an increase in the number of people employed in this sector, as well as a better regulation of working conditions and enhanced training.

As previously outlined, the 2006 Dependency Law has a direct influence on social laws approved at the autonomous community level.

Recruitment strategies for community care workers

The working conditions of workers in the social services sector are regulated by common regulations (the Workers’ Statute (Estatuto de los Trabajadores)) and by collective agreements, which constitute the sectoral regulations. These guidelines determine professional profiles, training programmes and pay mechanisms.

The Collective Agreement XIV on Care Centres and Services for People with Disabilities, signed in August 2012, signed by the social partners, determines the working conditions of the sector. The three main focus points underpinning this new agreement are the maintenance of economic conditions achieved so far, the improvement of professional qualifications and training, and a better management of costs to maintain employment levels.

The Collective Agreement VI on Care Services for Dependent People and Development of Personal Autonomy, signed in April 2012, is also relevant. This collective agreement applies to companies and workplaces that provide services for dependent people and promote personal autonomy (such as day centres, night centres, home-care services and telecare services). In addition, this collective agreement seeks to regularise and maintain employment in a sector that has the potential to generate employment and that is essential for guaranteeing the provision of services included under the Dependency Law. This is a ‘minimum right’ agreement approved at national level, which can be further discussed and improved at autonomous community level.

Elsewhere, the 2008 Agreement on the Accreditation of Common Criteria for the Quality of Autonomy and Dependency Care Centres and Services establishes several criteria for ensuring quality of services. Among other criteria, this agreement indicates that quality depends on the fulfilment of a series of requirements related to human resources. These requirements refer to the minimum number of professional workers per dependent person (staff ratios) and the minimum qualification levels; by the year 2015, all workers offering accredited services must hold an officially recognised qualification related to their position. Some autonomous communities or regions have further developed the regulation concerning matters such as occupational profiles and staff ratios.

Measures by the autonomous communities

As already mentioned, there is no national law on social services and each autonomous community has drawn up its own law in this area.

From a historical perspective, the first social services laws were approved from the early 1980s onwards. The Basque Country approved the first social services law in 1982, and during that decade all Spanish autonomous communities progressively approved their own legislation. In 1993, the Galician Social Services Law marked the beginning of the legislative overhaul, and autonomous communities approved their second social services laws. Certainly, the autonomous communities have made an important financial and organisational effort to develop the social services structure, which has given rise to 17 different development models.

After the approval of the national Dependency Law in 2006, ‘second-generation’ laws started to be approved at autonomous community level, including those relating to new individual rights. Such laws have already been passed in 11 autonomous communities: Aragon, Asturias, Balearic Islands, Cantabria, Castile and León, Castile–La Mancha, Catalonia, Galicia, Navarre, the Basque Country and La Rioja. In addition, five autonomous communities to date have published the catalogue of services developing new subjective rights covered by the Dependency Law: Aragon, Balearic Islands, Catalonia, Navarre and La Rioja.

Some autonomous communities have also approved plans or strategies for the development of the social services system, with a particular emphasis on quality of employment. This is the case for Catalonia, the Basque Country and Navarre. Accordingly, the Strategic Plan for Social Services in Catalonia includes in its fourth line of action the quality of employment and workers’ development; the Strategic Plan for the Social Services of the Basque Country 2011–2014 refers in its third line of action to the need to promote adequate working conditions and training; and the Strategic Plan of Navarre 2008–2012 establishes that the public system of social services should improve working conditions, so that workers are more professional and specialised.

3 Structural framework, funding and actors involved

Employment in the care sector

Number of workers and enterprises

Table 1 shows the number of people working in the area NACE code 88.1, ‘social work activities without accommodation for the elderly and disabled’, based on figures from the Spanish Active Population Survey. According to the data, in 2012 there were a total of 115,900 people working in this area. This is equivalent to 0.67% of the total working population in Spain (17,282,000 in 2012).

Between 2009 and 2012 the number of people working in the sector has grown by 37,800. This represents an increase of 48.4%, in contrast to the 8.5% decrease in the overall number of people working in the Spanish economy for the same period. These data reflect the high potential of this sector for generating employment, in spite of the economic crisis, mainly due to the growing social need for care services.

Table 1: Number of people working in non-residential social work activities for the elderly and disabled, 2009–2012

Absolute number				% difference
2009	2010	2011	2012	2009–2012
78,100	94,700	102,300	115,900	48.4

Source: IKEI – author’s calculation based on the Active Population Survey, Spanish National Institute of Statistics (Instituto Nacional de Estadística, INE)

With regard to the number of enterprises operating in this area, data for 2012 show that there were a total of 2,489 companies offering social work activities without accommodation for elderly persons and people with disabilities (Table 2). This represents 0.08% of all Spanish companies (a total of 3,199,617 companies in 2012).

Table 2: Number of enterprises providing non-residential social work activities for the elderly and disabled, by size, 2009–2012

Size of enterprise (no. of workers)	2009	2010	2011	2012	% difference 2009–2012
0–49 salaried workers	1,309	2,063	2,106	2,240	71.1
50–199 salaried workers	139	176	189	201	44.6
200+ salaried workers	51	61	53	48	-5.9
Total	1,499	2,300	2,348	2,489	66.0

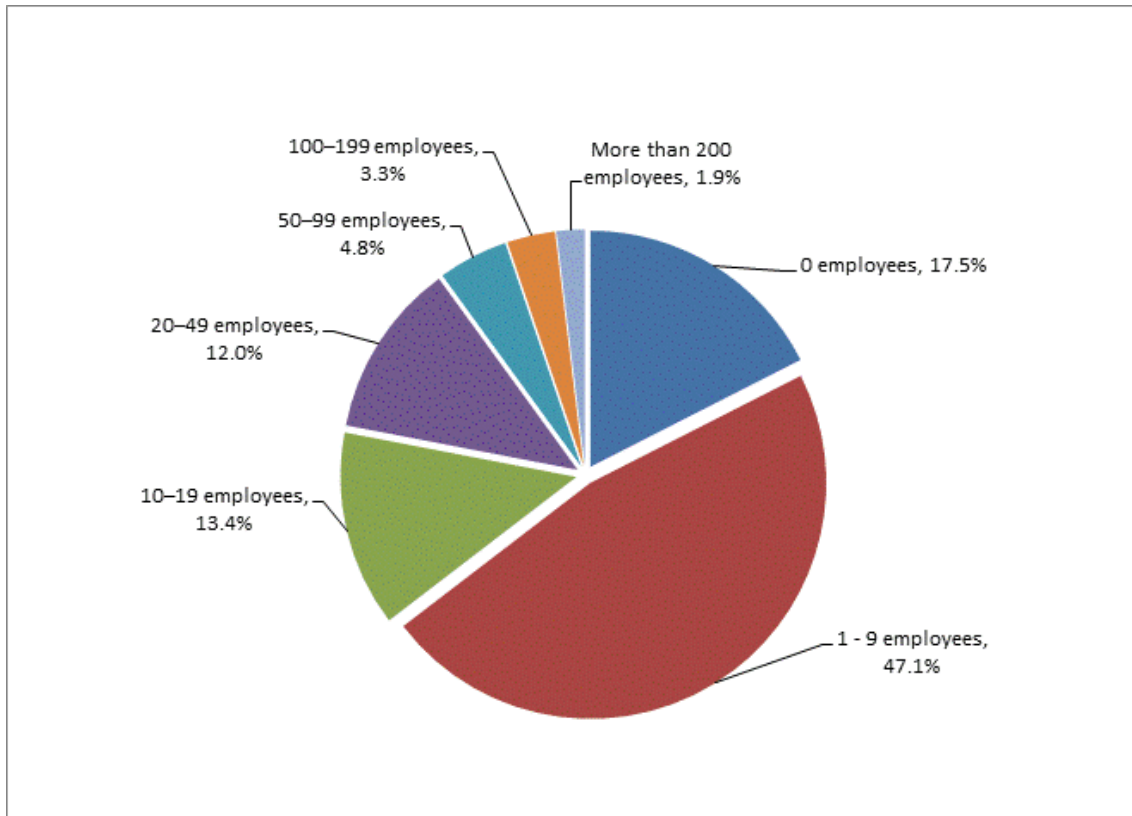
Source: IKEI – author’s calculation based on Central Directory of Enterprises, INE

The social services sector can be characterised as a ‘fragmented market’,² given that there is a high number of very small companies. According to 2012 data, a total of 2,240 companies operating in this area had 49 or fewer salaried workers (including companies with no salaried

² As described at the international seminar ‘Social Services, Crisis and Solutions’, San Sebastian, Spain, October 2012.

workers), representing 90% of all companies providing social work activities without accommodation for elderly people and people with disabilities (Table 2 and Figure 1).

Figure 1: Number of enterprises operating in non-residential social work activities for elderly persons and people with disabilities, by size, 2012



Source: IKEI – author’s calculation based on Central Directory of Enterprises, INE

Characteristics of workers

The Spanish Active Population Survey shows that the great majority of workers in the sector are women (89.2% according to 2012 data). More precisely, in 2012, 103,400 women and 12,500 men were working in this area (Table 3).

Table 3: Number and % of people working in non-residential social work activities for elderly persons and people with disabilities, by gender, 2011

	Men	Women
No. of persons engaged in sector	12,500	103,400
% of total workers	10.8%	89.2%

Source: IKEI – author’s calculation based the Active Population Survey, INE

In terms of type of work contract, data from the Active Population Survey for 2012 show that 34.3% have temporary employment contracts (in contrast with 23.6% for the whole economy). In addition, 41.8% of workers work part time, compared with 14.7% for the whole Spanish economy.

Regarding the presence of foreign workers in the sector, no data are available at the level of NACE 88.1; however, data are available at the higher level of NACE 88, ‘social work activities without accommodation’. In 2010 a total of 11,297 foreign nationals were registered in the

social security system as workers in the sector, 3.6% of the total number of workers registered for this particular activity. However, it must be noted that the irregular or black economy seems to be quite prevalent among foreign workers, particularly among foreign women. In fact, non-professional care services (especially activities without accommodation) appear to be a widespread work option for irregular immigrants.

Finally, the literature consulted also shows that working conditions in the social services sector do not facilitate labour stability. Changing work shifts, high staff turnover rates and low salaries are significant factors determining the lack of stability (Ministry of Work and Immigration, 2011). The reasons why public authorities and trade unions have traditionally paid less attention to working conditions in this sector include the relatively recent growth and development of the Spanish social services sector and the high proportion of women employed. Staff turnover rates are very high, as many workers move to more appealing jobs. Given that some occupations or professional profiles are very similar in the health sector and the social services sector, many workers try to move to the health sector, where working conditions (particularly with regard to salaries) are much better.

Number of beneficiaries

In Spain, at the end of 2011 there were more than 360,000 people receiving home-care services. The average duration of this assistance was 20 hours per month, at a public cost of €14 an hour. At the same time, nearly 700,000 people had availed of telecare services. In 2011 there were 3,000 day centres with 90,000 users; some 59% of these day centres were private (IMSERSO, 2011).

Funding structure

Generally speaking, the public authorities are responsible for determining citizens' rights and the range of services in this area, as well as assigning financial resources. However, the offer or provision of services may be combined between public and private agents. In fact, the private market has grown progressively over the last year. There is also a strong presence of the third sector in this area.

In Spain, the funding of the social services system as a whole is managed at three administrative levels: the state, the autonomous communities and the local level (regional and municipal levels). In addition, the service user pays a part of the total costs, depending on their particular circumstances (known as a 'co-payment'). With regard to the different administrative parties involved, local corporations assume the highest share of responsibilities. Meanwhile, the central government contributes to the funding of these services through the Agreed Plan for the Development of Basic Social Services Provisions in Local Authorities. This agreement was reached between the state and the autonomous communities and helps to reduce disparities in public spending among the autonomous communities. However, the public funding imbalance between national and autonomous community levels gives rise to strong disparities between regions concerning the number of persons catered for or services provided.

As Table 4 shows, large differences exist between the 17 autonomous communities concerning public spending on social services (general data for 2009, not only limited to services linked to disabilities). For instance, concerning public spending on social services per inhabitant per year, the Basque Country spends the most (€773.21 per inhabitant), whereas the Balearic Islands allocate the lowest amount (€119.83 per inhabitant), the Spanish average being €280.03. In terms of public spending on social services as a percentage of gross domestic product (GDP) for each autonomous region, data vary from 0.5% for the Balearic Islands to 2.6% for the Basque Country, compared with the Spanish average of 1.25%.

Table 4: Public spending on social services (in general) in the autonomous communities, 2009

	Spending per inhabitant per year (€)	% of GDP
Andalucia	279.29	1.63
Aragon	267.57	1.11
Asturias	297.51	1.42
Balearic Islands	119.83	0.50
Basque Country	773.21	2.57
Canary Islands	155.69	0.80
Cantabria	370.11	1.64
Castile and León	300.30	1.36
Castile–La Mancha	467.58	2.74
Catalonia	281.09	1.08
Valencian Community	129.56	0.65
Extremadura	353.73	2.19
Galicia	256.09	1.31
Madrid	207.39	0.71
Murcia	230.72	1.24
Navarre	488.10	1.71
La Rioja	363.81	1.50
Overall average for Spain	280.03	1.25

Source: Índice Dec 2012, *National Association of Managers and Directors in Social Services (Asociación Estatal de Directores y Gerentes en Servicios Sociales)*, 2012

Overall, many authors claim that the funding provided to Spanish social services is low, especially compared with the European average. Moreover, although estimated public spending on social services has increased as a consequence of the new rights covered by the 2006 Dependency Law, the financial crisis is making it difficult to maintain initially planned budgets.

Regarding the 2006 Dependency Law, there are three levels of coverage: the minimum level financed by the state, the middle level financed by each autonomous community and the state, and finally the superior level funded by the autonomous community, if it is implemented. The current crisis is having severe consequences in terms of funding for the implementation of the Dependency Law. In particular, there are problems in the levels funded both by the state and the region.

Organisations, actors and stakeholders involved

The main parties involved in labour market management of community care services are as follows:

- the Spanish Ministry of Health and Social Services;
- departments of social services in each autonomous community;
- departments of social services in each region or province;

- public social services at local levels (such as town councils);
- public employment services at national and autonomous community level;
- the Tripartite Foundation for Training in Employment (a state entity in charge of continuing training) and similar entities at autonomous community level;
- state reference centres (*centros de referencia estatal*) aimed at supporting and coordinating initiatives by the autonomous communities.

In addition, the third sector (also known as the social economy) is a fundamental pillar for social systems, as it makes up for the shortages of the public system and the welfare state, which have been severely affected by the current economic crisis. In particular, the Spanish third sector of social action is composed of non-profit organisations providing services, including education, social and health services, in collaboration with the public administration. Moreover, these organisations offer support to people at risk of social exclusion.

4 Strategies for recruiting and retaining employees

This chapter describes a number of measures related to the recruitment and retention of workers in the community care services sector.

Targeting labour reserves

There are no specific public measures to target existing labour reserves and promote the employment of disadvantaged groups, new graduates or older workers in the community care services sector.

However, it is worth mentioning the Special Agreement for non-professional carers, within the social security system. Under this agreement, established after the 2006 Dependency Law, people who look after dependent relatives can sign up to a special social security benefit system that allows them to receive social benefits under specific circumstances. As the registered relatives (informal carers) are not considered professionals, this Special Agreement does not contribute to employment creation in the strict sense; however, it does help to regulate informal support provided by relatives. Unfortunately, as already mentioned, Royal Decree-Law 20/2012 modified the conditions of this Special Agreement, making it less advantageous to relatives who care for dependents; for example, social security contributions are not paid by the state anymore. As a consequence, the number of non-professional carers registered under this agreement has decreased from 178,000 carers as at 31 May 2012 to 18,518 carers at the end of July 2013.

Promoting education and training

Education, training and personal development play an important role in the recruitment and retention of community-based care workers. In fact, the 2006 Dependency Law includes among its main objectives the qualification and professionalisation of the workforce, as a means of developing employment in the sector. Moreover, according to the document *Mapping of Vocational Training in Spain*, published in 2011 by the Ministry of Education, the number of medium-qualified jobs will grow in the fields of social services, home care, cleaning and care services for children and for elderly people. Not surprisingly, education and training are a priority for the public authorities and, to this end, several regulations and programmes have been approved in recent years.

Firstly, with regard to Initial Vocational Education and Training (IVET) programmes, the Ministry of Education is currently updating the Spanish catalogue of vocational education and training (VET) degrees. This development follows the Spanish Education Organic Law 2/2006, which regulates and updates the Spanish educational system. In particular, the Ministry of Education is working on the approval of several new VET programmes, some of which will be taught in the 2012–2013 school year, including the following:

- advanced technician in social inclusion;
- advanced technician in communicative mediation;
- technician in dependent persons care;
- technician in health emergencies;
- technician in nurse auxiliary services.

Secondly, Royal Decree 1224/2009 of 17 July has established the procedure and requirements for evaluating and accrediting competencies acquired through work experience or non-formal methods of training. This procedure aims to accredit professional skills and increase professional qualifications. Workers who accredit their work experience receive a

professionalism certificate (*certificado de profesionalidad*). In particular, workers in the community care services sector can obtain a professionalism certificate in ‘social and health support for dependent persons in households’, based on their particular work experience.

Finally, it is also worth mentioning the 2009 ‘Agreement on common criteria for the training of non-professional carers’, which seeks to improve the quality of services provided by non-professionals (relatives). In fact, informal training could lead to an increased interest in attending professional/formal training by non-professional carers.

Improving operational management and labour productivity

The 2008 ‘Agreement on the accreditation of common criteria for the quality of autonomy and dependency care centres and services’ establishes several criteria for ensuring quality. The rationale behind this agreement lies in the 2006 Dependency Law and supports the idea that all dependent persons have the right to access quality care services. The official accreditation of centres, resources and services means that they must fulfil the requisites set by competent administrations. The accreditation of centres and services is compulsory for entering the System for Personal Autonomy and Dependency Care (SAAD).

In particular, this agreement aims to promote the professionalisation and training of the workforce. Thus, quality standards are directly linked to human resources and it is established that the quality of the service depends on the number of professionals available and on their training. More precisely, key human resource standards include those relating to the minimum number of professional workers per dependent person (staff ratios) and the minimum qualification levels (by the year 2015, all workers offering accredited services must hold an officially recognised qualification related to their working post). Interestingly also, some autonomous communities or regions have further developed the regulation concerning occupational profiles, staff ratios, etc.

Improving the situation of current employees

Collective agreement XIV on Care Centres and Services for Persons with Disabilities determines the working conditions in this specific sector, regulating issues such as pay, qualifications and training. In particular, this agreement guarantees the maintenance of working conditions in this sector.

According to the main business associations active in this sector – Enterprise Support to Disability (Apoyo Empresarial por la Discapacidad, AEDIS) and the Spanish Enterprise Federation of Associations and Special Job Centres (Federación Española Empresarial de Asociaciones de Centros Especiales de Empleo, FEACEM) – this agreement represents a commitment and responsibility effort: despite the current economic crisis and budget cuts, the agreement seeks to maintain employment levels and improve management of costs in companies. Moreover, representatives of business associations believe that companies will be more flexible and modern.

In addition to this agreement, Collective Agreement VI on Care Services for Dependent People and Development of Personal Autonomy regulates working conditions in companies and workplaces whose activity involves services for dependent people and promotion of personal autonomy (such as day centres, night centres, home-care services and telecare services).

5 Outcomes, results and impact of policies

Effectiveness of current instruments and policies

As a result of the 2006 Dependency Law, the planned public budget devoted to the Autonomy and Dependency Care System had increased considerably. Moreover, the Dependency Law had an important social impact in Spain: for instance, social services are now a more regular topic in the mass media and on the public agenda. The private sector was expected to make more investments and consequently new jobs would be created, etc. However, the economic and financial crisis has resulted in considerable budget cuts that have posed a great barrier to the proper development of services and resources linked to the Dependency Law.

Certainly, one of the main reasons why the Dependency Law has not yet fulfilled the high potential for job creation anticipated is the economic crisis, which started in 2008 and is still badly affecting Spain. Thus, the expansion of the SAAD has been slower than anticipated in an economic expansion cycle. In particular, Royal Decree-Law 20/2012 has stipulated a number of measures for guaranteeing the budget stability and improved competitiveness of Spain, thus reducing available public funds. With the approval of this Royal Decree, the public budget intended for the SAAD was €850 million lower than planned (State Association of Directors and Managers in Social Services, 2013).

In addition, as a consequence of the crisis and its impact on the labour market, the demand for financial support by non-professional carers has been much higher than expected. Consequently, the foreseen increase in the use of the social services public network (conceived as the main employment generator) has been replaced by an excessive number of financial aids for family carers.

Available data show that more than 45% of the total financial aid offered for dependents relates to 'family and non-professional care'. Thus, although financial support for family carers was supposed to be an exceptional measure, in practice it has turned out to be the most popular one. For example, in August 2011 46.4% of all economic contributions approved were aimed at relatives and non-professional carers, totalling 411,880 contributions. The economic crisis is behind these results, as many relatives who are not able to find a job rely on this financial aid. Moreover, according to the evaluation report on the application of the 2006 Dependency Law (data up to 1 January 2012), only 41.5% of the family carers who are receiving financial support as non-professional carers are actually registered in the Special Agreement of the social security system. In this regard, it must be noted that only those who were not already inside the social security system (because they had another job) had to subscribe to that Special Agreement.

In terms of professional workers, looking at the figures from the social security registers for the same period, 102,537 people were registered as professional workers in the social services sector. Thus, it cannot be denied that the Dependency Law has facilitated employment creation in this sector (the EPA Survey indicates that the number of people engaged in the social services sector grew by 111,900 between 2008 and 2011). However, the negative aspect to this was that up until 2012 the number of non-professionals registered was higher than the number of professionals.

Against this background, it is worth mentioning Royal Decree-Law 20/2012, which modified the Special Agreement for non-professional carers, making it less beneficial for relatives. As a result, the number of non-professional carers as at 31 December 2012 stood at only 18,518, decreasing from 170,000 before this law.

Finally, it should be pointed out that, in recent times, the 2006 Dependency Law has been criticised for other issues, such as: the excessive red tape or overly complicated and lengthy administrative processes for dependent persons seeking financial support or assistance services;

and secondly, the fact that each autonomous community has developed its own dependency services system, resulting in considerable inequalities across the country.

6 Key trends, issues and policy pointers

National context

With regard to the main trends in Spain's care sector, it should be emphasised that the social services sector is principally regulated at the autonomous community level. This decentralisation has resulted in an unequal development of social services; therefore, resources allocated and services available differ among the autonomous communities. Moreover, there is a high level of diversity with regard to the entities providing social services, while data related to this sector is limited and rarely disaggregated.

In addition, compared with the European average, social services are less developed in Spain, probably as a consequence of the historical delay in the development of welfare strategies. The first social services laws were only approved from the early 1980s onwards. Currently, one of the main laws concerning social policies is the 2006 Dependency Law. This law lays the foundations for significant advancement in the development of social services in Spain, as it includes for the first time in the history of Spain the subjective right for all citizens to access support and services for dependency situations. As a result, since then, a process of legislative overhaul has been taking place at the autonomous community level and new social services laws are being progressively discussed and approved.

Another key issue is the fact that the care sector has grown significantly in recent years due to rising social demands. Growing numbers of older people and people with disabilities – along with changes in the traditional care model (where relatives, mainly women, were the main carers) – have led to an increasing demand for care and social services. This has resulted in a growing number of both companies and workers operating in the care sector. Unfortunately, and despite the recent development of the social services sector in Spain, resources available are still limited, and many sources of information highlight that coverage rates are low. Demands on informal support are high.

The Spanish care sector also suffers from a lack of qualified professionals, and there is a need for trained workers. In addition, the black economy is quite prevalent. With regard to working conditions, the rate of temporary work is high, and the sector is characterised by changing work shifts, high staff turnover rates and low salaries, which contribute to its lack of stability. There is also a strong presence of women in the sector and most working posts are of low-to-medium qualification level.

Policy pointers

Training and certification

Against this background, the professionalisation of the care sector is a top priority. For this reason, it is necessary to develop and increase training opportunities. A more egalitarian and developed care model adapted to recent sociocultural changes requires the professionalisation of care services through better organised and regulated vocational training. To this end, it is recommended that all national and regional authorities should be better coordinated to develop a more efficient training system based on current real needs. Moreover, training programmes should include a substantial practical component reflecting real-life contexts.

Lifelong learning is also essential for encouraging the professionalisation of the sector. It is suggested that training should take place during working hours to guarantee workers' attendance.

In addition, many sources highlight that professionalism certificates can be a convenient tool for solving the problem of lack of professionals in the sector. Employers have difficulty finding

professionals with broad knowledge and experience and feel that these certificates could help to improve workers' qualifications.

Working conditions

In terms of working conditions, regular employment should be promoted. Public authorities should seek to combat the black economy and irregular working conditions in the care sector. Working conditions need to be improved for those employed in the care sector. A suggested measure is to collect further information on and have a wider knowledge of working conditions. A better understanding of the current situation is essential for improving employment quality in the field. Moreover, the general public should be made aware of the benefits derived from professional care services.

Availability and quality of services

Finally, it is recommended that the availability and coverage of care resources and services should be improved, as well as their quality. Public authorities should further promote the care sector and introduce measures such as offering incentives for employment generation and business creation.

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Annex 1 Case studies

This annex presents the results of the three Spanish case studies on initiatives in the field of labour market policies in community-based care to support adults with disabilities and chronic health problems. The three case studies are:

- Case study 1: Professionalism certificates
- Case study 2: Independent Life Programme
- Case study 3: SSI Group

Each case study includes a description of the initiative, definition of the problem, as well as an outline of the approach, implementation and contextual factors. This is followed by an analysis of the outcomes and results of the initiative. Finally, the lessons learnt and factors regarding the sustainability and transferability of the initiative are presented.

Case study 1: Professionalism certificates

Description of the initiative

This case study focuses on the ‘professionalism certificate in social and health support for dependent persons in households’ (*certificado de profesionalidad de atención sociosanitaria a personas dependientes en su domicilio*).

The ‘professionalism certificate’ is a national initiative applied across the whole of Spain. These certificates are official documents linked to the qualifications listed in the National Catalogue of Professional Qualifications. This correlation facilitates mobility within the Spanish labour market. Autonomous communities are responsible for the practical implementation. Thus, evaluation and certification processes are carried out by public authorities at the autonomous community level. This case study refers specifically to the Official Announcement published in October 2011 in the Official Bulletin of the Basque Country, which opened the process for certification of professional competences acquired through work experience or non-formal methods of training; it was jointly published by the Education Department and the Employment Department of the Basque Country.

Overall objectives

The main aim is to promote the professionalisation of the care sector and to improve workers’ qualifications. This increases the employability of workers and also contributes to their retention. More specific aims of professional certificates are: 1) to accredit professional competences acquired through work experience or non-formal methods of training; 2) to promote continuous learning through open, flexible and accessible training linked to professional certificates; 3) to facilitate transparency and mobility within the labour market; and 4) to organise and standardise the vocational training offer, under the framework of Spain’s National Catalogue of Professional Qualifications.

Definition of the problem

Policy background

The immediate policy background for introducing the process for the evaluation, accreditation and certification of professional competences related to social and health support for dependent persons in households lies in the 2008 ‘Agreement on the accreditation of common criteria for the quality of autonomy and dependency care centres and services’. This agreement includes a set of criteria for the quality of services provided. Some of the requisites refer to minimum staff qualification levels that workers providing these services must fulfil. These required formal qualifications can be obtained through ‘professionalism certificates’.

Role of the social partners

Trade unions and business organisations have the capacity to call on the public authorities to make official announcements for opening accreditation/certification processes in specific sectors. The General Vocational Education and Training (VET) Council (composed of public authorities, together with representatives of the most important Spanish trade unions and employer organisations) acts as an advisory and collaborative body in the elaboration of professional certificates and in the definition of accreditation processes. Accredited trade unions offer training programmes in the framework of the ‘Vocational Education for Employment’ initiative, so that education needs related to professionalism certificates can be covered by training programmes offered by the trade unions.

Issue at stake

The rationale behind the 2008 agreement is that the quality of services provided is directly linked to the number of workers available (staff ratios) and their qualifications. The 2008 agreement established that, from 2015 onwards, all of the workers offering accredited dependency services must have a 'formal qualification'. As a consequence, workers have found themselves in the position where they need to accredit their work experience or complement their knowledge and skills in order to achieve a 'formal qualification' (a vocational training degree or a professionalism certificate). Against this background, public authorities have decided to take action and facilitate the accreditation of work experience related to social and health support for dependent persons in households, as a way to help workers get their required 'formal qualification'.

Approach and implementation

Overall approach

Professionalism certificates constitute an official national accreditation of professional competences, under the framework of the Spanish National Catalogue of Professional Qualifications. These professional competences can be acquired through work experience, non-formal methods of training or programmes under the Vocational Education for Employment initiative. Each professionalism certificate is formed by a number of 'competence units' (normally two or three), each of which is directly linked to a 'training module'. The contents, competence units, professional contexts and profiles, etc. of each professionalism certificate are officially regulated via Royal Decrees approved and published at national level. Each training module equates to a competence unit. A competence unit is the minimum unit that can be officially accredited.

Aim of initiative

Currently, the care sector demonstrates several deficiencies, such as the need to improve workers' qualifications and fulfil the quality criteria established for centres and services. An interesting measure to promote education and vocational training is the accreditation of professional competences acquired through professional experience and non-official training. This measure facilitates citizens' employability, their mobility within the labour market and lifelong learning. It also favours social cohesion, especially for groups that do not have an officially recognised qualification. In addition, the 2008 agreement aims to improve employment quality, by means of promoting professionalisation and training.

Recruitment versus retention

This initiative promotes the professionalisation and qualification of the workforce. Both recruitment and retention are facilitated through workers' higher qualification levels.

Specific target groups

This initiative is aimed at people who are interested in accrediting and certifying their professional competences acquired through work experience or non-formal training methods in the sector of 'social and health support for dependent persons in households'.

Formal versus non-formal employment

The initiative seeks to develop formal work in the care sector, by means of accrediting workers' experience and skills as well as improving their qualifications.

Project implementation

Programme level

The Ministry of Labour and the Ministry of Education are the main national bodies responsible for the overall process. autonomous communities and their labour and education authorities are responsible for implementing the accreditation system. The main functions include: publicly announcing the opening of the evaluation and accreditation processes; providing a permanent service for information and guidance, so that people can decide whether to participate in the process; and establishing an organisational structure (such as a specific agency) responsible for the overall evaluation process. In addition, in each autonomous community public authorities must designate an 'evaluation committee' for each speciality or professional family, according to the accreditation process announced.

In the particular case of the autonomous community of the Basque Country, the main responsible body is the Basque Agency for the Evaluation of Competences and the Quality of Vocational Training. The functions of this agency include all the tasks and work related to the competence evaluation processes among the active population (both occupied and unemployed) and the issuing of certificates.

Project level

Taking part in the evaluation/accreditation of work experience process is only possible during a specific period. The number of vacancies for accreditation is decided according to a previous study or pilot test conducted by the Basque Agency for the Evaluation of Competences and the Quality of Vocational Training on a particular sample of workers/enterprises to estimate the number of persons who may be interested in the process. In the official invitation published by Basque authorities in September 2011 for the 'professionalism certificate in social and health support', 950 candidates could obtain the accreditation. The overall process comprised the following three phases.

1. Assessment phase – the objective of this stage is to help candidates compile the necessary evidence to prove their knowledge. All registered individuals can access support from an authorised assessor to collect the required evidence and to fill in the 'Competence Dossier' and other documents. The advisor creates a (non-binding) report on the person's skills and on which of the competence units are certifiable.
2. Evaluation phase – this phase confirms whether the evidence presented by the candidate is sufficient to accredit the competence unit in which they have registered, at times using tests to verify a candidate's skills.
3. Accreditation phase – this phase involves recognising and accrediting the competence units demonstrated during the process. The Director of the Basque Agency for the Evaluation of Competences and the Quality of Vocational Training issues the official certificate that confirms the competence units that candidates have validated. The results concerning the number of accreditations are communicated to the Basque Public Employment Service (Lanbide), which sends this information to the Spanish Public Employment Service (SEPE), to be added to the national register.

In particular, the 'professionalism certificate in social and health support for dependent persons in households' (code SSCS0108) is composed of three different competence units: hygiene and health assistance in households (UC0249_2); psychosocial support in households (UC0250_2); and household support and family feeding (UC0251_2).

Each evaluation committee must consist of a minimum of five persons officially accredited for carrying out the evaluation process. Among them, one must be assigned as president, another as secretary and the remaining three as vocals. The presence of evaluators from both the training side and the professional side must be guaranteed.

Monitoring and evaluation

According to Royal Decree 1224/2009, each autonomous community is responsible for developing a quality management system for monitoring the evaluation and accreditation process. Moreover, this process should be verified through internal evaluations and external audits for its continuous improvement.

Contextual factors

Factors such as the widespread participation of women in the labour market, the ageing of the population and changes in the traditional family structure have increasingly deconstructed the traditional Spanish social protection model, mainly based on family support. It is important that Spanish society starts to recognise the fact that assistance and care for people with disabilities is not a 'private' or 'family' concern, but a social issue that affects all members of the public.

Another issue is the fact that the black market appears to be a problem in the social care sector. Many of the workers operating in this irregular labour market, where working conditions are precarious, include immigrants, socially disadvantaged persons or very low-qualified workers.

A more egalitarian and developed care model adapted to recent socio-cultural changes requires the professionalisation of care services through better organised and regulated vocational training. To this end, the 2006 Dependency Law has been a key advancement for the professionalisation of the care sector. This law officially recognises care tasks that had traditionally been carried out by relatives without any social or professional recognition. In addition, the development and implementation of the Dependency Law has revealed a lack of qualified professionals in the sector. In fact, current conditions in the care sector show several deficiencies, such as the need to improve workers' qualifications and to fulfil the quality criteria established for centres and services.

Over recent years, public authorities have invested a great deal of their resources for the accreditation of competences in sectors directly related to the Dependency Law. This shows that this economic activity is considered to be a priority. The prioritisation of this sector has provided a real boost to its professionalisation, as it addresses the need to improve workers' professional profile. The need to address qualification needs has led to significant development of the training offers.

Outcomes and results

Type and number of certificates

According to data provided by the Basque Agency for the Evaluation of Competences and the Quality of Vocational Training, a total of 787 persons were successful in attaining the 'professionalism certificate in social and health support for dependent persons in households' in the summer of 2012. Overall, 57.5% of the persons who entered the initial assessment phase received the certificate.

According to the Basque Agency for the Evaluation of Competences and the Quality of Vocational Training, these results are highly satisfactory. The value of the process is not simply focused on obtaining a complete professionalism certificate, but also in accrediting one or two competence units. Moreover, it should be noted that these figures are not really comparable to the success rates of direct training programmes, where approximately 85% to 90% of the students may get the final certification after attending the course.

Regarding the healthcare sector as a whole, the number of candidates who received accreditation for at least one competence unit were as follows: within the field of socio-cultural services and community services, a 'professionalism certificate in social and health support for dependent persons' was received by 1,634 persons for support in social institutions and by

1,202 persons for support in households; within the health profession, a 'professionalism certificate in health transport' was received by 352 persons.

Looking at these results, it can be concluded that the professionalisation of the 'social and health support for dependent persons' sector has been a priority for the public authorities.

Other results

Workers' qualification and professionalisation is essential for employment development in the care sector. The standardisation of vocational training programmes, which is also a priority at European level, facilitates workers' mobility and transparency within the labour market. The legislative development of the vocational education system is reducing and clarifying the number of certificates and degrees available. By evaluating and accrediting work experience, workers can capitalise on their experience. The accreditation process is cheaper than direct training programmes and saves time, as candidates gain accreditation without the need for attending extra classes.

Through the evaluation process, workers become aware of their training needs and can address any deficiencies by improving their knowledge and skills, thus broadening their employment prospects. Therefore, professionalism certificates appear to be a convenient tool for promoting lifelong learning and vocational training. The possibility of combining different competence units for achieving a professionalism certificate encourages workers' attendance of training programmes.

Finally, professionalism certificates provide greater flexibility, adaptability and mobility for workers. They can obtain an 'official accreditation' recognised across the entire Spanish territory, thereby improving their personal and professional development prospects. Training can also lead to better working conditions. All these outcomes are very positive for workers' motivation and development, in turn resulting in better quality services for persons with disabilities.

Lessons learnt

Success and fail factors

According to the Basque Agency for the Evaluation of Competences and the Quality of Vocational Training, a positive aspect of the overall process is the structure of the database system and the protocol it uses. Resources are optimised thanks to an efficient IT-based system, which facilitates quick information management and coordinates own data with that from other institutions. This makes it possible to provide personalised recommendations for candidates on which training programmes they should follow.

The time restriction helps to make the evaluation/accreditation process more efficient and better organised due to several reasons: firstly, by developing the process in a specific time frame, it allows for better control of the situation; secondly, it results in better use of resources, reducing costs since the system does not run all year; and thirdly, it is more practical since the evaluation/accreditation process requires an evaluating committee composed of professionals and experts who cannot be permanently available. In addition, the pilot test carried out before the launch of the process has facilitated the estimation of resource needs, making it far more efficient.

Another successful outcome is the fact that the data gathered during the evaluation process serves as a useful information resource for detecting training needs in the care sector. This data influences the design and organisation of the training programmes of the public sub-system of Vocational Education for Employment.

An important lesson learnt is that coordinated and fluent communication between the actors involved is essential for maximising the whole evaluation/accreditation process. Interviewees claim that coordination between education and labour authorities needs to be stronger and more synchronised to improve the offer of training actions. In addition, it has also been suggested that the central administration and the autonomous communities should be better coordinated to avoid differences between the regions and to guarantee the harmonisation of the education system at national level.

Sustainability and transferability

To ensure sustainability, the Basque Agency for the Evaluation of Competences and the Quality of Vocational Training is actively exploring the following points.

- Database development – the current database collating information on the candidates is being developed further so it can have a greater input in the planning of future processes.
- Better information for companies – if companies are adequately informed about aspects such as qualification requirements, the training needs of the sector and the opening of evaluation/accreditation processes, they can actively support the professionalisation of the care sector by taking part in the process.
- Importance of the regional level – while the basic or general rules are established at central (national) level, the decentralisation of competences to the autonomous community levels provides greater flexibility for regional adjustments.

The following points must also be considered for ensuring the accurate transferability of this initiative: a powerful database and IT system which is synchronised with data from other institutions and linked to the National System of Qualifications, as well as other training programmes available, etc.; excellent coordination among all the institutions involved; and the high quality of the ‘evaluation committee’.

Conclusions

The care sector is characterised by a relatively low number of qualified persons. As a result, there is an urgent need for workers’ training. In addition, there is a growing demand for services as a consequence of social changes underway in Spain – such as the progressive ageing of the population and the emergence of new ‘family models’ where relatives cannot provide free care services anymore. This growing demand will need to be met by professional workers who are appropriately trained.

Against this background, workers in Spain’s community care services sector can now obtain a ‘professionalism certificate’ in ‘social and health support for dependent persons in households’, according to their specific work experience, as a way of accrediting their professional skills and enhancing their professional qualifications. To date, these ‘professionalism certificates’ appear to be a relatively easy and accessible instrument for improving the qualification levels of the care sector workforce. Moreover, thanks to the accreditation/evaluation process, workers can assess their training needs and continuous learning is also encouraged.

On the whole, the improvement of workers’ qualification levels facilitates their participation in the labour market and better working conditions. In addition, professionalism certificates provide increased flexibility, adaptability and mobility for workers, at the same time promoting transparency within the labour market. Furthermore, the professionalisation of the sector contributes to raising the value of care work and making it more socially visible.

Finally, with regard to the results of the evaluation/accreditation process carried out in the Basque Country, the Basque Agency for the Evaluation of Competences and the Quality of Vocational Training considers that the results obtained are highly satisfactory. The fact that

1,202 candidates were able to accredit at least one competence unit (out of the three competence units that form the professionalism certificate) is viewed very positively.

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Case study 2: Independent Life Programme

Description of the initiative

The Independent Life Programme is an initiative operated by the Social Policy Department of the Regional Council of Gipuzkoa (one of the three regions of the Basque Country). It was established in 2004 by this department with the objective of promoting the independency and personal autonomy of persons with disabilities.

Overall objectives

The main objective of the Independent Life Programme is to promote autonomous and independent living among persons with disabilities aged over 18 years who live alone or have formed their own family unit, and who do not use residential resources. This public initiative provides personalised economic support through direct payments. Each beneficiary manages their own financial grants and is responsible for recruiting their own personal assistants.

Definition of the problem

Policy background

The Independent Life Programme is part of a wider programme known as Etxean, developed by the Regional Council of Gipuzkoa. Etxean establishes the concessions of general financial support for persons with disabilities and dependent persons, and it is regulated by Decree (Decreto Foral) 87/2008. Moreover, Etxean provides support for participating in social inclusion programmes and for the acquisition of specialised products for facilitating personal autonomy.

In 2012, the Independent Life Programme had a budget of €375,100, although people with disabilities also receive financial support from other sources. The amount received through the Independent Life Programme complements the following financial aids:

- third-person support supplements and supplements for a high degree of disability provided by the Spanish social security system;
- complementary support related to third person support in the framework of the Social Integration Law of the Disabled (Law 13/1982) and non-contributory pensions (Royal Decree 357/1991), managed by the autonomous communities;
- economic support for dependent persons (with high dependency level) to receive personal assistance, provided for under the 2006 Dependency Law;
- personal contributions to cover expenses made by users themselves and their relatives.

Role of the social partners

The social partners do not participate in this programme.

Issue at stake

The Independent Life Programme is based on an independent-living philosophy, which seeks to improve the quality of life of dependent persons by promoting personal autonomy. It sets out a global perspective, which includes personal assistance, technical resources, accessibility aspects, financial support, etc. Thus, the Independent Life Programme lets the person with disabilities choose the working time, tasks, etc. of their personal assistant according to their particular needs.

The Convention on the Rights of Persons with Disabilities in 2006 establishes that persons with disabilities should be able to choose their place of residence, should not be obliged to follow a predetermined way of life, and should have a right to personal assistance to promote independence and social inclusion. This law establishes the financial aid for personal assistance, whose main objective is to promote the autonomy of persons with high disabilities.

Approach and implementation

Overall approach

As the Independent Life Programme directly pays people with disabilities, an important element is that the person who receives the financial aid is allowed to self-manage the money granted for hiring one or several personal assistants. Therefore, in a sense it is the beneficiary who generates employment. Payments are split and made every month. The total amount paid per person cannot be higher than the cost of a residential care centre.

Personal assistance is a professionalised activity, aimed at offering support for carrying out daily tasks to persons who cannot do these tasks by themselves (partially or totally). The professional activity and tasks are carried out under the supervision of the person with disabilities. One of the main characteristics of the personal assistant is that they do not replace the decision-making capacity of the person with disabilities, although they are personally involved in the situation.

Aim of initiative

The Independent Life Programme is a direct payment that complements other financial aids conceded to persons with disabilities for hiring personal assistance to facilitate an autonomous and emancipated life.

Types of personal assistance may include any kind of service needed by that person in any aspect of their life – such as domestic, outdoors, work, leisure, education. This initiative gives full control of the process to the user, guaranteeing that it adapts to their needs and guidelines.

Recruitment versus retention

Regarding recruitment, it is the person with disabilities who directly generates the employment. Mostly, the recruitment of personal assistants is carried out directly between the person with disabilities and the employee; it is seldom done by means of specialised service companies. In terms of maintenance or retention of the employment generated, it should be pointed out that the yearly renewal of the financial aids favours the working stability of the personal assistants.

Specific target groups

At present, the financial aids provided for under the Independent Life Programme target people with physical disabilities who comply with the following requirements:

- the person has been registered as an inhabitant of Gipuzkoa for a minimum of one year;
- they are classified as a person in a situation of dependency or as a person with disabilities in need of ‘assistance by a third person’ (ATP);
- they have a house for living an independent life (rented or owned);
- they have a support network that is able to respond to unexpected situations where the personal assistance would not be available;

- they can present an independent life project which gives details of their needs, resources and solutions, the activities to be carried out and an estimate of the number of hours they require for their needs to be filled;
- they can show, from the moment of the concession and throughout the duration of the financial aid, the existence of a valid contract with the personal assistant, together with evidence of their social security registration;
- they have also applied for other aids included under the Dependency Law (such as economic support for personal assistance or for relatives who care for dependent persons) when included in the category of ‘level III dependency’ (high dependency).

Formal versus non-formal employment

The programme offers financial aid to persons with disabilities for hiring personal assistants. This facilitates the creation of formal employment in the sector.

Project implementation

The process for taking part in the programme starts with the preparation of an ‘independent life plan’. The person with disabilities draws up this plan, outlining their needs and resources, the type of support they require and how they expect to organise it. This plan is submitted to the Town Council, from where it is sent to the Social Policy Department of the Regional Council of Gipuzkoa – the body overseeing the decision-making process.

When the process starts, members from the Regional Council conduct a personal interview and visit the person’s home. Subsequently, an economic proposal is made, taking into account the economic resources of the person with disabilities. Once the amount of money is approved, direct payments are made on a monthly basis. The beneficiary is responsible for managing the money and employment proceedings. At the beginning of the following year, documentary evidence (such as work contracts and social security registration details) must be provided to account for total expenses. When deciding the economic amount to be granted, other financial aids offered by other organisations or initiatives must also be considered.

The beneficiary manages all issues related to the hiring process and working conditions – including interviewing and selection of the right person, training, working time and holidays, retribution and social security registration. All of these self-management tasks require a certain degree of knowledge, so that the whole process advances satisfactorily; to facilitate this administrative responsibility, some of the users informally support each other and share information and difficulties.

Monitoring and evaluation

The Regional Council of Gipuzkoa is responsible for monitoring and evaluating the programme, as well as analysing how direct payments are spent, through regular monitoring interviews. The members of the Regional Council of Gipuzkoa who are responsible for this programme maintain continuous personal contact by phone with the beneficiaries. This regular communication helps to detect problems or difficulties that may arise in the daily activity. Moreover, this information is complemented by interviews and home visits that take place when a substantial change occurs (such as a change of house or family unit). Unfortunately, there are no evaluations concerning the employment created or the economic benefits derived from the recruitment of personal assistants.

Contextual factors

With regard to contextual factors, it is necessary to highlight that the independent living movement is relatively recent in Spain. In 2001, the Independent Living Forum was created

(www.forovidaindependiente.org) to extend this philosophy, which is already common in the United States and Europe, to Spain.

At the moment, there are only three independent living programmes in Spain. One of them is the programme outlined in this case study; the other two programmes are based in Madrid and Barcelona. With regard to current differences between them, it is interesting to mention that in Madrid the programme is managed through an Independent Life Office (Oficina de Vida Independiente, OVI), so beneficiaries do not self-manage the financial aid. In Barcelona, the programme does not offer economic resources; instead, it offers the possibility to personally manage and organise the working time of personal assistance services provided by a predetermined company.

Another contextual factor worth mentioning is related to the 2006 Dependency Law and the right to personal assistance. Linked to the signing of the Convention on the Rights of Persons with Disabilities (2006), the Dependency Law includes a financial aid for personal assistance; so far, however, it is only available to persons with high disabilities (level 3, the highest level).

Although the right to personal assistance is recognised by Spanish legislation, there is no official regulation relating to the ‘personal assistant’ professional profile. For this reason, persons with disabilities hire assistants under the ‘domestic worker’ regime. The legislative framework of this regime has recently changed in June 2012 and is currently much more demanding.

Outcomes and results

Number of beneficiaries

In 2012, the Independent Life Programme of the Regional Council of Gipuzkoa had 39 beneficiaries – 20 men and 19 women – all of whom had physical disabilities. Participation in the programme has steadily increased, specifically from four to 39 persons over eight years. The majority of the beneficiaries are in a situation of high dependency. More precisely, 22 persons have been classified as level 3 (high dependency), 15 persons as level 2 (severe dependency) and two as level 1 (moderate dependency).

So far, the programme has been positively valued by the beneficiaries and they have shown a high commitment to the programme. Only eight beneficiaries have cancelled the programme, owing to death or registration in a residential centre as the main cause.

Type and number of jobs created

Concerning the employment generated, the Regional Council of Gipuzkoa estimates that each beneficiary generates an average of two to three personal assistant posts. Thus, given that the Independent Life Programme currently caters for 39 persons with disabilities, it is possible to estimate that the number of jobs created is between 78 and 117 posts.

As a whole, the programme encourages the recruitment of persons who care for people with disabilities. Moreover, it promotes the recruitment and formal registration of personal assistants in the social security system. In this sense, the persons responsible for this programme highlight that the recruitment of personal assistants generates an ‘economic return’ to the public system through social security contributions.

Concerning working conditions, most of the personal assistants start their work on a fixed-term contract of one year as domestic workers. The contract is renewed every year. Thus, the renewal of the financial aid for persons with disabilities facilitates employment maintenance. Most of the employment generated is part-time employment. In addition, most of the beneficiaries prefer to hire persons who are flexible and adaptable, rather than workers with overly specialised work experience.

Main results

The programme has successfully achieved its main objective – to promote independent living for persons with disabilities, favouring social inclusion and better quality of life. For people with disabilities, it is very important to be able to take on responsibilities and make their own decisions.

A key characteristic that differentiates this programme from other similar initiatives is its ability to adapt to the beneficiaries' needs. The Independent Life Programme of the Regional Council of Gipuzkoa is a custom-made initiative, managed by the beneficiary, who chooses how to invest the money granted according to their own preferences. According to the interviewed persons (who maintain continuous personal contact by phone with the beneficiaries), this generates high satisfaction rates among the users.

Other highlighted aspects of the programme are its flexibility compared with residential resources, and the lower cost of personal assistants compared with care in a residential centre.

Finally, it is also unique that the initiative is especially useful for recruiting people who do not have specialised vocational education or high qualification levels. This is because most beneficiaries are more interested in hiring persons who respect their independence and freedom, rather than highly specialised professionals.

Lessons learnt

Success and fail factors

Since its inception in 2004, several changes have been made to the programme to prevent problems and correct shortcomings. The following recommendations have been made by the persons responsible for the programme.

Regarding the management and functioning of the programme:

- not all persons with disabilities are interested in leading an independent life, so this model is not for everybody;
- it is necessary to establish an 'action protocol' to adequately evaluate these needs and assign an appropriate amount of money;
- the Regional Council of Gipuzkoa must not interfere in the employment relationship between the (employer) and the personal assistant (employee);
- the programme should take emergency measures into account to address exceptional situations where the personal assistant may not be available for work.

Regarding the recruitment of personal assistants:

- relatives or close friends should not be recruited as personal assistants, in order to avoid personal conflicts affecting the employment relationship;
- concerning working time, it is recommended that the person with disabilities recruits several part-time assistants (two to three);
- tasks to be carried out by the personal assistant should be clearly predefined from the very beginning;
- personal assistants should not be required to have very broad or specialised knowledge of care activities – in fact, beneficiaries of the programme are more interested in recruiting people who are aware of the 'independent life movement' and who seek to protect the independence and decision-making capacity of the beneficiary.

Regarding the persons with disabilities:

- it is necessary to draw up an independent living plan, where all care and assistance needs are well described in order to define personal assistants' work;
- the beneficiaries of the programme should support each other and share difficulties and lessons learnt.

Sustainability and transferability

One of the main aspects determining the sustainability of the programme is political will. In other words, the Regional Council of Gipuzkoa should allocate an adequate budget for this programme to cover the increasing demand in the care sector. In this context, it is important to note that recruiting personal assistants involves lower costs than residential care. It must also be taken into account that the beneficiaries are highly satisfied with the programme, so it is advisable that the programme be maintained in the medium to long term. Therefore, it is important to conduct an in-depth analysis concerning all participants (the Regional Council, beneficiaries and personal assistants) to thoroughly assess the initiative's results and outcomes. So far, the Regional Council of Gipuzkoa has not conducted any evaluation of the amount and quality of employment generated, although it is very interested in analysing this aspect. These conclusions would guarantee the continuity of the initiative.

With regard to the transferability of the programme, the persons responsible for the programme could consider the possibility of transferring this programme to other groups, instead of limiting it to persons with physical disabilities. Other groups could include people with sensory disabilities or older people who want to lead an independent life in their own home.

If the programme was extended to people with intellectual disabilities or mental illness, it would be necessary to reinforce and coordinate a more complete support network (including, for example, institutions, care centres and support organisations) in order to guarantee the security of the participants. The transferability of this initiative to these types of groups would also require better training and specialised qualifications for personal assistants.

Conclusions

The Independent Life Programme implemented by the Regional Council of Gipuzkoa commenced in 2004, providing financial aids aimed at contracting personal care services. It is considered to be a pioneering initiative, because it was approved before the 2006 Spanish Dependency Law.

The initiative is a direct-payment programme, whereby the Regional Council of Gipuzkoa gives a particular sum of money directly to the person with the disability and each beneficiary is responsible for managing their own personal assistance. This responsibility enables the dependent person to exercise their right to lead an independent life and to choose the personal assistant who best suits their needs.

For 2012, the programme was allocated a budget of €475,000. Compared with residential costs, this is a highly cost-efficient budget. However, it must be taken into account that the programme is not only supported by this budget, but also by financial support provided by the social security system and the 2006 Dependency Law (from a national perspective).

When this regional programme commenced in 2004, it was only used by four persons. However, eight years later, the number of people currently involved in the programme has risen to 39 persons. Consequently, this financial aid offered by regional public authorities to persons with physical disabilities has formalised regular employment in the personal care sector. Moreover, a unique aspect of the programme is that these personal assistants are not required to have high qualification levels.

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Web link

Department of Social Policies of the Regional Council of Gipuzkoa: <http://www.gizartepolitika.net/>

Independent Life Forum: <http://www.forovidaIndependiente.org>

Case study 3: SSI Group

Description of the initiative

SSI (Servicios Sociales Integrados) Group, which stands for Integrated Social Services, is located in Bilbao, an autonomous community of the Basque Country. It is a non-profit social initiative cooperative that integrates companies of public interest.

SSI Group has been active since 1987 in the region of Bizkaia (Basque Country). The group is formed by three different organisations: Aurrerantz (cooperative association of the social initiative specialised in home-care services); Euskarri (cooperative association promoting social inclusion); and Home Care Lab (research, development and innovation unit). The largest company of the group is Aurrerantz.

Overall objectives

SSI Group is a cooperative group coordinated by care professionals, whose objective is to improve the quality of life of persons who lack autonomy or who require social support. From an employment perspective, SSI Group is interested in maintaining and creating employment opportunities. At the same time, it is committed to securing the personal and professional development of all workers, along with their participation in the internal management and improvement of the service.

SSI Group aims to be recognised as:

- one of the best companies in the social services sector, particularly in its own professional field;
- a reference model for other social initiative companies;
- an approved training centre for the certificate in ‘support for dependent persons in households’;
- a company that diversifies its services in order to provide a global response to users’ needs and their evolution, adapting to innovation and maintaining its commitment to the field;
- an organisation that is working towards Total Quality, starting with the standardisation of good practices in home-care services;
- a company that strengthens its own image and the image of the social economy as a whole, by providing social services and support to public bodies.

Definition of the problem

Policy background

Following the introduction of the first Social Services Law in 1982, social administration in the Basque Country became more developed. In the context of this expanding social services structure, SSI Group was established on 16 December 1986 with the objective of formalising the provision of home-care services in the municipality of Bilbao. In that year, there were around 225 women working for the welfare department of the city, and the town council expressed the need to formalise and structure this work. It was at this point that the SSI cooperative was created. Initially, it consisted of 37 partners, but by 1989 the number of members grew to 200.

The 2008 Social Services Law of the Basque Country improved existing legislation. This law aims to create a Basque social services system of public responsibility that is comparable to

other social welfare public systems available to the whole population (universal coverage). The law recognises the need for reinforcing collaboration between the public system and social economy entities, as a way to develop a more equitable and accessible social services system.

The Spanish Dependency Law (Law 39/2006), approved at national level, highlights the importance of the participation of social economy entities and public authorities in the development of dependency and personal autonomy services for guaranteeing the quality and access of social services to the whole population.

Issue at stake

During the 1980s, public authorities became aware of the need to organise the employment and working conditions of people providing home-care services and other care and social services. This need arose due to the fact that many of these people were working in the irregular labour market. SSI Group has made great strides in organising and formalising care services for people with disabilities by structuring the informal nature of care being provided by women lacking in economic resources. The group has made a great initial effort to train workers and increase the value of their work, enabling previously low-qualified women to acquire professional work experience and knowledge.

Approach and implementation

Overall approach

The cooperative model developed by SSI Group is characterised by the following aspects.

- Self-government and self-management – the managing board of the cooperative is formed by the workers themselves.
- Training and professionalism – the workers themselves are always aware of the need for training, as a way of professionalising and improving the image of their work.
- Participation and collective property – all member workers have shared responsibilities and decisions are taken in cooperation with each other.
- Social initiative – one of the main values of SSI Group is the reinvestment of benefits into the project and its aim to benefit society as a whole.
- Women workers – SSI Group mainly comprises women workers, who make up 99% of the staff.
- Decentralised human resources structure – intermediate managers are in charge of dealing with human resources and of identifying incidences, needs, etc. Tasks and responsibilities are widely distributed throughout the organisational structure.
- Other characteristics – other essential values supported by SSI include the endorsement of workers' professionalism (through guidance and training) as well as workers' personal and professional promotion, with special attention to persons in difficult situations and women in general.

In this context, a cooperative is a society that develops a business activity and makes its decisions in a democratic way. The cooperative must be constituted before a notary and the public registration must be published in the Cooperative Register of the Basque Country. With regard to the financing of SSI Group, each worker contributes €1,500 as social capital to become a member of the cooperative group.

Aim of the initiative

One of the most relevant aspects of this case study is that SSI Group is an associated work cooperative of social initiative and public interest. In addition, SSI Group is recognised by the Basque government as a company of public interest, given that it develops activities for the general interest and/or common well-being, based on values such as generosity, altruism, solidarity and pluralism. This public recognition generates advantages for the company in terms of different administrative, fiscal, economic and social aspects.

Recruitment versus retention

Both recruitment and retention are objectives of the SSI cooperative. The company Euskarri, the cooperative association involved in promoting social inclusion for SSI Group, aims to generate employment mainly among people with difficulties in accessing the labour market. Moreover, retention is facilitated through continuous training and professionalism, which improve SSI workers' employability. It is also facilitated by the management model of SSI, which is based on elements such as participation, collective property and workers' commitment.

Specific target groups

Originally, SSI Group comprised disadvantaged women involved in care work for people with disabilities. This has since changed, as SSI Group promotes qualifications and training for workers.

Formal versus non-formal employment

One of the main objectives of SSI has been to regularise home-care services, given that this is a sector traditionally associated with the black economy. SSI Group is highly committed to the professionalisation of the sector and training is one of the strategic priorities of the group.

Project implementation

Social and care services provided

SSI Group offers a wide range of services related to social care. The most important service is the Home Help Service (HHS) provided for people lacking autonomy in their own homes. This service is provided by Aurrerantz, a cooperative association specialised in this type of work. Service provision is coordinated with the city councils of Bilbao, Amorebieta, Abanto, Muskiz and Arrigorriaga.

There are three forms of HSS – Basic, Specialised and Complementary. Basic HHS integrates the typical set of basic tasks: domestic and personal care. Specialised HHS (HHS for young people) requires a certain adaptation to the key characteristics of the target group. Complementary HHS combines a number of measures aimed at facilitating the social integration of the users. In addition, Aurrerantz offers the following services: Service of Urgent Social Issues (SUSI), which offers immediate and ongoing care in emergencies and for urgent issues that occur within the municipality of Bilbao; social and health care services in a specialised rest centre; socio-educational and psychosocial support services for carers and/or relatives of dependent people; and basic care services for people who are homeless in the city of Bilbao (to cover their basic needs of accommodation, food and clothing). The cooperative Euskarri, also part of SSI Group, is specialised in socio-occupational integration and contributes to the socio-occupational inclusion of persons with severe difficulties in accessing the labour market.

In September 2011, SSI Group established the Home Care Lab (HCL), conceived as a research, development and innovation unit. The main aim of this initiative is to address the challenge of ageing and dependence in the Basque Country through research, development and innovation,

in collaboration with other agents and related institutions.

Training as a strategic priority of SSI Group

Training is one of the main strategic priorities of SSI Group. For this reason, training is continuous among all workers, especially among new recruits. As training is so important, SSI Group has an Annual Training Plan and conducts a training needs assessment every three years. The training and guidance are considered to be essential for personal and professional development, and for the high quality of services. Workers are trained on issues related to the social and health field as well as on subjects not directly linked to social services, such as computer skills or bio-ethics. At the end of 2012, SSI Group opened the SSI Training Centre, aimed at improving the professional competences of people of the SSI Group. SSI also provides external training. It has a team of internal and external trainers who are social services professionals; these trainers share their knowledge gained through practical experience in social intervention.

Monitoring and evaluation

In the particular case of home-care services, and in order to guarantee the adequate provision of services, SSI Group created the role of ‘supervisor’. This supervisor visits beneficiaries’ homes at regular intervals. SSI Group also carries out performance appraisals among its workers to identify potential deficiencies and difficulties in the provision of services. The conclusions derived from this analysis and monitoring of services are essential for the elaboration of the training plan. In addition, the satisfaction of the service users is a key objective for SSI Group and every year it conducts a satisfaction survey among its clients. Overall, satisfaction levels among service users are reported to be very positive.

Contextual factors

Traditionally, social economy entities have provided care services for dependent persons. In fact, these entities constitute an important social network that protects affected persons against the risk of exclusion. Thus, public authorities themselves favour the participation of social economy entities in public tenders. Moreover, current data reveal a growing participation of social economy workers in activities linked to social services.

It is important to mention that traditionally the Basque Country has been characterised by a strong cooperative movement. The Basque cooperative movement is defined by its great social and business development efforts, which have made the Basque cooperative model a good blueprint at national and even at European level. The Basque cooperative movement is recognised as a reliable socioeconomic phenomenon linked to good social values.

From a legislative point of view, the Dependency Law (2006) and the Basque Social Services Law (2008) have created a favourable context for the provision of social and care services for people with disabilities and dependent persons. Despite the current economic crisis and public budget cuts, the dependency sector is a priority for public authorities and is well preserved.

However, the Dependency Law includes a ‘financial aid for non-professional carers’ (relatives), demand for which has been much higher than expected. Thus, although financial support for family carers was supposed to be an exceptional measure, in practice it has turned out to be a very popular one. This situation has resulted in a decrease in the demand for home-care services.

Finally, it must be pointed out that the provision of home-care services in Bizkaia is regulated by a collective agreement for the home-care sector (2007–2012). This agreement includes provisions for relatively high salaries (it has the highest salaries in Spain). Discussion is currently underway regarding its overhaul.

Outcomes and results

Type and number of jobs created

According to the 2011 annual report, SSI Group had a total of 320 workers. The great majority (99%) of these workers were women. In particular, 240 workers were working for Aurrerantz, the largest company of the group, while approximately 80 persons were working for Euskarri. The Home Care Lab unit, opened in September 2011, employs three workers on open-ended contracts; other employees may also sporadically participate in particular projects. Regarding the home-care services division, in 2011 there were a total of 116 persons on open-ended contracts (for an indefinite period) working with Aurrerantz in Bilbao; an additional 15 persons were employed on fixed-term contracts.

Concerning qualification levels, the majority of the youngest workers (those under 40 years of age) have a VET degree related to the social and health field, auxiliary services, etc. In contrast, the oldest workers normally have just a general basic education, but they are well qualified as a result of the continuous training provided by SSI Group. In the case of Euskarri, the average qualification levels are lower, as it is a cooperative association for social inclusion and many of the workers are immigrants, socially disadvantaged persons, etc., who normally have lower qualifications.

As at the end of 2012, the total number of staff at SSI Group increased to 400–450 persons. Nowadays, the growth of the company is based on winning new public municipal tenders for the provision of social public services. In these cases, new employees are normally hired as subrogated workers. This means that, after winning the public tender, SSI Group acquires the responsibility of hiring and managing the workers who were already providing those services.

Type and number of beneficiaries

In total, SSI Group provides social services to more than 1,500 persons. One of the most important services offered by SSI Group is home-care services for the municipality of Bilbao (region of Bizkaia). According to the 2011 annual report, Aurrerantz provided services to an average of 572 persons per month in Bilbao. Interestingly also, during the year 2011, they provided services to a total of 613 persons.

The number of persons receiving services provided by Aurrerantz in Bilbao has progressively decreased since 2008, from 784 people in 2008 to 613 in 2011. This drop in demand may be related to the Dependency Law (2006) and the ‘financial aid for non-professional carers’, along with the economic crisis and the high unemployment rate. These factors have prompted many relatives to stay at home to care for their dependent family members.

Main results

From a general perspective, social economy entities have several strong points, such as their wide territorial coverage, with a broad network of entities in both urban and rural areas. In contrast to private/for-profit enterprises, which tend to concentrate in bigger towns, social economy entities are characterised by their capacity to develop services in rural areas and by their good knowledge of local environments. Thus, the social economy is particularly skilled at developing social ties with the community based on proximity and professionalism values, and at covering social needs and improving quality of life.

Moreover, social economy entities are characterised by their excellent capacity to promote and maintain economic activities related to stable and high-quality employment. Specifically, the ‘cooperative’ model appears to be a particular management model where workers are more committed to the project and where economic benefits are shared. Overall, the social economy promotes equalitarian and sustainable economic development, as well as contributing to local and regional growth.

Finally, the social economy offers a number of advantages for the development of the care sector. These benefits include its strong training capacity for new recruits, the high involvement and commitment of workers which result in better employment quality, and the focus on social and public awareness, which imply higher quality of and warmth in service provision.

Lessons learnt

Success and fail factors

In the context of increased demand in the care sector for professionalism and service quality, quality of employment is essential. In this respect, the cooperative movement has emerged as an exemplary model, with a number of advantages compared with other types of entities. These comparative advantages are as follows.

- Being a cooperative member generates a stronger feeling of commitment to the company, resulting in lower staff turnover rates and greater stability among working groups.
- Cooperatives boast better working conditions than ordinary companies.
- Cooperatives are characterised by a good knowledge of local environments and tend to develop a closer relationship with their clients.
- Training is conceived as an instrument for continuous improvement in cooperatives.

Communication and cooperation among SSI professionals have traditionally been important features of the group. Workers are treated in a personal way and great consideration is given to their needs when organising the service. SSI Group boasts a comprehensive set of values which determine its success – such as social commitment, participation, flexibility, professionalism and kindness.

Sustainability and transferability

In the context of the current economic crisis and budget cuts, SSI is prioritising the maintenance of employment. Over recent years, the company has noticed that the demand for home-care services has decreased. As a result, in the last year the group has slightly reduced the working time of each of its home carers in order to keep all workers active. At the present time, the cooperative is reflecting on the elaboration of its new strategic plan. One of the ideas to be analysed is the growth of the company through alliances with other companies. To this end, the exchange of good practices and experiences is a good method for improvement and for remaining sustainable.

In terms of the transferability of the cooperative business model, the persons interviewed highlight that an entrepreneurial attitude is essential for the implementation of this scheme. Leadership and entrepreneurial skills are therefore indispensable for the constitution of a cooperative. It is also necessary to create a solid cooperative culture, where responsibilities and decision-making competences are shared, while collective property is supported. In addition, SSI Group is aware that its working culture affects its clients and the social environment. For this reason, it is essential to have a good understanding of the clients or service users and of the context in which they are immersed.

Conclusions

Since its establishment, SSI Group has successfully created a culture of work sharing and promotion of women. In addition, SSI is the only large social cooperative in the country that is managed by women. When the SSI project commenced, it had to face the challenge of normalising and professionalising social services in its field. Thus, members of SSI have always been aware of the importance of training for improving the image of their work and of the sector

as a whole. Currently, SSI home-care service providers consist of qualified workers who practise a highly valued profession, owing to their great working effort and investment in professional qualifications. Finally, it is worth highlighting that SSI Group is a cooperative group and that this management model is characterised by many advantages – such as working conditions that are better than average. The cooperative model is based on participation, collective property and shared responsibilities, factors that appear to result in lower staff turnover rates and greater employment stability.

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Jiménez Lara, A. and Rodríguez Castedo, A. (2012), *La economía social y la atención a la dependencia*, Madrid, available at http://www.nuevatribuna.es/media/nuevatribuna/files/2012/10/03/177_2012_laboratorio.pdf.

Web Links

Public Register of Cooperatives of the Basque Country:

http://www.gizartelan.ejgv.euskadi.net/r45-contes/es/contenidos/informacion/registro_cooperativas/es_registro/registro_cooperativas.html

SSI Group: <http://www.grupossi.es>

Annex 2 Interviewees

Social Policies Department of the Regional Government of Gipuzkoa

Juan Pablo García Magriña, policy assessor in the regional government

Lourdes Gago, responsible for the Independent Life Programme

Deusto University

Bakarne Etxeberria, social services professor

Felix Arrieta, social policy professor

Case study 1

Simón Sánchez, Director of the Basque Agency for the Evaluation of Competences and the Quality of Vocational Training

(Note: Due to confidentiality issues, it was not possible to interview any of the candidates registered for the evaluation/accreditation process)

Case study 2

Xabier Urmeneta and Lourdes Gago, members responsible for the Independent Life Programme

Mentxu Arrieta, beneficiary of the Independent Life Programme

Case study 3

Karmele Acedo, General Manager of SSI Group

Jessica Duran, IKEI

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