

Some notes on the quality of employment, professional training and qualification as regards social services in Spain

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Fernando Fantova¹

Independent consultant (www.fantova.net), member of the informal SIPOSO network (Seminar on Intervention and Social Policies (www.polibea.com/siposo))
Spain

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1. Introduction

During this short presentation we intend to share certain information regarding the quality of jobs, training and professional qualification as regards social services in Spain with colleagues from other countries, in the context of a one-day conference on Social Services of General Interest in Europe.

2. Some remarks on terminology

Although I don't believe that Spain has a sufficiently well accepted and generally shared definition of social services, in a document written by several of us from SIPOSO we proposed the following definition that I feel is at least valid for the Spanish case: "technical (...) activities through which help and support are offered, fundamentally relational and in close proximity, to cover shortcomings and the development of potential as regards personal autonomy

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(or dependence) and integration (or exclusion) with the community and society as a whole (Casado et al, 2005: 11).

From our point of view, the fundamental *added value* that should be expected by those using social services is provided by the characteristic activities of the sector, these being of relational nature (such as social diagnosis, personal assistance, social support, community mediation, etc.). However, within the services, these activities may be accompanied by others, such as accommodation, domestic assistance, financial assistance, health care provision, etc.

We see the social services as one of the branches of pro-welfare action. When we talk about pro-(social)welfare action (or social policy) we are referring to a group of activities that have special collective importance or relevance, meaning that they are important for and involve community and society in a relevant way. Taking for inspiration a well-known scheme (Kahn and Kamerman, 1987: 23) we could say that pro-welfare action is made up of the following six branches: education, health, employment, housing, guaranteed income and social services. An abbreviated version of this is sometimes used when we talk about the *four pillars* of welfare systems: education, health, guaranteed income and social services.

In each of these areas or fields of activity we see the operation of the three major kinds of formal agent that are to be expected in societies such as ours: the public sector, the commercial sector and the voluntary sector. In addition, in all the areas mentioned, formal activities interact with the natural or informal support offered by family, cohabitation and community networks.

The concept of social services that we have proposed does not coincide exactly with that of the Social Services of General Interest. Indeed, according to the European Community Commission, said denomination does not for example include health services, although it does include, as well as what we in Spain

would call social services, guaranteed rent programmes covering such events as illness or retirement and subsidised housing (CCE, 2006: 4). In the same way, the concept of “general interest” is also wider than “pro-welfare action” we proposed above, as it includes others such as transport, telecommunications, and energy in addition to areas such as those we have mentioned (CCE, 2003: 6).

3. Social services in Spain

It could be said that, up to the mid-twentieth century, social services in Spain lacked any identity and were not managed specifically, even though there were of course activities similar to what we nowadays call social services, which were carried out intermingled with other activities (health, financial, etc.) , basically in frameworks like that of Charity. In 1957, Cáritas Española implemented a policy that included instruments called “social services” and in 1963 the Law on Social Security introduced social services. Finally, the configuration of social services as a technically specialised branch within pro-welfare action took a major step forward with the social action and/or social services laws enacted by the Autonomous Communities, the first drafts of which appeared between 1982 and 1992 after approval of a Spanish Constitution of 1978 in which the social services were not clearly identified.

Despite the fact that the social services have been regarded as the exclusive competence of the Autonomous Communities, Central Government has maintained certain streams for financing the social services of municipalities and non-governmental organisations. However, the most significant intervention of central government powers in the social services area came with the approval of Law 39/2006 concerning the Promotion of Personal Autonomy and Care for Individuals in a State of Dependency.

This Law was designed to guarantee (on the basis of central government finance) minimum levels of care by social services in the Autonomous Communities to individuals in a state of dependency throughout Spain. It also

laid down financial compensation for those professionals or non-professionals who care for individuals in a state of dependency. According to the report that accompanied the draft Bill, it was estimated that rolling out the dependency care system would involve creating between 200,000 and 300,000 new jobs (two thirds of these directly involved in caring for users). In addition, new social services laws are currently being passed in several Autonomous Communities, partially in order to comply with Law 39/2006.

However, we are faced with a branch of activities (and thus public systems) with technologies and organisations that are less well established than those of other branches of pro-welfare action such as health care and education. Social services in general (including public social services) are still a long way from the coverage, structuring, know-how and social recognition enjoyed by the educational and health care services. In the same way, public commitment to funding social services has also failed to reach the same level as that of health care and education. This means that the inequalities in social services, even between neighbouring municipalities, are much greater than is the case with health care or education. For example, a report by the Basque Country Ombudsman states that the difference quotients between the areas with most and least coverage regarding residential services, day care centres and home care services for the elderly can vary from one to four between neighbouring areas (Ararteko, 2004: 370).

Despite this, where I come from in the Basque Country, social services represent the equivalent of two thirds of public expenditure on the education sector or double that spent on hospital outpatient care. Other interesting figures include the fact that over two thirds of the funds devoted to social services are public funds, with annual growth rates of over 10% in recent years. Funds provided by users accounts for approximately 15% of total expenditure (40% in residential care for the elderly), given the fact that the public system is clearly biased towards low-income sectors of the population. Expenditure in the sector

represents 2.3% of Gross National Product and the jobs provided account for 2.3% of those in employment (www.eustat.net).

30% of the social services centres are publicly owned and 70% are private, with a great presence of the non-profit making sector (associations, major institutions, foundations, socially motivated cooperatives, etc.). If we combine paid staff and volunteers, the third sector accounts for most of those working for the social services in Spain. However, the commercial sector is increasing its presence in the social services (SIIS, 2005: 396), especially in the segment serving the elderly, with a significant increase in major companies that also work in other areas of activity (cleaning, security, insurance, financial services, etc.).

The nature of the Spanish social services network means that the information available is very scarce but, at least for the segment serving the elderly, we do have the figures summarised on the following chart (IMSERSO, 2006: 368):

Social services for the elderly. Main figures. January 2006			
Population aged 65 and over 7,477,761	Places	Coverage % / population => 65	Price in Euros (average)
Public Home Help Service	305,801	4.09	191.64 €/month 12.79 €/ month
Public Telecare Service	261,433	3.50	21.79 €/ month
Other home services	67,839	0.90	
Old people's homes and clubs	3,525,499	47.15	
Day care centres for dependents	47,624	0.64	605.57 €/ month (1)
Residential centres	298,870	4.00	1,317.54 €/ month (1)
Residential places for dependents	156,973		1,359.26 €/ month (2)
Temporary stays	3,068		
Alternative Accommodation Systems	9,151		

(1) Public price

(2) Agreed price

Whatever the case may be, it is clear that a new phase is beginning for the social services, which have an important role to play in the challenge thrown down by the growing systemic imbalance between the existing formal social welfare system and challenging social changes such as an ageing population,

the individualisation of life trajectories, new migrations and changes in family structures.

4. The quality of Spanish social services employment

There is no doubt that the highly relational nature of the social services means that human resources always have a strategic importance. This is the basis of the influence that the quality of jobs and staff will have on the quality of the care offered to users and the community. These are complex services, where it is necessary to integrate knowledge and skills from several disciplines and levels of qualification, with great importance being placed on transversal or generic competences associated with attitudinal and cultural factors. Social services involve special proximity to users in intimate situations and environments in many occasions and they are services that involve working 24 hours a day, 365 days a year. Especially important is the right balance between technical quality and perceived quality, with professional ethics also being important (Fantova, 2005: 178-181).

In a study recently published by SIPOSO analysing those working for the social services sector in Spain and Europe as a whole, Miguel Segarra points out the fact that it is a highly female-biased group (83% women according to the National Employment Survey). We should also mention the relative ageing of the group, possible present in the more mature sub-sectors (Segarra; 2007: 92), and the significant youth and rotation of staff in more recent sub-sectors (Coscolla, 2004: 20). According to these studies, the differences between the private and public sectors as regards remuneration (and working conditions in general) are particularly significant in the social services sector, due at least to strong competition and the significant presence of illegal immigrants. This is having an effect on the organisation and the status of social services direct care personnel, as well as on salaries, training requirements and quality of employment. However, the presence of foreigners is also significant in formal social services employment: 8.8% compared with 1.8% for the health care sector, for example (Fidalgo, 2007: 28). Segarra understands that the small

size, heterogeneity and dispersion of many of the units and organisations supplying services, combined with low union membership are also identifying features of the social services sector.

Indeed, problems of job quality in the social services in Spain most commonly arise within private organisations, whether already operating in the open market or, more commonly, benefiting from subsidies, contracts and agreements with public administrations. Public employment accounts for 26% of the social services sector (Fidalgo, 2007: 220). Logically, the more mature sectors (such as those providing social services for the disabled) have made more progress towards matching the working conditions of directly managed public services, but this is not so for the vast majority of cases. In the same way, these more mature sub-sectors are those that have become more diversified as regards jobs offered and are also demanding higher qualifications of their staff.

As regards the temporary nature of employment, we should mention one figure comparing Spanish males in health care activities with foreign females in social services that shows 79% indefinite contracts for the former and 60% temporary contracts for the latter (Fidalgo, 2007: 28-29). Another fact illustrating the internal differences within the social services themselves is that we can state that (using Basque Country data we believe to be valid for Spain as a whole) “job stability and net income behave significantly better with the qualification “social work”, with 85% job stability in 2005 and 85% qualified staff with net income exceeding 1,500 Euros, compared with those qualified in “social education” (CIDEA, 2007: 8), with job stability of 28%. This is an example, as we will see below, of one profession that is more firmly rooted and another that is less so.

Possibly the main strategy being followed in Spain to promote employment quality in the social services, both through legislation and social dialogue, is that of including clauses relating to job quality in the terms of reference or bid

specifications established by public administrations for the indirect management of services of public responsibility. Here we should mention:

- The physical and material conditions of the services (including, where appropriate, areas reserved for the professionals).
- Functional aspects: activities, methodologies, functions, records, etc.
- Personnel: ratios (staff/user proportions), categories, responsibilities, profiles, training, labour relations, health and safety, compatibility (of personal, family and working lives), participation, non-discrimination, etc.

However, on the basis of an analysis of these kinds of conditions in Spain, experts from the Comisiones Obreras trades union came to the conclusion that there is significant dispersion and disparity as regards standards. They noted that older services, such as residential services, were better regulated, while other more recently implanted services (such as home help and telecare) were less well regulated. Normally, the material and functional requirements are better developed than those applying to staff (Fidalgo, 2007: 241-245). These experts believe that staff ratios should be approximately doubled to achieve the reference standards proposed in the *White Paper* drafted prior to enactment of the Law on autonomy and dependence (IMSERSO; 2006: X, 22)

Steps are being taken, and many more need to be taken, in the increasingly better coordination of the delegated management of public services through social and commercial initiatives, implanting accreditation mechanisms and, generally speaking, managing the quality that give the relationship between organisations and the Government the effectiveness, efficiency, stability and flexibility it requires.

On the other hand, we naturally need to refer to collective agreements in the sector. The above-mentioned trades union has sponsored a study of approximately 45 agreements currently in force (at national regional, provincial

and company level) in the social services area, specially focusing on residential, daytime and home care services for individuals in a state of dependency.

A framework agreement for the whole of Spain deals with dependency care, focussing primarily on the elderly, and is now in its fourth version. Another framework agreement, now in its twelfth version, refers to caring for the disabled. (Fidalgo, 2007: 37). Agreements are now being drafted to include smaller and younger social groups, such as work with children, community intervention or work with the socially excluded, being very important for it third sector's initiative.

According to the study, the agreements in the social services sector stand out for their greater dispersion and heterogeneity when it comes to dealing with the specific features of the activity. Challenges to be met include:

- The need to find a balance between the desire of the workers to conciliate their working, family and personal lives with the need to be flexible and available to the client individuals, families and communities for social intervention.
- The advisability of collective agreements (and the specifications required by administrations) containing subrogation clauses (a formula by which the company awarded the contract takes on responsibility for the staff of the company that managed the service previously) without this leading to the decapitalisation of human resources within companies.
- Attention for the specific risks to physical and mental health involved in the social services, which have to do with the physical effort needed to mobilise individuals and the *burnout* that is typical of the caring professions.
- The need to continue raising salary levels in a sector where the basic salary for direct care staff is about 800 Euros a month (figures for the first agreement in the sector for 2007).
- Other problems such as those related with career plans, training and qualification, etc.

5. Professional training and qualification

Turning to training, it should be mentioned that in Spain there are clearly two university courses that in the main lead directly to employment in the social services. The first is undoubtedly the Diploma in Social Work, which has traditionally trained the staff responsible for case management (whether called that or not) in the social services. Although the Diploma in Social Education was created much more recently in Spain (it started becoming more popular in the nineties), it is acquiring ever greater importance. Obviously, graduates of psychology and other disciplines are also very present in the social services.

Social work schools have recently had closer ties with sociology faculties, while social education schools have had closer links with teaching faculties. They are both diploma courses and do not therefore allow direct access to doctorate studies. This will change in the framework of the European Higher Education Space, something that will satisfy a longstanding claim of the world of social work in Spain. At present, 40% of salaried staff working in the social services have higher education, compared with 66% for the health care sector (Fidalgo, 2007: 221).

State-approved Vocational Training organises its courses by families, and the family corresponding to social services is that of “sociocultural services”. The different levels existing are all of recent implantation and are as follows:

- GNVQ (General National Vocation Qualification) Intermediate level (2,000 hours): social and health care.
- GNVQ Advanced level (1,700 hours): sociocultural animation, social integration, child education and interpretation of sign language.

Occupational Training is designed for unemployed individuals and is promoted by the National Employment Institute (under the auspices of the Ministry for Work and Social Affairs of the Spanish Central Government) and the Autonomous Regions. In Occupational Training, the family called

“Sociopersonal and Community Services” is linked to social services and includes such courses as Home Help Assistant. However, to give another social services-related example, “specialised care for Alzheimer sufferers” is included in the health care family, which also includes “geriatric nursing assistant”. However, we should also observe the greatly differing contents and study hours existing within any single denomination (CIDEDEC; 2007: 15).

University, state-approved vocational training and occupational training courses all contain high percentages of women (over 80% and even 90%) and have led to significant employment levels in recent years. Practically all those successfully finishing their studies have found work.

Apart from the above-mentioned systems and other initiatives, such as volunteer training, we should also mention the ongoing training designed for those already in full-time work. As a result of the agreement signed in 2006 between management representatives, trade unions and the Spanish government, the Vocational and Ongoing Training systems will gradually approach each other in a reference framework of permanent or lifelong training.

This movement is closely linked to the creation of the National System of Qualifications and Professional Training, formalised in an Organic Law enacted in 2002. The System consists of the instruments needed to promote and develop the integration of professional training options, as well as the assessment and accreditation of the corresponding professional competences. It came into being to respond to the demands for the qualification of individuals and companies in a society subject to permanent change and innovation, and to encourage the free movement of workers, part of a process being promoted at European level. The National Catalogue of Professional Qualifications is the instrument used by the System to classify professional qualifications according to the competences needed to exercise professions.

As part of the process of drawing up the National Catalogue of Professional Qualifications, two qualifications have already been published in the Sociocultural and Community Services family:

- Social/health care for individuals at home.
- Education in personal autonomy skills.

Others planned include: social and health care for individuals in institutions, community work, community mediation, etc. We must say that the issuing of “professionalism certificates” that accredit the professional competences acquired, not only for professional occupational training but also for working experience, has hardly been developed at all for the social services in Spain. We have the example of the “professionalism certificate” for Home Care Assistants, which was established in 1997 but still cannot be obtained because the corresponding assessment test has not been implanted (Bermejo, 2006: 13).

A study on ongoing training in the social services sector carried out in Catalonia showed that the main unresolved questions were adapting training modes and schedules to the specific conditions of the social services, incorporating of attitudinal, experiential and practical content to training and the validation and official certification of the competences acquired (Coscolla, 2004: 41-51).

If we analyse the overall training options on offer aimed at the social services field, we can see that the relative immaturity and lack of cohesion of the social services has limited, at least up to now, its capacity as a driving force able to adapt different training systems to the human resources needs of the sector. This means that the courses most strongly linked with the social services often have ambiguous and confusing denominations and frequently lose ground when compared with qualifications associated with neighbouring fields (such as health care or domestic service, to give two very different examples).

This may be related to insufficient social and academic recognition of the specific added value of the social services, of the relational assets that allow individuals to attain personal autonomy and social integration but which are often confused with assets that can be acquired without the intervention of professionals and formal services. This is especially so with direct care staff, whose training would be largely the same as vocational training (non-university) (Bermejo, 2006: 8).

The sectorial agents agree that, in the short term, it is highly likely that we will see an increase in the imbalances between the amount and characteristics of those leaving the training systems and the needs of the social services sector (mainly with direct care staff), unless we manage to significantly increase the attractiveness of social services related jobs and professions and significantly improve management of the training systems and the relationship between them and the productive sector. This may cause a major bottleneck that hinders the deployment and development of social services. That should be a good reason for promoting projects helped by the European Social Fund (in the period 2007-2013).

Whatever the case may be, as regards training and professional qualification, the processes of change that the systems are immersed in offer significant opportunities for the different agents associated with the social services to play an active role in focusing the courses on offer to the needs and characteristics of the sector.

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Fernando Fantova Azcoaga (Bilbao, 1961).

Social educator. Degree in Philosophy and Educational Sciences (Psychology). Master in Human Resources. Doctor in Sociology and Political Sciences (Sociology).

He has worked in the social services sector since the early eighties, initially involved with the associative movement of mental disability and then with community development.

For the last fifteen years he has been working in Spain and Latin America as a consultant on social intervention, strategic management and public policies.

He recently published the "Manual for the management of social intervention" (CCS, 2005) and "The third sector and social intervention" (PPC, 2005).

He coordinated the drafting of the dossier commissioned by the Basque Government and entitled "Situation and prospects of public social services in the Basque Country" (2005). He and Demetrio Casado coordinated (in the Seminar on Intervention and Social Policies) the report sponsored by the FOESSA Foundation and entitled "Fine-tuning social services in Spain. Report in response to the Law on Autonomy and Dependence" (2007).

Website: www.fantova.net